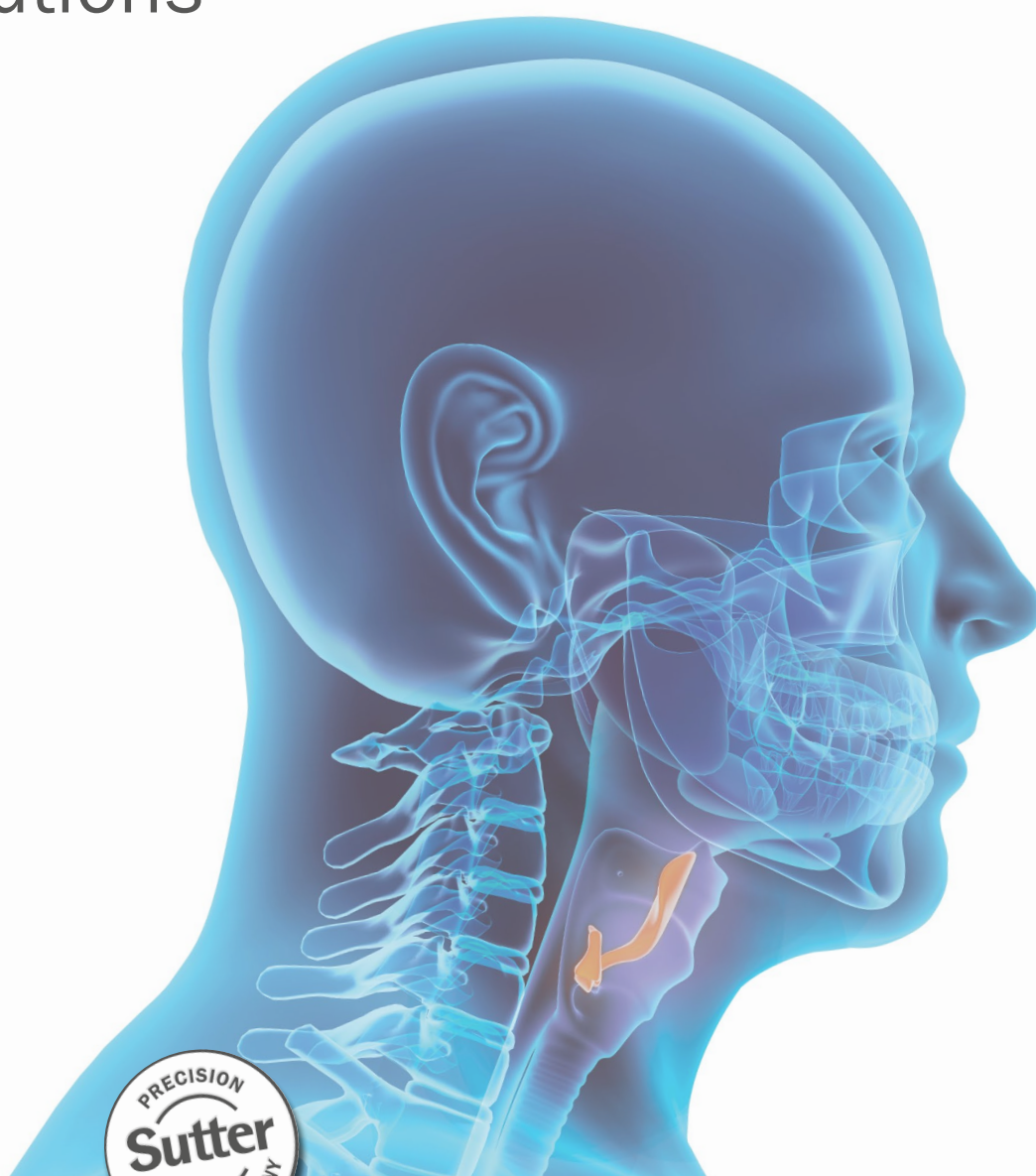




Laryngology

Solutions



**PRECISION
ELECTROSURGERY**

Solutions for Laryngology

Laser is generally considered the gold standard for organ-preserving transoral laryngeal tumor resection. But, what if there were a **minimally invasive** technology which allowed angled resection to follow a tumor's natural margins without repositioning the patient, active resection even in a bloody surgical field paired with time savings and tactile feedback? **The CURIS® 4 MHz radiofrequency generator**, with its pulsed and impedance-controlled energy application, offers exactly these potentially powerful clinical advantages. Experienced laryngologists across Europe who have trialed the technique call it “revolutionary”. We call it the CURIS® 4 MHz radiofrequency generator and **organ-preserving transoral RF-assisted microsurgery**.

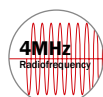
CURIS®

4 MHz radiofrequency generator
(incl. main cord, user manual
and test protocol)

36 01 00-01



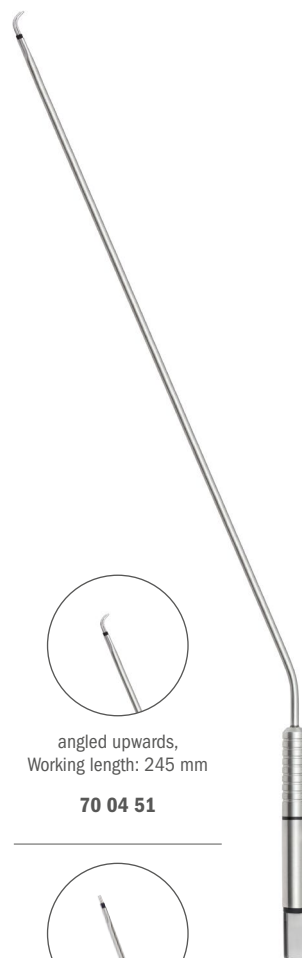
AutoRF™ function
tailors energy output



4 MHz Radiofrequency
Higher frequency for less
resistance of biological tissue



Bipolar electrode
bipolar electrode for ENT
for coagulation of the larynx



angled upwards,
Working length: 245 mm

70 04 51



Working length: 245 mm

70 04 52

Abstract

Transoral resection of supraglottic tumors using microelectrodes (54 cases)

“We present the oncological and functional results of surgical transoral resection of supraglottic laryngeal carcinomas using microelectrodes. This prospective multicenter trial was conducted from 2005 to 2009. It included 54 patients (23 T1, 14 T2, and 17 T3) with supraglottic cancer, with a follow-up of 2 years. Outcome measurements were: tracheostomy, hospital stay, nasogastric feeding and recurrences. Four patients required permanent tracheostomies. The mean hospital stay was 8.1 days. Temporary nasogastric feeding was necessary in 13 patients. Postoperative complications included two incidences of haemorrhage requiring surgical intervention and one pneumonia. Four patients out of eight with T3 tumors had regional recurrence; in these cases salvage surgery was performed: two cases by the transoral approach and six total laryngectomies. Clinical results were similar to those obtained with CO₂ laser therapy.”

Jorge Basterra • Francisco Esteban • Rosa Reboll • Alicia Menoyo • Enrique Zapater
Eur Arch Otorhinolaryngol 2014 Sep; 271(9): 2497-502



Non-stick
Suction tube

Working length: 255 mm,
Ø 3.3 mm

71 50 17



Calvian®
bipolar forceps

angled tips: 45°,
working length: 230 mm,
with suction

70 09 46



Calvian®
bipolar forceps

angled tips: 45°,
working length: 230 mm,
without suction

70 09 47



ARROWtip™
monopolar microdissection
electrode Bastera

36 03 71



total length: 236 mm
36 03 71



angled tip: 45° downwards,
total length: 233 mm
36 03 72



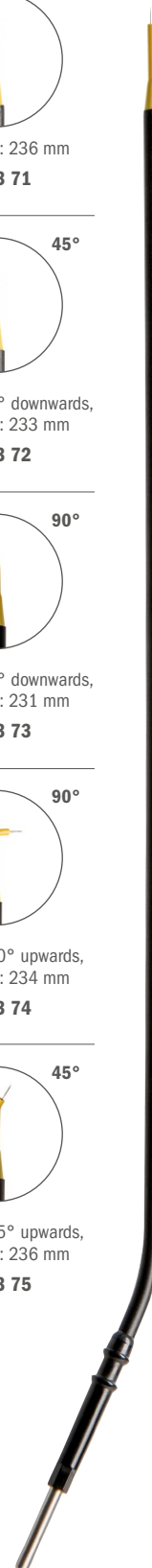
angled tip: 90° downwards,
total length: 231 mm
36 03 73



angled tip: 90° upwards,
total length: 234 mm
36 03 74

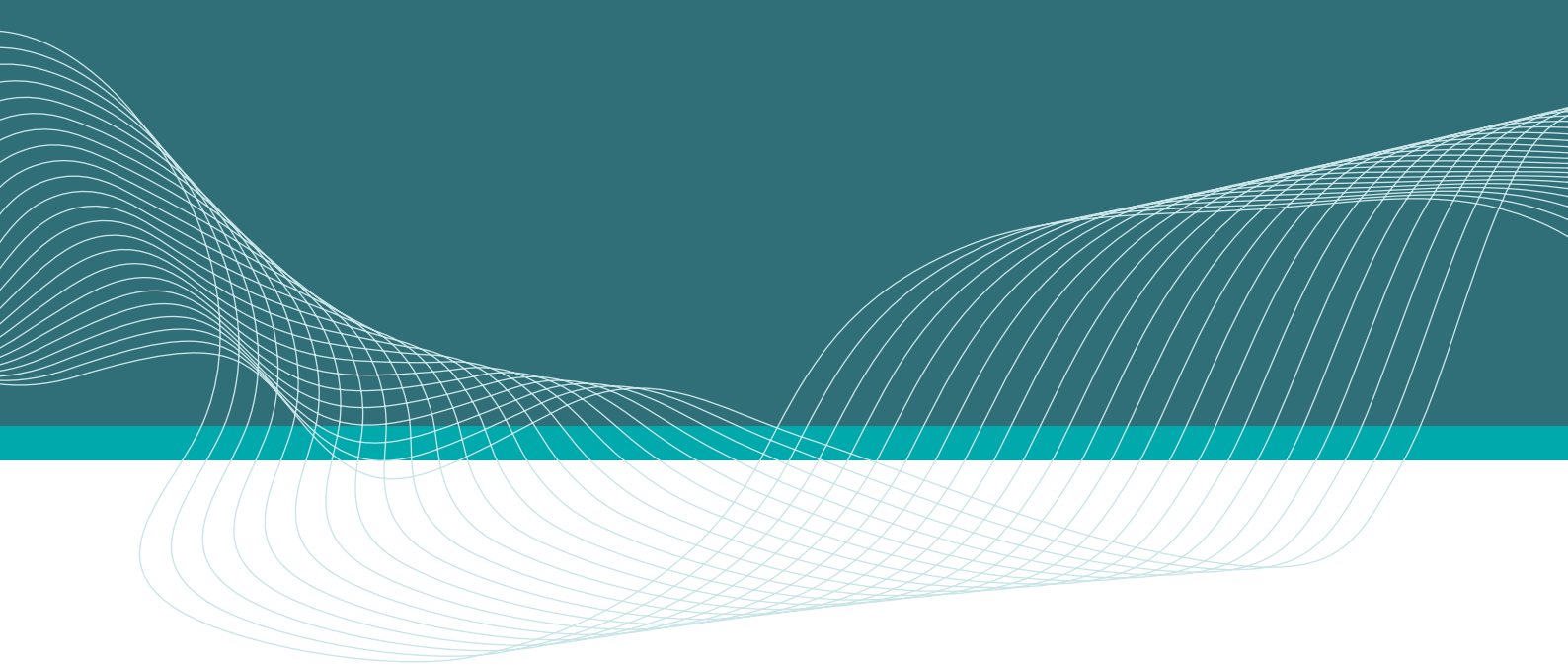


angled tip: 45° upwards,
total length: 236 mm
36 03 75



Key findings

- The functional and oncological results with monopolar microdissection electrodes and radiofrequency are similar to those achieved using a CO₂ laser
- The authors propose that the use of monopolar microdissection electrodes has the following advantages over the CO₂ laser for laryngeal lesions:
 - improved hemostasis
 - the angled tip of the monopolar microdissection electrodes allows cutting at an angle
 - improved tactility through the monopolar microdissection electrodes
 - simplicity of handling and setup
 - significantly lower cost of the equipment
 - shorter operating time



The wide range of our products can be found on our website and in our brochures.



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