



THE REDESIGNED CARTER-THOMASON® II PORT CLOSURE SYSTEM

Safely and Quickly Close Port Sites Even With Obese Patients

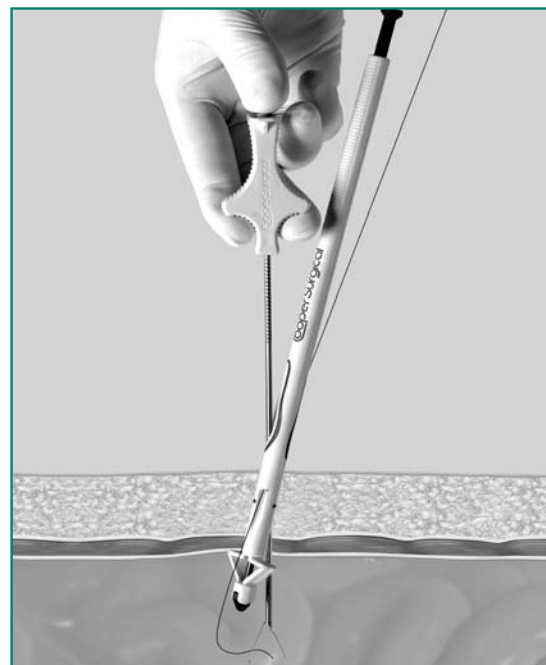
In laparoscopic surgery, port site hernias are reported with an incident rate of 0.02% to 5%, appearing anywhere from weeks to years after surgery. An especially high incidence of incisional hernias and recurrence of hernias exists following surgical procedures in the obese population.¹

Designed to prevent port site herniation, the Carter-Thomason® II Port Closure System can be efficiently utilized at the completion of laparoscopic procedures, including gynecology, urology, general and colorectal surgeries. It is the only Suture Guide that passes through the trocar for precise closure and enhanced safety.

Redesigned Suture Guide and Suture Passer

The system is engineered to ensure full-fascial closure, including peritoneum, regardless of abdominal wall thickness, with the Suture Guide passing directly through the trocar to precisely follow the port site track. After inserting the Suture Guide through the trocar and deploying the retractable anchoring wings below the peritoneum, surgeons can also create counter-traction on the anterior abdominal wall. This allows more working area in the abdominal cavity and provides a better approximation of tissue. The Suture Passer has been completely redesigned with longer, retractable grasping fingers that surgeons can deploy over a wider area for easier, safer retrieval of sutures within the abdominal cavity. When the Suture Passer's grasping fingers are retracted, the tip of the needle seals, preventing coring of tissue.

Justin Chura, M.D., Associate Division Director of Gynecologic Oncology at Crozer-Chester Medical



Carter-Thomason® II Port Closure System

Center near Philadelphia and Director of Crozer-Keystone's Robotic Surgery Program, is a longtime proponent of the Carter-Thomason system. He states: "The new device has some advantages from the first generation system. It is easier to use, and more simple and elegant in its design. The guide goes through the trocar and eliminates the step of having to pull out the port, try to find the original track and then grasp the suture."

While it is recommended that all ports 10 mm or larger (midline and lateral) should be closed at the fascial level, Dr. Chura explains: "Sometimes we'll even close a smaller port if that port has been removed and reinserted several times during the case, or if there has been excessive torque on

the tissue, or any risk of port site hernia. I use the system for all my patients regardless of body type, although it is especially nice for the obese patient. The new device is very long so it passes into the peritoneal cavity without any difficulty. With the very obese patient, a surgeon's approximation of tissue can sometimes be too short, but the Carter-Thomason II overcomes that barrier."

Terry Grogg, M.D., of Southwestern OB/GYN has been serving patients in the Grove City and Columbus area in Ohio for over 20 years. He has used the original Carter-Thomason CloseSure System for the past two years and recently used the newly redesigned version. "The new system is much easier to use than the original," Dr. Grogg reports. "You can even use it without an assistant, which is one of its benefits. CooperSurgical has made the system safer and more reliable, with more reproducible results. For anyone doing laparoscopy, the learning curve is much quicker with the new system, and it should not take more than a case or two to become comfortable with it."

Like Dr. Chura, Dr. Grogg uses the system on all laparoscopy patients. "I like everything about the new system, which addresses cumbersome design issues of the old system," Dr. Grogg states. "With the old system, you had to push in the cone shaped guide to maintain pneumoperitoneum, and this brought it undesirably closer to the bowel and the vital structures underneath that you were trying to avoid. With the new system's anchoring wings, however, you can pull it up and away from the vital structures underneath, so the entire system is much safer."

Darin Swainston, M.D., FACOG, whose practice is with The OBGYN Specialists in Las Vegas, has been doing minimally invasive surgery for the last 15 years, including

approximately 200 cases of robotic surgery during the last four years. He has performed about a thousand cases using the first generation Carter-Thomason system and has used the new Carter-Thomason prototype in the last two months. He states: "The new generation system has a new Suture Guide designed to be placed directly through the trocar. You pull the trocar straight out, leaving the guide in the abdomen to place your suture. It has retractable anchoring wings at the bottom that prevents the device from coming out until you're ready. You lift up on it and the abdominal muscles are lifted, so you don't inadvertently place the needle into the bowel or a blood vessel. The needle going down is traction, and pulling up with the device is counter-traction. It allows you to exert less force and be more precise in placing the suture."

The benefits of the new generation system include safety and efficiency. "When you're finished feeding the suture into the abdomen, you are doing it in a safer and more accurate way, placing it exactly where needed," Dr. Swainston states. "The entire process is much faster and easier with the new product. You don't have to redirect the needle, and it has a redesigned end that is larger and allows you to manipulate and grab the suture more easily. You are able to go through an existing trocar, which is really handy, and there is less chance of inadvertently getting the wrong layer. The placement is better and is at the right level for support of the fascia to prevent hernia."

Dr. Chura notes that his practice has been trialing the new system and reports, "We anticipate adopting it once it goes through our usual hospital product purchasing process." He has stated that he believes competitive systems or hand suturing do not consistently produce the same results as the Carter-Thomason system.

Study Shows Carter-Thomason is Preferred Method

Hand suturing, for instance, can be difficult in obese patients where a large subcutaneous fat layer is encountered.² A success rate of only 50% vs. 100% success rate for the original Carter-Thomason system was documented in a published prospective randomized study in which 95, 12-mm port sites in 32 patients undergoing transperitoneal laparoscopic procedures were randomized to one of eight different port-site closure techniques. Results showed that of the port-closure techniques evaluated, the Carter-Thomason device was faster overall, resulted in fewer port-closure-related complications and provided a leak proof closure.³ The Carter-Thomason II Port Closure System includes advanced features that further enhance its long history of clinical efficacy.

"This product is improving medicine and making surgery simpler and easier, with fewer complications," Dr. Swainston states. "Surgery is of shorter duration using the Carter-Thomason II Port Closure System, and it facilitates a cadence that helps surgeons stay in their groove, bringing a synergy to the whole OR team." ♦

For more information about how Carter-Thomason II Port Closure System can benefit your practice and your patients, please call (800) 243-2974 or visit our website at www.coopersurgical.com.

References:

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