

INGENUITY  
FOR  
HEALTH

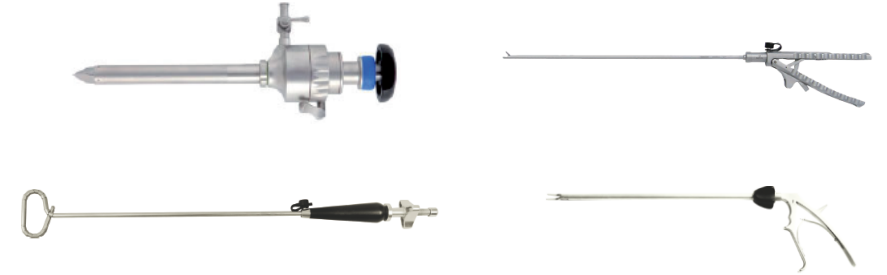
LAPAROSCOPIC INSTRUMENTS

INGENIOUS

1. PRODUCT OVERVIEW
2. REUSABLE LAPAROSCOPIC INSTRUMENTS
3. REPOSABLE HF MONOPOLAR INSTRUMENTS
4. DISPOSABLE INSTRUMENTS
5. CLEANING & STERILIZATION

## REUSABLE INSTRUMENTS

- Trocars
- HF Instruments
- LAP Instruments
- Clip appliers
- Retractors



## REPOSABLE INSTRUMENTS

- HF Monopolar Instruments



## DISPOSABLE INSTRUMENTS

- Trocars
- HF Instruments
- LAP Instruments
- Surgical staplers



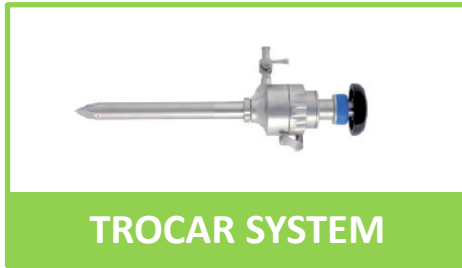
- Creating Access for Gas, instruments and other accessories
- Cutting and removing tissue.
- Grasping tissue
- Dissecting anatomical landmarks
- Hemostasis
- Suctioning and Irrigation to clean the abdominal cavity
- Ligating Vessels



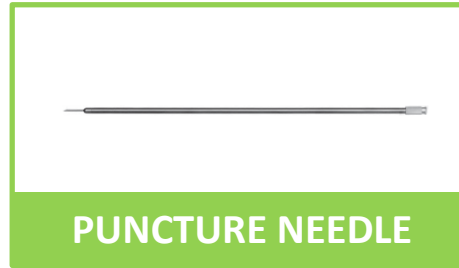
- It is usually 33 cm AND 45 cm long.
- Jaws to be adequately elastic to perform atraumatic handling .
- Parts Should be interchangeable between similar instruments .
- Easy cleaning & Sterilization.
- Simple design with minimum number of hinges and bolts.



# REUSABLE INSTRUMENTS



TROCAR SYSTEM



PUNCTURE NEEDLE



CLIP APPLIER & CLIPS



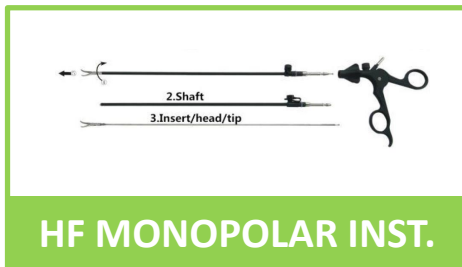
SUTURING SYSTEM



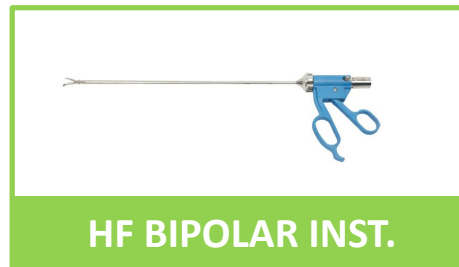
RETRACTORS



S/I INSTRUMENTS



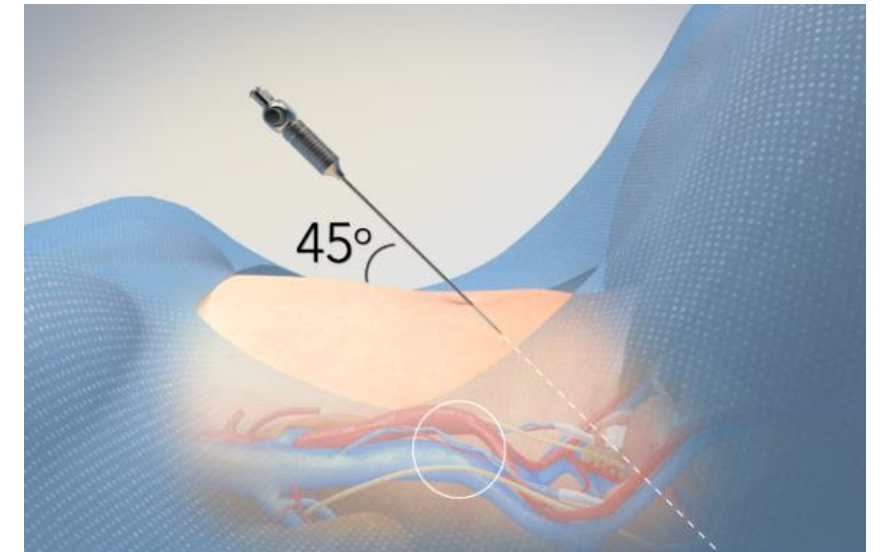
HF MONOPOLAR INST.



HF BIPOLAR INST.

# TROCAR SYSTEM

- Veress needle technique is the oldest and most traditional
- Spring-loaded needle used to create pneumoperitoneum for laparoscopic surgery.
- When the tip of the needle enters a space such as the peritoneal cavity, the dull, inner stylet springs forward.
- Carbon dioxide is then passed through the Veress needle to inflate the space, creating a pneumoperitoneum.
- Diameter: 2.2 mm
- Working length: 110, 120 and 150 mm.

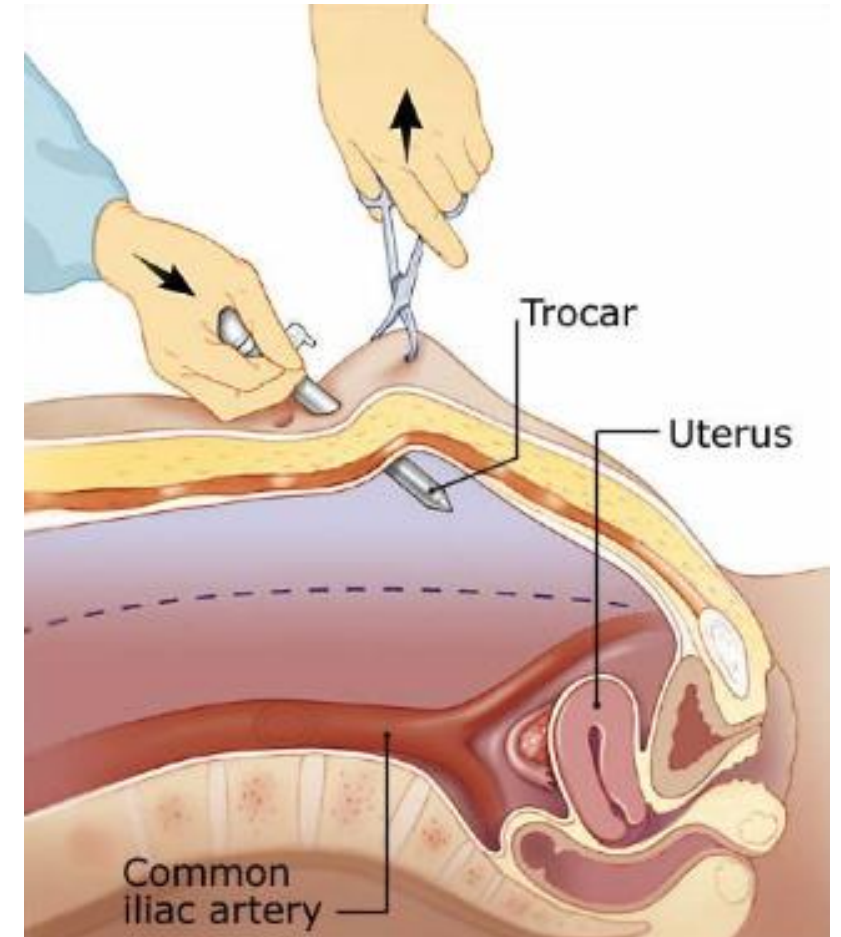


Used as a safety step to create an extra space between abdominal tissue and organs before the insertion of trocar

- Composed of a sleeve / cannula and an obturator
- Create an opening into the body through which the sleeve may be introduced, to provide an access port during surgery.
- Insures the flow of CO2 into the abdominal cavity.

## TYPES OF TROCARS:

- Silicone sealing trocars
- Manual lever trocars
- Magnetic ball trocars
- Magnetic sheath trocars



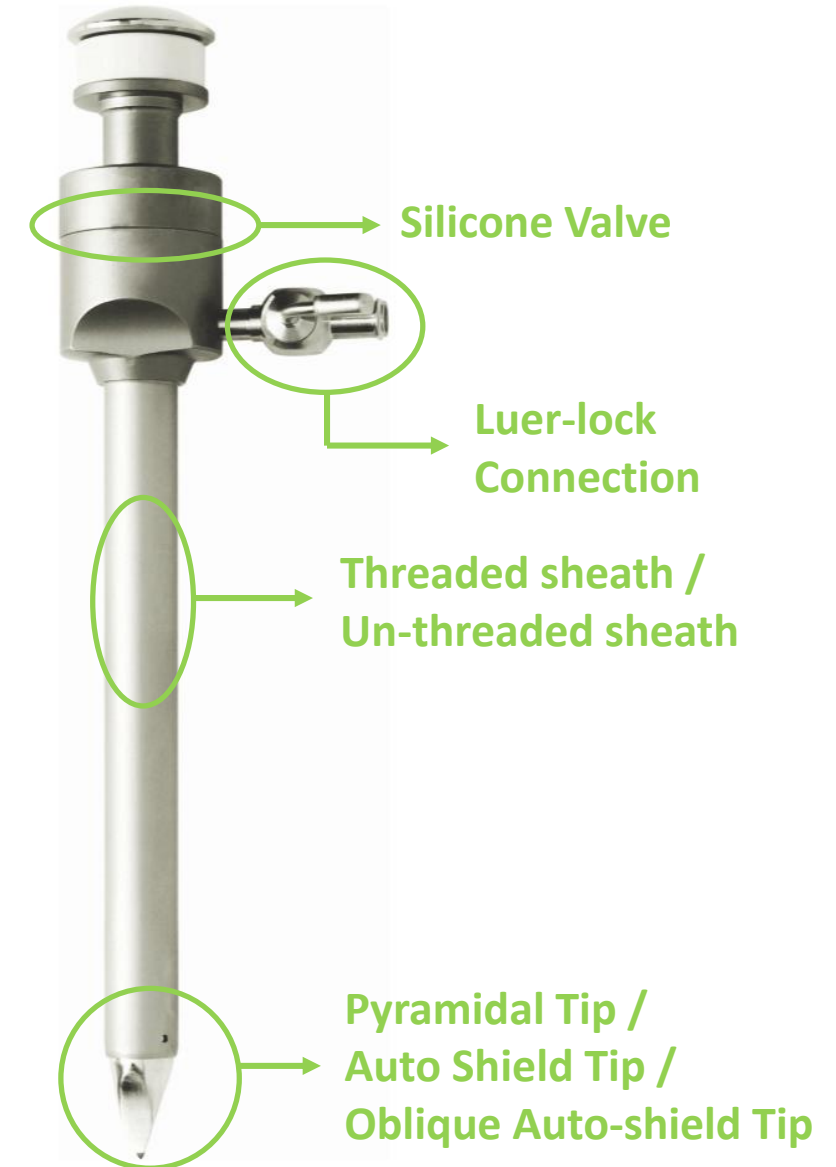
## SILICON VALVE TROCARS

- Working length: **95 mm**
- Threaded and un-threaded cannula
- Diameters: **∅ 3, ∅ 5.5, ∅ 10.5 and ∅ 12.5 mm**

 Free reducer is offered with every ∅ 10.5 and ∅ 12.5 mm trocar

### TROCAR COMPONENTS

- Trocar Sleeve
- Obturator
- Silicon outer valve
- Luer-lock connection
- **Silicon inner valve**



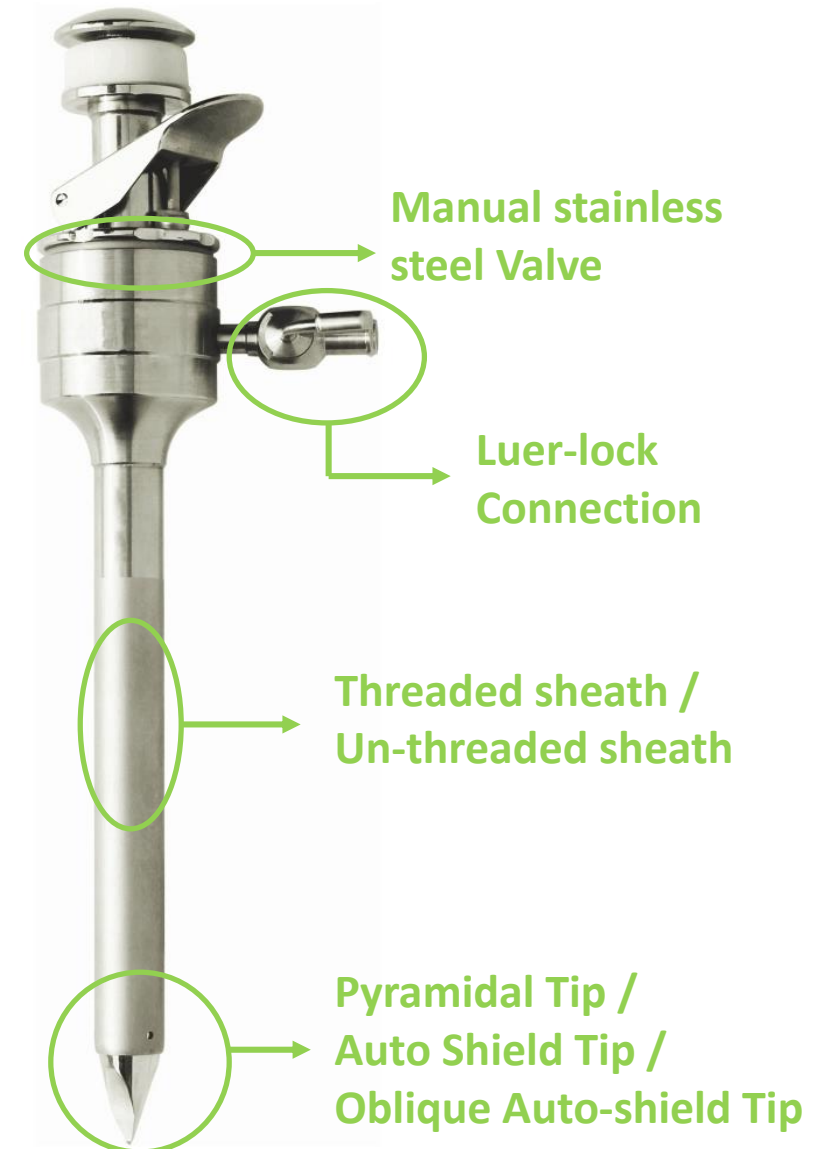
## MANUAL LEVER TROCARS

- External silicon valve
- Internal stainless steel valve
- Working length: **95 mm**
- Threaded and un-threaded cannula
- Diameters: **Ø 5.5 , Ø 10.5 mm**

 Free reducer is offered with every Ø 10.5 mm trocar

### TROCAR COMPONENTS

- Trocar Sleeve
- Obturator
- Silicon outer valve
- Luer-lock connection
- **Manual stainless steel inner valve**



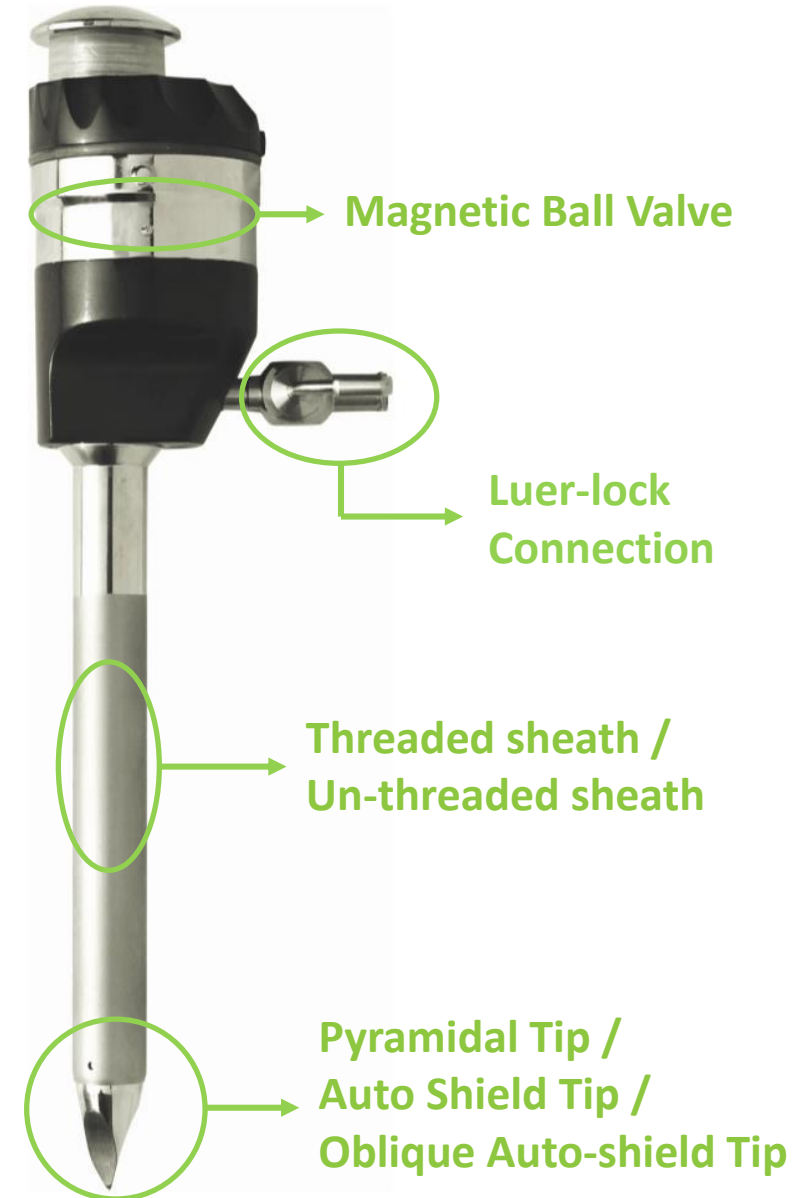
## MAGNETIC BALL VALVE TROCARS

- External silicon valve
- Ball magnetic valve
- Working length: **95 mm**
- Threaded and un-threaded cannula
- Diameters: **Ø 5.5** , **Ø 10.5** and **Ø 12.5 mm**

 Free reducer is offered with every Ø 10.5 and Ø 12.5 mm trocar

### TROCAR COMPONENTS

- Trocar Sleeve
- Obturator
- Silicon outer valve
- Luer-lock connection
- **Magnetic ball valve**



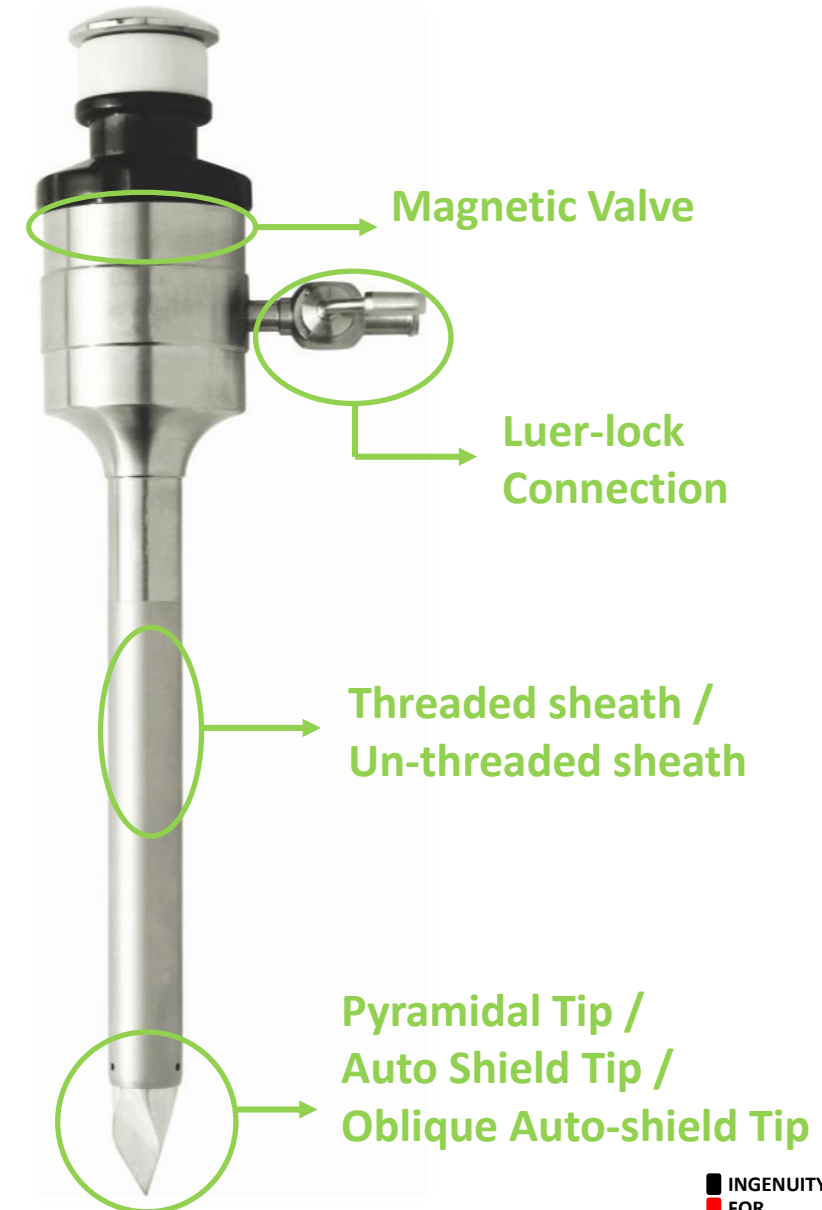
## MAGNETIC VALVE TROCARS

- External silicon valve
- Magnetic valve
- Working length: **95 mm** and **150 mm**
- Threaded and un-threaded cannula
- Diameters: **Ø 5.5** , **Ø 10.5** , **Ø 12.5** and **Ø 15 mm**

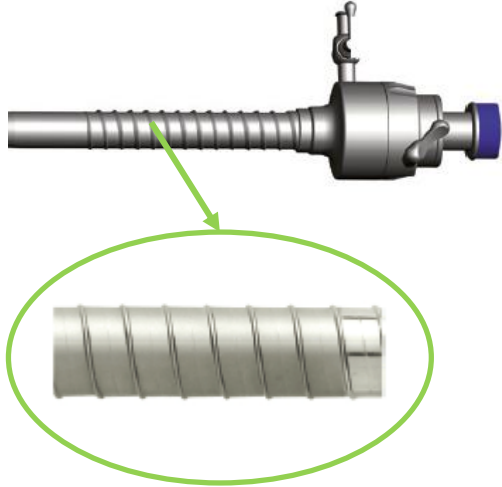
 Free reducer is offered with every Ø 10.5 and Ø 12.5 mm trocar

### TROCAR COMPONENTS

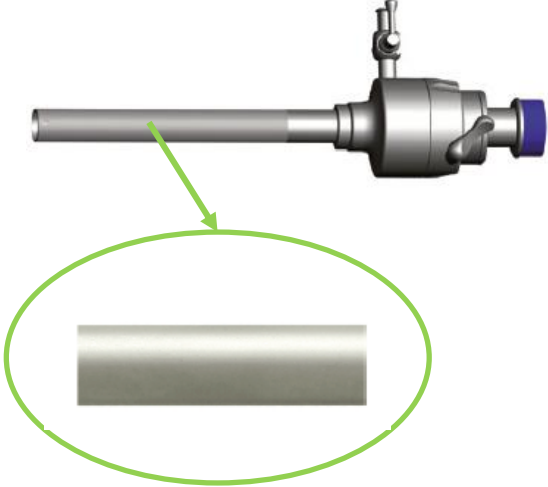
- Trocar Sleeve
- Obturator
- Silicon outer valve
- Luer-lock connection
- **Magnetic valve**



THREADED CANNULA



UN - THREADED CANNULA



PYRAMIDAL



AUTO-SHEILD



OBLIQUE AUTO SHEILD



- Two types of reducers are offered:
  - Mounted Reducer
  - Standard Reducer
- Used to reduce the working diameter of trocar to avoid any gas leak
- Reduce working diameter from  $\varnothing 15$  ,  $\varnothing 12$  ,  $\varnothing 10$  mm to  $\varnothing 5$  mm
- Standard reducers have several working lengths



Free MOUNT TYPE reducer is offered with every  $\varnothing 10.5$  and  $\varnothing 12.5$  mm trocar



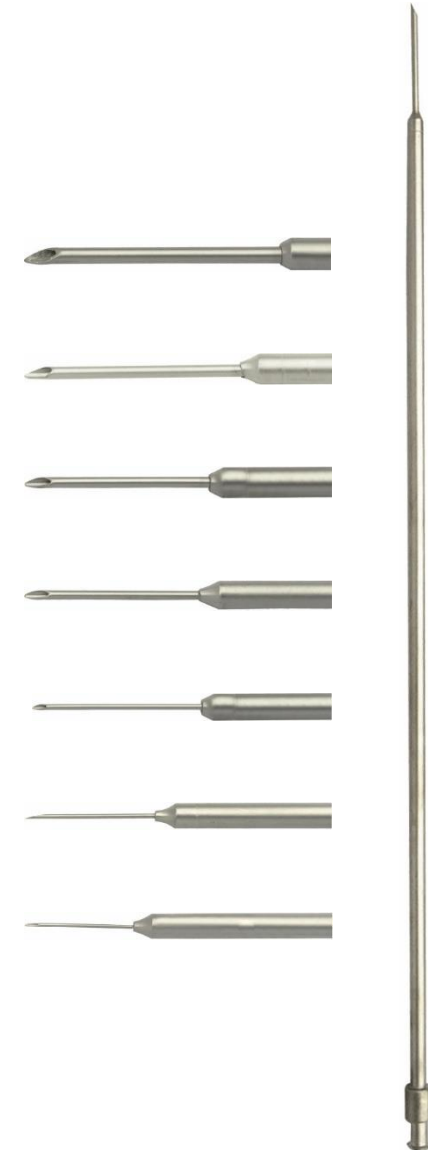
STANDARD REDUCER



MOUNT TYPE REDUCER

**PUNCTURE NEEDLE**

- Simple insertion through a trocar
- Designed for the simple, safe aspiration of fluids from cysts and organs
- Used in a variety of laparoscopic procedures to aspirate fluid or take samples from the abdominal cavity or abdominal organs
- Matt shaft prevents operative glare
- Working diameter  $\varnothing$  5 mm, working length 330 mm
- Sharp tips vary between 0.7 – 2.2 mm

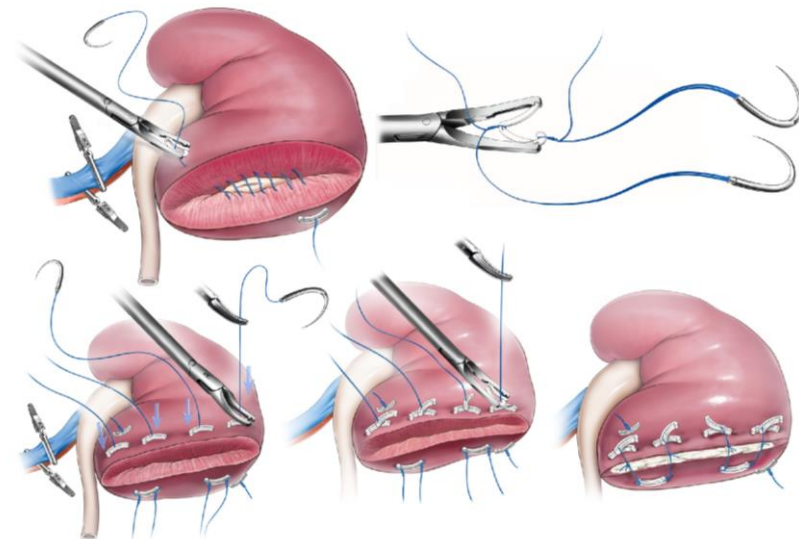
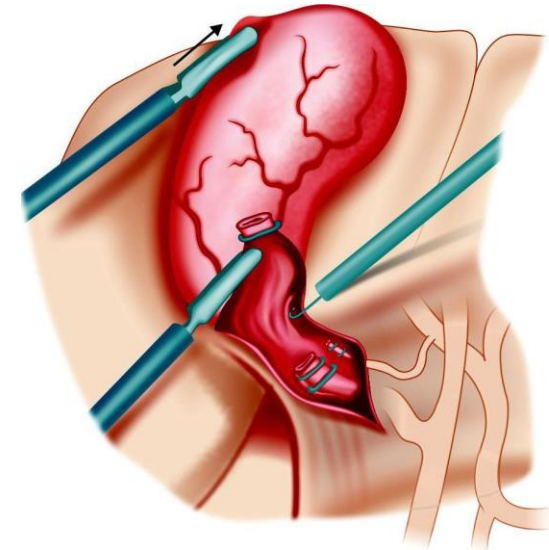


# CLIP APPLIERS & CLIPS

- Clips are used to ligate vessels and ducts

## 2 TYPES OF CLIPS :

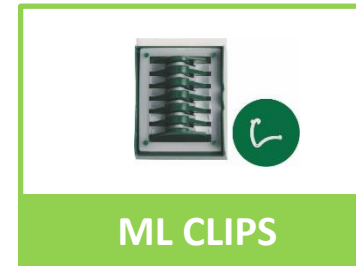
Polymers & Titanium clips.

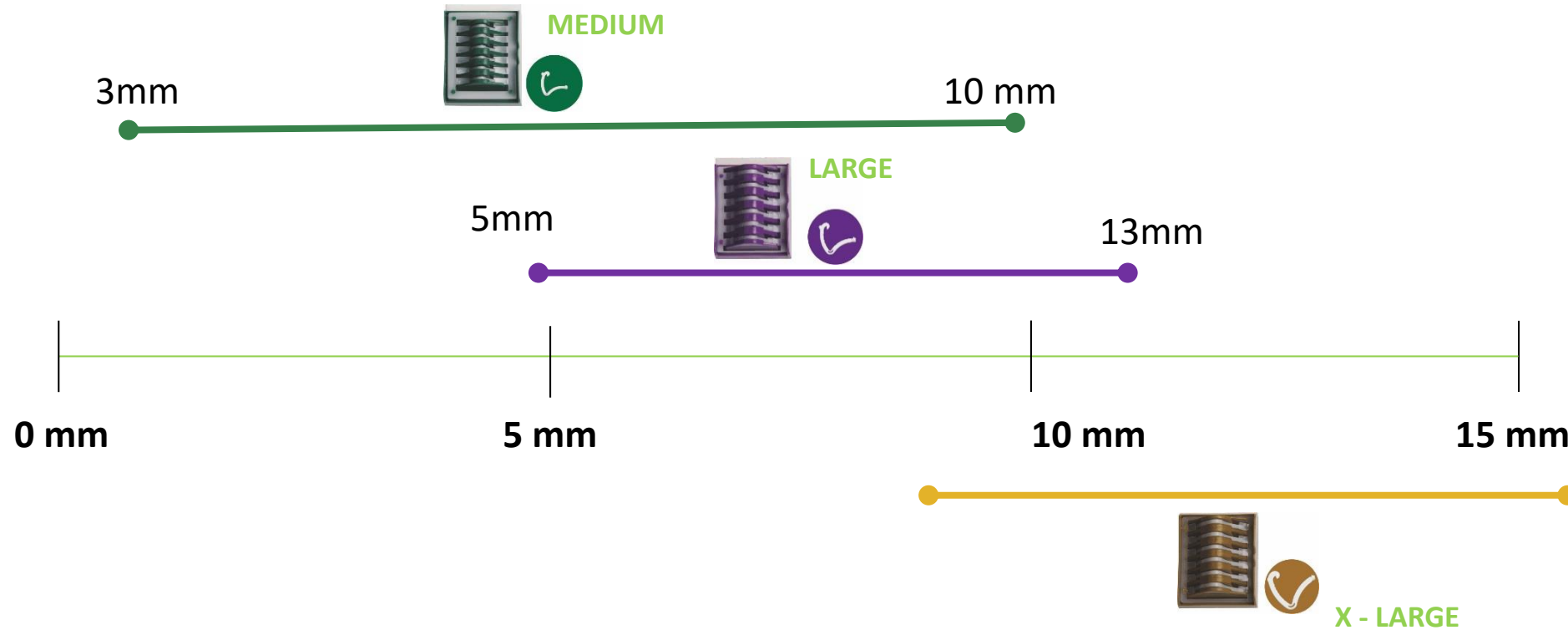


- Used during laparoscopic cholecystectomy for clipping the cystic duct and artery.
- Used during laparoscopic urologic procedures for control of vessels and ureters.
- In addition to numerous other gynecologic and general surgery procedures.

## TECHNICAL SPECIFICATIONS

- Designed for continuously varying 360° rotation for highly precise manipulation
- Reusable Handle and single use clips
- Diameter: **Ø10 mm**
- Fully autoclavable handles
- Excellent practice-proven ergonomic design
- Detachable versions





## CUTTING-EDGE DESIGN

- 1 Bosses are designed to retain clip in applier jaws.
- 2 Integrated teeth interface with the vessel and are designed to prevent slippage.
- 3 Bow-shape design allows removal with appropriate instrument.
- 4 Hinge allows flexibility in clip placement prior to clip locking.
- 5 Locking mechanism provides tactile feedback and secure closure.
- 6 Nonabsorbable polymer is inert, nonconductive, and radiolucent; it does not interfere with CT, MRI, or X-ray diagnostics.



**MINIMIZING THERMAL SPREAD**  
COOL LIGATION MODALITY

**RADIOLUCENCY**  
COMPROMISE MRI QUALITY

**POLYMER FLEXIBILITY**

**SECURITY**  
CLOSE & LOCK AROUND PATIENT  
VESSEL / DUCT

**REMOVABLE**  
USING CLIP APPLIER REMOVAL



- Helps in preventing bleeding and leaks.
- Are preferred because they are MRI and metal detector proof.
- Made of Titanium metal.
- If clips are used, they will remain in place.

## TECHNICAL SPECIFICATIONS

- Designed for continuously varying 360° rotation for highly precise manipulation
- Reusable Handle and single use clips
- Diameter: **Ø5** and **Ø10 mm**
- Fully autoclavable handles
- Excellent practice-proven ergonomic design
- Detachable versions



SINGLE ACTION



5 MM SINGLE ACTION



90° SINGLE ACTION



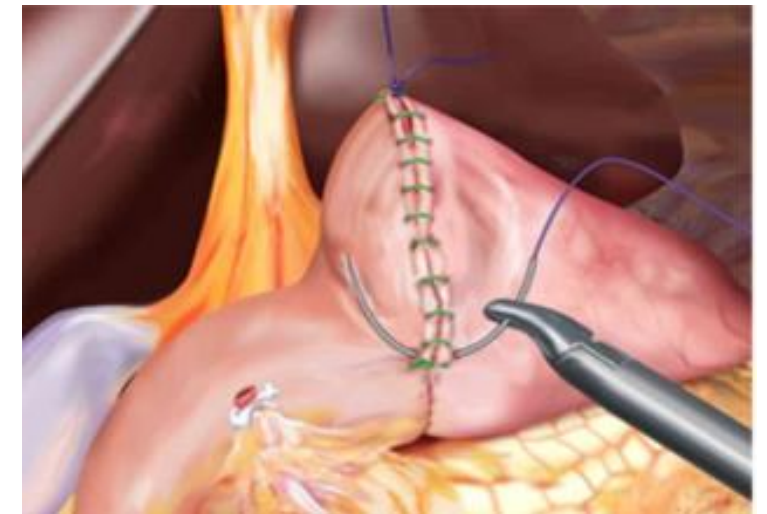
DOUBLE ACTION

# SUTURING SYSTEM

- Used to grasp and manipulate needles to enable free-hand suturing of surgical incisions within the body

## TYPES OF NEEDLE HOLDERS:

- O-Type needle holder
- Pistol Type needle holders
- A-Type needle holder
- V-Type needle holder



- Classic line needle holder
- Suitable for small hands
- Working length: **330 mm**
- Diameter: **Ø 3 and Ø 5**  
**mm**
- Autoclavable



- Specially designed needle holder for a fatigue - proof and effortless handling
- Working length: **330** and **450 mm**
- Diameter: **Ø 5 mm**
- Autoclavable



- Specially designed needle holder for a fatigue - proof and effortless handling
- Suitable for small hands
- Minimal effort by the newly developed shorten ratchet
- Working length: **330 mm**
- Diameter: **Ø 3 and Ø 5 mm**
- Autoclavable



- Specially designed needle holder for a fatigue - proof and effortless handling
- Suitable for small hands
- Minimal effort by the newly developed shorten ratchet
- Working length: **330 and 450 mm**
- Diameter: **Ø 5 mm**
- Autoclavable

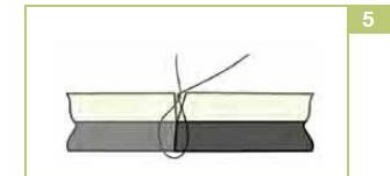
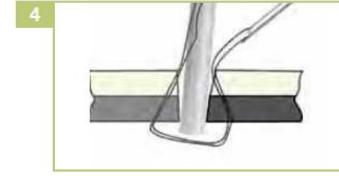
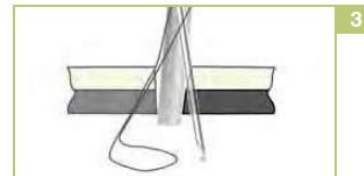
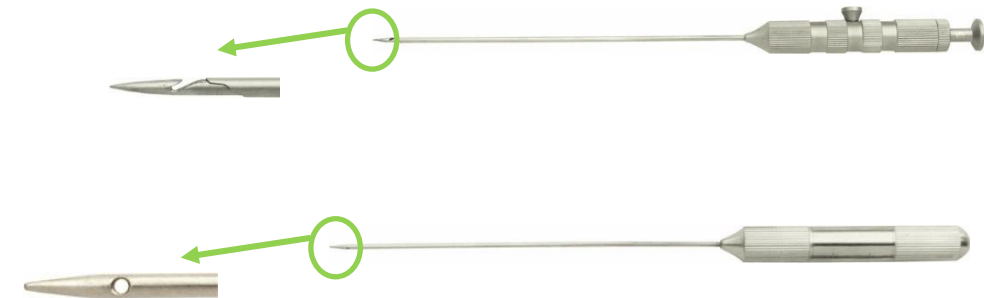
**3 PC HOLDERS ARE AVAILABLE UPON DEMAND**



- Used during laparoscopic procedures to tighten surgical knots and to cut the suture.
- Simplify the tying of slipknots, simple and double knots.
- Used to form and manipulate the loop.
- Long and thin shafts terminating in a closed or open-ended loop.
- Working length: **330 and 450 mm**
- Diameter: **Ø 5 mm**



- Full closure of peritoneum and fascial layers through the trocar.
- Exchangeable through trocar cannula for easy port closure while maintaining pneumoperitoneum.



**RETRACTORS**

- Used to hold back underlying organs and tissues so that body parts under the incision may be accessed.
- Provide a better field of view for the surgeon
- Lift and protect surround organs during surgical procedure

## TYPES OF RETRACTORS:

- Fan shaped retractors
- Gold Fingure retractors



**LIFTING LIVER WITHOUT RETRACTOR**



**LIFTING LIVER USING RETRACTOR**

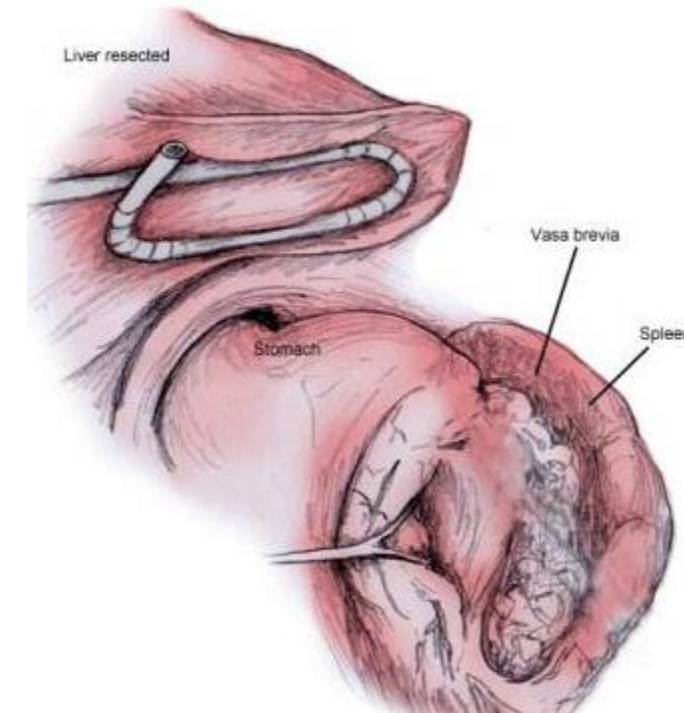
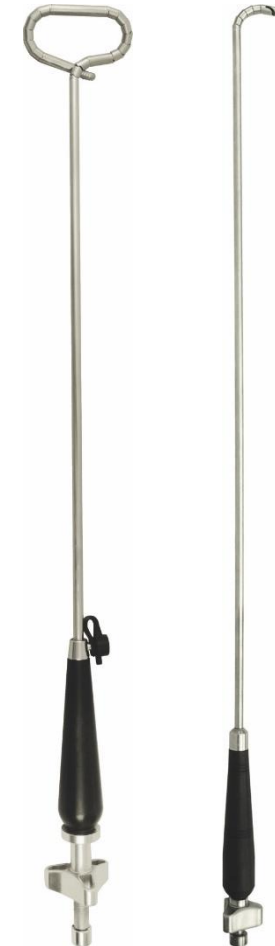
## TECHNICAL SPECIFICATIONS

- Working length: **350 mm**
- Diameter: **Ø 5 and Ø 10 mm**
- Handle rotating mechanism



## TECHNICAL SPECIFICATIONS

- Working length: **460 mm**
- Diameter: **Ø 5 mm**
- Handle rotating mechanism
- Half and full rings

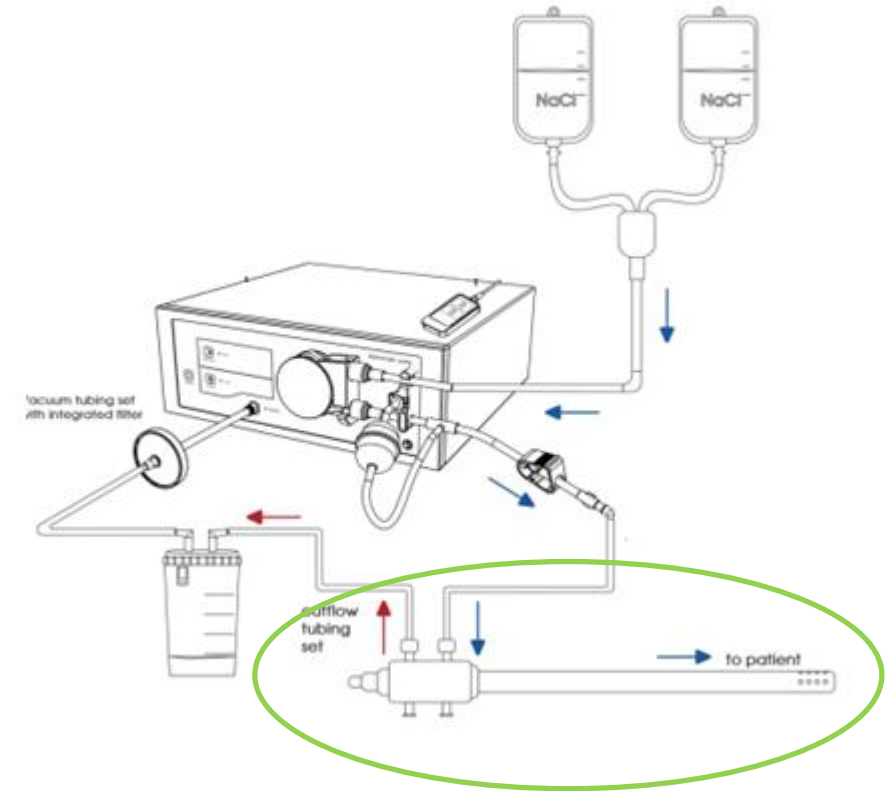


# SUCTION / IRRIGATION INSTRUMENTS

- Used for flushing the abdominal cavity and cleaning during laparoscopic procedures.
- Connected directly to the LAP PUMP


## MODE OF ACTION:

- Irrigation: transport fluid from external environment to the abdominal cavity
- Suction: transport fluid and blood from the abdominal cavity to the external environment
- Autoclavable



## TECHNICAL SPECIFICATIONS

- Working length: **330 and 450 mm**
- Diameter: **Ø 5 and Ø 10 mm**

 Free Ø 10 mm shaft is offered with every Ø 5 mm S/I instrument.



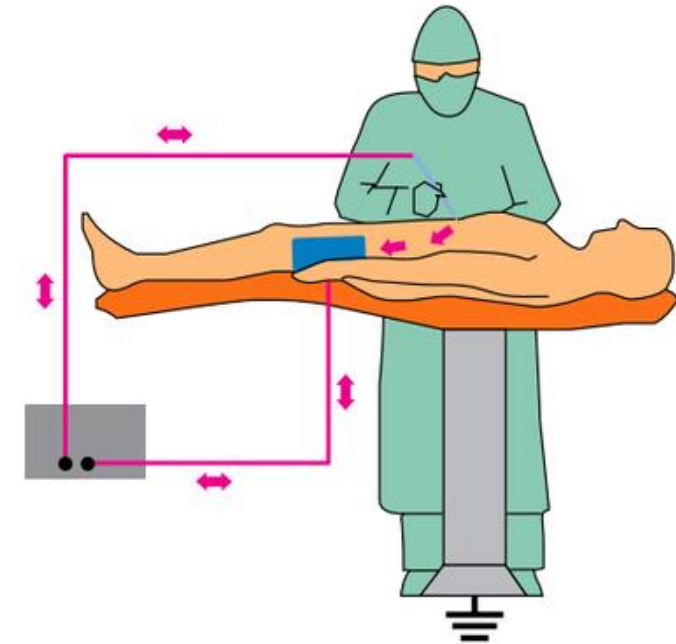
TRUMPET VALVE HANDLE



SLIDING VALVE HANDLE

# HF MONOPOLAR INSTRUMENTS

- High frequency current is generated from an electrosurgical unit (ESU).
  - Current flows into the surgical instrument which is in contact with patient tissues.
  - Current flows back from the patient tissues to the electro-surgical unit (ESU) via patient plate for neutralization.
- Active electrode at surgical site, return electrode at another site



**GENERATOR** → **ACTIVE ELECTRODE** → **PATIENT** → **RETURN ELECTRODE**

## TECHNICAL SPECIFICATIONS

- Assembling and dismantling made easy thanks to a unique and mechanically safe connection system developed by INGENIOUS.
- Designed for continuously varying 360° rotation for highly precise manipulation.
- Made of high-quality fiber-glass reinforced plastics.
- The three-part-design allows an easy maintenance and cleaning, with the extra plus of an integrated Luer-Lock connection of the shaft.
- Fully autoclavable
- Excellent practice-proven ergonomic design.



- Handles with / without ratchet
- Scissors
- Dissectors
- Grasping forceps

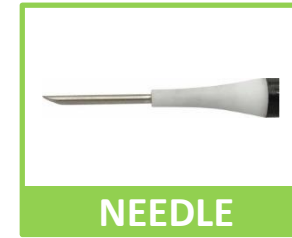
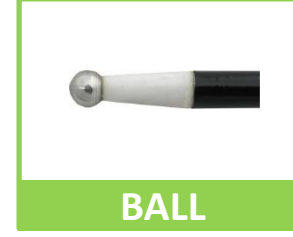
## TECHNICAL SPECIFICATIONS

- Diameter:  $\varnothing 3$ ,  $\varnothing 5$  and  $\varnothing 10$  mm.
- Working length: 220 , 330 and 450 mm.



## TECHNICAL SPECIFICATIONS

- Diameters:  $\varnothing 3$  and  $\varnothing 5$  mm
- Working length: 220 and 330 mm
- Autoclavable



- Hybrid solution used for suction / irrigation and coagulation
- Connected to the LAP PUMP
- Connected to the ESU
- TRUMPET & SLIDING VALVES

## TECHNICAL SPECIFICATIONS

- Diameter: **Ø5 mm**
- Working length: **330 mm**



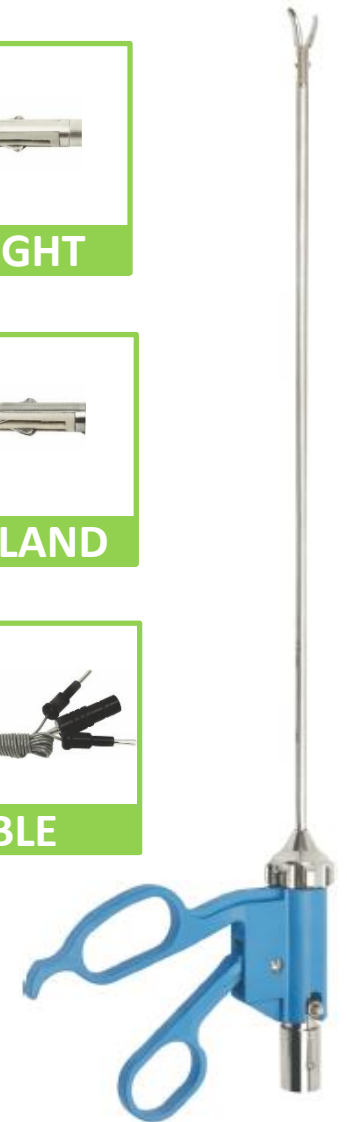
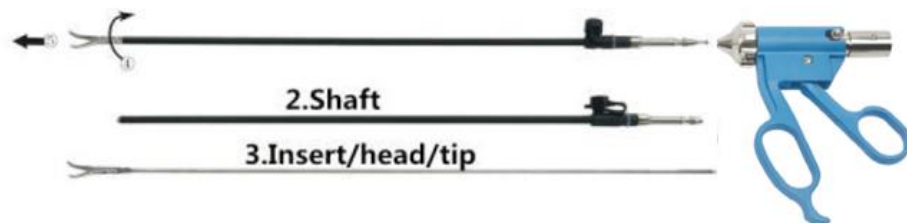
# HF BIPOLAR INSTRUMENTS

- High frequency current is generated from an electrosurgical unit (ESU).
- Current flows into the surgical instrument which is in contact with patient tissues.
- Current flows back through the surgical instrument.



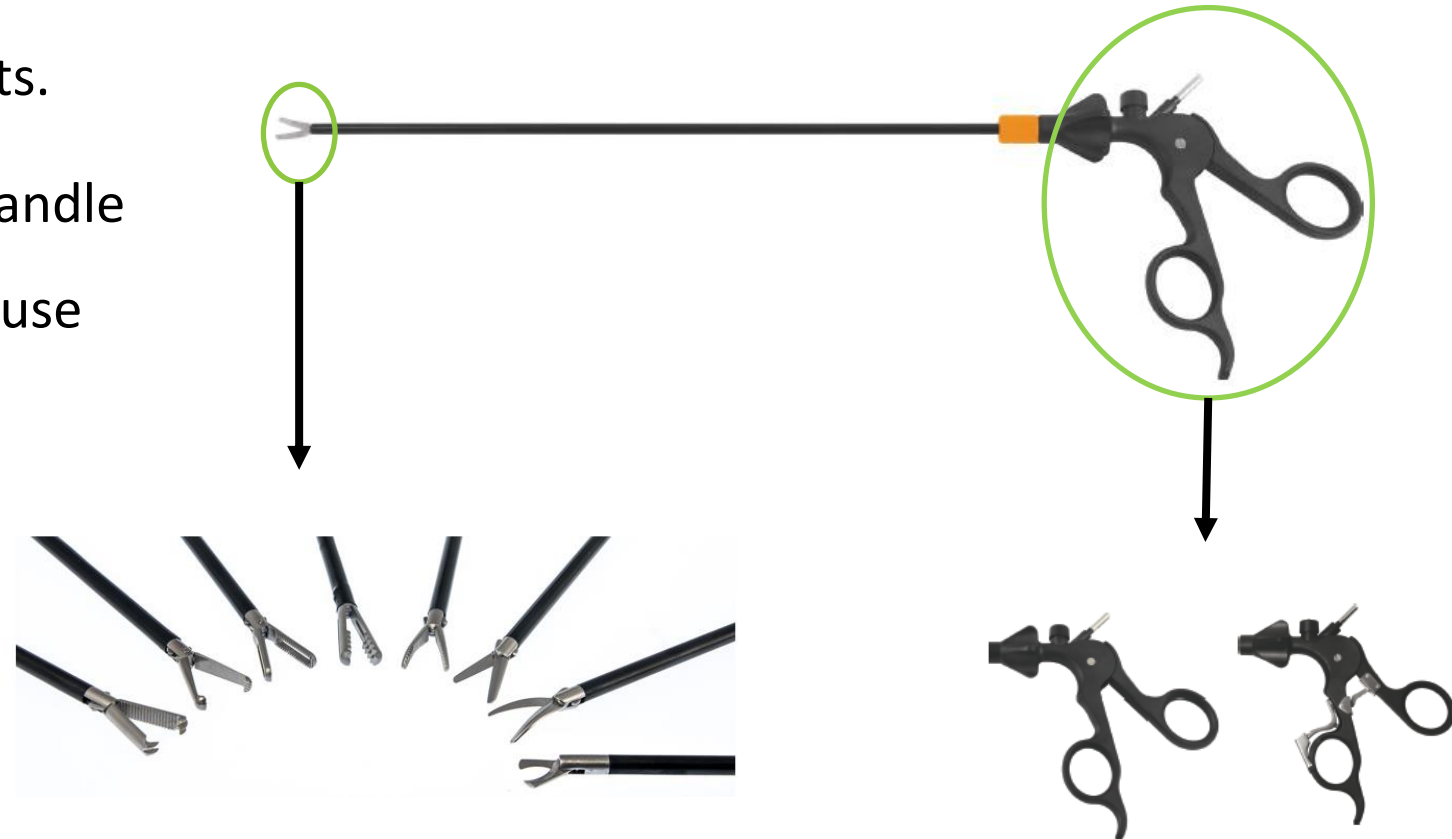
## TECHNICAL SPECIFICATIONS

- Assembling and dismantling made easy thanks to a unique and mechanically safe connection system developed by INGENIOUS.
- Designed for continuously varying 360° rotation for highly precise manipulation.
- Made of high-quality fiber-glass reinforced plastics.
- The three-part-design allows an easy maintenance and cleaning, with the extra plus of an integrated Luer-Lock connection of the shaft.
- Fully autoclavable
- Excellent practice-proven ergonomic design.



# REPOSABLE HF MONOPOLAR INSTRUMENTS

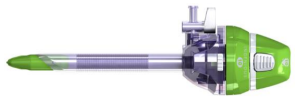
- Perfect solution for low budget clients.
- The use of reusable monopolar HF handle (with / without ratchet) and a single use sterile LAP insert.
- Working length: **330 mm**
- Diameter: **∅ 5 mm**



SINGLE USE STERILE INSERTS

REUSABLE HF HANDLES

**DISPOSABLE  
INSTRUMENTS**



TROCAR SYSTEM



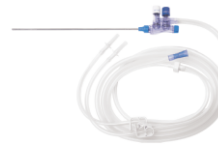
HF MONOPOLAR INST.



HF BIPOLAR INST.



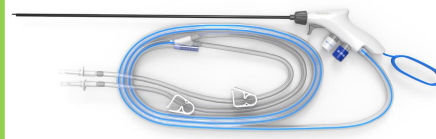
RETRIEVAL BAGS



S / I INSTR.



CLIP APPLIERS



S/I ELECTRODE SYSTEM

# TROCAR SYSTEM

- Diameter:  $\varnothing$  1.6 mm
- Working length: 120 and 150 mm
- Packing information: 25 pcs/box





BLADELESS TROCARS



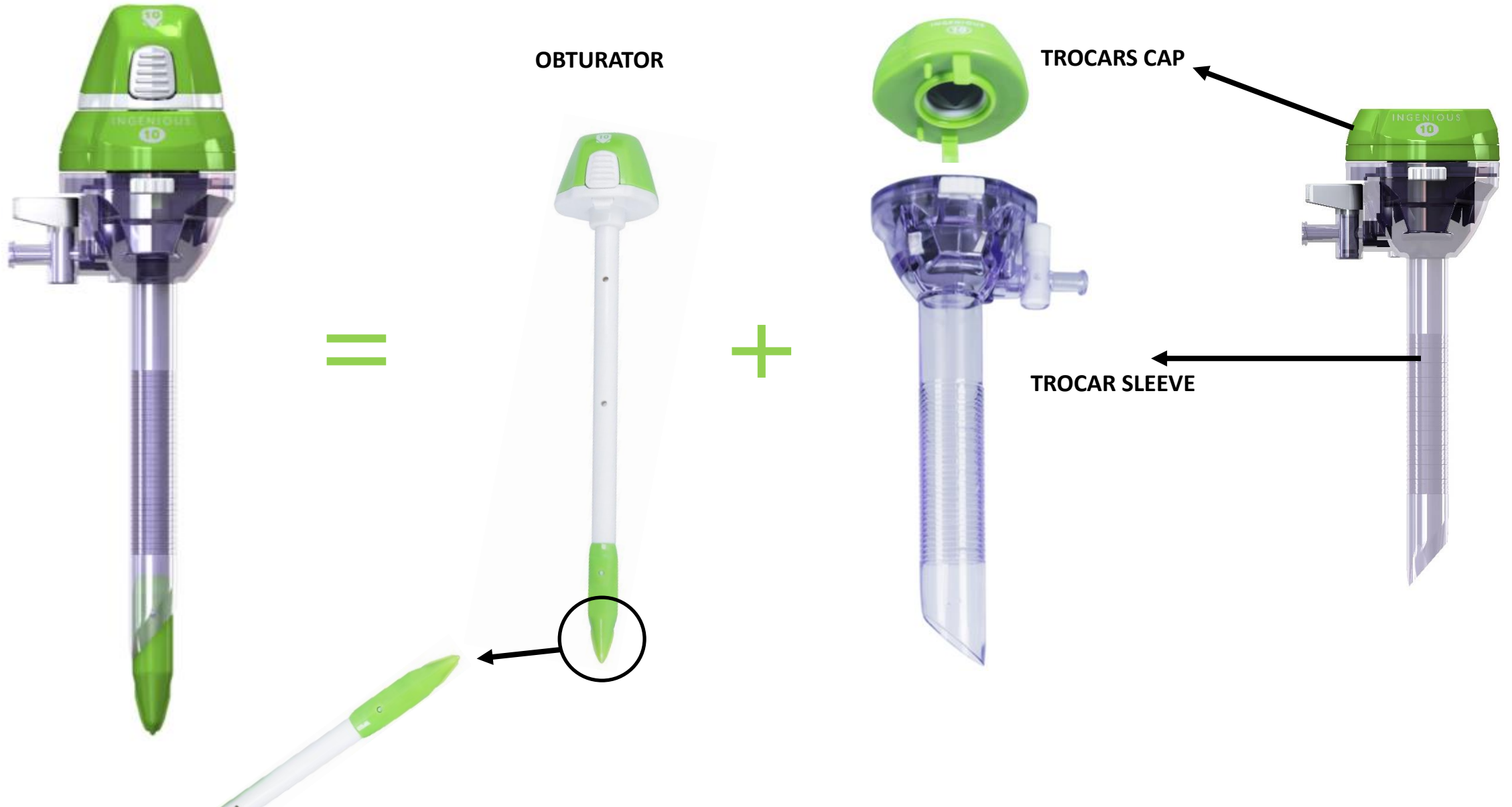
BLADED TROCARS



OPTICAL TROCARS

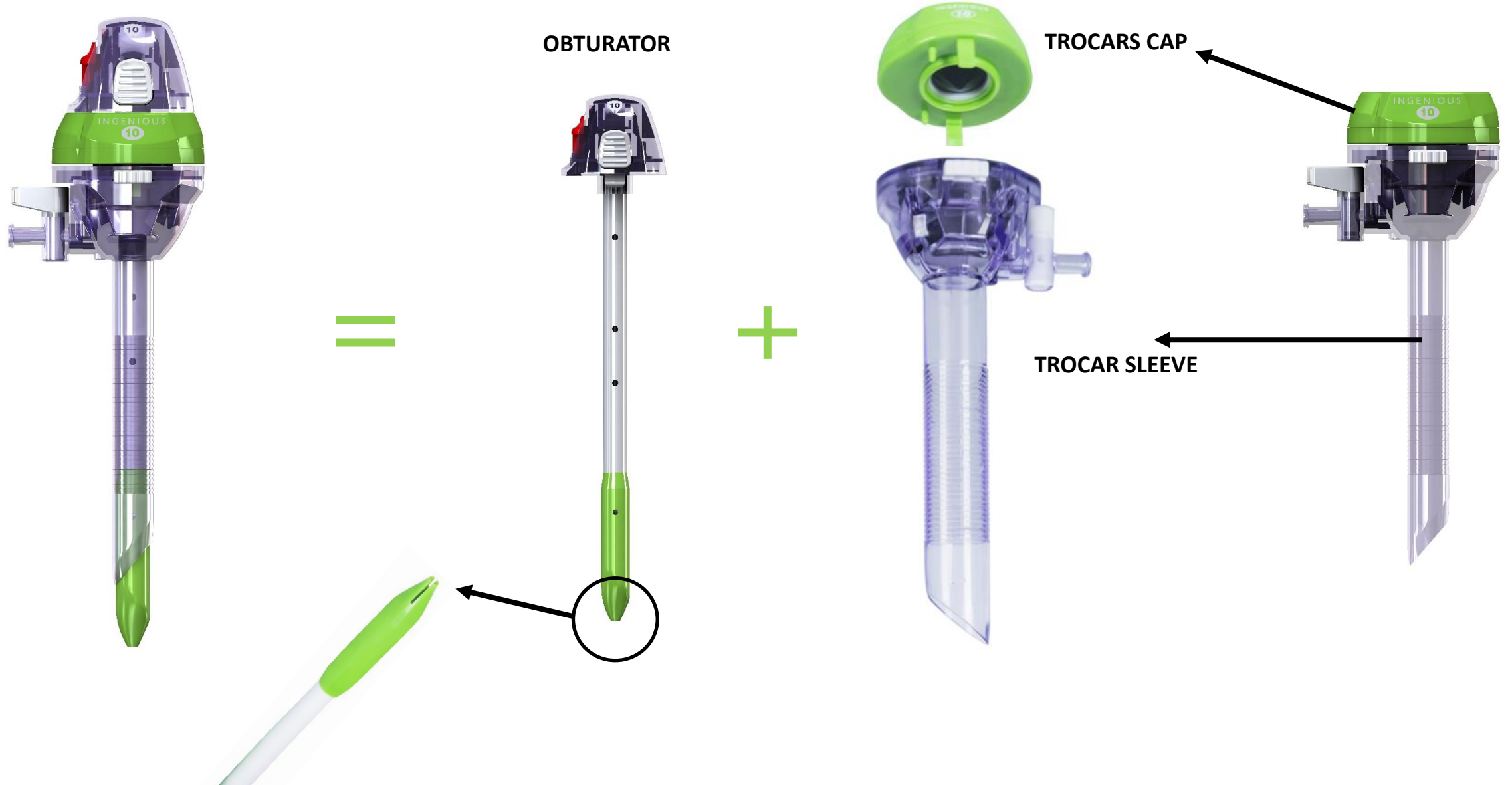
- External unique silicon layer
- Internal customized silicon valve
- Threaded cannula
- Diameters:  $\varnothing 3$ ,  $\varnothing 5$ ,  $\varnothing 10$ ,  $\varnothing 12$  and  $\varnothing 15$  mm
- Working length: 100, 130 and 150 mm
- Offered in single and double packing
- Packing: 6 pcs/box





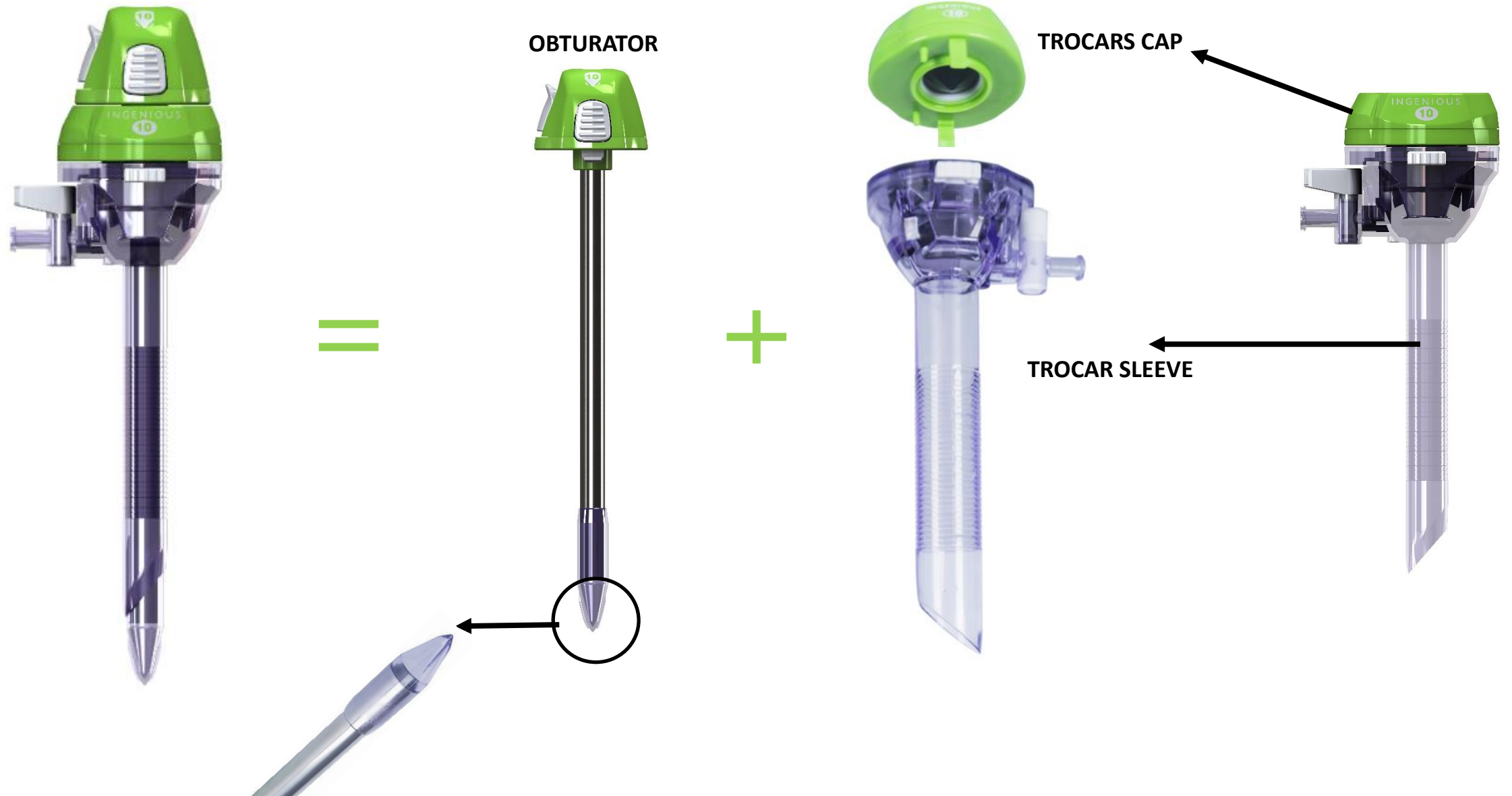
- External unique silicon layer
- Internal customized silicon valve
- Threaded cannula
- Diameters:  $\varnothing$  5,  $\varnothing$  10 and  $\varnothing$  12 mm
- Working length: 100 mm
- Offered in single and double packing
- Packing: 6 pcs/box





- External unique silicon layer
- Internal customized silicon valve
- Threaded cannula
- Diameters:  $\varnothing$  5,  $\varnothing$  10 and  $\varnothing$  12 mm
- Working length: 100 mm
- Offered in single and double packing
- Packing: 6 pcs/box





Three different experiments PERFORMED on three commercial trocars from different companies, to test different critical parameters that affect the performance of trocar such :

A. Force of insertion

B. Gas leakage

## Characterization of Commercial Laparoscopic Trocar Systems

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**Abstract**—Laparoscopic surgery type of a minimal invasive surgery is a surgical technique where operations are performed far from their location in the abdominal cavity via small incisions, resulting less patient pain, less scarring, less inflammation and shorter hospital stay compared to surgery techniques. A specific preparation and instrument required for this kind of surgery such as the thin but called trocars which are placed through the small incisions. It allows surgeons to insert other instruments in. Trocars in general have critical parameters that affect performance which in turn affect how recovery time. These parameters are the insertion force needed to insert trocar through the abdominal cavity, the gas leakage thermal resistance of trocars. These parameters will be get a better performance of the trocar system in laparoscopic surgery.

**Keywords**—laparoscopy, trocar, insertion force, sensor.

**I. INTRODUCTION**  
 Laparoscopic surgery, also known as minimally invasive surgery, is a technique that allows surgeons to be performed without the large traditional incisions which are used in open surgeries decades ago. The recent advancements has focused on performing surgery via small incisions, keeping patient's health and outside the body and providing less disruption to our soft-tissues because the tissues of the body, as muscles, are better able to heal multiple small incisions large ones. The idea behind minimally invasive surgery performs the same treatment without damage to surrounding tissues [1], reducing inflammation, a patient stay at the hospital.

Laparoscopic procedure is done by making incisions in the abdomen where the number and size incisions depend on the disease that the surgeon is diagnose or rule out, usually the number ranges be and 5. In the initial incision, a small tube called as inserted in order to inflate the abdomen with carbon gas, granting the surgeons with an extended view and space inside the abdominal cavity [2]. Once view is established, the surgeon inserts the laparoscope attached camera through one of the incisions in order to images on a screen, allowing your organs to be visualized in real time, whereas the remaining incisions will be different surgical instruments such as scissors, stap based on the surgery demands. In order to perform a minimally invasive surgery we are in need for an instrument trocars.

### II. LAPAROSCOPIC TROCAR SYSTEM

(thickness of their abdominal layer). In some cases, the surgeon need to exaggerate with the force of insertion to insert the trocar into the abdominal wall which may lead to hurt the surrounding tissue and it conclude with hernia case.

- During the surgery an insufflator will be connected to the stopcock valve in order to supply the CO<sub>2</sub> gas into the abdominal cavity with constant flow rate increasing the volume of surgical site. Other needed surgical instruments will enter the cavity within the trocar through the inner and outer valve that are placed at the top of it. Hence, a CO<sub>2</sub> gas leakage may occur. Thus, as the rate of gas leakage increase, the time of surgical procedure increase due to the need of re-insufflating the abdominal cavity.
- Before CO<sub>2</sub> gas enters the trocar system it will be heated up to the body temperature to prevent vapor formation on the lens of camera that is inserted into the patient cavity due to humidity difference between inside and outside of abdominal cavity. Thus, sometimes the trocar material cannot stand up for a long time causing it to melt.

### III. METHODOLOGY

These different experiments will be done on three commercial trocars from different companies. The objective of applying these experiments is to test different critical parameters that affect the performance of trocars such as the force of insertion, the gas leakage and the thermal resistance for trocar sleeve.

**A. Principle**  
**Experiment 1:** The force of insertion for trocar is an important parameter that we are interested in determining it because it affects the integrity of the surrounding tissues where trocar is inserted. Less insertion force gives easier and smoother trocar insertion, thus the damaged area will be reduced and a safer surgical operation will be obtained.

A load sensor will be used in order to measure the load or force applied on trocars. The force will increase as the trocars go deeply through abdominal tissue and a force drop will occur when the trocar is completely inserted in the abdominal wall which appear obviously in Fig. 1 below.

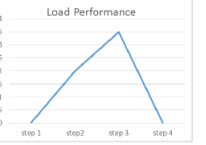


Fig 1. Load performance graph.

The graph shows the performance of the force while trocars moving deeply through the abdominal tissue. The y-axis represents the applying load while the x-axis represents the position of trocars within the abdominal wall. The peak of the graph is the desirable value which represent the insertion force of the trocars.

**Experiment 2:** During the laparoscopic surgery an insufflator will be connected to the stopcock valve in order to supply the abdominal cavity with CO<sub>2</sub> gas with constant flow rate increasing the volume of surgical site. Other needed surgical instruments will enter the cavity within the trocar through the inner and outer valve that are placed at the top of it, so a CO<sub>2</sub> gas leakage may occur. Thus, as the rate of gas leakage increase, the time of surgical procedure increase due to the need of re-insufflating the abdominal cavity.

In this experiment, the level of detection for CO<sub>2</sub> gas in each trocar will be measured separately using MQ135 sensor placed on the top of trocar valves. The factor related to this leakage is the top valve structure. Mainly the top valve is a one way valve consisting of silicon and elastic material that allow forward flow for surgical instrument that it close automatically as soon as the instrument is withdrawn. The structure of the top valve is different from trocar to another which is obvious in the below attached figures (2, 3 & 4).





Fig 4. Top and side view for silicon valve in applied trocar.

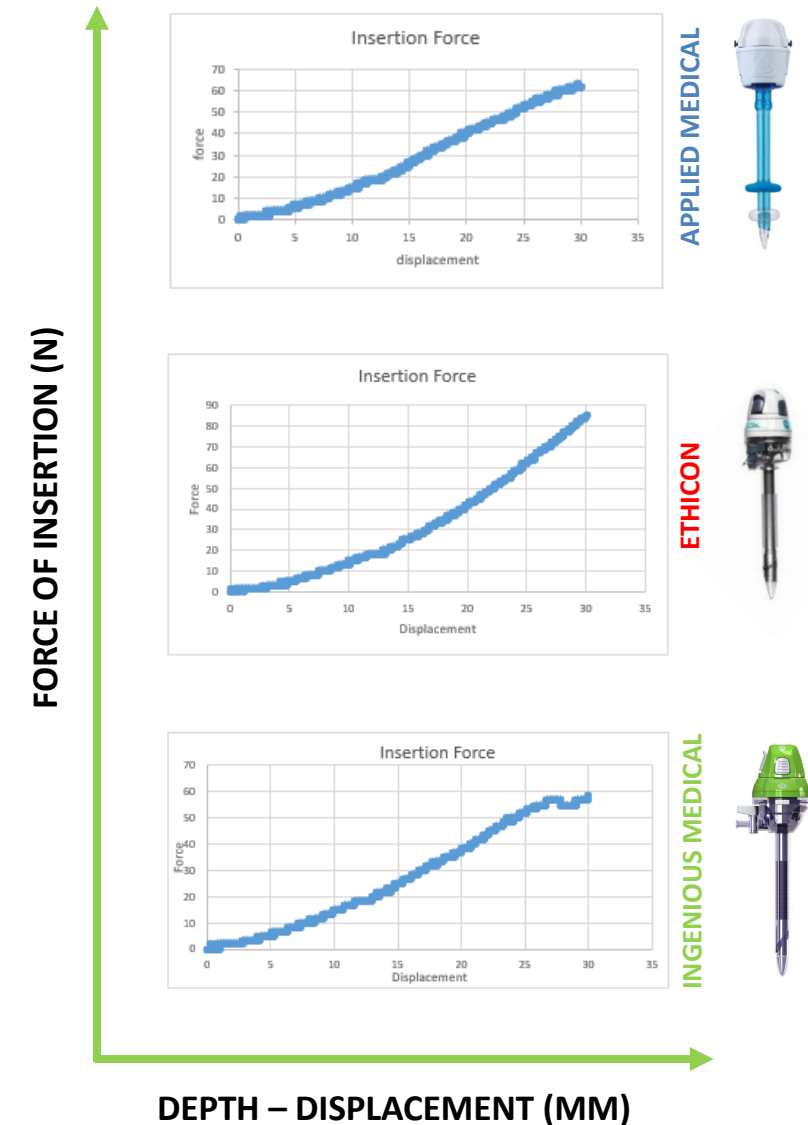
## FORCE OF INSERTION

**AFTER INSERTION OF 30 MM (3 CM)**

- ☹️ **APPLIED MEDICAL INSERTION FORCE = 60 - 62 N**
- ☹️ **ETHICON INSERTION FORCE = 73 - 85 N**
- 😊 **INGENIOUS MEDICAL INSERTION FORCE = 51 - 58 N**


 With INGENIOUS trocars, surgeon perform less force/power to insert the trocars through the abdominal layers


 With INGENIOUS trocars, potential of organs damage upon rough insertion is decreased



## GAS LEAKAGE

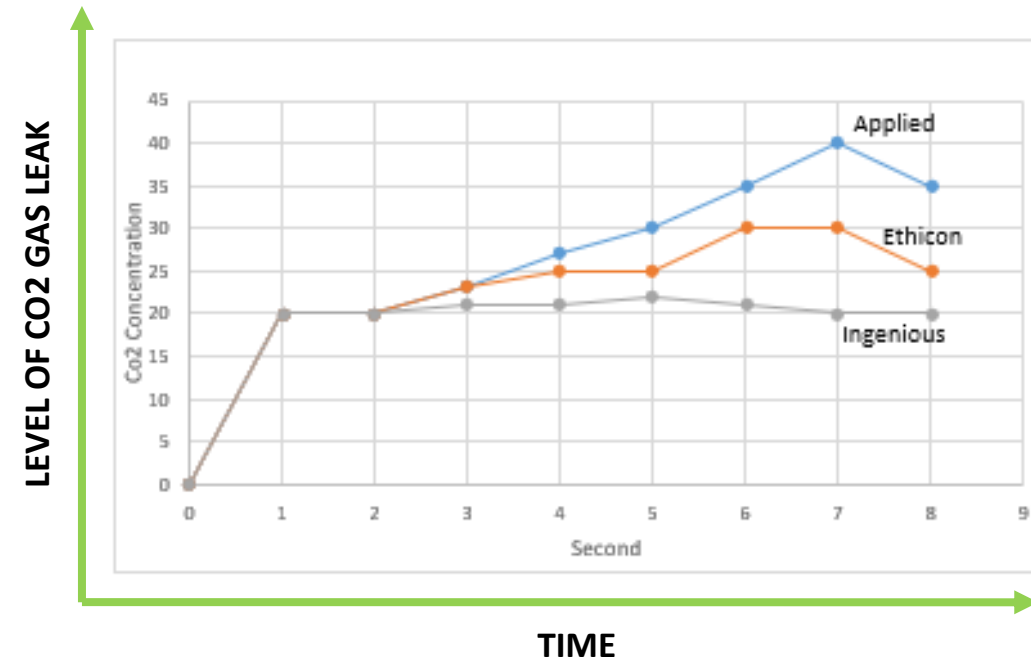
### CO2 GAS LEAKED MEASURED DURING TIME OF CO2 FLOW

 With INGENIOUS trocars, level of CO2 gas leak is the lowest

 With INGENIOUS trocars, time of laparoscopic operation will decrease

 With INGENIOUS trocars, consumption of CO2 gas will decrease

 With INGENIOUS trocars, abdominal pressure is maintained



# HF MONOPOLAR INSTRUMENT

## TECHNICAL SPECIFICATIONS

- Designed for continuously varying 360° rotation for highly precise manipulation
- Excellent practice-proven ergonomic design
- Working length: **330 mm**
- Diameter: **Ø 5 mm**
- Packing Information: **12 pcs/box**



## TECHNICAL SPECIFICATIONS

- Offered with and without HF cable
- Diameter:  $\varnothing$  5 mm
- Working length: 330 mm
- Packing Information: **10 pcs/box**



# HF BIPOLAR INSTRUMENTS

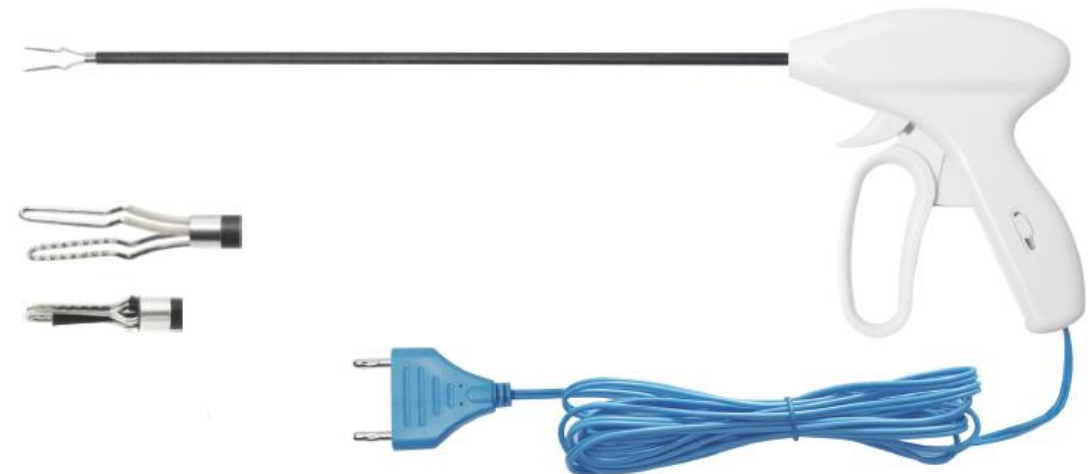
## TECHNICAL SPECIFICATIONS

- Designed for continuously varying 360° rotation for highly precise manipulation
- Excellent practice-proven ergonomic design
- Offered with single use HF cable



## TECHNICAL SPECIFICATIONS

- Cutting mechanism
- Excellent practice-proven ergonomic design
- Offered with single use HF cable



# **SPECIMEN RETRIEVAL BAGS**

- Used to place a resected specimen from the abdominal cavity
- Prevent infection to abdominal organs
- Endo Bags with and without wire
- Different sizes **100 ml, 300 ml, 500 ml, 1000 ml**
- Diameters: **Ø 10 and Ø 12.5 mm**
- Working length: **330 mm**
- Packing Information: **10 pcs/box**



RETRIVAL BAG



RETRIVAL BAG WITH HANDLE



RETRIVAL BAG WITH HANDLE & WIRE

# SUCTION IRRIGATION INSTRUMENT

- TRUMPET valve handle
- 2 spikes
- Diameters: **Ø 5 mm**
- Working length: **330 mm**
- Packing Information: 6 pcs/box



**CLIP**

**APPLIERS**

- 360° rotation knob.
- Titanium ligation clips are pre-loaded in the device.
- 600-300-03: lucent shaft provides line of sight to remaining clips.
- 600-300-04 and 600-300-05: stainless steel shaft, more stable for operation.
- 600-300-04 with the counter design, which shows the quantity of the clips inside the shaft
- Ergonomic hand piece facilitates control.



## TECHNICAL SPECIFICATIONS

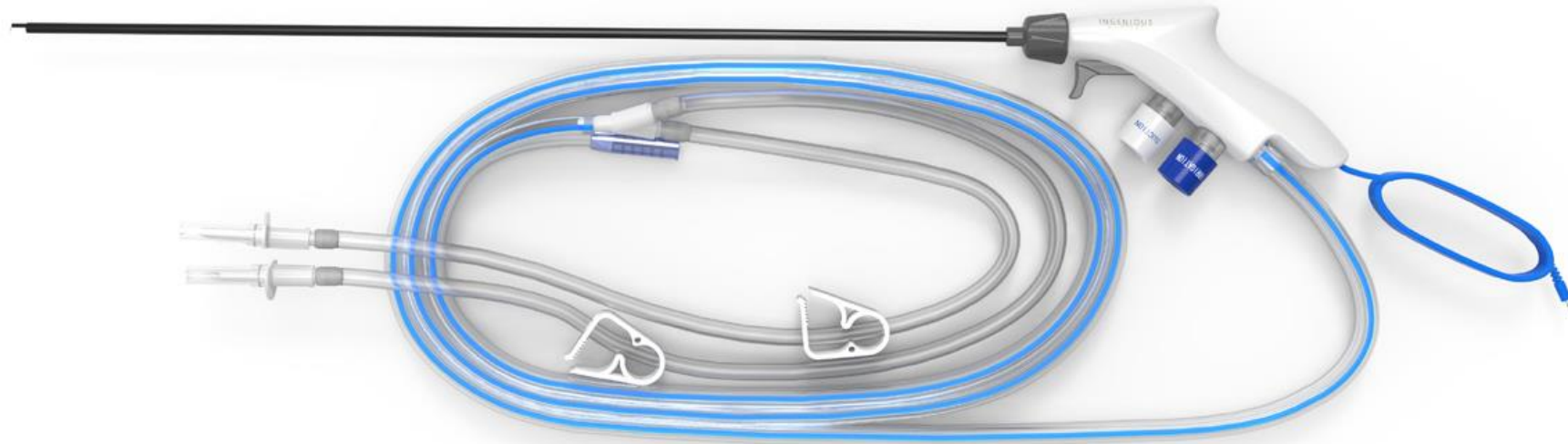
Order Nr.	Shaft diameter (mm)	Working Length (mm)	Clip Size (mm)		
			Aperture	Length	Width
600-300-03	290	290	5.5	8.7	1.0
600-300-04	290	290	5.5	8.7	1.0
600-300-05	330	330	4.4	9.1	0.75



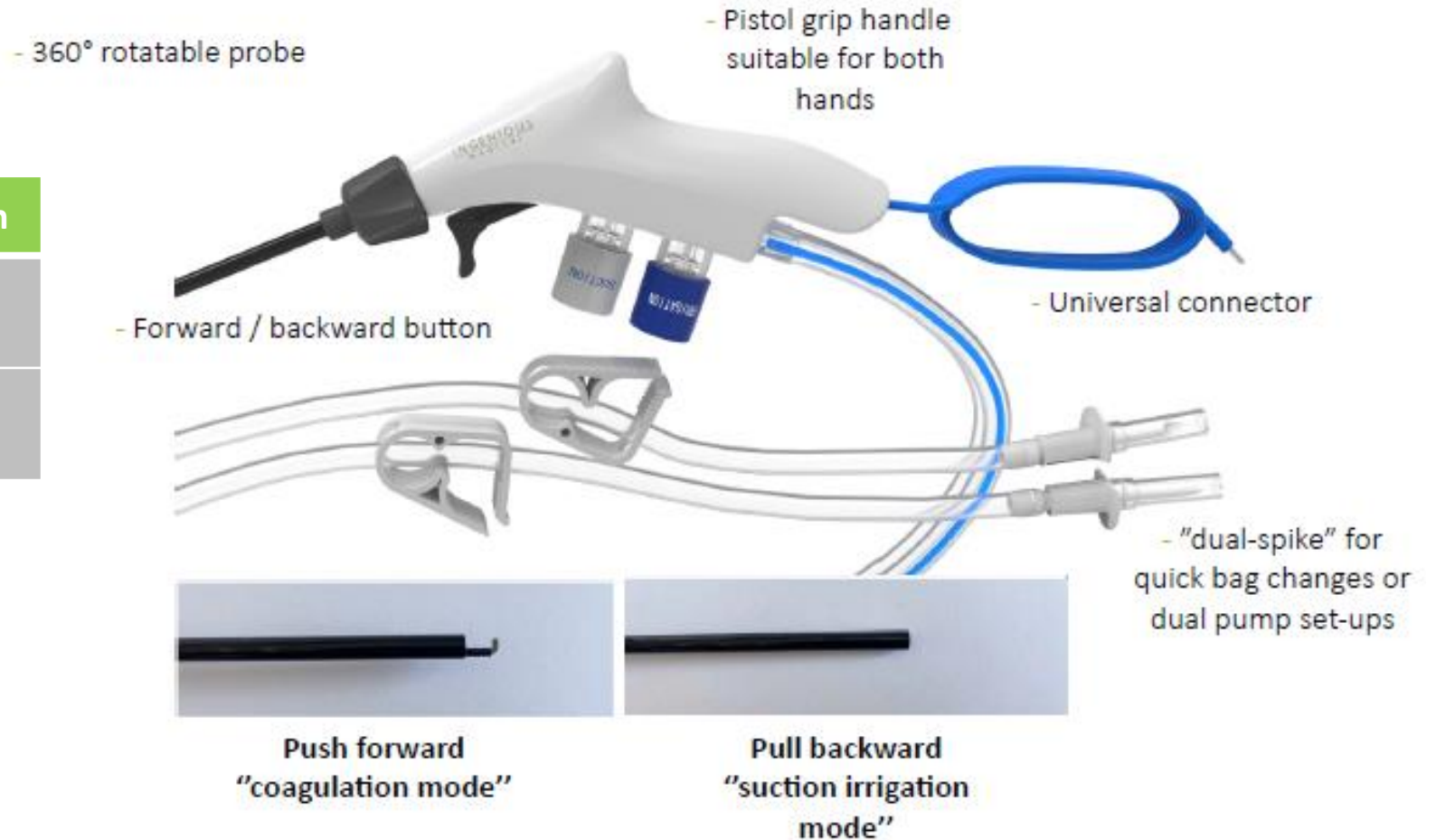
**SUCTION & IRRIGATION**

**ELECTRODE SYSTEM**

- All in one System: Suction, Irrigation, Cut, Dissect, Coagulation.



Order Nr.	Specification	Coagulation
600-300-01	5mm x 330mm	L Hook
600-300-02	5mm x 450mm	L Hook



# CLEANING & STERILIZATION

There are 6 recommended steps for Instruments

Re-processing :

1. Cleaning & Disinfection
2. Inspection
3. Packaging
4. Sterilization
5. Storage and Delivery
6. Quality assurance



**BEFORE CLEANING, WE SHOULD DISSASSEMBLE THE INSTRUMENTS INTO PARTS, AND AFTER CLEANING LUBRICATION IS DONE IF NEEDED**

- Cleaning of an instruments should be performed in a designated area, immediately after a surgical procedure.
- Quick cleaning removes blood or debris much easier, and can minimize corrosion, pitting or instruments staining.
- Cleaning can be done manually or mechanically with an ultrasonic washer ( Mechanical cleaning has been proven to be 16 times more efficient over manual cleaning)



- After cleaning thoroughly rinse the instruments with tap water to ensure loosened debris and detergents are removed.  
(If the tap water is of poor quality consider using treated water to avoid instrument staining)
- The instrument parts must be covered by the cleaning solution and all cavities must be filled.  
(Soaked for 15 min)
- Rinse again with tap water and dry with a lint-free cloth and medical compressed air.

Thorough cleaning to remove all traces of blood and debris.

Let the device soak for 2 minutes with the flush port removed (component of each instruments detached) in warm water – 20 to 25°C –

Flush instruments through the flush ports

Pay attention to shaft after disassembling while thoroughly scrubbing instruments with a soft bristle brush.

Transfer the device to an ultrasonic cleaner with an enzymatic cleaner and clean ultrasonically for 5 minutes.



- Each instruments must be inspected after cleaning for residual debris or damage.
- Replace instruments as needed and never re-sterilize a dirty instrument.
- Check the proper function of each instrument and lubricate those who have metal to metal action.
- Instruments with stiff joints could be a sign of inadequate cleaning.



- Packaging is done by using approved FDA materials such as :
  - Sterilization pouches
  - Sterilization wrappers
  - Sterilization containers
  
- Instruments trays should be wrapped.
- Sterilization containers can be used to sterilize instruments set.
  
- Sterile packages and containers should be stored in conditions that prevent contamination
  
- We do not use any sterile package that is damaged, opened or wet.



**FOR QUALITY CONTROL BE SURE TO INCLUDE  
CHEMICAL INDICATOR INSIDE THE PACKAGE**

## GRAVITY STEAM STERILIZATION CYCLE

TEMP °C	EXPOSURE TIME	DRY TIME
121°C	30 minutes	45 minutes
134°C	18 minutes	45 minutes
135°C	10 minutes	30 minutes

## PRE-VACUUM STEAM STERILIZATION CYCLE

TEMP °C	EXPOSURE TIME	DRY TIME
132°C	4 minutes	30 minutes
135°C	3 minutes	20 minutes



INGENIOUS

THANK YOU

INGENIOUS