

BISLERI MIC Retractor



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Aortic and mitral valve surgery is usually performed via a median sternotomy. Disturbed wound healing and sternum instability are feared complications of sternotomy, especially in patients with adiposity, COPD, diabetes mellitus and osteoporosis.

With the aid of the new MIC retractor, it is possible to minimize these risks by using a minimally invasive approach (mini-sternotomy, mini-thoracotomy).

In comparison to sternotomy (approx. 30 cm), a smaller incision of only 5-10 cm has proven to be beneficial as regards faster wound healing, a shorter hospital stay and better cosmetic results.

Studies have shown that the minimally invasive approach reduces the risk of postoperative supraventricular tachycardia, which occurs in approx. 30-50% of all patients following cardiac surgical procedures.^{1,2,3}

¹ Holzhey DM, Shi W, Borger MA, Seeburger J, Garbade J, Pfanmüller B, Mohr FW: "Minimally invasive versus sternotomy approach for mitral valve surgery in patients greater than 70 years old: a propensity-matched comparison."

² Mihos CG, Santana O, Lamas GA, Lamelas J. "Incidence of postoperative atrial fibrillation in patients undergoing minimally invasive versus median sternotomy valve surgery."

³ Galloway AC, Shemin RJ, Glower DD, Boyer JH Jr, Groh MA, Kuntz RE, Burdon TA, Ribakove GH, Reitz BA, Colvin SB. "First report of the Port Access International Registry."

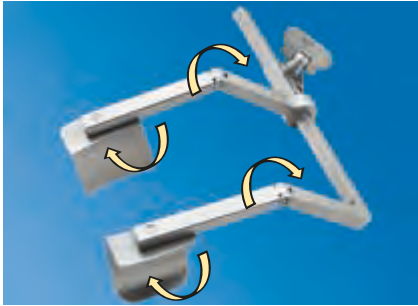
Ideal combination between stability and a slender design



Due to the narrow portal in the intercostal space, a retractor must be slim yet stable enough to expand the ribs to a sufficient width without narrowing the portal itself.

The particularly slim design and robust construction of the new BISLERI MIC retractor meets these requirements. The swiveling retractor arms and the movable blades enable ideal positioning of the retractor at the thorax and its anatomic structures, regardless of whether a lateral or anterior approach has been selected.

Benefits at a glance



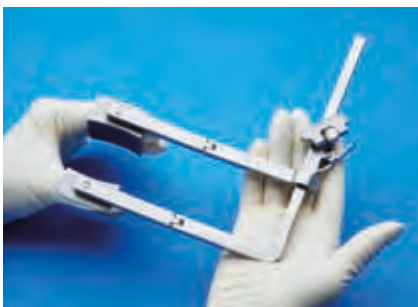
The swiveling retractor arms enable individual positioning of the retractor at the thorax without exerting pressure on the ribs.



Movable blades allow better positioning at the rib structure.



The quick release mechanism enables very convenient and fast opening and closing of the arm with the blade. If exact and gentle opening is required during an intervention, the fine toothing allows movements in millimeters.



The slender design provides optimal visualization of the OR site through the rib opening.

Blades in two sizes: 5 mm and 6 mm, also suitable for adipose patients.



System can be fully disassembled and autoclaved.

BISLERI MIC Retractor

Retractor for a minimally invasive thoracic approach

Special Features:

- Swiveling retractor arms
- Movable blades
- Slim design
- Fine tothing enables exact retractor guidance
- Blades in two sizes
- System can be fully disassembled and is sterilizable



- 49130 **BISLERI MIC Retractor**, for thoracotomy, with bendable retractor arms and movable blades including:
Retractor Frame
Retractor Arm
Wing Screw
2x **Movable Blades**, short, size 4 x 5 cm
2x **Movable Blades**, long, size 4 x 6 cm



THE DIAMOND STANDARD

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