

*Ideal after  
proctologic procedures*

**PVA\***

*-Analtampon*

clinically tested - immunologically inactive

\*Polyvinyl-alcohol-foam



For operative procedure of closed haemorrhoidectomy



**Med SSE System**

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\*Polyvinyl-alcohol-foam

The **PVA<sup>\*</sup>-Analtampon** for the postoperative phase after proctologic procedures:

- micro porous PVA-foam
- highly elastic
- extremely absorbent
- immunologically inactive
- with retrieval thread

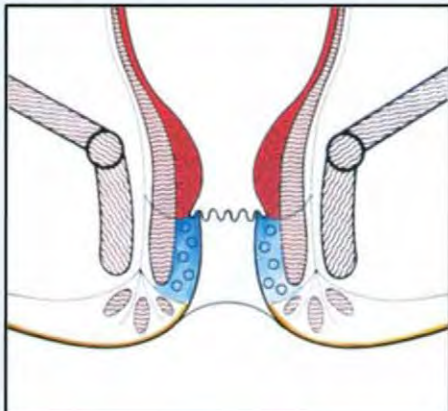
The **PVA<sup>\*</sup>-Analtampon** can be provided with the following medicines from a surgical view:

- BRAUNOL®-solution
- Antibiotics, for local antibiosis
- Haemostyptica, for local haemostasis
- salve application of different compositions for the promotion of the local wound healing



## Longitudinal section through the anus canal and the lower rectum

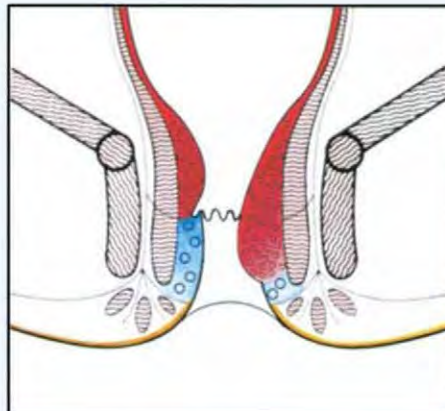
**Normal condition of the anal canal haemorrhoids I°**



Endoscopic image:  
Inner haemorrhoidal-plexus



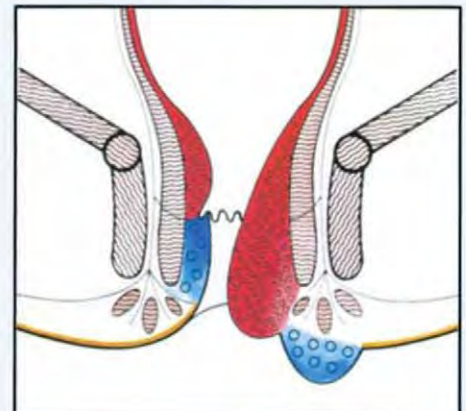
**Haemorrhoids II°**



Haemorrhoidal-Prolapse (relocation of the corpus cavernosum into the proctoscope).



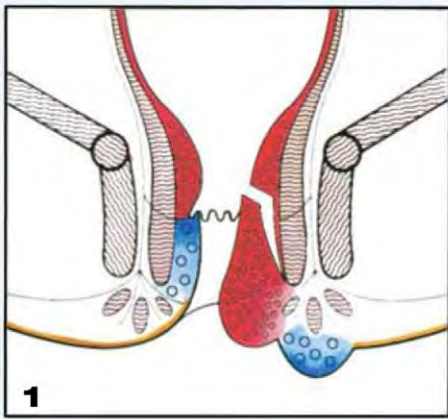
**Haemorrhoids III° with anal prolapse**



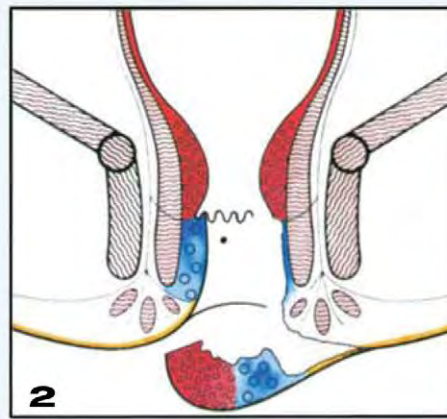
Outside aspect: Anal and haemorrhoidal-prolapse (relocation of the corpus cavernosum in front of the anus).



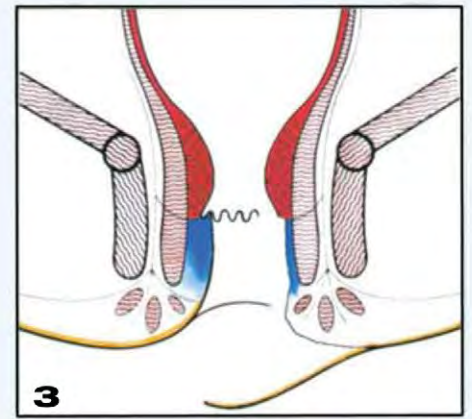




1  
Primary ligature of the transporting vessels through step-by-step submucous suture with Vicryl® 3/0



2  
Segmental preparation of the haemorrhoidal cushion to the anal edge and excision with maintenance of a sufficiently large skin-anoderm-lobe.



3  
Folding in of the lobe and suture with mucous membrane edge and underlay with Vicryl® 3/0 (back-and-forth suture).

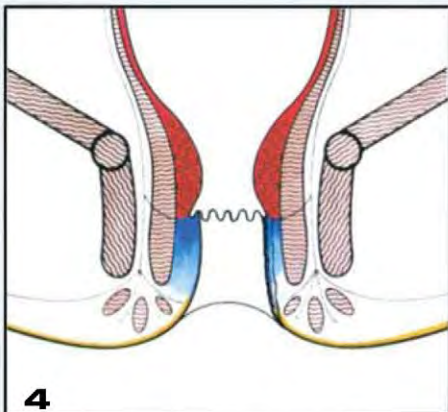
OP-Situs

3a

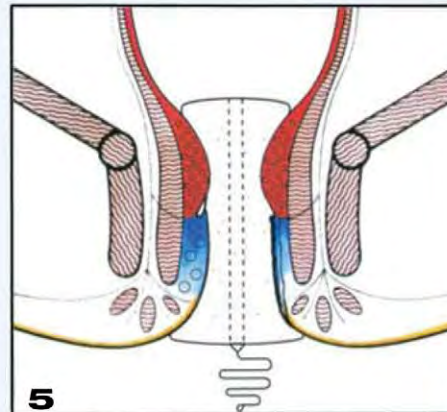


## Haemorrhoidectomy with plastic reconstruction of the anal canal

according to FANSLER-ARNOLD, modified by MÜLLER-LOBECK



4  
Situs at the end of the circular haemorrhoidectomy with sewn-in lobes.



5  
Inlaid PVA-Anal tampon, which presses the lobes onto the muscles to prevent a subanodermal haematoma.

OP-Situs

4a



4b



OP-Situs

5a



OP-Situs

6



6  
Distortion of the tampon (removed after 24 hours):

Reconstructed anal canal after plastic reconstruction.



## The PVA\*-Analtampon

is a micro porous foam that is delivered packaged in sealed polyethylene foil equipped with a retrieval thread.

Due to the excellent plasticity of the PVA-Anal tampon it adapts ideally to the mucous membrane relief after insertion into the anal canal. The gentle compression leads to a complete

accumulation and fixation of the anoderm lobe to the wall, so that there is not much risk of a necrosis of the lobe, and a subdural haematoma in the early postoperative phase with secondary infection of the haematoma is prevented.

The PVA-Anal tampon meets the demand for permissibility of fluid to a high level. Secondary haemorrhage is

drained and thus clinically proven. The risk of tearing of the inlaid lobe upon the removal of the tampon through excessive adherence to the wall is excluded.

In the area of proctology the PVA-Anal tampon is used at the clinic for diagnostics, Wiesbaden and the Park-clinic Kiel since 1982, after completion of the clinical testing phase.

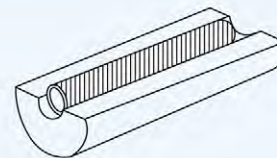
## Article range



### Tampon Proctology

Is used in the postoperative phase (haemorrhoids, plastic reconstruction of the anal canal etc.).

Art.-no.	Diameter/Length*
4100	26 mm, 67 mm
4150	26 mm, 67 mm, with drainage
4330	33 mm, 67 mm



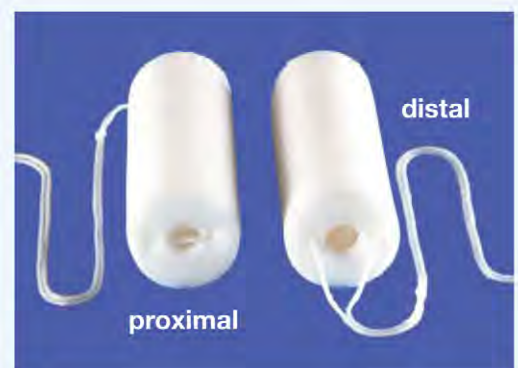
Upon inquiry **supersizes and special sizes** with equally best product characteristics are available for almost all shapes!

### Proctology-Tampon with drainage (Art.-no. 4150)

The proctology tampon with a full-length internal hole offers decisive product advantages in the postoperative use for the benefit of the physician and the welfare of the patient as follows:

- Haemorrhages above the tamponed anal canal are noticed quicker, as the blood can escape;
- blood accumulations are prevented, therefore also a possible secondary haemorrhage will not cause uncomfortable pressure for the patient;
- postoperatively accumulating gases can be released easily over the drainage;

To prevent the compression of the internal hole it is supported with a PVC-hose. This supporting hose (approx. 9 mm) is inserted in the middle of the internal hole (8 mm). To avoid contact with the mucous membrane, hose and internal hole have a different diameter. This ensures that it cannot slide out of the internal hole especially on the side towards the body (proximally). As further barrier, the retrieval thread is sewn centrally over the full-length hole, to prevent the drainage hose from slipping out in the extreme case.



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