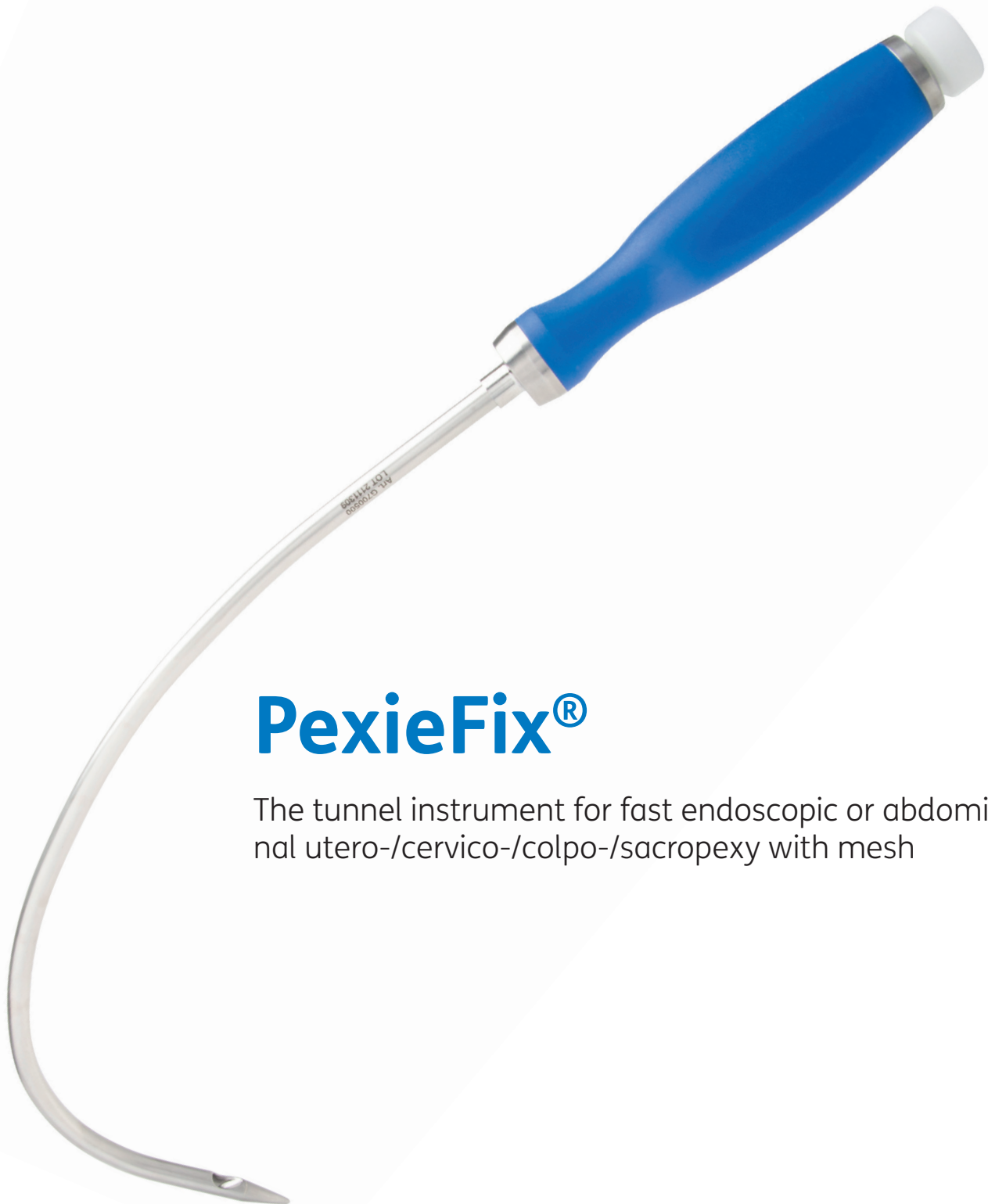


FEH Medizintechnik

MEDIZINTECHNISCHE PRODUKTE



PexieFix®


The tunnel instrument for fast endoscopic or abdominal utero-/cervico-/colpo-/sacropexy with mesh

INSTRUMENT DESCRIPTION

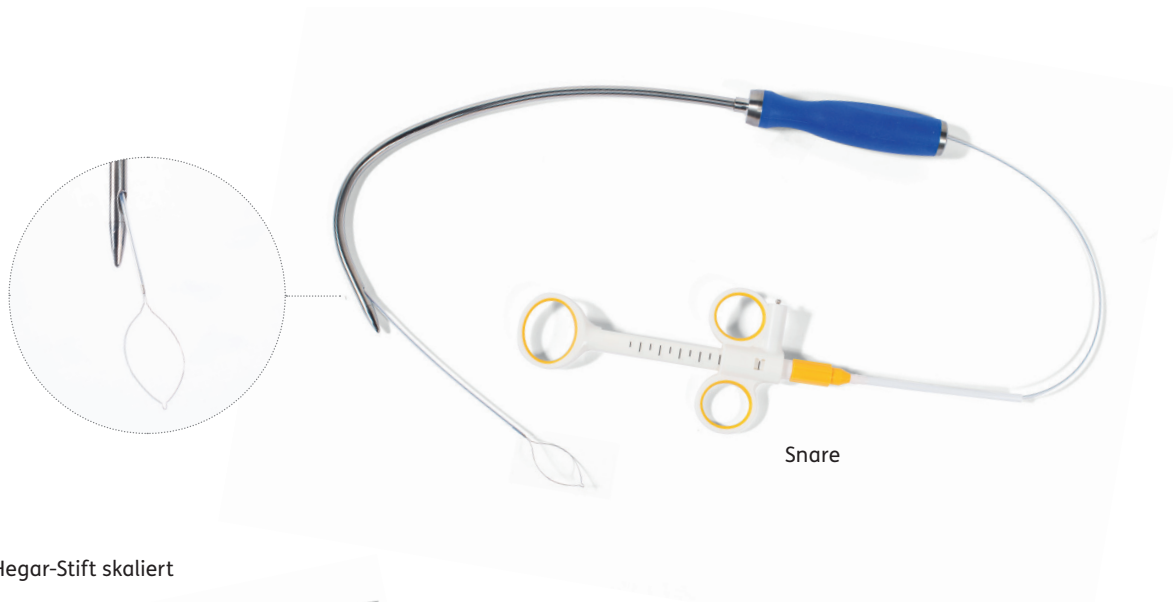
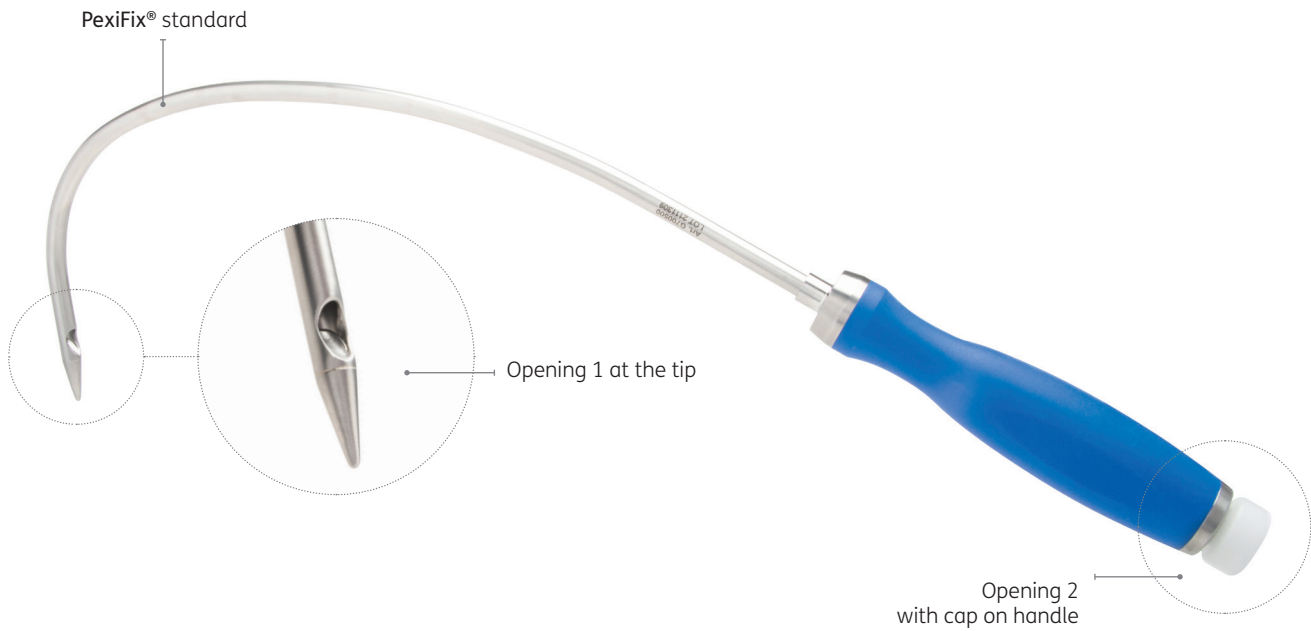
Fig.1:

PexieFix® - The cannulated tunnel instrument PexieFix® made from metal, with a blunt, rounded tip and an oval opening:

- Opening 1 at the tip
- Opening 2 with cap on handle

 Length of the instrument:
500 mm

∅ Diameter of the instrument:
External 6 mm



Hegar-Stift skaliert



Fasszange skaliert



PRODUKTE

Bezeichnung	Artikelnr.
PexieFix® Instrument	G700500
Cap	G700540
Retrieving loop	G700600
Hegar-Stifte skaliert (6 mm)	G70.410.06.
Snare	EA-S180S0720

We have various treatment concepts and access methods available to correct DeLancey level I defects

(i.e. prolapse of the uterus or the vaginal stump):

- Vaginal fixation to sacrospinous ligament/sacrospinous ligament according to Amreich-Richter
- Abdominal or
- Endoscopic pexy at the Os sacrum with a mesh interposition

The endoscopic or abdominal route guarantees a secure, long-term fixation of the central compartment and also stabilisation of level I and II defects while maintaining the physiological axis of the vagina.

The **PexieFix**[®] guide instrument enables fast, simple retroperitoneal placement of the mesh interposition previously affixed to the vaginal stump or cervix, without the entire peritoneum from the Os sacrum to the vaginal stump/cervix having to be opened and then closed with sutures.

This minimally invasive, retroperitoneal fixation technique using **PexieFix**[®] thus saves time, reduces the amount of suture material used and does not require any special additional trocars.

The time needed for surgery is reduced by approx.

30 min due to the minimally invasive intervention with the **PexieFix**[®] instrument.

The visceral peritoneum can be tunnelled safely in a tissue-conserving manner. Bleeding and any necessary coagulation of blood vessels are avoided. The sigmoid colon, ureter and iliac vessels are shown under visual control and can thus be protected from unwanted perforation. The hypogastric nerve and the sacral vessels are protected by the surgical method with the **PexieFix**[®].

All the known benefits of laparoscopic descensus surgery, such as low blood loss, reduced postoperative morbidity, short hospitalisation and convalescence times are successfully supported by **PexieFix**[®].

PexieFix[®] – in the hands of an experienced surgeon, it is an elegant addition to minimally invasive descensus surgery.

OPERATING INSTRUCTIONS

- 1 Standard fixation of the mesh implant to the vaginal stump or cervix
- 2 Implementation of an approx. 2 cm long lengthways incision of the right pararectal visceral peritoneum at the level of the promontory. Careful displaying of the Os sacrum longitudinal ligament (anterior longitudinal ligament) while protecting the superior hypogastric nerve.
- 3 Removal of the centre 5mm trocar – see diagram 1a & 1b - and intraabdominal insertion of the **PexieFix®** instrument through the now free skin incision. **PexieFix®** is inserted into the previously performed peritoneal incision on the promontory and then slowly moved inward retroperitoneally between the rectum on the left and the right pelvic wall (medially of the right uterosacral ligament) until it reaches the vaginal stump or cervix under visual control. (Caution: the blunt tip of the **PexieFix®** should always be visible directly under the peritoneum) Fig. 1a. Through the controlled pressure of the **PexieFix®**, the thin peritoneum is now perforated at the vaginal stump or at the rear cervix wall and the **PexieFix®** is pushed inside until the entire oval opening 1 is visible. **Passage can also be facilitated through caudal tension using bullet forceps at the cervix. Fig.1b**

Diagram 1a

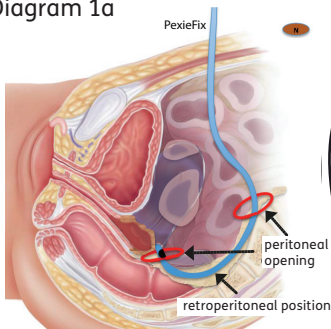


Diagram 1b

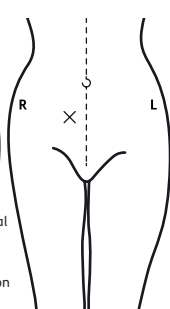


Fig.1a

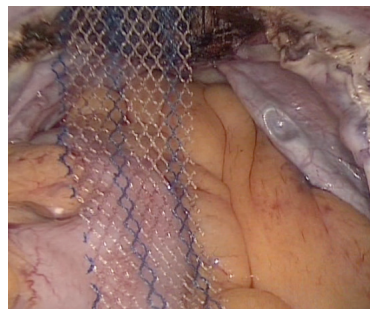
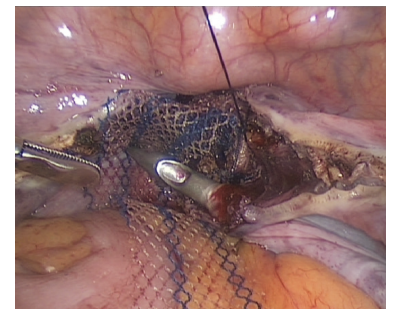


Fig.1b



- 4 The opening 2 at the handle is opened and the retrieving loop is pushed into the **PexieFix®** until its distal loop has completely passed opening 1. Diagram 2 & Fig.2

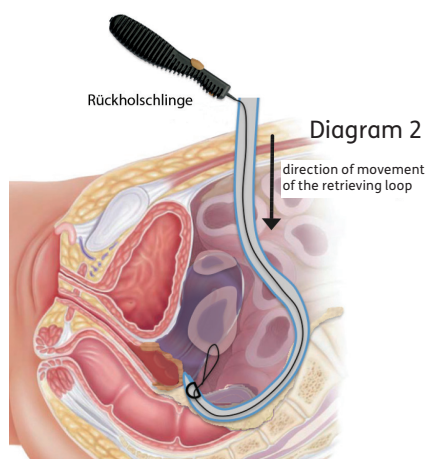


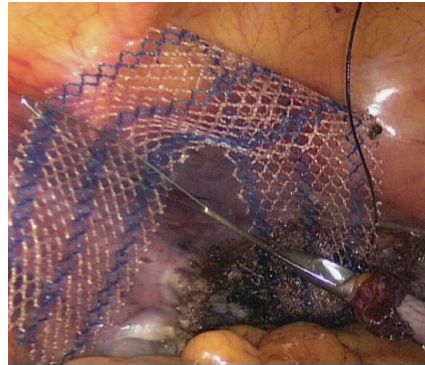
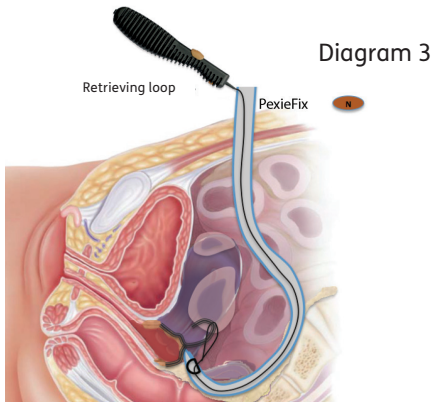
Diagram 2



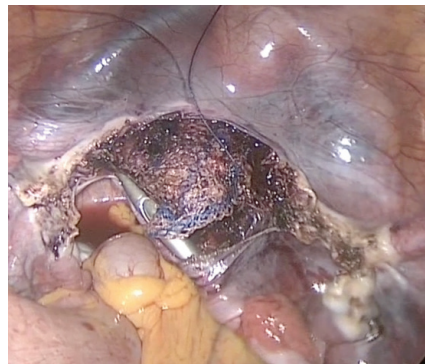
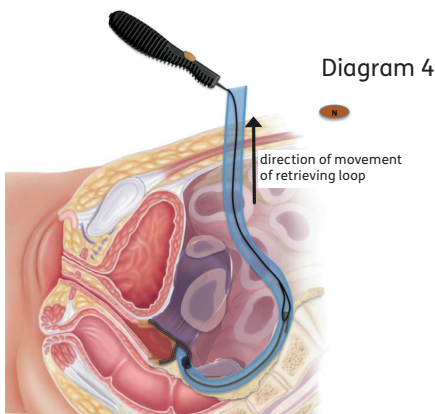
Fig.2

OPERATING INSTRUCTIONS

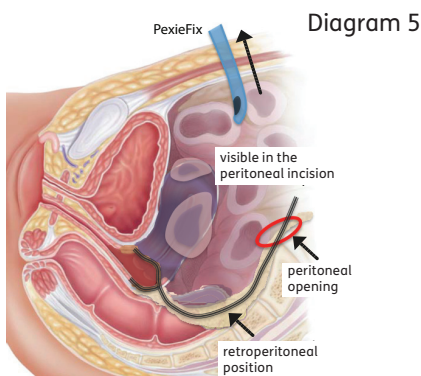
- 5 Holding of the mesh previously fixed to the vaginal stump or the cervix using the retrieving loop
(The free parts of the mesh should be approx. 2 cm wide and pulled approx. 2 cm through the loop)
Diagram 3 & Fig.3



- 6 The mesh interposition is pulled into the **PexieFix**[®] guide instrument by slowly pulling up the retrieving loop. Diagram 4 & Fig.4



- 7 The **PexieFix**[®] is carefully pulled out of the intraabdominal space in a curved shape through the skin incision. (Caution: The mesh affixed to the vaginal stump must also be held with atraumatic holding forceps if required) The free cranial end of the mesh affixed to the vaginal stump or cervix is now visible in the peritoneal incision on the promontory and can be fixed to the anterior longitudinal ligament in the usual manner. Diagram 5 & Fig.5



- 8 Z-suture closure of the visceral peritoneum at the Os sacrum and retroperitonealisation of the mesh at the vaginal stump or at the cervix in the typical manner.

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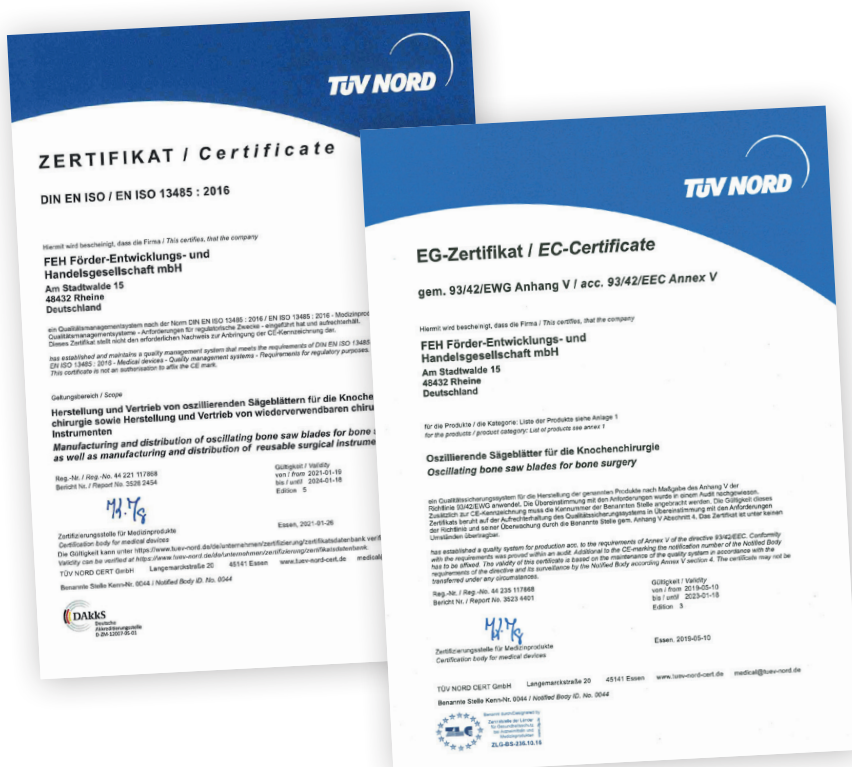
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