Veterinary Endoscope for Insemination & Hysteroscopy
A Revolution in Artificial Insemination

Endoscopy is the best method for diagnosing and treating conditions of the genitourinary tract in bitches. The fine diameter and extended length of the KARL STORZ TCI endoscope allows easy access to the cervix and uterus in bitches of all sizes. An integrated working channel enables the insertion of instruments under direct visualization for procedures such as insemination, biopsy, aspiration, flushing and removal of foreign material.

Prof. Alain FONTBONNE, DVM, PhD, Dip.ECAR, Head of the Centre d’Etude en Reproduction des Carnivores (CERCA) at Alfort National Veterinary College in Paris, France, performs transcervical insemination in a bitch with assistance from Paulo Borges, DVM and Cindy Maenhoudt, DVM, DACT, DECAR. For a listing of available seminars, visit karlstorz.com or contact us at vetglobal@karlstorz.com

Compared to surgical insemination, endoscopic transcervical insemination (TCI) is less painful, less invasive and no post-operative care is needed. TCI is typically performed without sedation, making it easier than other methods.

The KARL STORZ TCI endoscope is also suitable for transcervical insemination in small ruminants and large non-domestic felids. For information about laparoscopic artificial insemination in small ruminants, see SELLSHEET VET 4: Laparoscopic Artificial Insemination in Sheep & Goats.
Applications:

- Visual evaluation of the vagina, cervix and uterus
- Transcervical Insemination (TCI) - possibility of several inseminations during the fertile period
- Diagnosis and possible treatment of vaginal defects (septa, strictures, adhesions)
- Visualization of the vaginal wall and cervix during TCI, addressing possible problems (cervicitis) to improve TCI outcomes
- Biopsy of masses in the vagina, cervix and uterus
- Flushing of the uterus to collect samples
- Diagnosis of a retained fetus or placenta (and possible removal)
- Assessment of obstructive dystocia

Insertion of the endoscope into the vagina. The use of a finger over the end of the endoscope during insertion may help to prevent inadvertently introducing the telescope into the urethral opening.

Fig. 1: Catheterization of the cervix for artificial insemination or diagnostic procedures, including uterine biopsies
Fig. 2: Hysteroscopy: presence of petechiae on the endometrium (possible sign of endometritis)
Fig. 3: Vaginal wall during oestrus, showing the crenulations
Fig. 4: Visualization of an amniotic sac in the cranial vagina of a bitch at stage 1 of parturition
Hysteroscope/TCI Endoscope

Special features:
- Atraumatic distal sheath with rounded tip
- Minimal shaft diameter, extended length facilitates cervical catheterization in small and large patients
- The large working channel allows the use of rigid instruments and catheters up to 5 Fr.
- 2 right angled lateral irrigation connections
- The rigid angled eyepiece makes working more comfortable and ensures easy introduction of catheters and instruments without bending or kinking

Specifications:
- Distal tip: 8 Fr.
- Sheath: 9.5 Fr., conical, 1 step 9.5-13.5 Fr.
- Working channel: 6 Fr., for use with instruments up to 5 Fr.
- Telescope: KARL STORZ Fiberoptic system, direction of view 6°
- Length: 43 cm
- Eyepiece: angled, rigid

The following accessories are included:

- 27001 G Instrument Port with Sealing System and Quick Release Lock
- 27550 N Seal, for Instrument Port 27001 G, package of 10
- 27001 RA Cleaning Adaptor, for port 27001 G

63002 LA Hysteroscope/TCI Endoscope, length 43 cm, autoclavable

Working/Irrigation channel

Atraumatic tip: allows easy entry into the cervix

Telescope

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Optional Instruments

27425 F  **Forceps for grasping stone fragments**, rigid, double action jaws, 5 Fr., length 60 cm

27425 P  **Forceps for grasping larger stones and fragments**, rigid, double action jaws, 5 Fr., length 60 cm

27425 Z  **Biopsy Forceps**, rigid, double action jaws, 5 Fr., length 60 cm

67023 VK  **Stone Basket**, flexible, 5 Fr., length 60 cm
including:
- 3-Ring Handle
- Basket
- Coil

27651 UB  **Cleaning Brush**, round, flexible, outer diameter 2.2 mm, for working channel diameter 0.8-2 mm, length 60 cm

63002 MK  **TCI Catheter**, 5 Fr., length 70 cm

Wire Tray for Cleaning, Sterilization and Storage

39501 X  **Wire Tray for Cleaning, Sterilization and Storage**, with integrated cleaning adaptor for washer-disinfector, with lid, spare parts basket 39501 XS and silicone telescope holders, external dimensions (w x d x h): 644 x 150 x 80 mm
Mobile Endoscopic Imaging System

Five devices, one compact unit

This high-performance, all-in-one unit integrates every component necessary for endoscopic imaging: camera, light source, monitor, insufflation pump and image capture. The TELE PACK VET X LED is compatible with all types of endoscopes, including videoendoscopes, rigid telescopes, fiberscopes and exoscopes.

RP 100 S1

TELE PACK VET X LED, endoscopic video unit for use with all KARL STORZ TELECAM one-chip camera heads, veterinary video camera heads and video endoscopes, with integrated insufflation pump, incl. LED light source similar to Xenon technology, with integrated digital Image Processing Module, 15" LCD TFT monitor with LED backlight, USB/SD memory module, color systems PAL/NTSC, power supply 100 – 240 VAC, 50/60 Hz including:

- USB Flash Drive, 32 GB
- SD Card, 32 GB
- Mains Cord
- Mains Cord, US plug
- Case

RP 100 S2

Same, without case

For Optional Accessories, see ENDOWORLD® VET 36, TELE PACK VET X LED
Camera Head

Fiber Optic Light Cable

For other camera head options, see ENDOWORLD® VET 36, TELE PACK VET X LED

Adaptor

Silicone Tubing Set, with a male/female Luer-Lock connector, autoclavable, length 250 cm

LUER-Lock Tube Connector, male, tube diameter 6 mm

Check out our schedule of upcoming hands-on training courses at http://go.karlstorz.com/eventsVET