

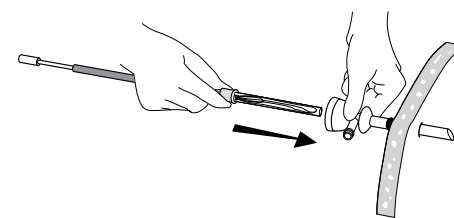


LiNA Endo-Bag

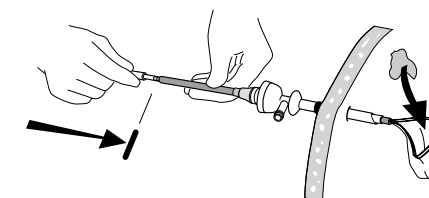
Specimen Retrieval Bag

Single use laparoscopic instrument for 10, 11 or 12mm trocars

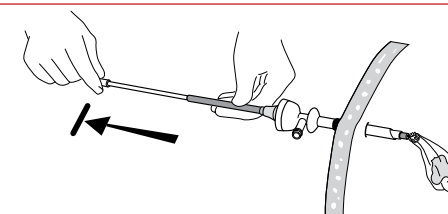
The LiNA Endo-Bag is inserted into the abdomen through the trocar cannula. The bag is opened by pushing the transparent handle.



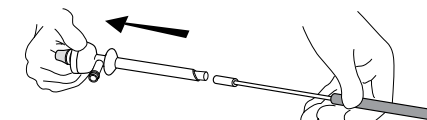
Specimen is loaded into the bag with a grasper.



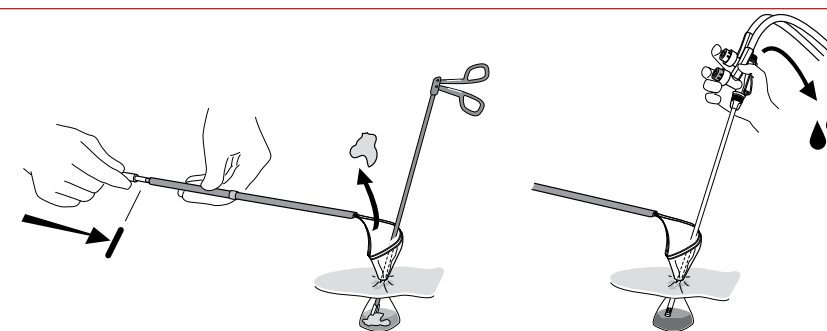
The bag is closed completely and pulled back as far as possible to the abdomen wall.



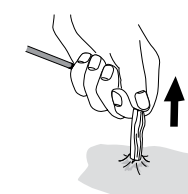
The Trocar is now removed together with the white protection tube.



The bag can be opened "outside" the abdomen, while a part of the pouch is still "inside". Specimen can then be removed with a grasper and liquid with a suction device.



The bag can thereafter easily be closed again and pulled out without extra incision of the fascia.



Ordering information:

LiNA Endo-Bag 0459

REF.	Product	Packing
EB-60	LiNA Endo-Bag - Pouch diameter 60mm x pouch length 125mm = volume 110 mL. For use with 10, 11 or 12mm trocars. Single Use.	Box of 10, sterile
EB-100	LiNA Endo-Bag - Pouch diameter 100mm x pouch length 160mm = volume 410 mL. For use with 10, 11 or 12mm trocars. Single Use.	Box of 10, sterile

Your LiNA distributor:



- Easy and safe specimen retrieval bag
- Tear resistant - double wall pouch - ensures extra safety
- Unique flexible plastic ring opens and closes the bag
- Adjustable bag opening size
- Impermeable pouch - minimizes risk of contamination of surgical site
- Can be used again for the same patient - e.g. for two ovarian tubes
- Two sizes - 60 or 100mm bag diameter - cover most demands
- No metal content - minimizes risk of electro-surgical burns
- Cost effective

Open the bag again outside the abdomen

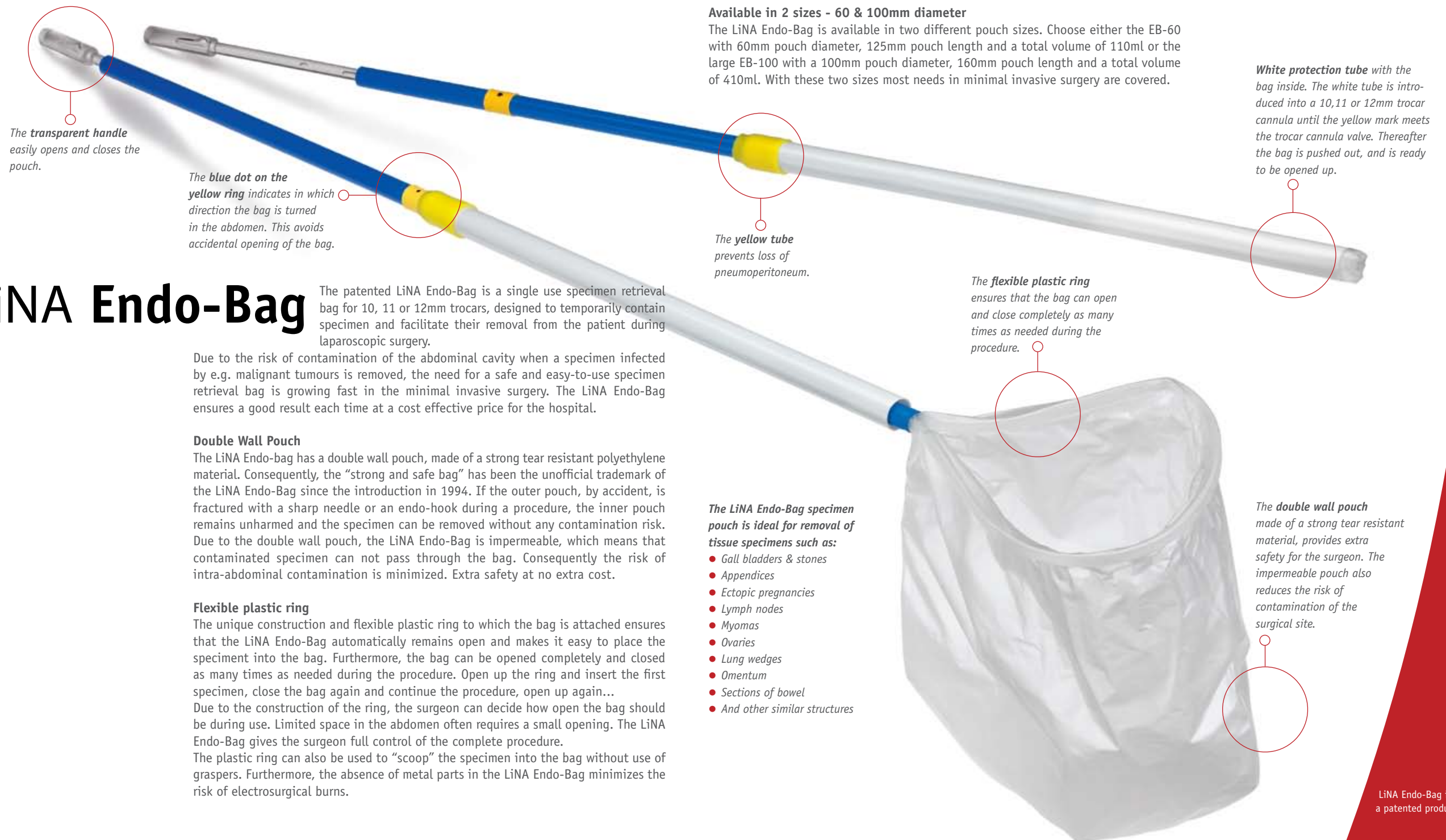
The LiNA Endo-Bag pouch can be opened during the removal phase as opposed to bags that are closed completely by a string. This extra feature enables the surgeon to open up the bag again, while the plastic ring with the top of the pouch is "outside" and the rest of the pouch is still "inside" the abdomen. Remove the liquid in the bag with a suction device and remove some of the specimens one by one by using a grasper. The bag with the remaining specimens can then easily be removed from the abdomen by pulling the bag. This feature minimizes the need for making extra incisions in the fascia during the removal phase.

Re-use several times for the same patient

Due to the unique construction of the LiNA Endo-Bag, the bag can be reused several times for the same patient e.g. for removal of both ovarian tubes. Simply fold the pouch and cover it carefully again with the white protection tube. The LiNA Endo-Bag is now ready for use again.

Available in 2 sizes - 60 & 100mm diameter

The LiNA Endo-Bag is available in two different pouch sizes. Choose either the EB-60 with 60mm pouch diameter, 125mm pouch length and a total volume of 110ml or the large EB-100 with a 100mm pouch diameter, 160mm pouch length and a total volume of 410ml. With these two sizes most needs in minimal invasive surgery are covered.



The transparent handle easily opens and closes the pouch.

The blue dot on the yellow ring indicates in which direction the bag is turned in the abdomen. This avoids accidental opening of the bag.

The yellow tube prevents loss of pneumoperitoneum.

The flexible plastic ring ensures that the bag can open and close completely as many times as needed during the procedure.

White protection tube with the bag inside. The white tube is introduced into a 10,11 or 12mm trocar cannula until the yellow mark meets the trocar cannula valve. Thereafter the bag is pushed out, and is ready to be opened up.

LiNA Endo-Bag

The patented LiNA Endo-Bag is a single use specimen retrieval bag for 10, 11 or 12mm trocars, designed to temporarily contain specimen and facilitate their removal from the patient during laparoscopic surgery.

Due to the risk of contamination of the abdominal cavity when a specimen infected by e.g. malignant tumours is removed, the need for a safe and easy-to-use specimen retrieval bag is growing fast in the minimal invasive surgery. The LiNA Endo-Bag ensures a good result each time at a cost effective price for the hospital.

Double Wall Pouch

The LiNA Endo-bag has a double wall pouch, made of a strong tear resistant polyethylene material. Consequently, the "strong and safe bag" has been the unofficial trademark of the LiNA Endo-Bag since the introduction in 1994. If the outer pouch, by accident, is fractured with a sharp needle or an endo-hook during a procedure, the inner pouch remains unharmed and the specimen can be removed without any contamination risk. Due to the double wall pouch, the LiNA Endo-Bag is impermeable, which means that contaminated specimen can not pass through the bag. Consequently the risk of intra-abdominal contamination is minimized. Extra safety at no extra cost.

Flexible plastic ring

The unique construction and flexible plastic ring to which the bag is attached ensures that the LiNA Endo-Bag automatically remains open and makes it easy to place the specimen into the bag. Furthermore, the bag can be opened completely and closed as many times as needed during the procedure. Open up the ring and insert the first specimen, close the bag again and continue the procedure, open up again...

Due to the construction of the ring, the surgeon can decide how open the bag should be during use. Limited space in the abdomen often requires a small opening. The LiNA Endo-Bag gives the surgeon full control of the complete procedure.

The plastic ring can also be used to "scoop" the specimen into the bag without use of graspers. Furthermore, the absence of metal parts in the LiNA Endo-Bag minimizes the risk of electro-surgical burns.

The LiNA Endo-Bag specimen pouch is ideal for removal of tissue specimens such as:

- Gall bladders & stones
- Appendices
- Ectopic pregnancies
- Lymph nodes
- Myomas
- Ovaries
- Lung wedges
- Omentum
- Sections of bowel
- And other similar structures

The double wall pouch made of a strong tear resistant material, provides extra safety for the surgeon. The impermeable pouch also reduces the risk of contamination of the surgical site.