









Optical Veres cannula with patented, transparent tip • Primary puncture under continuous view • Unique presentation of anatomic structures

+



Dilatation system with intuitive trocar guide

The new safety concept!



"Experience the increase in safety and orientation when penetrating the abdominal wall whilst you are viewing the tissue layers through the transparent tip of the VEROSCOPE."

Dr. S. Riek, T. Gaiselmann, K.-H. Bachmann.

VEROSCOPE – The optical Veres cannula

Inserting trocars under endoscopic control is generally regarded as a safe method. Nevertheless, the primary "blind" puncture with a classical Veres needle still involves known risks of visceral or vascular injury. In the respective literature a complication rate is stated of 0.1 - 0.4 %. With this new, unique VEROSCOPE System by R. Wolf, a combination of the classical Veres Needle Technique with a patented, transparent tip and a miniature telescope especially designed for this application, the anatomy is displayed on the monitor from the very moment the puncture is made. Each individual step during penetration of the abdominal wall is presented clearly as a brilliant image and in this way, any complication can be avoided from the very onset.

"A perfect view, right from the start" – New possibilities that have never existed before for making laparascopy even safer and less risky – with the VEROSCOPE by Richard Wolf.

7th October, 1938

WEEKLY GERMAN MEDICAL JOURNAL



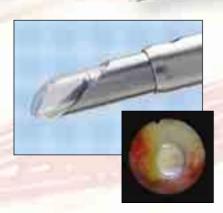
New instrument for performing punctures of the pleural cavity or abdomen and for pneumothorax treatment by Dr. Janosch VERES, head surgeon

From the Department for Internal Medicine, Komitatsspital in Kapuvár (Hungary)

A decisive moment, without any doubt, in pleurocentesis and abdominocentesis is when the needle pierces the pleura or peritoneum, as the easily damageable lung or intestines are exposed to injury by the pointed instrument. The sharp point on the puncture instrument is of extreme importance for being able to penetrate the chest or abdominal wall easily, but only up to the point where the needle reaches the cavity; the sharp point in the cavity itself is superfluous, and can even be dangerous.

Extract from the weekly Germany medical journal, of 7th October, 1938

Dr. Janosch Veres



The decisive feature:

The protective tube with transparent tip:

Contrary to all other known systems functioning on a similar principle, the optical view is not spoilt by contact with tissue or blood. When the VEROSCOPE is inserted, a thin, spring-mounted, transparent tip gently rests against the cutaneous tissue and allows the finest structures through the special telescope to be seen. The magnifying effect of this miniature telescope enables an exact differentiation of the tissue and of the anatomy. Structures of significance can be seen at an early stage and can be avoided. Because of the clear view, the transition from the peritoneum into the abdominal cavity can be distinctly recognised. The rhythmic movement of the intestinal con-

volutions can be visualised during respiration through the semi-transparent peritoneum – an indication of freedom of adhesions.



Laparoscopy

The new safety concept



Safety at the press of a button

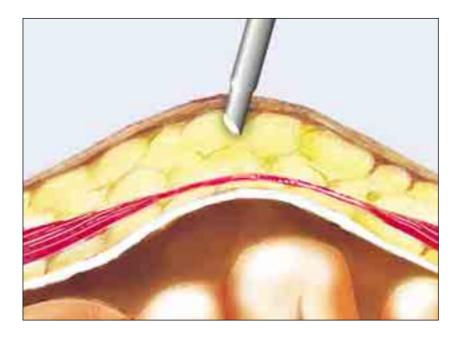
In the case of difficult or badly visible structures, the cutting action of the sharp Veres cannula can be deactivated by the surgeon by pressing the button on the outer sheath with his finger. The spring mechanism of the transparent tip is thus blocked, i.e. the atraumatic tip remains beyond the sharp cutting edge and protects the tissue during simultaneous dissection and further, blunt penetration by the surgeon. The functioning principle is then similar to that of an optical dissecting instrument.

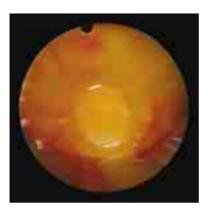


Automatic sealing system

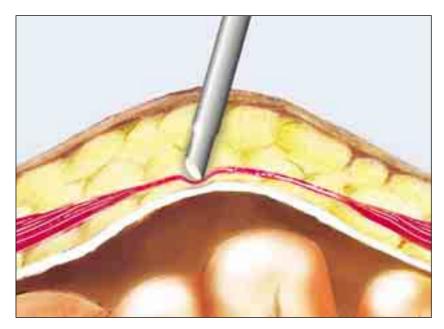
Simple handling due to the quick-lock mechanism.







The transparent tip is located in the subcutaneous fatty tissue and is pushed forward under slight pressure.

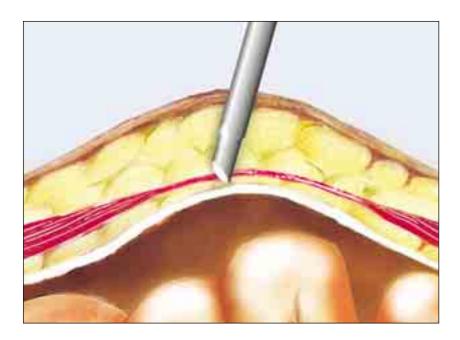




The transparent tip has reached the fascia and the VEROSCOPE begins to cut through it.

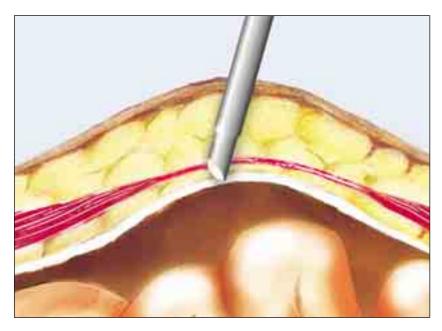








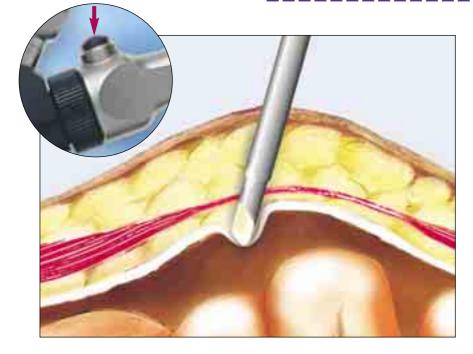
The VEROSCOPE has almost completely passed the fascia gap and is moving in the direction of the pre-peritoneal fatty layer.





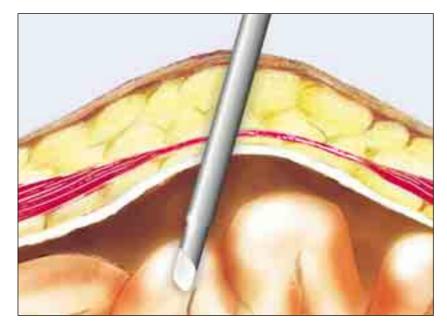
The Veres cannula is now located in the preperitoneal fatty layer and the transparent tip has meanwhile reached the peritoneum.







The locking button on the Veres cannula is pressed and the peritoneum is thinned under blunt dilatation. The intestinal convolutions in the abdomen can be clearly seen.



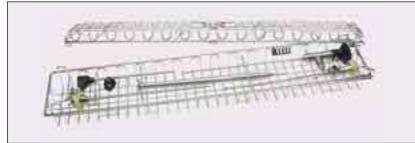


The Veres cannula has penetrated the peritoneum and has now reached the peritoneal cavity. The insufflation can now be carried out under view.

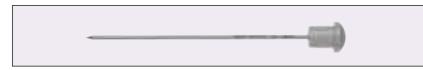












VEROSCOPE System consisting of:

PANOVIEW-PLUS telescope Ø 1.9 mm, 0°, WL 180 mm8760.411

Protective tube with transparent tip sterile (single use), pack of 54760.005

 Ø 3 mm, WL 160 mm,

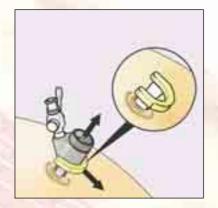
 with membrane valve,

 blue (89.102)

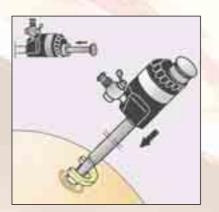
Recommended accessories:

Trocar for trocar sleeve 8760.3018760.3011

VEROSCOUT New dilatation system with intuitive trocar



After insufflation the trocar sleeve is removed and the VEROSCOUT remains in place.



The dilation trocar is inserted into a RIWO-ART trocar sleeve. The special "nose" of the dilatation trocar is inserted in the VERO-SCOUT and guided as far as the abdomen. The VEROSCOUT opens along its length and the trocar and cannula inserted without any problem.



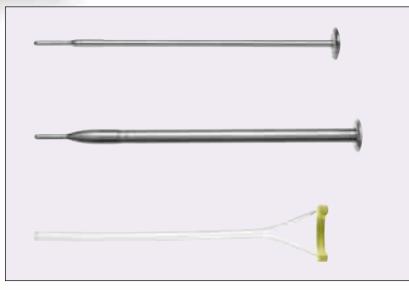
Finally, the VEROSCOUT beside the trocar sleeve is drawn out and disposed of.



Laparoscopy

guide

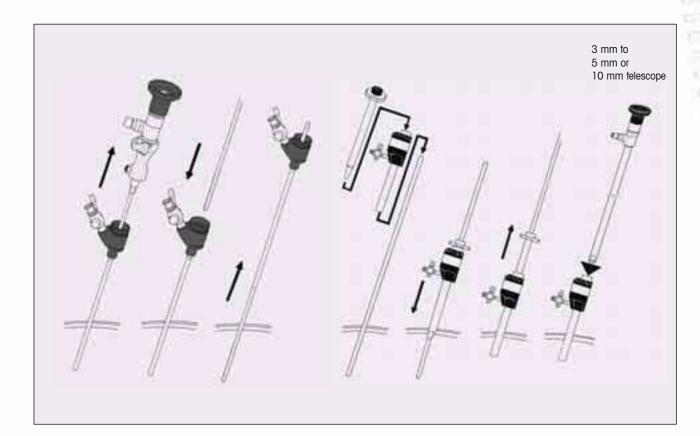


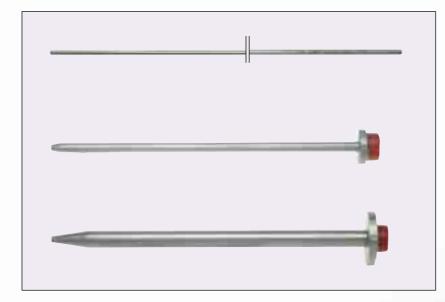


Dilatation trocar, Ø 10 mm

VEROSCOUT

Incision dilatation using guide rod





Guide rod Ø 3 mm, WL 450 mm8921.922

Dilatation sleeve

Dilatation sleeve



Laparoscopy

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Please send me a quotation for the following instruments: (please tick as appropriate)

Basic set

VEROSCOPE System

- PANOVIEW-PLUS telescope	8760.411			
- Protective tube with transparent tip	4760.005			
- Veres cannula	8760.303			
- Trocar sleeve	8760.301			
- Reinforcement sheath for telescope				
8760.411	8760.302			
I VEROSCOUT-System				

I am interested and would like (please tick):

A visit from a representative to discus this further
 To arrange a trail

Other

□ Guide Rod System

- Guide rod	8921.922
- Dilatation sleeve, Ø 5 mm	8921.932
- Dilatation trocar, Ø 5 mm	8921.014
- Dilatation sleeve, Ø 10 mm	8923.932
- Dilatation trocar, Ø 10 mm	8923.014

Recommended VEROSCOPE accessories

Preparation basket	
Adapter for telescope	
□ Trocar for trocar sleeve 8760.301	



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We offer system solutions for all medical fields:

Endoscopes with accessories

such as telescopes, instruments for creating ports of entry, working inserts, forceps, scissors, suction tube, electrodes, knives, palpators, light cables and much more.

Endo-Units

such as light sources, insufflators, lithotripsy units, suction-irrigation pumps, HF units, power tools etc.

Endo-documentation

endocameras for video and photography, lenses, monitors, recorders, printers.

Trolleys for units, trays, instruments.

Cleaning / Disinfection / Storage cleaning agents, lubricants, trays.

Service

Individual repair, exchange systems, service contracts, advice, equipment loan service, mobile service.

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