

TAMaR

(Trans Anal Mucopexy and Repair)



3-piece surgical proctoscope

for diagnostics and the efficient, practically pain-free treatment of:

- ⦿ rectal mucosal prolapse disorders
- ⦿ haemorrhoids (II-IV)
- ⦿ rectoceles



Minimally invasive & practically pain-free

The simplicity of the procedure allows possible reduction up to complete elimination of postoperative pain and severe complications.

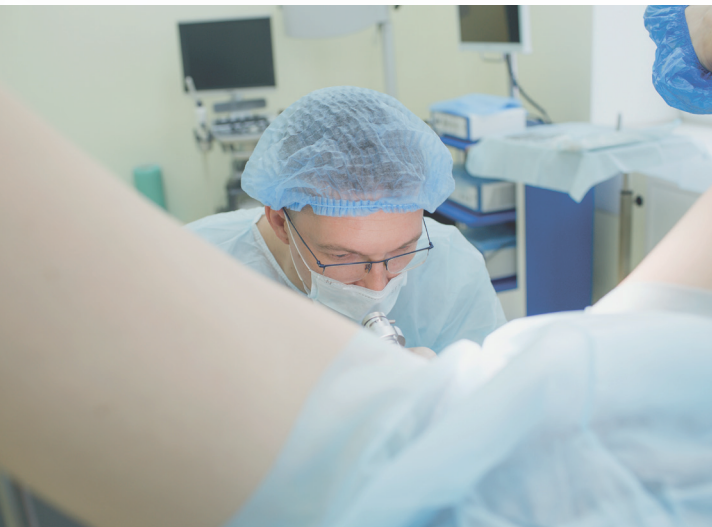


Short treatment time – minimal disruption of everyday life

The treatment of haemorrhoids, rectal prolapse and rectoceles with TAMaR is efficient and timesaving. It generally takes half an hour with this method. Patients can sit or walk again within a few hours after the procedure, meaning rectal surgeries only minimally disrupt everyday social and professional life.

Efficient, minimally invasive method

TAMaR offers surgeons an outstanding view of the surgical field and can be used after just a short training period.



The ease of learning and low overall costs of the treatment make the use of this surgical proctoscope a highly efficient tool for the performance of minimally invasive operations such as mucopexy-recto anal lifting.

Possibility for corrections

The procedure can be revised without issues at any time by simply removing already placed stitches.

Wide variety of uses

In addition to diagnostic examination of the rectum, TAMaR can also be used for various rectal surgical procedures.



Patient preparation

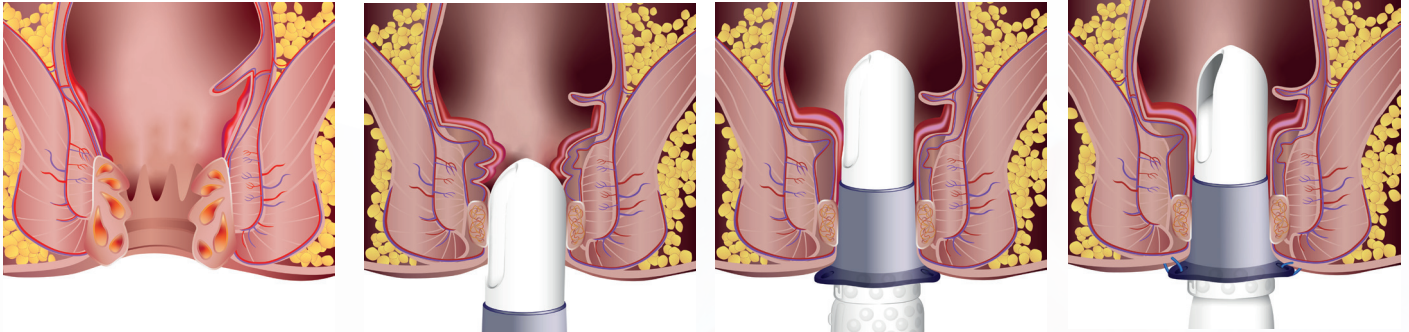
Depending on the patient's condition and wishes, this minimally invasive procedure can be performed under local anaesthetic and mild sedation or with spinal or under general anaesthesia. The patient is in the lithotomy position.

Preparation of the proctoscope

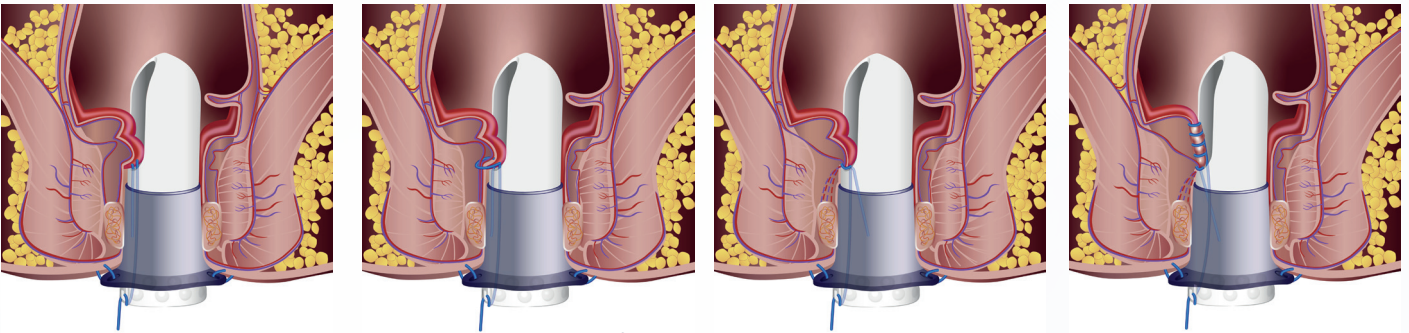
Connect all three pieces and coat with lubricant



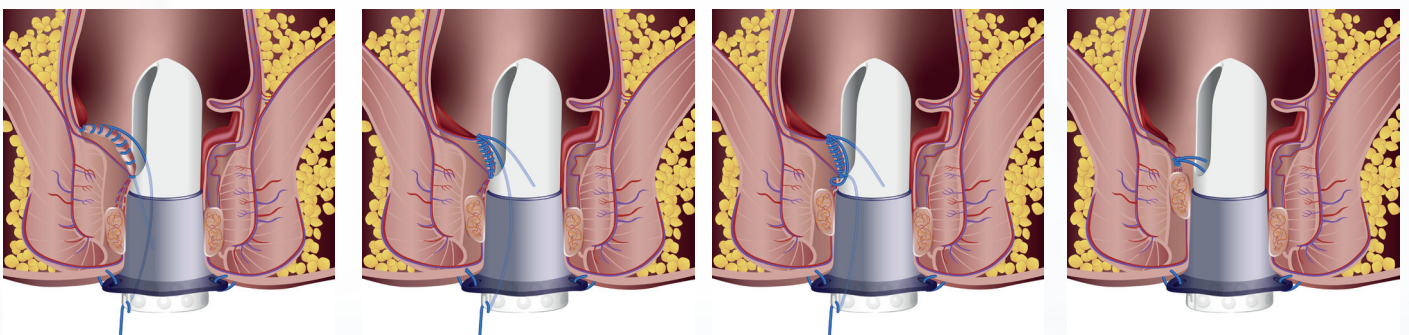
HAEMORRHOIDS AND RECTAL MUCOSAL PROLAPSE



Insert **TAMaR** straight and carefully into the patient's prepared anorectum and attach it perianally using the three corresponding eyelets in the fixation ring (3). The handle should point straight downwards. The inner tube (2) is then locked in the desired position and the obturator (1) removed.



The procedure on the anorectum can now be performed via the window in the inner tube. Slowly absorbable sutures are used to reposition the prolapsing anorectal mucosa/submucosa and the haemorrhoidal vessels ligated at the same time. This is done at different window positions. In each case, the procedure begins with a **distal Z-suture**: 1st stitch superficial, 2nd stitch deeper (mucosa and submucosa) above the anal canal (pectinate line). Then a **running**



locked suture is performed proximally up to the healthy mucosa. Finally, the suture is knotted and the tissue pulled up.

Once the treatment in the respective window positions is complete, the sutures on the fixation ring can be cut and the proctoscope removed in one piece.

Finally, a check for bleeding is performed and a dressing without tamponade applied.

RECTOCELES

Rectoceles are treated in a similar way. The order of the window positions for the procedure varies.



	Packaging unit	Article number
TAMaR 3-piece surgical proctoscope (comprising obturator ①, inner tube with window ② and fixation ring ③)	1	21434




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