

ORDER INFORMATION

Product Code		External diameter	Lumen size mm	Potential volume cm ³	No. of staples	Open staple height mm	Closed staple height mm	Staple crown mm	Staple rows	Per Box
CPH32	●	32.5	24	17.17	32	4.2	0.75 - 1.5	3.8MM	2	3
CPH34	●	34.5	26	20.61	32	4.2	0.75 - 1.5	3.8MM	2	3
CPH34HV	●	34.5	26	25.36	32	4.2	0.75 - 1.5	3.8MM	2	3
CPH36SMS	●	36.5	28	35.15	36	4.2	0.75 - 1.5	3.8MM	2	3

SELECTED STAPLING OF HAEMORRHOIDS with Frankenman High Volume Haemorrhoid Stapler



A tailored patient approach for the surgical treatment of Haemorrhoids

CONTACT US:

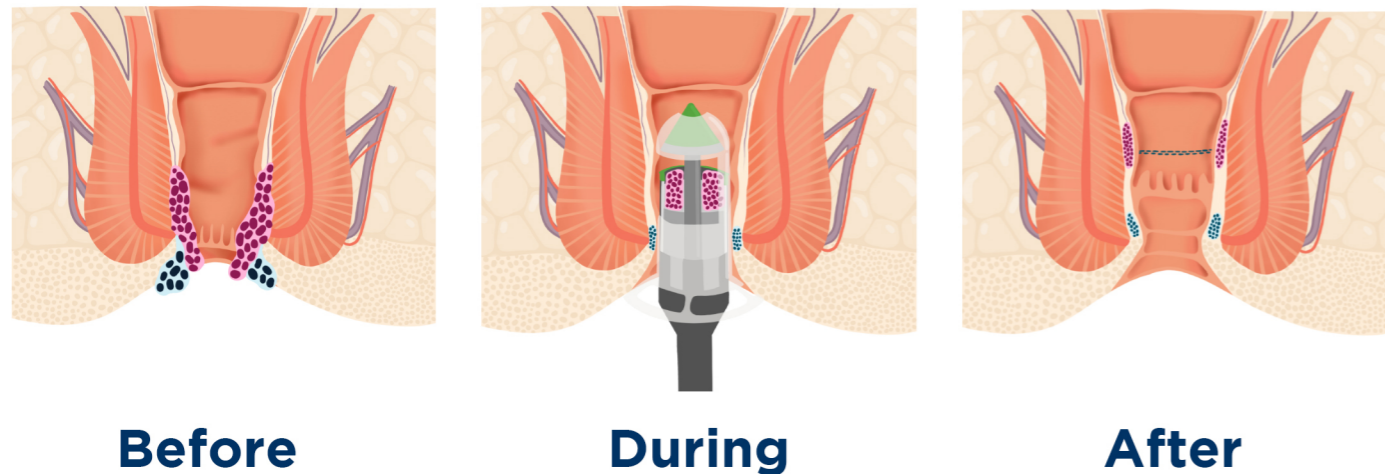
Innovative Medcare Technology Pty Ltd
 16/136 Keys Road, Cheltenham VIC 3192
 Email: customer.service@imedcare.com.au
 Website: imedcare.com.au
 Phone: 1300 690 998

Frankenman International Ltd
 Suite B 13/F WING TAT COMMERCIAL BUILDING
 121-125 WING LOK STREET SHEUNG WAN HONG KONG
 Email: info@frankenman.hk
 Phone: +852 3106 3035

- Targeted tissue with preservation of mucosal bridges
- Choose between one, two or three window selective anoscopes
- Effective resection of haemorrhoids whilst preserving native tissue
- Tailoring the procedure to patient symptoms

Selected stapling of haemorrhoids is a less invasive technique for management of Grade II – IV Haemorrhoids. The technique uses anosscopes with one, two or three windows, only exposing the appropriate range of mucosa and prolapsing haemorrhoid whilst protecting native mucosa from being removed in the stapling and cutting process of the circular stapler. This technique has a range of post-operative benefits compared to the traditional circumferential stapling whilst achieving clinical effective outcomes.

In surgical treatment of haemorrhoidal disease, and especially when combined with Obstructed Defection Syndrome, a key surgical objective is the correction of internal rectal prolapse. The CPH34HV is the first device specifically designed to maximise the volume of the staple housing whilst maintaining the essential design characteristics of, what has been proven scientifically and in clinical use, to be the most effective device in use today for Stapled haemorrhoidopexy.



Before

During

After

Selected Stapling of Haemorrhoids was associated with:

- Reduced postoperative pain and urgency².
- Better postoperative anal continence².
- Minimal risk of rectal stenosis².

Clinical benefits of tissue selecting technique:

- Selective tissue stapling preserves the mucosal bridges.
- This approach is anticipated to preserve the compliant tissue because fewer staples are deployed, thereby potentially reducing some of the morbidities associated with conventional circumferential stapling, including anastomotic stenosis, rectovaginal fistula, and defecatory dysfunction².
- The Selected Haemorrhoid Stapler procedure showed little impact on anorectal physiology with low complications².

- The largest volume staple housing on the market today allowing resection of more tissue when clinically required.
- Lowered tissue stop to facilitate ‘pull through’ of the tissue housing.
- Transparent housing gives the surgeon a new perspective on the procedure that was not possible until now.

Highest Volume Housing



KEY FEATURES INCLUDE

- STAINLESS STEEL ANVIL SHAFT TO MAXIMISE STABILITY DURING FIRING AND CLAMPING
- HIGH VOLUME HOUSING
- TRANSPARENT STAPLE HOUSING AND STAPLE PUSHERS GIVING MAXIMUM VISUAL FEEDBACK
- 4 SUTURE CONDUITS ALLOWING BETTER ACCESS AND ADDITIONAL OPTIONS IN TISSUE MANIPULATION
- 0.75MM TISSUE GAP WHEN CLOSED GIVING OPTIMUM MUCOSAL COMPRESSION TO MAXIMISE HAEMOSTASIS
- 32 CIRCUMFRENTIONALLY MOUNTED TITANIUM STAPLES OPTIMISING HAEMOSTASIS AND ANASTOMOSIS
- CIRCUMFERENTIALLY MOUNTED BLADE ASSEMBLY PUSHING RAZOR SHARP STEEL CUTTING BLADE, PLUS ROUNDED EDGES TO INTERNAL HOUSING

