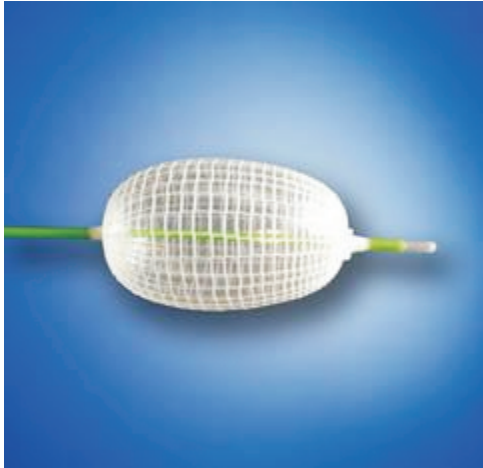


Resector Balloon®



for endobronchial obstruction

The most frequent cause of death in lung cancer is airway obstruction. The complications caused by airway obstruction can be treated by interventional bronchoscopy using laser, mechanical ablation, cryotherapy, or cautery. The Resector Balloon can replace any of these techniques.

The Resector Balloon consists of a flexible polyethylene catheter (120 cm length). At the distal end of the catheter is a balloon covered with a unique polyurethane mesh (thickness 0.2 mm). Four balloon sizes are available (see "Product Codes"). The diameter of the deflated balloon is 3 mm, so all four sizes are compatible with a 3.2 mm working channel flexible bronchoscope.

How to use the Resector Balloon®



The Resector Balloon is introduced into the stenosis. It is then inflated and deflated several times (with a syringe or an electrical pump), thus destroying the submucosal tumor tissue. Important note: The Resector Balloon is NOT moved backwards and forwards to achieve the result, but is repeatedly inflated and deflated in the same position. The procedure may last between 3 and 45 minutes using one or two balloons. During desobstruction, the balloon is deflated, pushed distally to the lesion, inflated, and gently pulled proximally, thus removing the destroyed material, which is sucked through a side cannula (rigid bronchoscopy) or the operating channel (flexible

bronchoscopy). In many cases, after use of the Resector Balloon, stenting is not necessary.

The Resector Balloon can be used for both tracheal and bronchial desobstruction. It is the only available method for superior lobe and segmental bronchi desobstruction.

Simple

- outpatient treatment
- usable with either rigid or flexible bronchoscopy
- general or local anesthesia
- easy for any trained bronchoscopist

Safe

- maximum flexibility
- hemostasis with balloon tamponade
- maximum tumor resection (destruction of the submucosal part of the tumor)
- maximum dilatation
- treatment can be repeated in case of reobstruction less than 1% recurrence according to Dr. Karakoca's experience.¹

Simultaneous

- histopathology
- resection
- dilatation
- hemostasis
- lumen restoration

Controls

- hypoxia
- postobstructive pneumonia
- atelectasis
- hemoptysis

Unique

- The only available method for superior lobe and segmental bronchi desobstruction
- Segmental bronchi desobstruction
- Endoluminal tumoral resection
- Submucosal and submural tumoral resection
- Hemostasis
- Dilatation for extramural component
- Minimal team and equipment requirement

Product Codes

Product Codes

REF	Balloon Ø (mm) (inflated)	Balloon Length (mm)	Balloon Volume (cc)	Catheter Length (cm)	Catheter Ø (mm)	Items per box
02BRBLB10	10	10	5-7	120	1.8	2
02BRBLY15	10	15	7-10	120	1.8	2
02BRBDB20	15	20	10-14	120	1.8	2
02BRBLP30	20	30	15-20	120	1.8	2