

Effective. Fast. Easy.



**Endoscopically controlled  
fascia closure system**

by Busche

# Endoscopically controlled fascia closure system

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The sealing cone finds its way through the individual layers and seals the incision to re-establish the pneumoperitoneum. This creates a safe distance between the abdominal wall and the organs. The marking on the cone indicates the ideal position for the ligature.

The needle forceps are also extremely well suited to being used as an emergency needle for preventing abdominal bleeding.

## Order data

### Sealing cone

Ø 10–12 mm .....	8934.915
Ø 12–15 mm .....	8943.915
Ø 15–20 mm .....	8945.915

### Needle forceps

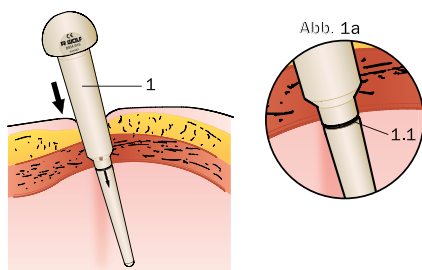
with automatic suture holder

Ø 2,45 mm, WL 160 mm,

with irrigation connector .....8756.201

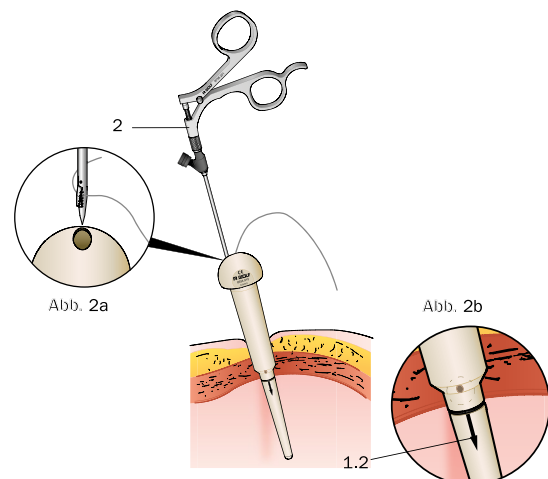
## Step 1:

Guide the sealing cone (1) into the trocar incision. Push the sealing cone for the fascia closure (1) forward until the marking ring (1.1) is visible under the endoscope (Fig. 1a).



## Step 2:

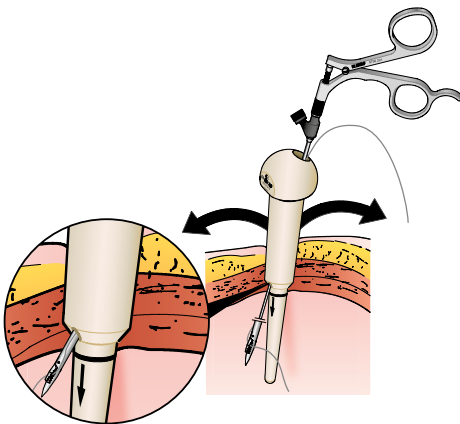
Guide the needle forceps (2) and appropriate suture material into the hole at the top of the sealing cone (Fig. 2a). The arrow (1.2) indicates the forceps exit point (Fig. 2b).



\*Dr. med. D. Busche  
Specialist in gynecology and obstetrics, Hamburg

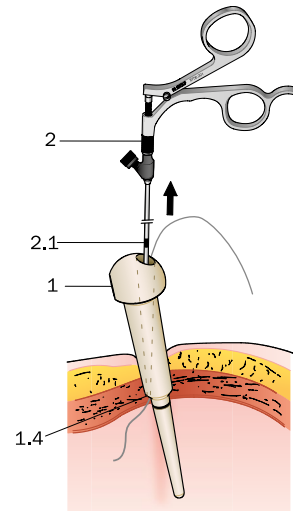
### Step 3:

The forceps exit point must not be too near to the edge of the trocar incision in order to ensure full closure. You can adjust the forceps exit point by tilting the sealing cone. Around 4 cm of the suture should be visible in the abdomen. Release the suture.



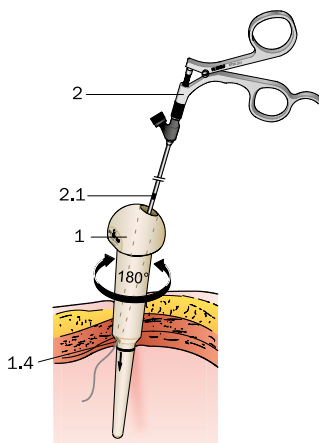
### Step 4:

Pull the forceps (2) back into the sealing cone until the marking ring (2.1) is clearly visible. (At this point, the forceps tip will no longer be protruding from the exit hole on the sealing cone (1.4).)



### Step 5:

Rotate the sealing cone (1) and the forceps (2) in their pulled-back position 180° in either direction. Guide the needle forceps back into the abdominal cavity and take hold of the suture.



### Step 6:

While you are holding the suture, pull the forceps (2) back until the marking ring (2.1) becomes visible. Then remove the forceps and the sealing cone for the fascia closure. Complete the full closure with an extracorporeal knot.

