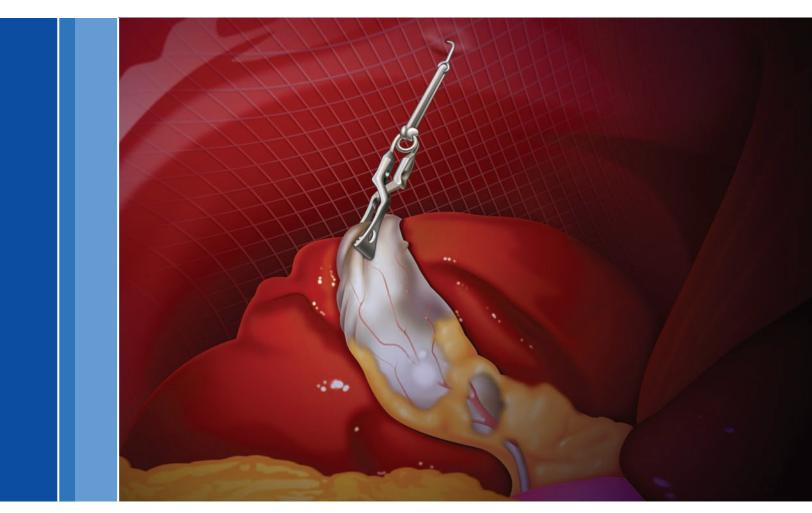
Cinch Organ Retractor System

Intracorporeal solution for single incision and reduced port laparoscopic procedures



Aesculap Surgical Technologies — Endoscopy



Cinch Organ Retractor System

Simplicity, efficacy, port-free organ retraction achieved.

For the majority of surgical procedures performed today, a shift has been made from traditional open surgery to minimally invasive surgery.

Conventional laparoscopic surgery usually requires 4–5 incisions. Recently, single incision laparoscopic techniques have gained popularity. However, reproducing the laparoscopic surgical technique while maintaining a single incision approach has been a challenge. Technical difficulties have also risen due to the restriction on the degrees of freedom and the impossibility to use assistants during the procedure. In order to overcome some of these impediments, continuous technological innovations are needed in order to facilitate the performance of complex laparoscopic procedures.

Novel minimally invasive technologies now provide the laparoscopic surgeon the opportunity to reproduce the technique o traditional laparoscopic surgery through a single incision. The Cinch Organ Retractor is a novel, self-retaining intracorporeal retractor which was developed to overcome some of these challenges.



Carlos Galvani, MD
University of Arizona
Director of Minimally
Invasive and Robotic

Effective. Secure. A cinch! The Cinch Organ Retractor is specially designed to retract organs during reduced port and single incision surgery.



Reduced port laparoscopic surgery



Single incision laparoscopic surgery







Advantages of the Cinch Organ Retractor

- The Cinch does not block trocar access during the procedure, since the application forceps can be withdrawn after the clip has been applied.
- The Cinch can be manipulated as required and brought into a favorable position for the relevant stage of the operation to improve surgical exposure.
- The Cinch atraumatic clip helps ensure the same defined pressure is exerted.
- The Cinch system includes mostly reusable

Features and Benefits

- Easy, safe and rapid clip application and
- Atraumatic retraction clip designed to firmly grasp tissue
- Reliable needle for secure attachment to the parietal peritoneum
- Medical grade latex-free silicone band offers a range of retractor placement
- Choice of application and removal forceps for straight or angled clip application
- Multiple retractors or silicone bands can be applied if necessary



Gall bladder removal

with the Aesculap Cinch Organ Retractor

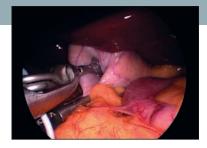
STEP 1: Clip Set-up

The needle is placed between the jaws of the retraction clip in order to avoid interference with the valve of the trocar. The clip is loaded in the application forceps and introduced into the abdomen through a 12 mm trocar.



STEP 2: Clip Application

Once inside the abdominal cavity, the retraction clip is opened, the needle is released from the clip and the clip is applied directly to the gall bladder fundus. The application forceps are removed from the abdomen.





STEP 3: Needle Fixation

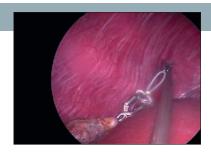
A laparoscopic needle holder is brought into the abdomen and the needle is grasped. The needle on the silicone band is pulled and secured to the parietal peritoneum of the right hemidiaphragm.



STEP 4: Clip Removal

Once the gall bladder has been dissected, it is still attached to the retraction system. A laparoscopic needle holder is inserted through a 12 mm trocar and the needle is detached from the peritoneum. Detach the clip from the gall bladder by using the removal forceps.

Optional: Depending on the size of the gall bladder, it could be removed from the abdomen by pulling the needle with a needle holder through a 12mm trocar.





Liver retraction

with the Aesculap Cinch Organ Retractor

STEP 1: Clip Set-up

Repeat STEP 1 on page 4.

STEP 2: Clip Application

The left lobe of the liver is retracted anteriorly with a laparoscopic grasper. Once inside the abdominal cavity, the retraction clip is opened, the needle is released, and the clip is applied directly to the pars flaccida or right crus of the diaphragm. The application forceps are removed from the abdomen.



STEP 3: Needle Fixation

A laparoscopic needle holder is brought into the abdomen and the needle is grasped. The needle of the retraction system is pulled and secured to the parietal peritoneum or the falciform ligament.

Optional: A second retraction clip can be applied for increased exposure.



STEP 4: Clip Removal

The clip is detached from beneath the liver by using the removal forceps. Then, a laparoscopic needle holder is introduced through a 12mm trocar. The needle is detached from the peritoneum. Remove the complete retractor from the abdomen through the 12mm trocar.





Assembly





Remove silicone ring and needle from packaging along with foam cube.



Insert the ring into the clip as indicated.



Loop the ring around the foam cube.



Pull the band taut for a secure attachment of the silicone ring to the clip.



Insert the needle into the jaws of the clip. The silicone band should be parallel to the body of the clip. The assembled device should appear as shown.



Open the applier jaws by closing the handle. Align both dimples of the applicator with the holes in the clip to seat the clip into the applicator.



Ordering information

CINCH ORGAN RETRACTOR SYSTEM COMPONENTS

PL593R

Reusable Atraumatic Clip 5.00 N



PL595SU

Silicone Ring with Needle sterile, single-use, 12 per box

All components of packaging are latex free.



PL530R

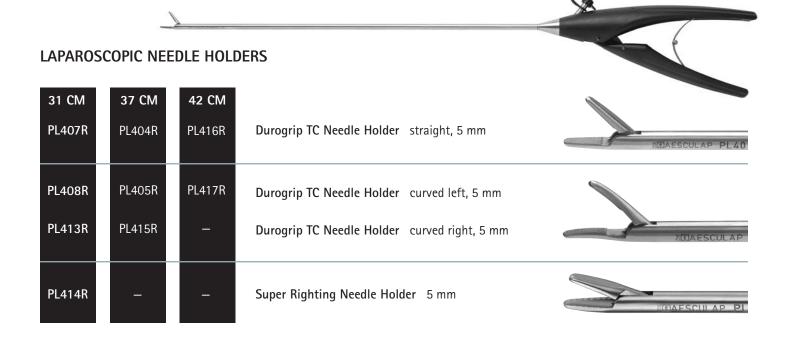
Articulating Applicator 37 cm, 12.5 mm



PL531R

Fixed Applicator 37 cm, 12.5 mm





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