



progress in surgery

MiLEP Minimally Invasive Laser Enucleation of the Prostate

acc. to Dr. Felipe C. A. de Figueiredo



Benign Prostatic Hyperplasia

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MILEP SYSTEM

Holmium laser prostate surgery is a minimally invasive treatment for Benign Prostate Hyperplasia (BPH). The holmium laser enucleation of the prostate (HoLEP) uses a laser resectoscope to enucleate the prostate tissue that is blocking urine flow. A morcellator which passes through the morcescope is then used to cut the prostate and remove the adenoma.

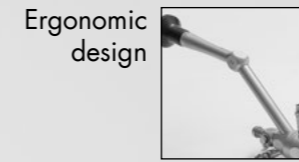
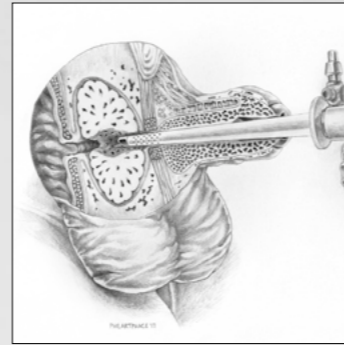
As with other types of prostate laser surgery, HoLEP can offer faster recovery, less risk of bleeding and transfusion and better symptom relief compared to traditional prostate surgery.

“HoLEP has proven itself to be the new gold standard in surgical treatment for LUTS secondary to BPH with the ability to endoscopically treat prostates independent of size, with durable long term outcomes”

K. Akhil et al 2020 (*)

“Holmium laser enucleation of the prostate (HoLEP) is a minimally invasive and size-independent treatment for benign prostatic hyperplasia with excellent long-term surgical outcome”

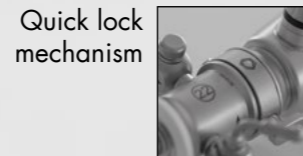
F. Figueiredo et al 2020 (**)



Ergonomic design



Ø 5mm working channel compatible to blades of:
- Wolf
- Lumenis
- Storz
- Dornier



Quick lock mechanism



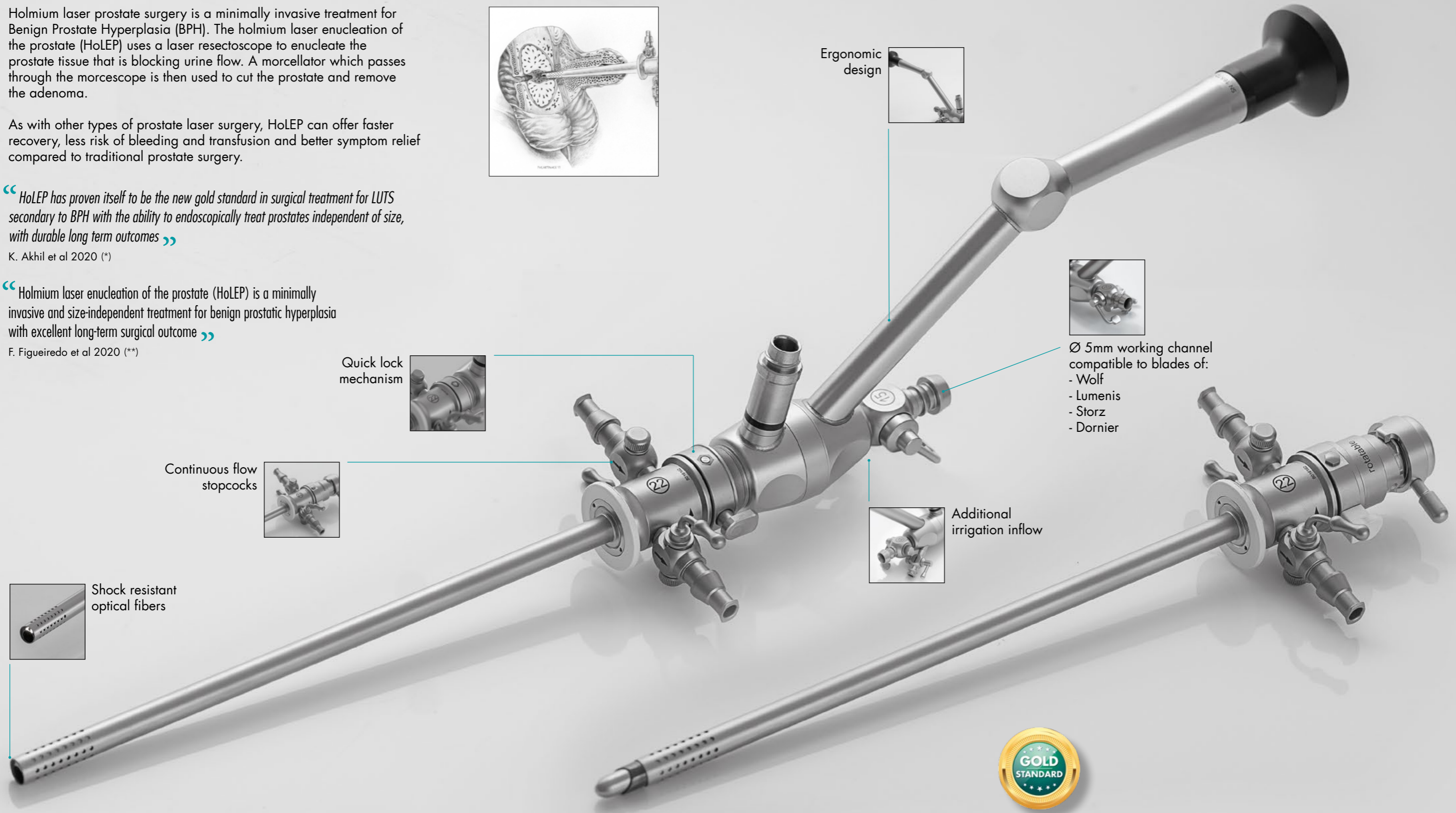
Continuous flow stopcocks



Additional irrigation inflow



Shock resistant optical fibers



Endoscopic laser enucleation has become the golden standard for treatment of BPH for glands > 80g.

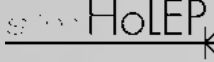
To improve the functional outcome and reduce the risk of postoperative side effects as injury of the urethra and urinary incontinence, RZ has developed a slim HoLEP instrument set in 22 Charr. outer diameter for Laser Enucleation and Morcellation.

(*) Holmium laser enucleation of the prostate (HoLEP): size-independent gold standard for surgical management of benign prostatic hyperplasia
Das K. Akhil, Han M. Timothy, Hardacker J. Thomas, Department of Urology, Thomas Jefferson University, Philadelphia, Pennsylvania, USA
Can J Urol Aug 2020 (Vol. 27, Issue 43, Pages (44 - 50)

(**) Holmium laser enucleation of the prostate: Problem-based evolution of the technique
Felipe Carvalho Antunes de Figueiredo, Cecilia Maria Crocco, Rodrigo Loureiro de Marins, Cesare Marco Scoffone
Andrologia 2020 Sep;52(8):e13582. doi: 10.1111/and.13582. Epub 2020 Apr 8.

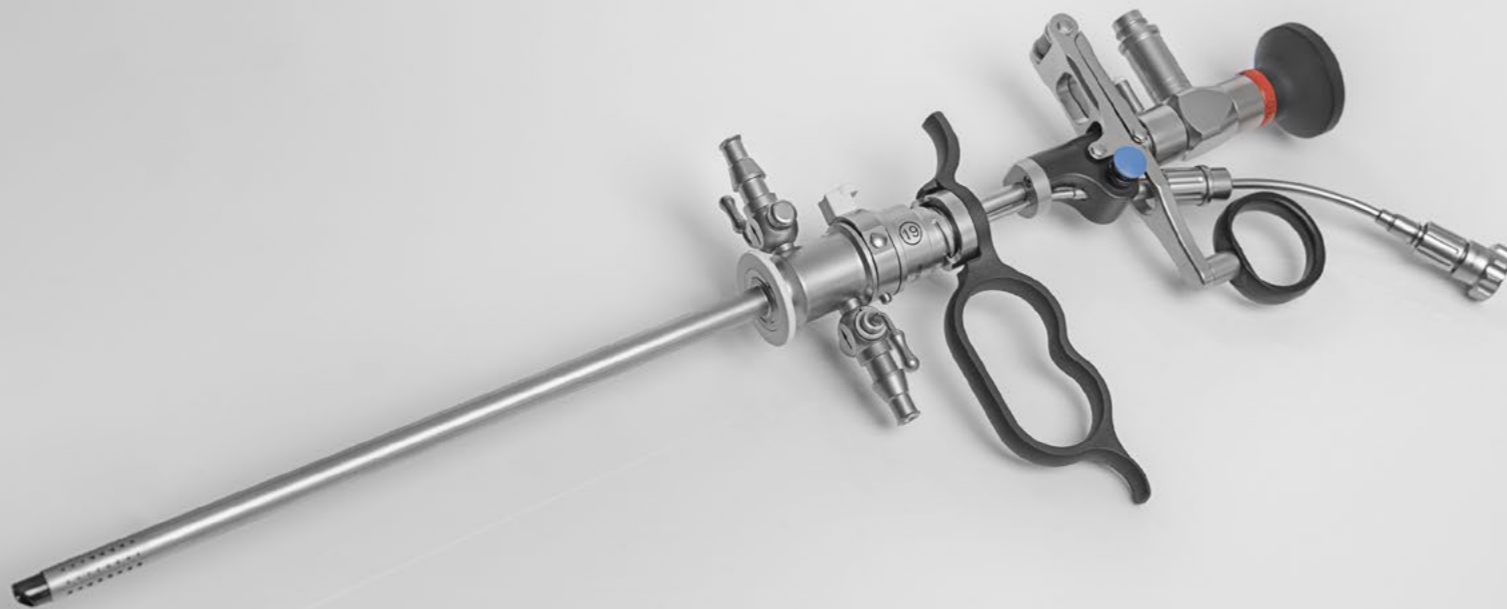


1 STEP LASER ENUCLEATION

 **HoLEP** Laser Resectoscope
according to Dr. Felipe C. A. de Figueiredo

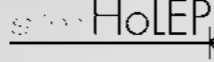
Slim HoLEP with 22 Charr. outer diameter provides the smallest resectoscope you can use with the same shaft as with a morcescope.

- Working element based on standard resectoscope design
- Snap on mechanism for laser fibers and easy connection with the scope
- 2.9mm scope diameter
- Compatible for HoLEP and ThuLEP for fibers up to 1.2mm



22
CHARR.

2 STEP TISSUE MORCELLATION

 **HoLEP** Morcescope
according to Dr. Felipe C. A. de Figueiredo

The smallest 22 Charr. Morcescope reduces the risk of surgical side effects such as urethral damage and complications like dysuria and urethral strictures. After Laser Enucleation, the Morcescope and Morcelator can be used with the same sheath of the slim resectoscope which avoids any additional traumatization of the urethra.

- High picture quality
- High flow irrigation channel plus additional irrigation port
- Compatible with Morcellators of R. Wolf, Lumenis, Karl Storz and Dornier
- Shock resistant optical fibers - longer lifetime



22
CHARR.

HoLEP_k LASER ENUCLEATION SYSTEM
according to Dr. Felipe C. A. de Figueiredo

The 18.5 Charr. resectoscope with laser working element is the smallest endoscope available for enucleation of the prostate. It is rotatable acontinuous flow with a 0.8mm laser channel. It allows minimal trauma to the urethra and the sphincteric mucosa during the enucleation movements which reduce the risk of dysuria, strictures and urinary incontinence. It is ideal for smaller glands (<80g) and Transurethral Incision of the Prostate with Holmium (TUIP).

“ Minimal Invasive Laser Enucleation of Prostate (MiLEP) using smaller endoscopes is safe and technically feasible and deserves further exploration.* ”

18.5
CHARR.



(*) Urology Video Journal: Minimally invasive Laser Enucleation of the prostate (MiLEP): Slim (22Ch) and UltraSlim (18.5Ch) HoLEP
Dr. Felipe Figueiredo, MD, Pompeia Hospital, Caxias do Sul, RS BRAZIL

HoLEP_k Laser Resectoscope Set according to Dr. Felipe C. A. de Figueiredo

| | | |
|--|---|--|
| | RZ Rod Lens Cystoscope, autoclavable, Ø 2.9mm | 351-829-030 30° 351-829-012 12° |
| | RZ Laser Working Element, passive | 253-000-319 for fibres up to 0.8mm 253-000-316 for fibres up to 1.2mm |
| | Resectoscope Sheath 22 Charr., rotating inner tube for continous suction / irrigation | 253-000-352 |
| | (1) RZ LL-Connection, rotatable for use with Laser Probe (2) Luer-Lock Tuohy Borst Adapter (Ø 0.6 - 1.4mm) | (1) 253-000-302 (long) 253-000-301 (short) (2) 300-011-184 |
| | Morcroscope, 22 Charr., 220mm working length, 5mm working channel | 253-905-220 |
| | Sealing Cap for Morcroscope, with membrane to puncture through, package of 10 pieces | 253-904-220 |

HoLEP_k Laser Resectoscope Set according to Dr. Felipe C. A. de Figueiredo

| | | |
|--|---|--|
| | RZ Rod Lens Cystoscope, autoclavable, Ø 2.9mm | 351-829-030 30° 351-829-012 12° |
| | RZ Laser Working Element, passive for fibres up to 0.8mm | 253-000-315 without push button 253-000-318 with push button |
| | Resectoscope Continuous Flow Sheath, 18.5 Charr., with rotating sheath, incl. obturator, with QuickLock | 351-000-185 |
| | (1) RZ LL-Connection, rotatable for use with Laser Probe (2) Luer-Lock Tuohy Borst Adapter (Ø 0.6 - 1.4mm) | (1) 253-000-302 (long) 253-000-301 (short) (2) 300-011-184 |
| | Morcroscope, 22 Charr., 220mm working length, 5mm working channel | 253-905-220 |
| | Continuous Flow Sheath, 22 Charr., 220mm working length, 2 way stopcock, quicklock, with Obturator | 253-901-220 |
| | Sealing Cap for Morcroscope, with membrane to puncture through, package of 10 pieces | 253-904-220 |



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Watch the video



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