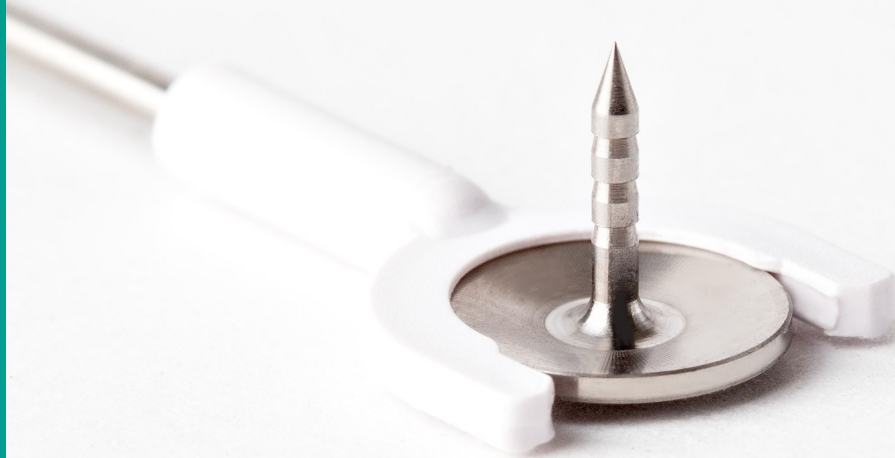


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Haemorrhage Occluder Pin with applicator



Interventional focus: Gynaecological surgery

*'Massive life threatening bleeding from presacral venous plexus in gynaecological surgery, though uncommon can be fatal when conventional methods fail.'*¹

The Haemorrhage Occluder Pin is indicated for the control of localised severe haemorrhage of the presacral area during pelvic surgery.

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A very simple solution to a very severe problem

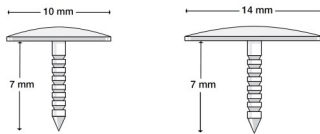
*'Presacral bleeding during pelvic surgery can be a very severe problem. When it cannot be controlled by conventional methods, it can result in massive haemorrhage and even death.'*²

Serrated titanium

A biocompatible material commonly used for internal implants.³ The serrated shaft of the pin offers a secure placement into the sacrum.

Choice of sizes

Available in 10mm & 14mm to tackle bleeds of varying size and location.



Malleable applicator for efficient placement

The Haemorrhage Occluder Pin comes preloaded in an easy to use applicator. The long shaft of the applicator is malleable and provides optimal visibility for placement.

Manufactured by:



SUR-HOP-GYNAE-A5-v1-0815. Date of preparation: August 2015

Ordering information

For additional information, or to order this product, please call our Customer Support Team on 01844 340 620 or email info@aprmedtech.com.

Code	Description	Box qty
CR1007	Haemorrhage Occluder Pin Standard - 10mm	2
CR1014	Haemorrhage Occluder Pin Large - 14mm	2
CR2000	Salgado™ Driver Standard - 23cm length	1
CR2005	Salgado™ Driver Large - 35cm length	1

Additional product information is available at:

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1. Control of presacral venous bleeding, using thumbtacks. Sunesh Kumar, Neena Malhotra, Sunil Chumber, Prerna Gupta, Janaki Aruna, K. K. Roy, J. B. Sharma. Arch Gynecol Obstet (2007) 276:385-386
2. Wang Q, Shi W, Zhou W, He Z, "New Concepts in Severe Presacral Haemorrhage During Proctectomy," Arch Surg, 1985;1120:1013-1020.
3. Dougherty, S.H., Simmon R.L.: "Infections in Bionic Man: The Pathobiology of Infections in Prosthetic Devices," Curr. Probl. Surg., 1982: 221-264.

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