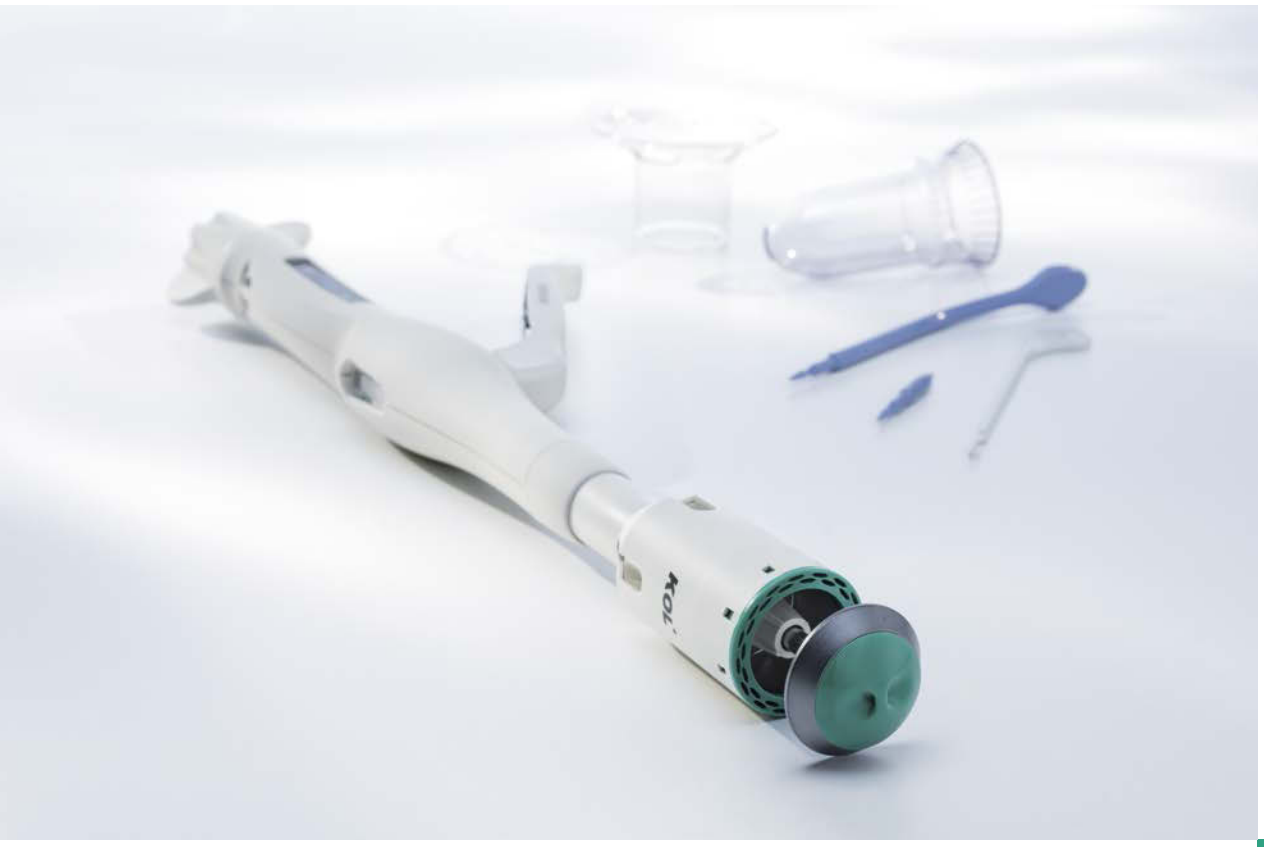
B BRAUN
SHARING EXPERTISE



GENERAL
OPEN SURGERY

CSC-KOL® INTRALUMINAL STAPLER FOR SINGLE USE

INNOVATION IN LOW COLORECTAL ANASTOMOSIS WITH TRANSANAL CONTROL

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INNOVATION IN LOW COLORECTAL ANASTOMOSIS WITH TRANSANAL CONTROL

EXISTING CLINICAL PROBLEMS

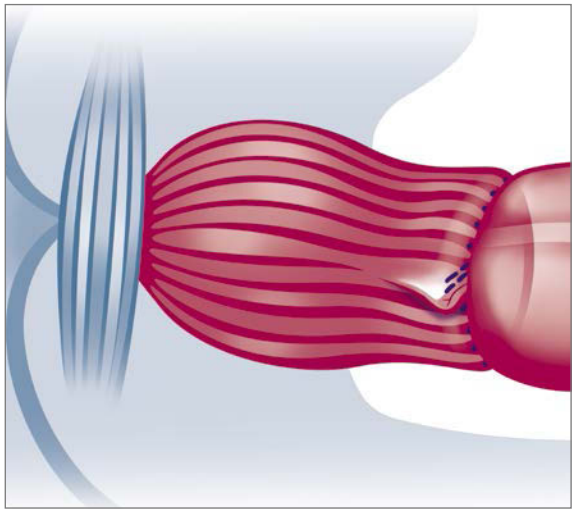

Fig. 1: This picture shows the crossings of the staple lines as well as the formation of the dog ears.

- Total mesorectal excision (TME) is the gold standard technique for rectal surgery as it decreases local recurrence and improves functional results[1].
- On the other hand, the introduction of the double stapling technique (DST) has greatly facilitated the anastomosis after low anterior resection (LAR); it obviates the use of lower purse-string suture and permits a lower and easier anastomosis[2].
- However, stapling across staple lines and the lateral intersecting margins created (so-called dog ears), have been reported to increase the risk of stenosis[11] and anastomotic leakages[3,4], which is the most common complication after rectal cancer surgery and its rate remains at approximately 10 %[5-10].

SURGICAL STEPS

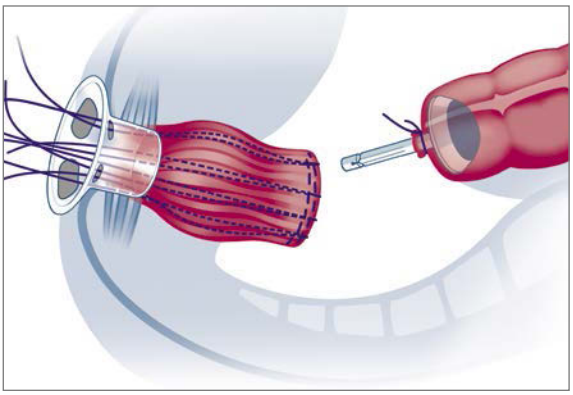

Fig. 2

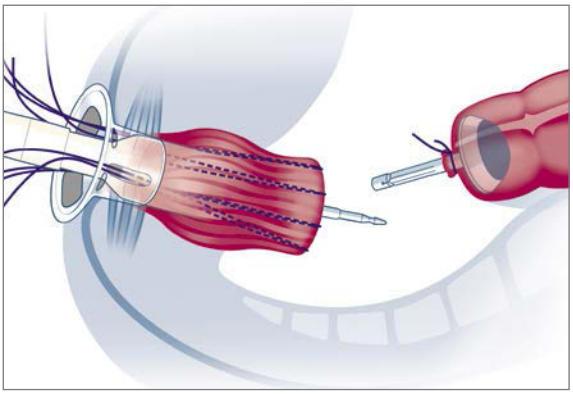

Fig. 3

KOL® – TECHNIQUE FOR A REAL TRANSANAL END-TO-END ANASTOMOSIS

1. Transanally suture the distal staple line

- Firstly stitch the left end of the staple line. Suture another three or four points until the right end of the staple line. (Fig. 2)
- Pull the two groups of sutures into the right and left traction holes separately, by using the suture threader. (Fig. 3)

2. Anastomosis

- Close the stapler into the green zone, while pulling the staple line into the housing and fire the stapler.
- Check the specimen to make sure the complete resection of the distal staple line.

The picture shows the benefits of a real transanal anastomosis without intersecting margins (dog ears) and crossings of staple lines, reducing the risk of leakages and stenosis.

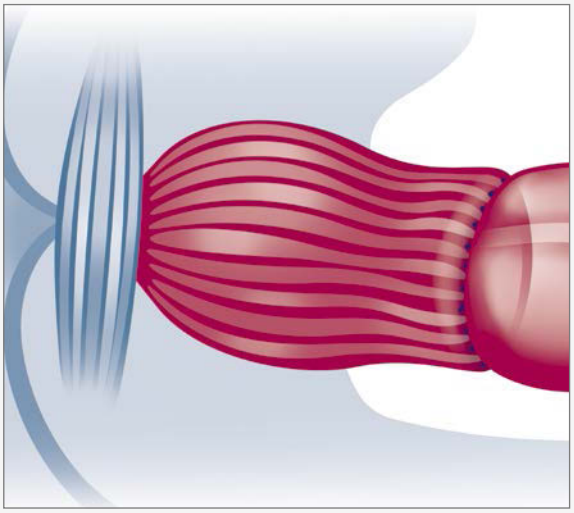

Fig. 4

PRODUCT FEATURES AND BENEFITS

SINGLE USE
INTRALUMINAL STAPLER CSC-KOL® INNOVATION

Power-Cut
Improved technology to cut through intersecting staples.

Double specimen housing
12.6 - 17.8 cm^3 to accomodate the staple line and the desired amount of tissue to be resected.

Just-Fit & Uni-Link
enhance direct firing force transition and use parallel tissue compression and staple formation.

Four Traction Holes
allow to pull the staple line and the tissue into the housing.

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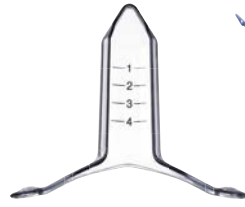
ORDER INFORMATION

Article No.	Anvil Diameter	Colour Code	Staple Quantity	Blade Diameter	Staple Height	Closed Staple Height	Housing Length / Volume
CSC29-KOL	29 mm	Blue	24	20.5 mm	5.0 mm	1.0 ~ 2.5 mm	4 cm / 12.6 cm^3
CSC33-KOL	33 mm	Green	32	24.8 mm	5.0 mm	1.0 ~ 2.5 mm	4 cm / 17.8 cm^3
Transanal Accessories							

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