clinically tested - immunologically inactive

*Polyvinyl-alcohol-foam

For operative procedure of closed haemorrhoidectomy

MED.SSE-SYSTEM GmbH

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The PUA-Analtampon for the postoperative phase after proctologic procedures:

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

The PUA-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°

Haemorrhoids II° with anal prolapse

Endoscopic image: Inner haemorrhoidal-plexus

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

Outside aspect: Anal and haemorrhoidal-prolapse (relocation of the corpus cavernosum in front of the anus).
Haemorrhoidectomy with plastic reconstruction of the anal canal
according to FANSLER-ARNOLD, modified by MÜLLER_LOBECK

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

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

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

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

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

Reconstructed anal canal after plastic reconstruction.

Distortion of the tampon (removed after 24 hours):
**PUA-Analtampon**

The **PUA-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.).

<table>
<thead>
<tr>
<th>Art.-no.</th>
<th>Diameter/Length*</th>
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<tbody>
<tr>
<td>4100</td>
<td>26 mm, 67 mm</td>
</tr>
<tr>
<td>4150</td>
<td>26 mm, 67 mm, with drainage</td>
</tr>
<tr>
<td>4330</td>
<td>33 mm, 67 mm</td>
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</tbody>
</table>

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.