

Silicone injection/extraction sets

MAKING THE DIFFERENCE WITH FAST SILICONE OIL INJECTION & EXTRACTION

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Features	and	benefits
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also for prefilled silicone oil syringes

- → Faster workflow due to new usability also for prefilled silicone syringes*
- \rightarrow Extraordinary fast injection
- \rightarrow Efficient trocar-based extraction
- \rightarrow Time saving as the valve remains in the trocar
- \rightarrow Easy connection of adapter tubing
- for maximum user comfort
- \rightarrow Snap lock cannula 23 G for safe connections
- ightarrow Universal cannula for all Gauge sizes

* Use only prefilled silicone oil syringes from Pharmpur® (ophthafutur® sil 1,000/2,000/5,000), in the version 10 ml.

Silicone injection/extraction se incl. universal visco cannula vv690350	et, 10 cc	8	● 23 G ● 25 G ● 27 G
Universal visco cannula		8	 23 G 25 G 27 G
Silicone injection/extraction se incl. snap lock visco cannula vv690353	et, 10 cc	8	● 23 G
Snap lock visco cannula vv690343		8	● 23 G
Silicone injection/extraction se incl. 20G visco cannula VV690310	et, 10 cc	8	● 20 G

All articles are delivered sterile, single use, box of 10

Filling and removing a silicone oil endotamponade

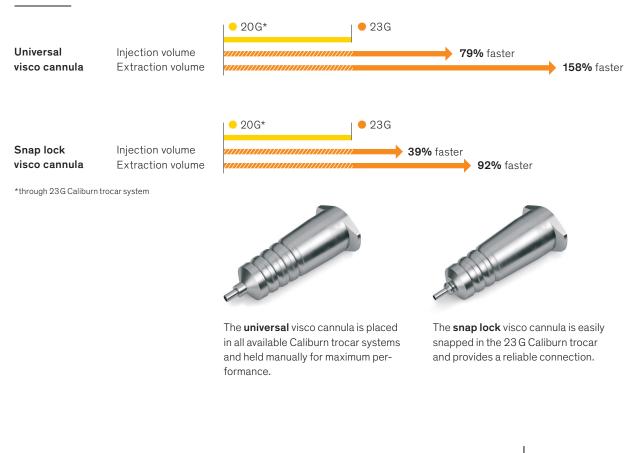


MD Michael Georgopoulos, chief consultant for vitreoretinal surgery, Department of Ophthalmology, Medical University of Vienna, Austria reports his experience with the silicone application set:

«I usually use different expanding gases for an endotamponade. Only in more complicated cases do I use silicone oil, which I actively fill into the air-filled eye. To fill the eye, I place the Oertli Universal Visco Cannula on a syringe, which is connected to a trocar, in the same stable way that the BSS infusion is connected to the trocar. Using a 23-gauge approach, the system fills the eye very quickly. It takes only about 5 minutes for me, using 5,000 cs silicone oil. Lower-viscosity oils (1,000 or 2,000 cs, for example) would be faster, but I have the best clinical experience with 5,000 cs. I wait at least 3 months with the silicone oil in the eye, and then I check to verify that the retina is perfectly attached and there are enough laser scars to protect the retina from redetachment.

Speed comparison between the previous Oertli 20G* and the new 23G solution:

To remove the silicone oil with our older system, we cut a sclerotomy and filled in the BSS; the oil came out through the sclerotomy on its own. This passive extraction took about 5 minutes, and then we sometimes spent another 10 minutes or so suturing the sclerotomy and the conjunctiva. Now I actively extract the silicone oil through the 23-gauge trocar and the snap-lock visco cannula with no need for sutures. With a trocar-based system, I remove the trocar and am finished with surgery. The time saved is enough to make a difference in the experience of patients and surgeons, as well as to affect management of the operating room.»





Not available for sales in the US