

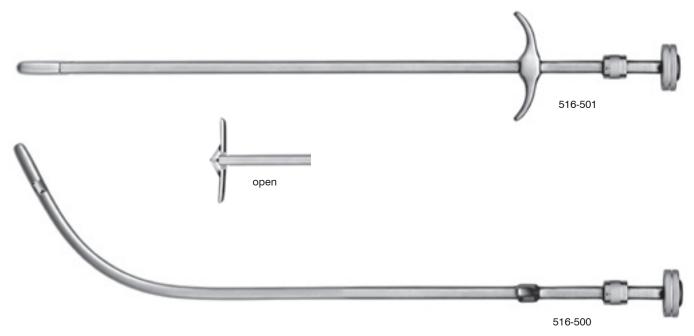
SELECTION OF SONTEC UROLOGICAL INSTRUMENTATION



Lowsley Tractor

22 french / 13" (33 cm)

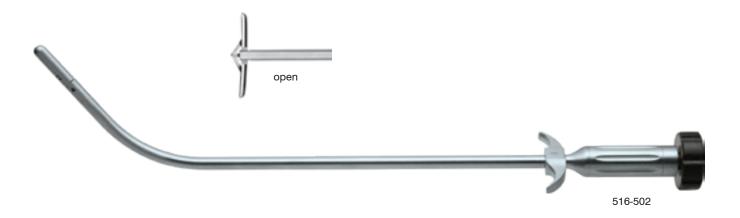
516-501 straight 516-500 curved



Lowsley Deluxe Tractor

22 french / 13" (33 cm)

516-502 curved



After introduction, the jaws are opened fully by turning the knurled knob at the proximal end. The jaws then occupy a position at right angles to the shaft of the instrument.

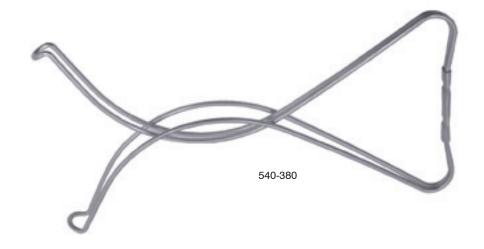
Grasping the instrument by means of the comfortable finger grips provided permits the application of traction to the gland without trauma. Turning the knurled knob in the opposite direction closes the jaws for easy removal. The instrument has ample strength to meet any conditions encountered in this field.



Zipser Penis Clamp

4 1/2" (11.5 cm)

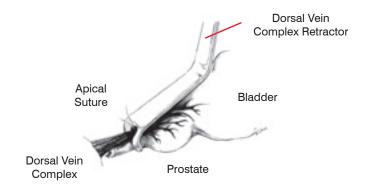
540-380



Stamey Dorsal Vein Apical Retractor

515-503 14" (35.5 cm)

* Handle flange design provides for secure control and cephalad retraction, and retractor blades provide a wide space on both sides of the dorsal vein complex for placing a controlling suture.







Vasectomy No Scalpel Surgical VAS Set

Puncture method / less discomfort / virtually bloodless / quicker healing / fewer side effects / low to no risk of hematoma / promoted by the World Health Organization

A. Vasectomy Fixation Clamp, 5 1/2" (14 cm)

516-700 3 mm ring 516-700T 3 mm ring 516-702 5 mm ring

- To isolate vasectomy in the scrotum, withdraw it through the incision and secure it prior to clipping

B. Vasectomy Dissection Forceps, curved, 5" (12.5 cm) 516-720

516-720T

- With sharp tips to puncture the scrotum and dissect the vasectomy

C. Goldman-Fox Scissors, PC gold, curved, 5" (12.5 cm) 1200-405

D. Vasectomy Hook, sharp, 5 1/4" (13 cm) 516-715 516-715T

Sets

Vasectomy Set #1

includes: hook, clamp, forceps 516-710

Vasectomy Set #2

516-725 includes: hook, clamp, forceps, scissors, 7 1/2" x 4" x 3/4" instrument tray

Vasectomy Set #3

516-730 includes: hook, clamp, forceps, 7 1/2" x 4" x 3/4" instrument tray

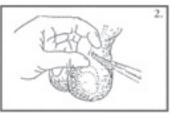
Vasectomy Set #4

516-731 includes: hook, clamp, forceps, scissors

* Also available separately, Instrument Tray, with silicone mat 1103-723 7 1/2" x 4" x 3/4"



Using the Vasectomy Dissection Forceps (516-720), forcibly puncture the scrotum and spread, leaving a small opening.



Insert the Vasectomy Fixation Clamp (516-700), grasp the vas and withdraw through the incision.



Hook the vas with the Vasectomy Hook (516-715).



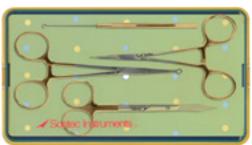
Dissect the vas with the Vasectomy Dissection Forceps (516-720).



Tie the ends with clips or cautery and return the vas to the scrotum.

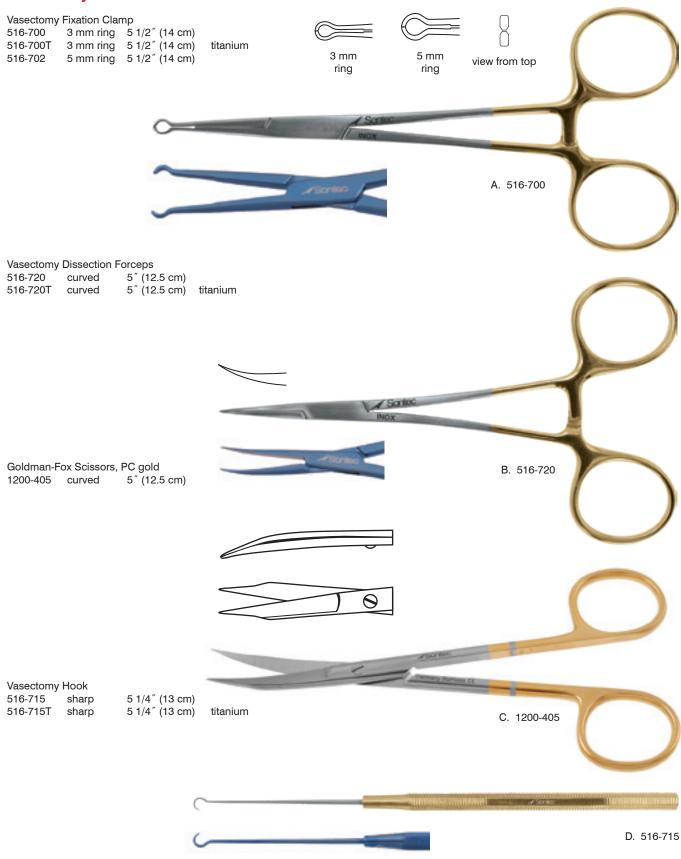


516-725





Vasectomy VAS Set Individual Instrumentation





Advanced Instrumentation for Penile Implants & Urinary Sphincters

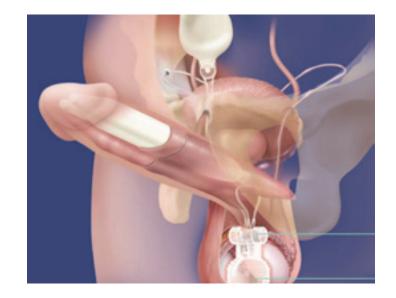
Designed by Steven K Wilson, MD, FACS, FRCS

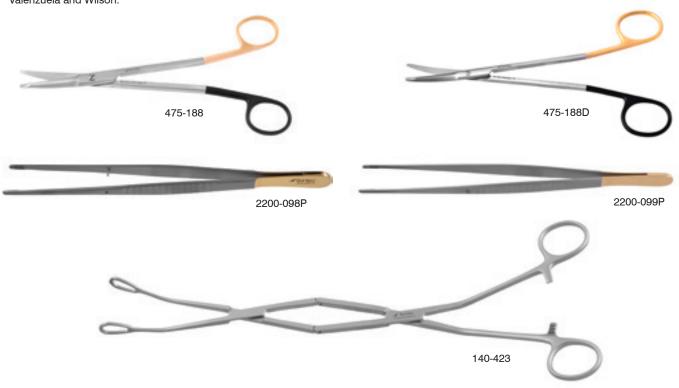
117-517 2200-099P 2200-098P 475-188 475-188D 140-423

The scissors (large and small) are excellent for creating a space in stenotic corpora and establishing circumferential exposure of the urethra for cuff placement. The scissors cut backwards when you spread the blades creating the space sharply. They are also of superior sharpness when used in the traditional way to sharply dissect tissues such as Dartos in exposure of the tunica albuginea.

The Debakey forceps has a standard Debakey tip for atraumatic grasping of tissue. Above the tip is a needle driver platform for picking up the strong needles required in areas where the surgical planes have been altered by scar tissue. The specially added pin is useful to prevent the delicate tips from being sprung in these scarred areas and insuring longevity for many difficult dissections.

The ectopic reservoir insertion tool was tested by Drs Price, Morey, Wilson and Tausch. The double articulation joint prevents enlargement of the small implant incision when spreading the clamp. The elongated nature (14") of the clamp allows the reservoir to be placed high in the sub muscular location of the abdominal wall making palpability minimal. The upward tilt of the handle and clamp tip allows ease of insertion and verification of proper location of the termination of the reservoir tract. Photos and illustrations courtesy of Drs Morey, Valenzuela and Wilson.







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