

FLAT FLUTED DRAIN

- Flat four channels shape allows for greater multi-channel drainage.
- Channel drain offers important advantages over conventional perforated drains by capillary effect.
- Low-profile connector minimizes pain associated with device removal.
- Radiopaque for easy X-ray visualization.
- Available with or without “Three Face” stainless steel trocars.

Clinical support:

- **A. Terzi, F. Calabrò** – *The use of flexible spiral drains after non-cardiac thoracic surgery* – European Journal of Cardio-Thoracic Surgery, 27 (2005) 134-137.
- **R. A. Lancey** – *The use of smaller, more flexible chest drains following open heart surgery* – Chest, 119 (2001) 19-24.
- **J. A. Obney** – *A method for mediastinal drainage after cardiac procedures using small silastic drains* – Ann. Thorac Surgery 70 (2000) 1109-1010.

Photography by:

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Round Spiral Drain	Standard	w/trocar
2,4 mm - CH 7	24607	24601
3,2 mm - CH 10	24610	24602
4 mm - CH 12	24612	24605
5 mm - CH 15	24615	24603
6 mm - CH 19	24619	24604
8 mm - CH 24	24621	-

PACKAGING: 10 PIECES PER BOX

Flat Fluted Drain	Standard	w/trocar
3 x 7 mm	24623	24625
4 x 10 mm	24622	24624

PACKAGING: 10 PIECES PER BOX

Silicone Reservoirs	Code
100 ml	10400
200 ml	10410
400 ml	10420

PACKAGING: 10 PIECES PER BOX

Reservoir with Bag	Code
100 ml with bag 200 ml	22610
200 ml with bag 200 ml	22630
200 ml with bag 600 ml	22620
400 ml with bag 600 ml	22600

PACKAGING: 10 PIECES PER BOX



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SPIRAL DRAIN®

A UNIQUE AND INNOVATIVE DESIGN.





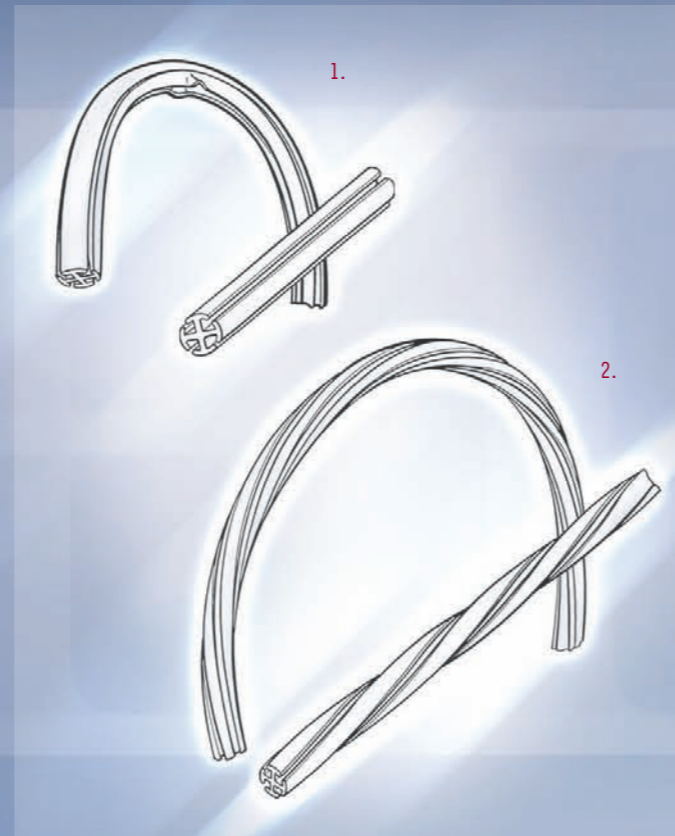
WHY SPIRAL DRAIN?

- Maintains capillary effect in any situations.
- Works in every position.
- Allows a continuous and effective drainage avoiding tissue trauma.
- Increases patient's comfort through atraumatic profile.



FEATURES AND BENEFITS

- Drains also when subject to tractions or unusual positioning.
- Spiral design offers alternative drainage routes to eliminate blocking from blood clots.
- Four narrow helical ducts enhance drainage flow as much as ten times the standard fluted performance (see comparative table).
- Higher efficiency allowing use of a smaller size than a standard fenestrated drain.



SPIRAL DRAIN VS. STRAIGHT FLUTED DRAIN:

Possibility of occlusion and kinking when a standard drain is positioned in curved placement or subject to traction (see drawing 1). Using Spiral profile avoids risk of collapsing, allowing a continuous drainage effect (see drawing 2).

Spiral Drain		Standard Drain	
	Draining Surface (mm ²)		Draining Surface (mm ²)
CH 7	582	CH 7	27
CH 10	873	CH 10	27
CH 12	1054	CH 12	36
CH 15	1390	CH 15	45
CH 19	1612	CH 19	168
CH 24	2280	CH 24	331

HIGH DRAINAGE PERFORMANCE

The spiral shape along the product permits total drainage along the wound positioning. When drain is inserted in wound the profile guarantees, on wound area, capillary drainage due to its unique design. As per drawing (3) when clotted matter blocks duct, an alternative one is available by effect of spiral profile.



UNIQUE CHARACTERISTICS

- Drainage surface of 12 cm² compared to 4 cm² of standard drain with fenestration.
- High patency without internal lumen reduction by effect of a very smooth melting point.
- Ensures atraumatic capillary effect along 30 cm of drainage length.
- Easy X-ray identification by effect of total radiopaque profile.
- The wide range of sizes from 7 to 24 CH lets surgeons match the right drain to the procedure especially in those requiring large drainage tubes.



HIGH PATIENT COMFORT

- Four spiral ducts minimize tissue invagination.
- Less tissue trauma and small bore size reduce pain for patient.
- Three Face atraumatic trocar needle reduce punching effect.
- Less patient discomfort upon removal allowing early mobilization.

Innovative solution for many surgical procedures including:

Plastic Surgery:

- Breast reconstruction and reduction.
- Abdominoplasty.
- Lifting.

General Surgery:

- Mastectomy.
- Digestive Surgery.
- Laparoscopic procedures.

Cardio-Thoracic:

- Lobectomy and wedge resection.
- Video-Thoracoscopic procedures.
- Ministernotomy.
- CABG and valvular replacement and reconstruction.

