

Highest Quality Engineering:

The PAJUNK® Balloon Systems for Extraperitoneal Surgery

Space Creating Balloons

The space creating PAJUNK® Balloon Systems facilitate optimal, fast and effective dissection of the preperitoneal space under direct view. Orientation is made easier and two different shaped balloons are available for either unilateral or bilateral hernias.



Bilateral dilatation balloon



Unilateral dilatation balloon

Obturator



Blunt obturator for unilateral and bilateral dilatation balloons



Balloons to Ensure Working Space Access

Structural balloon system

The structural balloon is particularly suitable for preperitoneal access. The design of the balloon simplifies the separation of the peritoneum from the abdominal wall. Additionally it prevents the preperitoneal space from collapsing in the case of a loss of gas. Contamination of the lens system with dissected tissue is avoided. The gastight sealing of the incision is formed in the same way as the ring-anchor balloon system.



Structural balloon system

Ring-anchor balloon system

The ring-anchor balloon is also suitable for gastight accessing of the preperitoneal space. The seal is made by inflating the ring-anchor balloon and then advancing and securing the fastening device. Insufflation is performed via the built-in stop cock.



Ring-anchor balloon system

Obturator



Blunt obturator for the structural balloon system

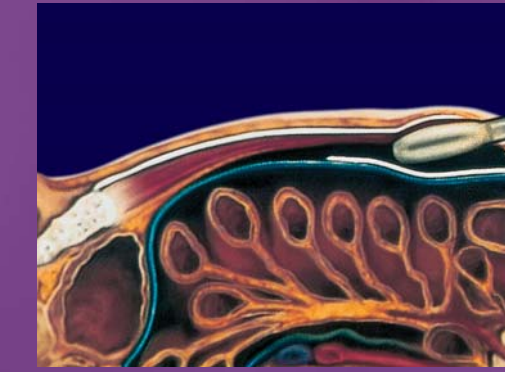


Blunt obturator for the ring-anchor balloon system

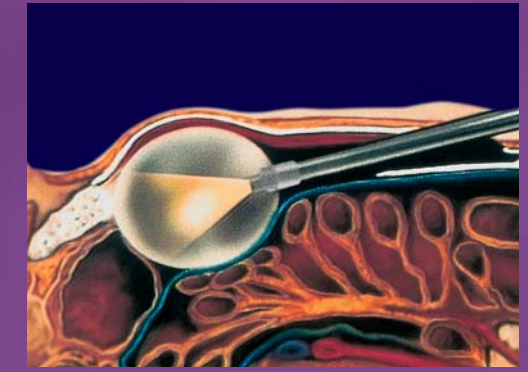
Safe and gentle:

The Totally Extraperitoneal Hernioplasty (TEP)

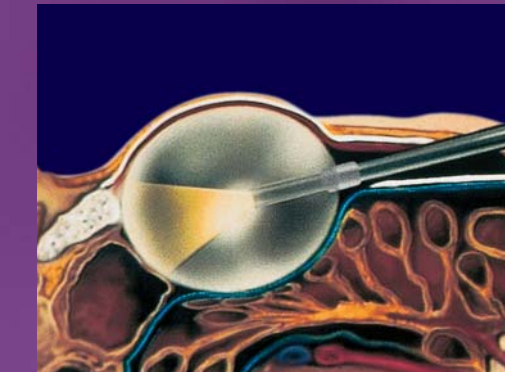
Reinforcement of the abdominal wall is conducted endoscopically by means of a plastic mesh in front of the peritoneum and behind the abdominal musculature in cases of inguinal or femoral/crural hernias.



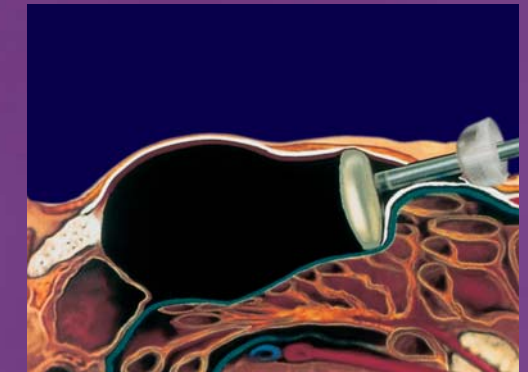
The dilatation balloon is introduced by means of a blunt obturator above the peritoneum and advanced between the posterior fascia and the rectus muscle up to the pubic bone.



The obturator is retracted and replaced by a laparoscope. This ensures optimal viewing during the pneumatic dilatation of the preperitoneal space.



The layers are separated by pneumatic dilatation. Any minor hemorrhaging is prevented immediately by the pressure of the balloon. The laparoscope and the deflated balloon are then removed.



Placement of a double sealed structural or ring-anchor balloon system is made via which carbon dioxide is insufflated. This will maintain the preperitoneal space during the operation. These systems also provide a Ø 11 mm working channel in the created preperitoneal space through which the laparoscope or instruments can be introduced.

