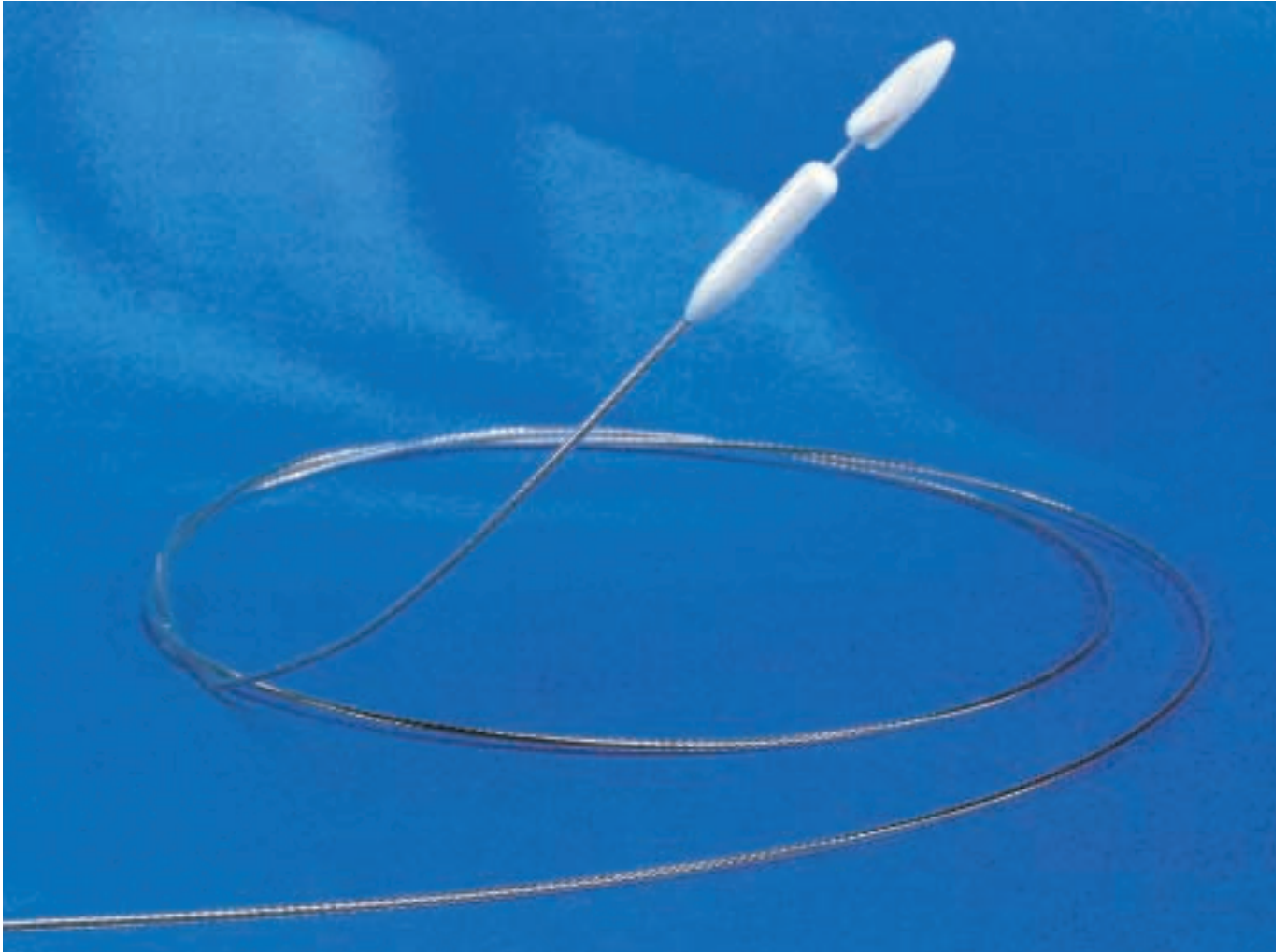


Insitucat[®]

Atraumatic Vein Valve Cutter
for the in situ bypass



The proven technique for autologous reconstruction

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Insitucat®

Atraumatic Vein Valve Cutter for the in situ bypass

Product Description

The **Insitucat®** Vein Valve Cutter for atraumatic incision of the valves in the great saphenous vein consists of a polyfil, plastic coated guidewire with two conical olives, lying one on top of the other on one end of the wire.

The olive at the end of the Vein Valve Cutter represents the negative imprint of the venous valve sinus. It is equipped with an extremely sharp plastic cutting edge, which incises the valve by retracting. **Insitucat®** Vein Valve Cutter is supplied sterile and disposable.

Venous bypasses can either be performed in the classical reversed form as described by Kunlin or, employing the more modern method, with the in situ bypass.

When using the great saphenous vein for the in situ bypass it is vitally important that the function of the venous valves is eliminated completely with as little trauma as possible, and that the endothelium remains intact. This is possible with the **Insitucat®** Vein Valve Cutter.

Alloplastic prostheses or biological grafts are used only when there is a good outflow in the crural arteries and it is not necessary to bridge a joint or when there are no suitable veins available for transplantation.

Special Features

Extremely sharp plastic cutting edge

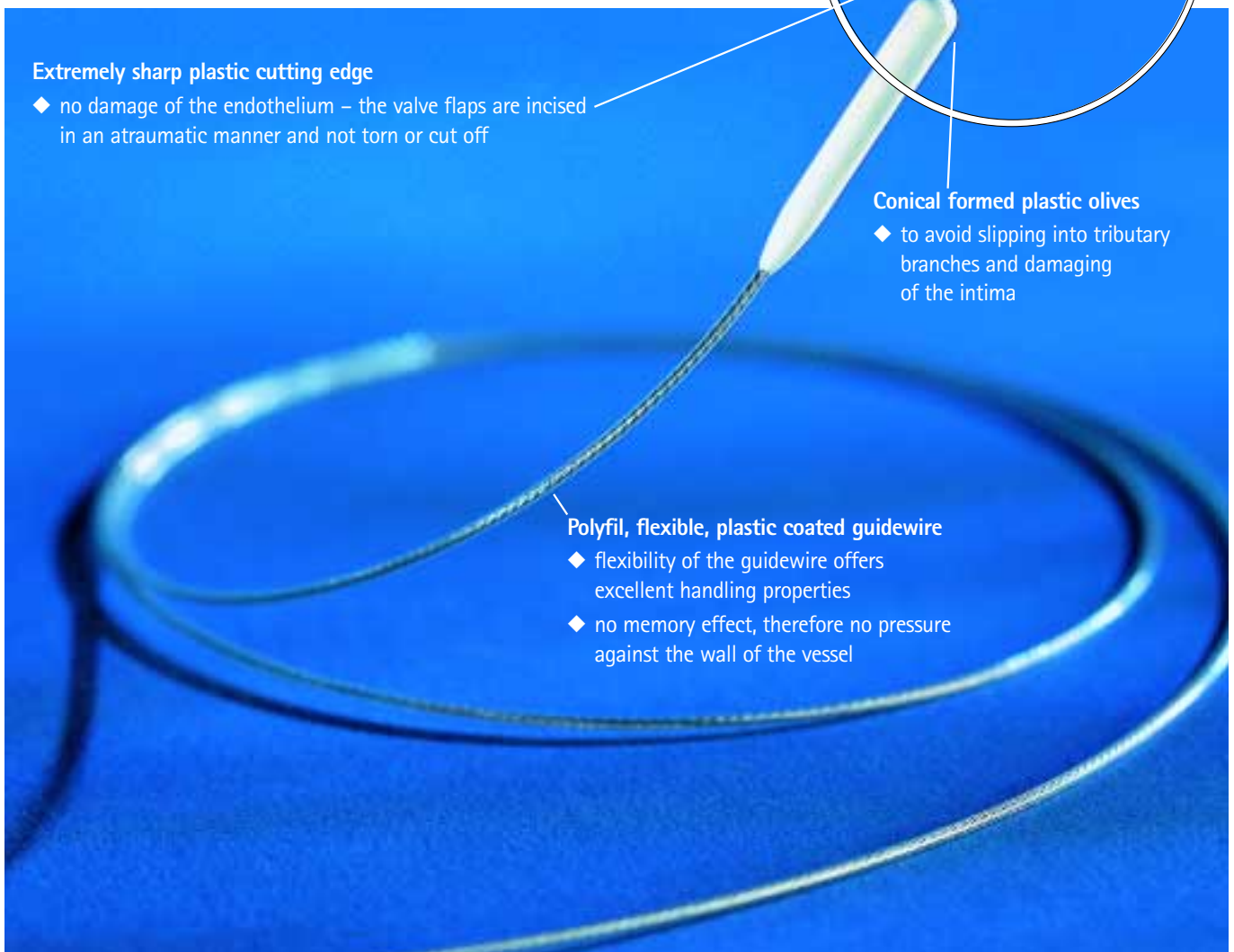
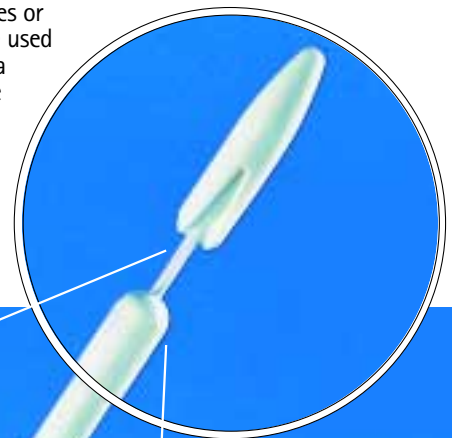
- ◆ no damage of the endothelium – the valve flaps are incised in an atraumatic manner and not torn or cut off

Conical formed plastic olives

- ◆ to avoid slipping into tributary branches and damaging of the intima

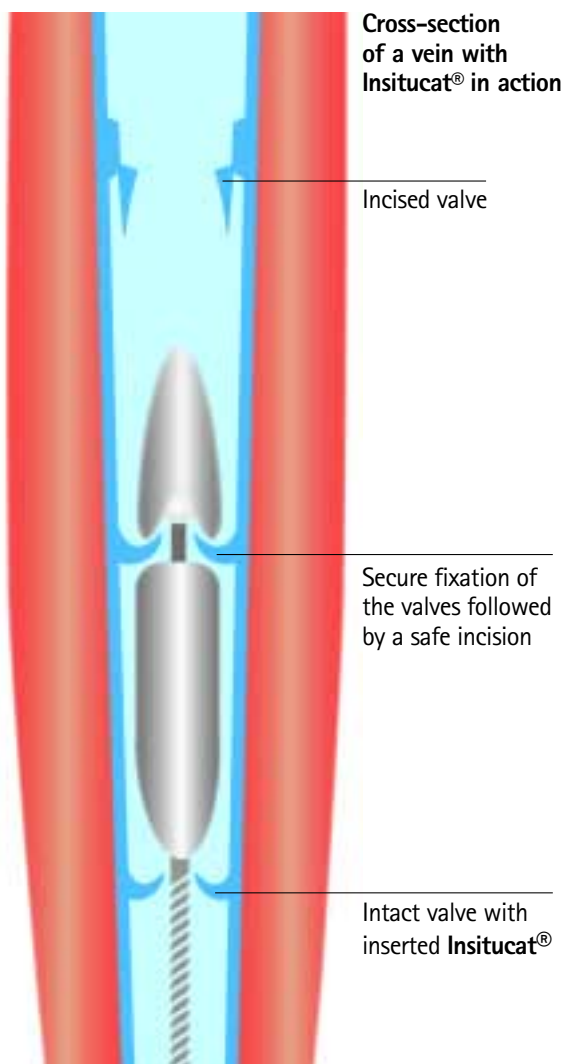
Polyfil, flexible, plastic coated guidewire

- ◆ flexibility of the guidewire offers excellent handling properties
- ◆ no memory effect, therefore no pressure against the wall of the vessel



The proven technique for autologous reconstruction

Utilization rate of the great saphenous vein for femoro–popliteal and femoro–crural reconstructions
Classical reversed bypass according to Kunlin 70–75 % (Literature)
In situ bypass 91 % (Gruß)



Advantages of the in situ bypass technique

- ◆ The great saphenous vein may be used more frequently for femoro–popliteal and femoro–crural reconstruction.
- ◆ Congruence of the calibre in the area of anastomoses. The wide proximal end of the vein is joined to the wide common femoral artery, the narrow distal end of the vein is anastomosed with the small–calibre crural vessels.
- ◆ Maintenance of the physiological dicrotic (pulsatile) flow after eliminating the venous valves.
- ◆ Flow acceleration due to the natural conical shape of the graft (wide proximal end, narrow distal end).
- ◆ Extensive incisions in the thigh and leg which are necessary for removing the great saphenous vein when using the classical bypass technique are not required.
- ◆ The limited dissections in the groin and in the leg spare the vasa vasorum and the lymph tracts in the leg.
- ◆ Avoiding the risk of torsion of the graft.

Results of the in situ bypass technique

A comparison of the 10–years patency rates of femoro–crural bypasses to a single open stage IV crural artery shows 40 % for the classical venous bypass, and 68% for the great saphenous vein in situ bypass.

Patency rates of femoro–crural vein bypasses			
	1 Year	5 Years	10 Years
C.V.B.	66 %	50 %	40 %
I.S.B.	80 % *	72 % *	68 % **
(* Literature)		(** Gruß)	

Atraumatic Vein Valve Cutter for the in situ bypass



Product range:

Insitucat® Vein Valve Cutter for atraumatic incision of the venous valves:

Diameter	Catalog No.	Sales unit
2.0 mm	552 110 6	1 piece
2.5 mm	552 111 4	1 piece
3.0 mm	552 112 2	1 piece
3.5 mm	552 113 0	1 piece
4.0 mm	552 114 9	1 piece
4.5 mm	552 115 7	1 piece
5.0 mm	552 116 5	1 piece

Packaging:

- Sterile Peel-/Dispenser Packaging
- Small storage space is required on the instrument table
- The instrument may be introduced directly from the dispenser into the vessel

Application:

Insitucat® may be used for the atraumatic elimination of the venous valves for femoro-popliteal and femoro-crural in situ bypass.

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