

PSSST!

THE BEELEY TROCAR

- Extremely accurate placement of sutures.
- Useful for dealing with multiple problems at the port site.
- Adapts to any thickness of musculature or degree of obesity.
- All procedures performed through the original port site incision.



Society of
Laparoendoscopic
Surgeons



**Innovation
of the Year
2011**

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For further information including a video
visit our website: www.pssstlaparoscopy.com



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**TGA APPROVED
FDA APPROVED**
P.E.S.C. Approved in Western Australia

Patent No. PCT/Au2009/000859.

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PSSST!

HAVE YOU HEARD ABOUT...



THE BEELEY TROCAR

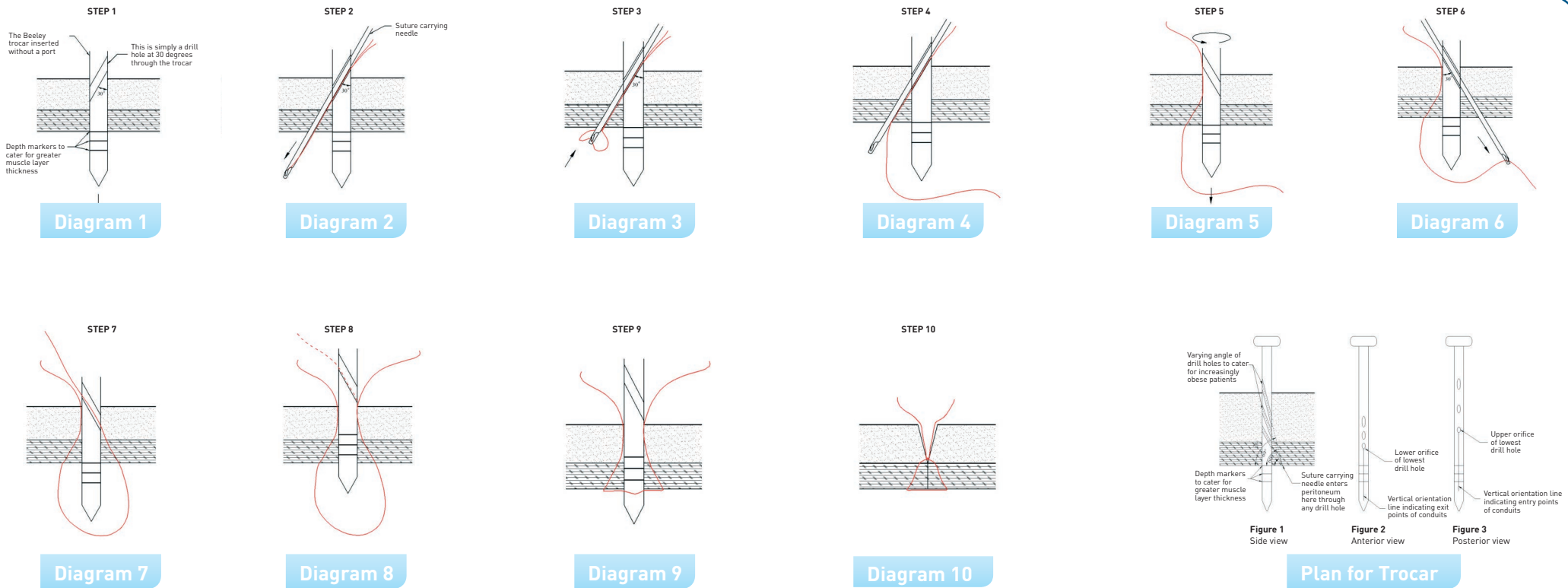
Port Site Suture System Trocar

Visit: www.pssstlaparoscopy.com



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Innovation of the Year 2011
For more information, visit:
www.sls.org/innovation

Example of a single suture in non obese patients:



The trocar is inserted into the port site to be closed and is adjusted until the upper circular mark is level with the peritoneum (**Diagram 1**).

The suture carrying needle is inserted through the conduit and enters the peritoneal cavity 1.5cm lateral to the upper circular mark and in line with the vertical mark on the shaft of the trocar. The end of the suture is released into the peritoneal cavity (**Diagrams 2,3 & 4**).

The suture is retrieved from the conduit to the side of the trocar and the trocar is rotated 180° (**Diagram 5**). The needle is reinserted to retrieve the suture (**Diagrams 6 & 7**).

The suture is again retrieved to the side of the trocar (**Diagram 8**), and the loop pulled tight observing that bowel is not caught in the loops and the trocar withdrawn. The knot is tied and pushed down the port site to the abdominal wall with a knot pusher (**Diagrams 9 & 10**).



VARYING USES OF THE DEVICE

This trocar allows for very accurate placement of sutures. With a little ingenuity the trocar can be used to insert several single sutures in a larger port site opening or a continuous suture across the opening or a purse string suture around the opening. It can also be used for repair of an established port site hernia. The latter is done laparoscopically by 'rail roading' the trocar into the hernia using eg. the sucker as a guide. The narrow version of the trocar can be used to ligate a divided epigastric artery in the 5mm port site. The three circular markings on the trocar are to cope with differing thickness of muscle wall and the three channels for the suture carrying needle cope with any obesity of the abdominal wall. All the suturing is achieved through the small port site incision.