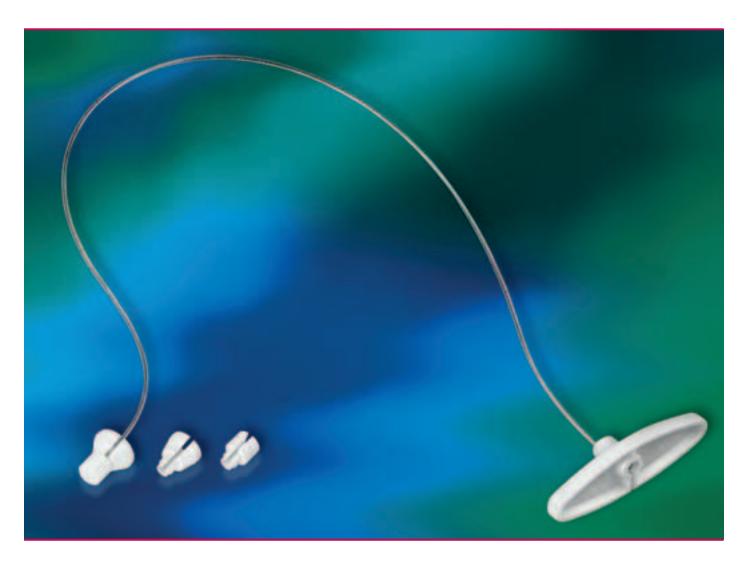
# **B.** Braun Vascular Systems

# **Venostrip**®

Disposable vein extirpation set



Security for user and patient



## **Venostrip**<sup>®</sup>

### Disposable vein extirpation set

#### Introduction:

Venous diseases in legs belong to the most common found diseases. They exceed by far all other vascular diseases of the leg. In western countries appr. 15–20% of the population suffer from varicose veins and appr. 0.5% from ulcers of the leg.

For successful treatment of this frequent disease the easy handling of the instruments is most important.

For this purpose the **Venostrip**\* is a new vein extirpation set offers the following advantages.



(Fig.1) Insertion of Venostrip\* into the great saphenous vein.

#### Advantages:

- Polyfil, flexible, plastic-coated guidewire.
  - The flexibility of the wire offers excellent handling properties.
  - No memory effect outstanding guidance of the wire.
  - Universal use for external and internal stripping.
- Sharp-edged stripping heads.
  - Minimal trauma during the extirpation of the vein.
  - Easy extirpation without resistance.
  - Excellent cosmetic results.
- Single use product.
  - Highest possible security for user and patient.

**(Fig.2)** Inserted **Venostrip**\* in the great saphenous vein.

#### Product description:

Venostrip\*, a disposable vein stripper according to Prof. Dr. Gruß, consists of a plastic-coated guidewire, a handle and 3 stripping heads in 9, 12, and 15 mm diameter and one screw cap to fasten the stripping heads.

#### Indication:

Extirpation of the large and small saphenous veins in uncomplicated primary varicosis, chronic venous insufficiency and in the case of serious cosmetic varicosity.

#### Side effects:

Haematomas in the area of the extirpated vein and their side branches.



(Fig.3) Fixing of the stripper head on the guidewire.



### Security for user and patient



(Fig.4) Screw cap fixed on stripper head.



(Fig.5) Insertion of the guidewire into the handle.

### Mode of application:

Carefully dissect the saphenous vein through a cutaneous incision running from above the inguinal fold to the junction with the femoral vein. Tie off all the high tributaries with ligatures.

Double ligate the great saphenous vein at the level of the junction. Locate the distal end of the saphenous vein through a second incision over the first metatarsal. Divide and ligate the dorsal veins individually.

In principle the stripper may be introduced in either direction (valve incompetence). However, always first attempt to advance the stripper proximally from the foot to the groin (Fig.1+2). Make a transverse incision in the vein over the groin and retrieve the stripper. Secure the stripper with a strong ligature. Then complete division of the vein below the junction with the deep vein and screw a stripper head of a suitable size onto the stripper (Fig.3+4). Clip the stripper handle onto the distal end of the stripper wire (Fig.5).

With the stripper in situ extirpate the local lateral branches and previously marked convoluted varices. Locate perforating veins by Doppler ultrasonography or phlebography and divide through short separate incisions.

Finally extract the great or small saphenous vein (Fig.6), always from proximal to distal to avoid lesions of the saphenous and sural nerves. If internal stripping is preferred to external stripping, secure the vein with a strong ligature below the stripper wire head and pull gently on the handle to invert the vein over the stripper. The remainder of the procedure follows the description given above.

## Contraindications:

Varices must not be stripped during acute inflammation, for instance acute thrombophlebitis, florid erysipelas or acute phlebothrombosis.

In all cases ensure the functional integrity of the deep veins by suitable investigations such as Doppler ultrasonography, duplex scanning or ascending phlebography before use. The indication for surgery in secondary varicosis requires great responsibility and demands additional investigative procedures such as venous occlusion phletysmography and phlebodynamometry. Great caution and a special incision are required in varicotomy in patients with attendant lymphoedema.

The clotting factors must be checked before surgery for varices.



(Fig.6) Visual control of the completely extirpated great saphenous vein.



## Disposable vein extirpation set



## **Product range**

Article No.	Contents
5523184	Complete set, sterile Carton of 10 pieces
5523176	Stripper wire, sterile Carton of 10 pieces

## **AESCULAP®**

All it takes to operate.

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