# Laparoscopic Obesity Surgery 5/10 Instrument Set according to Prof. G.B.Cadière







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## Introduction

Obesity has become an epidemic problem in the developed countries. Obesity is associated with co-morbidities which are responsible for more than 2.5 million deaths per year worldwide. The loss of life expectancy due to obesity is significant. Obesity is rapidly becoming one of the major medical problems of the developed world.

Currently surgery is the only long term effective treatment for morbid obesity. Laparoscopic obesity surgery is associated with less pain, shorter hospital stay and quicker return to normal activity as compared to open techniques.

The laparoscopic approach is less invasive which in the physiologically fragile obese patient induces lower stress, cardiopulmonary burden, blood loss and hence a better outcome. Laparoscopy allows for faster patient mobilization, which translates to a reduced risk of pulmonary embolism and atelectasis.

Laparoscopic obesity surgery is also associated with a lower incidence of wound related problems such as incisional hernia and abscesses. Laparoscopy also induces fewer adhesions resulting in a reduced incidence of bowel obstruction.

The laparoscopic access possibly improves the accuracy of the surgical task secondary to a better view, a good ergonomic position and following the achievement of a learning curve, an improved suturing accuracy as compared to open surgery.

The instruments need to be designed in a way to allow the surgeon to work without constraints in an ergonomical and fatiguefree position. Furthermore the instruments in the set have been marked with 5/10 cm measurement marks on the shaft which allow for precise intra-operative measurements.

As a rule, the surgeon operates two-handed in the most ergonomic position, and never actually holds the camera himself. With his dominating hand the surgeon dissects, cuts, coagulates, suctions and sutures. The non-dominating hand grasps tissue for suturing or dissecting and will usually manipulate the grasping forceps.

# General Principles of Laparoscopic Obesity Surgery

The quality of a surgical procedure depends largely on the surgeon's skills and know-how, but even so on the quality and variety of the instruments and of the image guiding the surgeon's actions. Documentation of the OR procedure will be of high importance.

The technique of obesity surgery relies on simple but essential principles and actions:

- patient and surgeon's position
- placement of trocars, optics and laparoscopic instruments
- knowledge about the specific laparoscopic anatomy
- ability to suture and tie knots intra- and extracorporally.

## Position of the Patient, Surgeons and Trocars

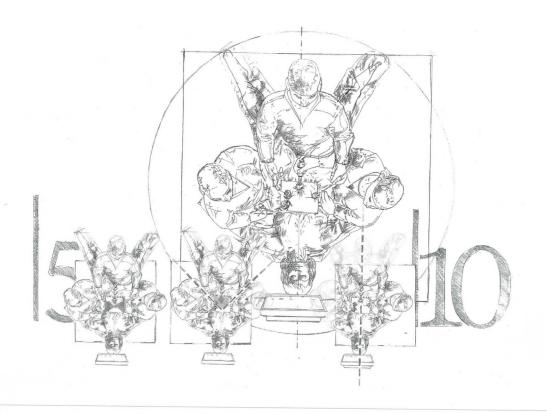
The first rule in laparoscopy concerns the position of instruments, surgeon's head, patient's operative field and video screens. Ideally, the latter three should be separate points on one axis.

The second rule in laparoscopy concerns the trocar placement: there is a distinction between operative or working and assisting trocars. The operative trocars, manipulated by the surgeon, should be at a right angle with the optical system at the bisector of this angle.

The ancillary tools, harboured by the assisting trocars, are placed outside the triangle outline by the operating and optical trocars.

## 5/10 Instruments according to Prof. G.B.Cadière





# Requirements on Laparoscopic Instruments according to Prof. G.B.Cadière

### **Trocars**

- Should be simple to use and as less bulky as possible.
- Should be airtight and allow good sliding of the instruments.
- · Should be easy to introduce into the abdomen.
- A reducer is necessary for the use of a 5 mm instrument through a 13 mm trocar, in order to maintain the pneumoperitoneum.



30160 AP Trocar, size 6 mm,

color code: black, consisting of:

30160 P Trocar only, with pyramidal tip

30160 H2 Cannula without valve, with insufflation stopcock,

length 10.5 cm

30160 A1 Automatic valve

30103 AP Trocar, size 11 mm,

color code: green,

consisting of:

30103 P Trocar only with pyramidal tip

30103 H2 Cannula without valve, with insufflation stopcock,

length 10.5 cm

30103 A1 Automatic valve

30107 AP **Trocar**, size 13 cm,

color code: black,

consisting of:

30107 P Trocar only with pyramidal tip

30107 H2 Cannula without valve, with insufflation stopcock,

length 11.5 cm

30107 A1 Automatic valve



30141 HB Reducer 13/05

## Optical System

- This system must allow for a precise vision at a distance from the operative site without loss of focus or light intensity.
- This results in less camera motions and in a wider optical field.
- A 30° telescope allows inspection from different angles through one trocar side.





HDPKINSII® Forward-Oblique Telescope 30°, enlarged view, diameter 10 mm, length 31 cm, autoclavable,

fiber optic light transmission incorporated. Color code: red

## Instruments for the Dominating Hand

### Monopolar Hook

- The hook marked with 5/10 cm measurement marks on the shaft allows for precise measurements.
- The hook is designed for dissection, for isolating structures and for transsection-coagulation.
- The working end is a semi-circle: the outer curvature is thick for safe dissection; the inner one is sharp allowing for prompt transaction with minimal side coagulation.
- The grip is hatched for better grasp.
- The length of the hook allows ergonomic conditions.



26775 C CADIERE Coagulating and Dissecting Electrode, L-shaped, tapered tip, with cm-marking, with connector pin for unipolar coagulation, size 5 mm, length 36 cm

#### Needle Holder

- Must be strong and stable, in order to hold the needle tightly.
- The handle must be long the same axis in order to allow pronation – supination.
- The tip must be curved in order to facilitate knot tying.



26173 CN CADIÈRE **Macro Needle Holder**, ergonomic axial handle with disengageable ratchet, ratchet release on the right side, left curved jaws, with tungsten carbide insert ø 5 mm, length 33 cm

### **Scissors**

- The scissors marked with 5/10 cm measurement marks on the shaft allows for precise measurements when required.
- The rotating axis allows for abduction-free pronation and supination.



34321 MSC **CLICK'line** METZENBAUM **Scissors**, rotating, with connector pin for unipolar coagulation, size 5 mm, lenght 36 cm, blades curved, double action jaws, length of blades 12 mm,

consisting of:

33121 W Insulated Handle, without ratchet and finger rest

33300 CM Outer Tube, insulated, with markings

34310 MS Insert

#### **Suction Device**

- Allows for minute and accurate motions that can be helpful in dissection.
- The tube cross section and the side holes are designed so as to minimize loss of pneumoperitoneum.



## Grasping Forceps in the Non-Dominating Hand

- The grasper marked with 5/10 cm measurement marks on the shaft allows for precise measurements when required.
- The grasper is fenestrated, hence atraumatic in nature.
- The grasper's jaws are both short and strong enough in order to hold suture and needle in a stable fashion.
- One end allows for measurement in a precise way.
- The 110° angle allows for good ergonomics of the non-dominating hand.
- In order to avoid interference with the optical system the handles are kept short and the window is kept as small as needed for the surgeon's tasks.



33321 ONC **CLICK'line Grasping Forceps**, rotating, with connector pin for unipolar coagulation, size 5 mm, length 36 cm, atraumatic, fenestrated, single action jaws, consisting of:

33121 W Plastic Handle, without ratchet, without finger rest

33300 CM Outer Tube, insulated, with markings

33310 ON Forceps Insert

## Grasping Forceps for the Assistant

- The grasper allows for measurement marks 5/10 cm on the shaft.
- It should serve for retraction; hence it needs to be solid.
- The grasper is fenestrated, hence atraumatic in nature.
- The reticulating axis allows for pronation-supination without the need for arm abduction.



33332 ONC

**CLICK'line Grasping Forceps**, rotating, size 5 mm, length 36 cm, atraumatic, fenestrated, single action jaws, consisting of:

33132 **Metal Handle,** with MANHES style, ratchet 33300 CM **Outer Tube**, insulated with markings 33310 ON **Forceps Insert** 

## IMAGE 1TM HD NEW

#### **HD** hub Camera Control Unit

IMAGE 1

- Genuine HD is guarenteed by a maximum resolution and the consistent use of the native 16:9 aspect ratio from image capture, signal transmission to display devices.
- HD-compatible endoscopic video camera systems must be equipped with a CCD chip supporting the 16:9 input format and require that image capture be performed at a resolution of 1920 x 1080 pixels.

The benefits of High Definition (HD) for medical applications are:

- 5 times higher input resolution of the camera delivers more detail and depth of focus.
- Using 16:9 format during image acquisition enlarges the field of vision.
- The 16:9/16:10 format of the widescreen monitor supports ergonomic viewing.
- · Enhanced color brilliance for optimal diagnosis.
- Progressive scan technology provides a steady, flicker-free display and helps eliminate eyestrain and fatigue.





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#### 22 2010 11 U102 IMAGE 1 HUB™ HD Camera Control Unit (CCU)

for use with IMAGE 1<sup>TM</sup> HD and standard one- and three-chip camera heads, max. resolution 1920 x 1080 pixels, with integrated **KARL STORZ-SCB** $^{\circ}$  and integrated Image Processing Module, color system **PAL/NTSC**, power supply 100–240 VAC, 50/60 Hz

#### consisting of:

9	
<b>22</b> 201020-102	IMAGE 1 HUB™ HD (with SDI) Camera Control Unit
400 A	Mains Cord
3 x 536 MK	BNC/BNC Video Cable, length 180 cm
547 S	S-Video (Y/C) Connecting Cable, length 180 cm
<b>20</b> 2032 70	Special RGB Connecting Cable
2x <b>20</b> 221070	Connecting Cable, for controlling peripheral units, length 180 cm
<b>20</b> 0400 86	DVI Connecting Cable, length 180 cm
<b>20</b> 0901 70	SCB Connecting Cable, length 100 cm
<b>20</b> 2001 30U	Keyboard, with English character set

### Specifications:

Signal-to-noise ratio	AGC	Video output	Input
IMAGE 1 <sup>™</sup>	Microprocessor-	- Composite signal to BNC socket - S-Video signal to 4-pin Mini DIN socket (2x) - RGB signal to D-Sub socket - DV signal to DV socket (only IMAGE 1™ with DV module) - SDI signal to BNC socket (only IMAGE 1™ with SDI module)(2x) - HDTV signal to DVI-D socket (2x)	Keyboard for title generator,
Three-chip camera systems ≥ 60 dB	controlled		5-pin DIN socket

Control output /input	Dimensions w x h x d (mm)	Weight (kg)	Power supply	Certified to:
- KARL STORZ-SCB® at 6-pin Mini DIN socket (2x) - 3.5 mm stereo jack plug (ACC 1, ACC 2), - Serial port at RJ-11	305 x 89 x 335	2.95	100-240 VAC, 50/60 Hz	IEC 601-1, 601-2-18, CSA 22.2 No. 601, UL 2601-1 and CE acc. to MDD, protection class 1/CF

## NEW IMAGE 1™ HD

**HD** Camera Head





22 22 20 0 50 - 3 50 Hz IMAGE 1™ H3, Three-Chip HD Camera Head

max. resolution 1920 x 1080 pixel Progressive Scan, 50 Hz, with 2 freely programmable Camera Head buttons, with integrated Parfocal-Zoom, focal length f = 14 - 30 mm (2x)

22 2200 50-3/22 2201 50-3

22 22 2150-3 60 Hz IMAGE 1™ H3, Three-Chip HD Camera Head

max. resolution 1920 x 1080 pixel Progressive Scan, 60 Hz, with 2 freely programmable Camera Head buttons, with integrated Parfocal-Zoom focal length f = 14 - 30 mm (2x)

#### Specifications:

Image sensor	Pixels	Dimensions	Weight	Lens
MAGE 1™ Three-Chip Camera Head ∆x ⅓ CCD chip	1920 (H) x 1080 (V) pixels per chip	31 x 114 x 48 mm (w x h x d)	210 g	Integrated Parfocal Zoom Lens, f = 14–30 mm

Standard IMAGE 1<sup>™</sup> camera heads may also be connected to IMAGE 1<sup>™</sup> HD hub camera control unit (CCU).

KARL STORZ		Order No.	Screen diagonal	Max. screen resolution	Video input					
HD Flat Screens Color systems PAL/NTSC	Version		58.5 cm (23")	1920 x 1200	100	RGB to 5x RALO	VGA to 15-pin	SDI to BNC SOCKET	HD-SDI to	DVI to DVI-D socker
	Wall mounted with VESA 100-adaption	9523 NB								
	Desktop with pedestal	9523 N			•	•	•	•	•	•

The following accessories are included:

400 A Mains Cord

9523 PS **External 24VDC Power Supply** 

9419 NSF Pedestal

## Data Management and Documentation

KARL STORZ AIDA® compact HD

### Special features:

- Digital storage of still images with a resolution of 1920 x 1080, video sequences in 720p and audio files
- Communication Package DICOM/HL7 (optional)
- Sterile, ergonomic operation via touch screen, voice control, camera head buttons and/or footswitch
- Automatic recognition of connected camera systems at HD-SDI/SD-SDI inputs (of IMAGE 1<sup>™</sup> camera systems at SD-SDI input only)
- . Efficient archiving on DVD, CD-ROM or USB stick, multisession and multipatient
- · Network storage possible
- · Automatic creation of standard reports
- · Computers and monitors for use in the OR area certified according to EN 60601-1
- Compatible with KARL STORZ Communication Bus (SCB) and OR1<sup>™</sup> connect Serie KARL STORZ AIDA<sup>®</sup> compact HD as an attractive, digital alternative to video printers, video recorders and dictating machines



sequences and	system for digital storage of still images, video audio files, 115/230 VAC, 50/60 Hz
consisting of:	
<b>20</b> 0460 20	KARL STORZ AIDA® control II, with integrated DVD/CD writer
<b>20</b> 0405 77	AIDA compact II HD-Frame Grabber Card
<b>20</b> 0902 34U	PS/2 Compact Keyboard, English, with drape
<b>20</b> 0404 02-17	AIDA® compact II HD Software, with voice control and software protection
<b>20</b> 040275	KARL STORZ USB Stick, with 2 GB
2x 202210 70	Connecting Cable
536 MK	BNC-Connecting Cable, length 180 cm
536 MKD	BNC-Connecting Cable, length 30 cm
<b>20</b> 0400 86	DVI-Connecting Cable, length 180 cm
400 A	Mains Cord
<b>20</b> 0400 87	MiniDIN Cable Plug, to BNC female

20 0406 08U KARL STORZ AIDA® compact HD System

#### Specifications::

Video systems	Signal input	Image formats	Video formats	Audio formats	Storage media
• PAL • NTSC	<ul> <li>S-Video (Y/C)</li> <li>Composite</li> <li>RGBS</li> <li>SDI</li> <li>HD-SDI</li> <li>DVI</li> </ul>	● JPG ● BMP	• MPEG2	• WAV	<ul><li>DVD+R</li><li>DVD+RW</li><li>DVD-R</li><li>DVD-RW</li><li>CD-R</li><li>CD-RW</li></ul>

## KARL STORZ Monitors



20 0904 01 15" KARL STORZ Touch Screen, wall mounted,

RS-232, VGA, DVI-D Resolution max. 1024 × 768 (XGA)

incl. 3 Touch Screen covers,

power supply: 100 VAC-240 VAC, 50/60 Hz

consisting of:

20 0903 31 15" Touch Screen

20 0400 73 RS-232 Cable, length 600 cm

20 0402 72 SVGA Cable, length 600 cm

20 0903 86 Touch Pen

20 0904 83 Adapter Set, VESA 75

20 0904 05

19" KARL STORZ Touch Screen, 24V, wall mounted,

RS-232, VGA, DVI-D resolution max. 1280 × 1024 (SXGA mode),

incl. 3 Touch Screen covers,

power supply: 100 VAC-240 VAC, 50/60 Hz

consisting of:

20 0904 37 19" Touch Screen

20 0400 73 RS-232 Cable, length 600 cm

20 0402 72 SVGA Cable, length 600 cm

20 0903 86 Touch Pen



15" KARL STORZ Touch Screen, Desktop, 20 0904 03

RS-232, VGA, DVI-D Resolution max. 1024 x 768 (XGA),

incl. 3 Touch Screen covers,

power supply: 100 VAC-240 VAC, 50/60 Hz

consisting of:

200903 31 15" Touch Screen

200904 86 Base Stand

200903 86 Touch Pen

20 0904 06 19" KARL STORZ Touch Screen, 24V desktop,

RS-232, VGA, DVI-D resolution max. 1280 x 1024 (SXGA mode),

incl. 3 Touch Screen covers,

power supply: 100 VAC-240 VAC, 50/60 Hz

consisting of:

**20**0904 37 **19" Touch Screen 20**0904 87 **Base Stand** 

200903 86 Touch Pen

## 5/10 Instrument Set according to Prof. G.B.Cadière

Qty	Item No.	Description
1	26120 JLL	VERRES Needle
1	30103 AP	Trocar, size 11 mm, automatic valve, pyramidal tip
2	30160 AP	Trocar, size 6 mm, automatic valve, pyramidal tip
2	30107 AP	Trocar, size 13 mm, automatic valve, pyramidal tip
2	30141 HB	Reducer, size 13 -> 5mm
1	26003 BA	Telescope, size 10 mm, 30° enlarged view, length 31 cm
1	26775 C	CADIERE Coagulating and Dissecting Electrode, L-shape, size 5 mm, length 36 cm
1	26173 CN	CADIERE Macro Needle Holder, 5 mm, length 33 cm
1	34321 MSC	METZENBAUM Scissors, 5 mm, length 36 cm
1	37360 LH	Suction and Irrigation Cannula, size 5 mm, length 36 cm
1	30810	Handle
1	30811	Silicone Tubing Set
1	33321 ONC	Grasping Forceps, size 5 mm, length 36 cm, plastic handle, without ratchet
3	33332 ONC	Grasping Forceps, size 5 mm, length 36 cm, metal handle with ratchet

## European School of Laparoscopic Surgery



The courses in laparoscopic surgery at the Saint-Pierre University Hospital exist for more than 10 years and is one of the oldest and most important schools for laparoscopic surgery in Europe. The very best experts of the world have come to teach and since its beginning over 5000 surgeons and fellows have followed the course. For years these courses are endorsed by the society of American Gastrointestinal and Endoscopic Surgeons (SAGES) and by the European Association for Endoscopic Surgery (EAES). The courses are also transmitted at distance in University Centers around the world including Third World Countries. All the workshops aim to offer the laparoscopic surgeon all the details (tricks and pitfalls) needed in performing advanced laparoscopic procedures.

This form of teaching is based on live procedures performed by expert surgeons (highly qualified individuals with technical and teaching expertise). Opportunities to interact with the operative surgeon are provided directly in the operation room. International experts moderate the live surgical procedures either on-site or by video-conferencing.

Every subject is classically approached by 4 steps:

- Laparoscopic anatomy by virtual reality
  ...
- Illustration of the procedure's principles
- Live demonstrations
- Discussion on technical details that can be reviewed on CD/DVD

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