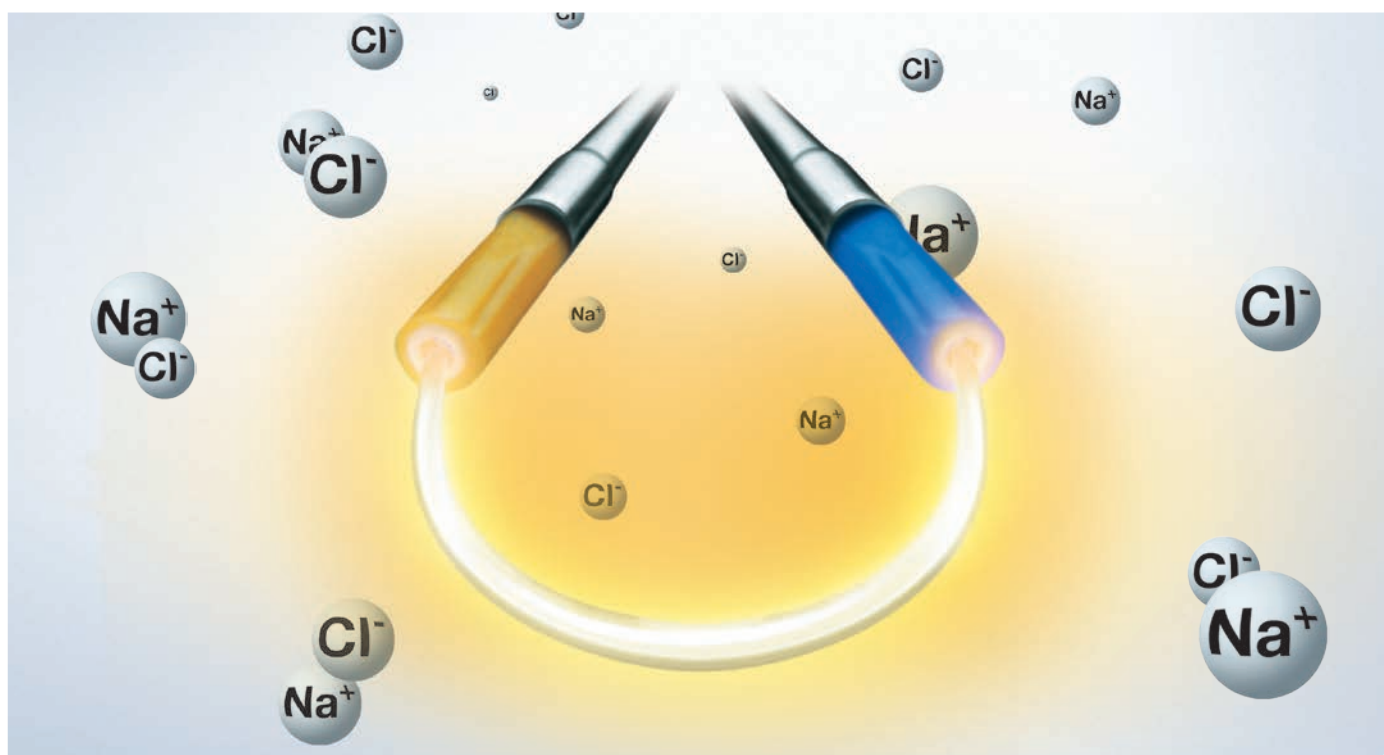


TURiS 2.0

Bipolar resection in saline.



THE NEXT GENERATION IN RESECTION

Reduced OR times with bipolar safety*

The next generation TURis 2.0 bipolar resection system provides an outstanding variety of resection electrodes. For example, the Large Loop leads to significantly shorter OR times due to its bigger size. At the same time, it maintains all the benefits of bipolar resection in saline.

Continuous plasma activation

The TURis 2.0 bipolar resection system allows for the continuous activation of plasma. Plasma vaporisation with the PlasmaButton provides continuous haemostasis at a fraction of the cost of PVP.

Instant ignition for all bipolar electrodes

The TURis 2.0 bipolar resection system ensures the instant ignition of all bipolar electrodes. Its beauty is easy operation and instant availability of all the benefits of the system.

Smoother pathology

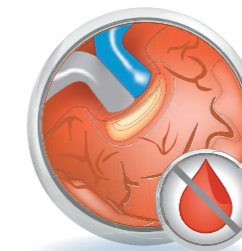
The TURis 2.0 bipolar resection system produces smooth and precise cutting effects, enabling for optimum pathology. Due to minimal thermal spread with bipolar energy, pathology outcomes are optimised and catheterisation times are potentially decreased.

THE BENEFITS OF TURis 2.0



Safety*

- Reduced risk of TUR syndrome***
- Minimised stimulation of obturator nerve
- Extended operations times – way beyond monopolar
- Improved teaching options
- No need to re-operate



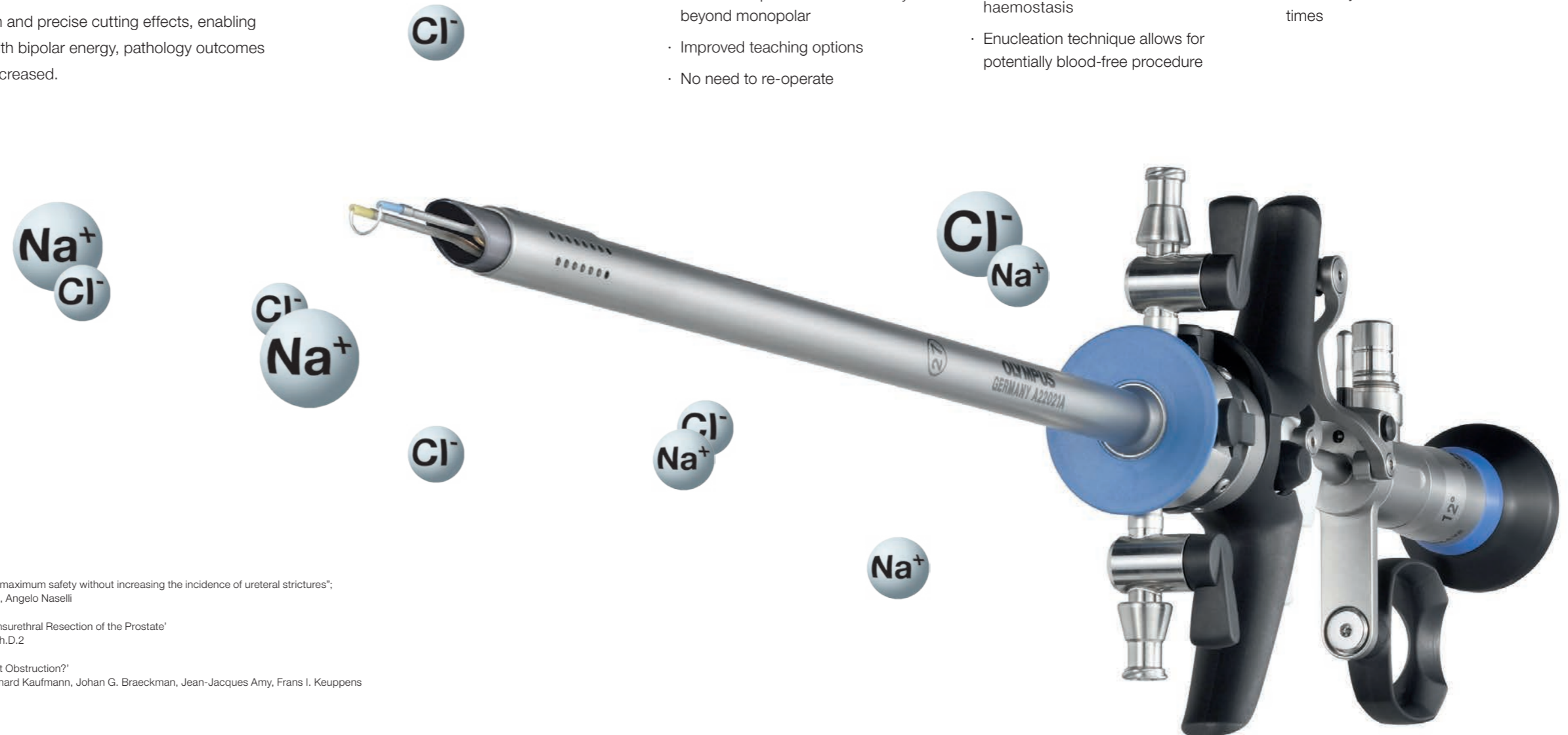
Bloodless

- Reduced perioperative blood loss due to safe bipolar haemostasis
- Plasma vaporisation with the PlasmaButton provides continuous haemostasis
- Enucleation technique allows for potentially blood-free procedure



Time-saving**

- Self-cleaning effect of loop wire through plasma activation
- Faster post-operative recovery
- Potentially decreased catheterisation times



* *TURis offers the patient the same results as monopolar technology, guaranteeing maximum safety without increasing the incidence of ureteral strictures"; Paolo Puppo, France Bertolotto, Carlo Introini, Francesco Germinale, Luca Timossi, Angelo Naselli
Journal of Endourology, July 2009

** 'Complications and Clinical Outcome 18 Months After Bipolar and Monopolar Transurethral Resection of the Prostate'

Tim Fagerström, M.D.,¹ Claes R. Nyman, M.D., Ph.D.,¹ and Robert G. Hahn, M.D., Ph.D.²

Journal of Endourology, June 2011

*** 'Bipolar Resection in Saline – An Alternative Surgical Treatment for Bladder Outlet Obstruction?'

Dirk P.J. Michielsen, Tibaut Debacker, Veerle De Boe, Caroline Van Lersberghe, Leonard Kaufmann, Johan G. Braeckman, Jean-Jacques Amy, Frans I. Keuppens
European Urology, November 2007

PLASMA VAPORISATION

The PlasmaButton - from laser to plasma vaporisation

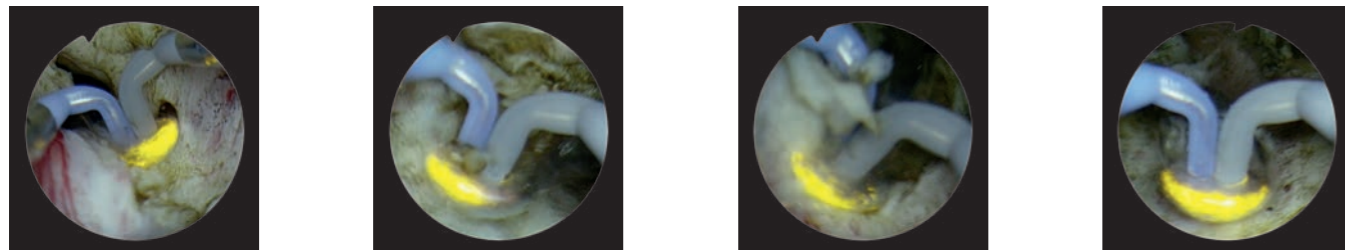
- Plasma vaporisation with the PlasmaButton enables continuous and safe haemostasis
- Spherical design to match the anatomy for more precise and controlled tissue vaporisation
- Fast and easy set-up, just as simple as standard resection
- Short learning curve, due to its similarity to bipolar resection
- Clear and unobstructed view throughout the operation as neither tissue chips nor laser impulses impair vision
- The PlasmaButton leads to a smooth post-operative tissue surface
- Potentially shortened catheterisation and hospital stay
- A fraction of the cost of PVP



What is plasma?

Plasma is one of the four fundamental states of matter and is created by applying energy to a gas. Molecules are ionised, thus turning the gas into a plasma. Due to its conductivity, the plasma allows the energy to cross at lower energy levels. This effect leads to low operating temperatures and therefore less thermal spread. Tissue is vaporised by a locally confined denaturation process, while surrounding tissue-heating effects are minor. Plasma appears yellow due to the sodium which is dissolved in the saline.

As of today, more than one million successful clinical cases have proved the safety of the TURis 2.0 system.

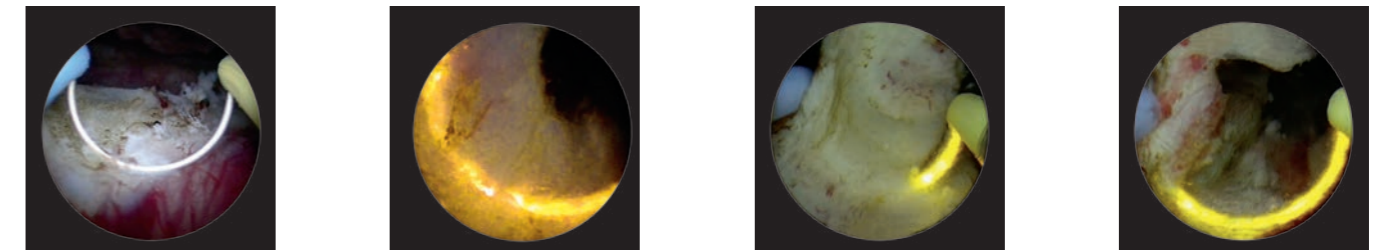


LARGE LOOP RESECTION

The Large Loop - instant ignition and continuous activation

Combining the speed of monopolar resection with bipolar safety, the Large Loop enables a potentially faster and smoother operation also suitable for large prostates.

- Loop diameter has been extended beyond the size of monopolar loops
- Three effect options for obtaining the desired coagulation zone
- Smooth cutting and the best possible pathological samples
- Virtually no TUR syndrome
- Less obturator nerve stimulation



TRANSURETHRAL ENUCLEATION

The TUEB electrode – transurethral enucleation

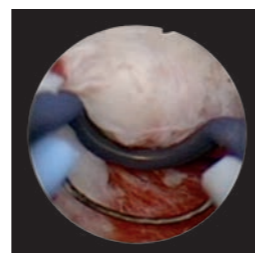
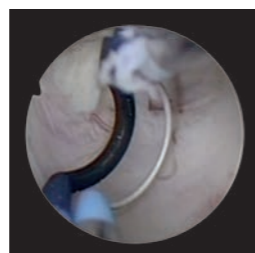
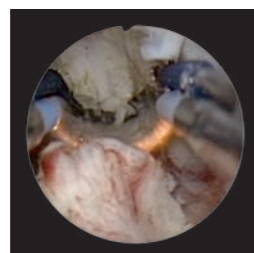
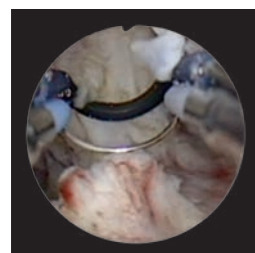
The TUEB electrode enables the fast enucleation of larger prostates without having to invest in additional laser technology. Transurethral Enucleation with Bipolar (TUEB) allows for potentially blood-free procedures and a gentle enucleation of the prostate.

- Reduced risk of TUR syndrome
- Smooth perioperative pathology outcome
- Reduced blood loss due to safe bipolar haemostasis



What is transurethral enucleation?

For the treatment of large prostates, TUEB can be seen as an alternative to laser enucleation of the prostate. This revolutionary technique for the removal of the prostate utilises the natural anatomy by virtually peeling the prostate tissue out of the capsule. The TUEB electrode's wire loop is only used to locate the layers and coagulate any bleeding – should this occur. Once the right layers have been located, the black runner is used to gently peel off the prostate lobes as a whole. The lobes are then pushed into the bladder, where they are cut and eventually removed. TUEB potentially produces the same functional results as the current standard treatment while reducing operating times for large prostates and – at the same time – keeping intra-operative blood loss to a minimum.



ESG-400 – INTELLIGENT HF TECHNOLOGIES

The award-winning OES Pro resectoscopes and the established range of TURis electrodes can now be powered by the latest generation universal HF generator – the ESG-400.

- Large illuminated touch screen panel
- Simple preset functions for up to 39 memory spaces
- Automated saline detection to ensure a safe procedure
- Leakage protection sensor to permanently ensure the highest degree of safety for the user and patient

High Power Cut Support (HPCS) – optimising resection in saline

HPCS facilitates instant and smooth cutting and reduces the risk of thermal spread. This intelligent function optimises the cutting process by applying power only until the spark is ignited.

Fast Spark Monitor (FSM) – constant cutting quality

The FSM ensures that only the amount of power necessary for the desired tissue effect is supplied by measuring the actual impedance, voltage and current 4,000 times per second in a closed loop system. This facilitates a smooth cut through fatty and highly vascularised tissue, even in changing tissue conditions.

Three effect options – control the coagulation zone

In order to get the desired tissue results, three effects can be applied. These effects ensure having the right haemostasis or cutting power at the right moment.



HF resection electrodes

WA22301D Loop, 12°, small

WA22305D Loop, 30°, small

WA22302D Loop, 12°, medium

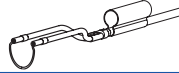
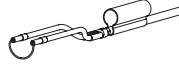
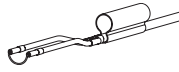
WA22306D Loop, 30°, medium

WA22503D Loop, 12°, large

WA22507D Loop, 30°, large

WA22331D Angled loop, 12° and 30°, small

WA22332D Angled loop, 12° and 30°, medium



WA22351C Roller, 12° and 30°

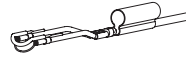
WA22355C Needle, 12° and 30°, 45° angled loop

WA22521C Band, medium, 12°

WA22523C Band, medium, 30°

WA22557C PlasmaButton, 12° and 30° for plasma vaporisation

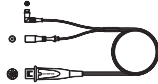
WA22558C Angled loop, 12° and 30° for TUEB (transurethral enucleation)



For a detailed list of electrodes, see our Urology catalogue

Electrosurgical unit

WA00014A HF cable, bipolar, 4 m, for ESG-400



WB91051W HF unit ESG-400

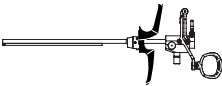


Working elements

WA22366A Working element, active



WA22367A Working element, passive

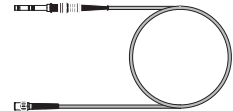


Telescopes 4 mm, autoclavable

A22001A 12° direction of view

A22002A 30° direction of view

WA03200A Light-guide cable, 3 mm, plug type



Rotatable continuous-flow resectoscope

Inner sheath

A22040* For 26 Fr. outer sheath

A22041 For 27 Fr. outer sheath



Outer sheath

A22026A 26 Fr., 2 stopcocks, rotatable

A22021A 27 Fr., 2 stopcocks, rotatable



Continuous-flow resectoscope

Inner sheath

A22040* For 26 Fr. outer sheath

A22041* For 27 Fr. outer sheath



Outer sheath

A22027A 26 Fr., 2 vertical stopcocks, fixed

A22023A 27 Fr., 2 vertical stopcocks, fixed

A22025A 27 Fr., 2 horizontal stopcocks, fixed



Standard resectoscope

A22041* Resection sheath, without irrigation port



Irrigation port

A22051A 1 stopcock, rotatable

A22052A 1 luer-lock connector, rotatable

A22053A 2 horizontal stopcocks, rotatable

A22054A 1 vertical stopcock, fixed

A22055A 1 vertical luer-lock connector, fixed



Resectoscope with intermittent irrigation

A22014* Resection sheath, intermittent irrigation, 24 Fr.



*Add A or T to the article number for the desired obturator:
A220xxA standard obturator
A220xxT obturator with deflecting tip

Specifications, design and accessories are subject to change without any notice or obligation on the part of the manufacturer.