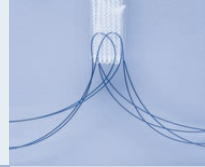
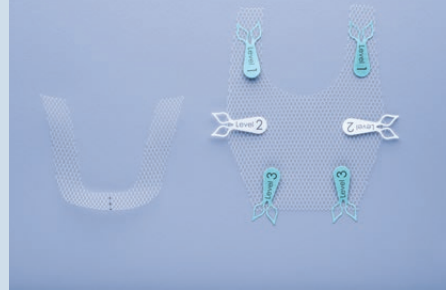


InGYNious  
BSC Mesh  
i-Stitch  
EndoGYNious  
PelviGYNious  
ProGYNious  
HyGYNious  
EasyInstruments  
A.M.I. Multi Purpose Sling  
A.M.I. TVA Sling  
A.M.I. TOA Sling  
sensiTVT  
sensiTVT-A  
Tunneller  
i-Cut  
More-Cell-Safe



# Solutions for **Urogynecology**

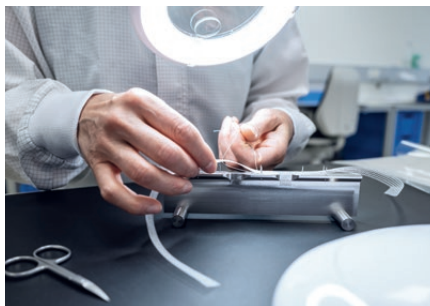
Less pain and discomfort as well as higher safety for the patients, through innovative surgical techniques in the fields of Coloproctology, Urology and Urogynecology: As a leading-edge technology company, A.M.I. Agency for Medical Innovations GmbH develops and manufactures high-quality medical products for surgeons and hospitals around the world.

To assure the highest standards, our team collaborates with internationally recognized experts and surgeons. In this way, we will continue significant progress in the field of minimally-invasive surgery.

# Innovative solutions

for improved quality of life.





## Precision from Austria

Made in Europe.



### Our company

- Leading manufacturer of medical technology with headquarter in Austria/Europe
- Over 20 years of experience in the fields of Coloproctology, Urogynecology and Urology
- High quality manufacturing in Europe
- Subsidiaries in Germany, Norway, Sweden, France and USA
- Worldwide distribution network
- Development and manufacturing partner for medical technology companies with core competencies in precision mechanics as well as plastics and silicone processing

### Our vision

- Innovative product development for pain-reducing, minimally-invasive surgery methods
- Meeting the highest quality requirements of surgeons and hospitals
- Constant optimization of all processes related to development, production and service
- Constructive exchange and consultation of users through our specially trained on site sales team
- Creating and implementing innovative ideas through close cooperation with experts, surgeons, technicians and scientists

A.M.I. offers various solutions for Urogynecology:

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# Treatment of **Pelvic Organ Prolapse**

Within the pelvic floor, the organs are held in place by ligaments, muscles and other connective tissue that help form a support structure. When this structure weakens, this may cause displacement of these organs from their natural position, also effecting nearby organs and tissues. Primary Pelvic Organ Prolapse (POP) occurs in up to 50% of women.<sup>1</sup>

Surgical mesh prosthesis are used within reconstructive surgery in the field of gynecology for the treatment of urogenital prolapse in women.







A.M.I. offers a wide range of solutions for transvaginal and laparoscopic mesh procedures.

# Unique

Pore for pore.

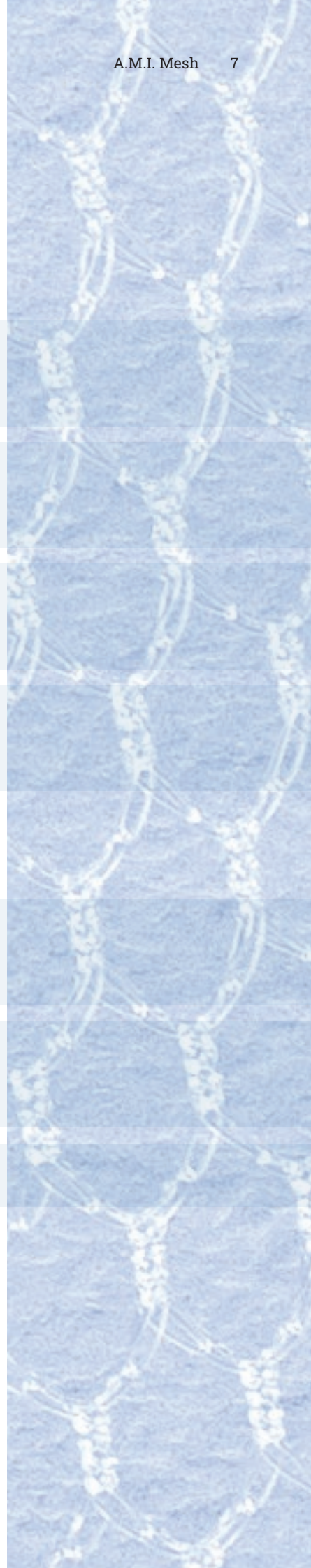
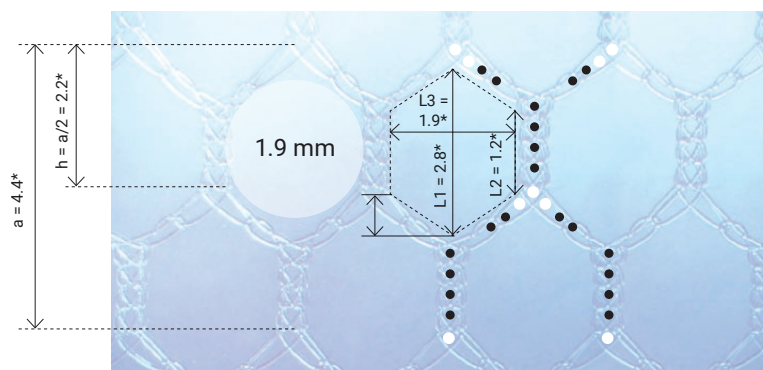
The A.M.I. HexaPro mesh.



## What makes the A.M.I. HexaPro mesh material unique:

Hexagonal structure	Ultra-lightweight: 21g/m <sup>2</sup>	Wide-pore structure (macroporous): Pore size: ≥ 1.9 mm
	Biocompatible	Extra-large interstitial micropores: 100-150 μm
		93% porosity
		Monofilament polypropylene
↓	↓	↓
High degree of iso-elasticity	Rapid anatomical integration into human tissue	Reduce foreign body tissue reaction
Maintains vaginal elasticity and function	Decrease of chronic pain <sup>2,3,4,5</sup>	Less rigid scar tissue, shrinkage and chronic inflammatory reactions <sup>2,3,4,5</sup>
	Stability in shape <sup>6</sup>	

The mesh in detail



# Overview

## Treatment of Pelvic Organ Prolapse

### Surgical approach

Transvaginal  
single-incision

Transvaginal  
single-incision

### InGYNious



### BSC Mesh



### A.M.I. mesh implants

InGYNious offers a 3-level support. It is a six-point fixation mesh which allows effective repair of various pelvic floor defects through a single vaginal incision to enable a total pelvic floor reconstruction.

BSC Mesh is designed to induce the formation of neo-ligaments. It offers symmetrical, bilateral suspension.

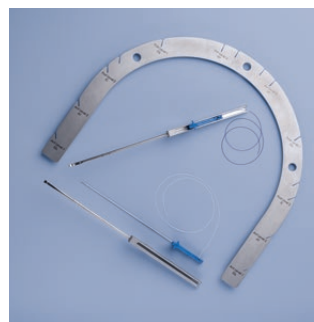
### Treatment options

Cervical-, Vaginal Vault- or Uterine Prolapse, Cystocele or Rectocele

Cervical-, Vaginal Vault- or Uterine Prolapse

### + Accessories

i-Stitch, i-Stitch up  
i-Stitch loading unit  
InGYNious Bar



i-Stitch  
i-Stitch loading unit





Laparoscopic mesh procedure

Laparoscopic mesh procedure

Laparoscopic mesh procedure

Laparoscopic mesh procedure

**EndoGYNious**

**PelviGYNious**

**ProGYNious**

**HyGYNious**



EndoGYNious is a Y-shaped mesh applicable for the well-established procedures sacrocolpopexy and sacrocervicopexy. The proximal end is double-layered for a firm fixation.

PelviGYNious consists of two, differently shaped meshes (anterior and posterior). It is applicable for the well-established procedures sacrocolpopexy and sacrocervicopexy.

ProGYNious is made from two types of polypropylene mesh. Ultra-lightweight material for the mesh body and a firmer, denser one for the mesh neck. It is applicable for the well-established procedures sacrocolpopexy and sacrocervicopexy.

HyGYNious is pre-shaped in a bifurcated form (elongated U-form) that enables easier surgical placement. It is applicable for the well-established procedure sacrohysteropexy.

Cervical-, or Vaginal Vault Prolapse Cystocele or Rectocele

Cervical-, or Vaginal Vault Prolapse Cystocele or Rectocele

Cervical-, or Vaginal Vault Prolapse Cystocele or Rectocele

Uterine Prolapse Cystocele or Rectocele

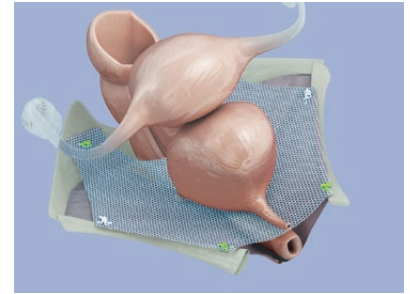
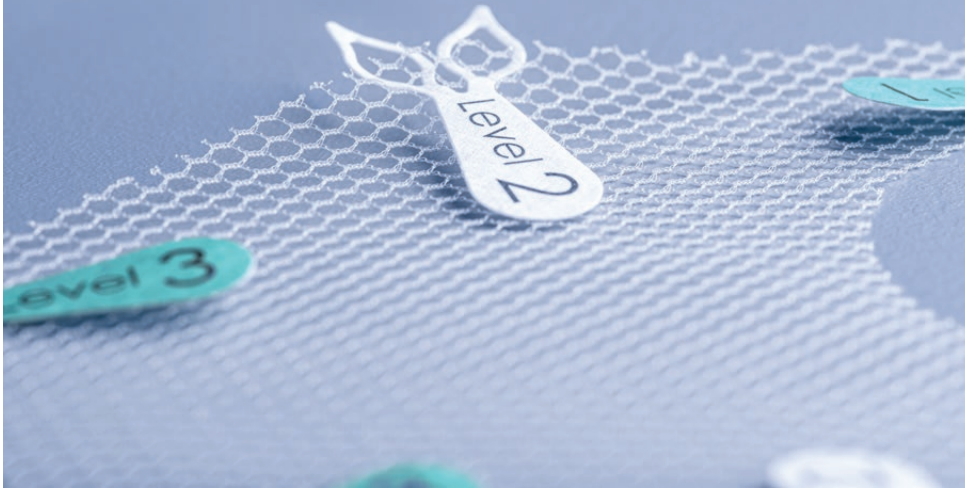
**EasyInstruments**

**EasyInstruments**

**EasyInstruments**

**EasyInstruments**





Single-incision vaginal mesh procedure

## InGYNious 3-level support.

InGYNious offers a 3-level support in the gentlest possible way. It is a six-point fixation mesh which allows effective repair of various pelvic floor defects through a single vaginal incision to enable a total pelvic floor reconstruction.

### Facts

- 6-point suture fixation = 3-Level support for effective repair of various pelvic floor defects
- Level 1: Apical support which is created by a suspension suture connecting the apex of the mesh with the sacrospinous ligament (anterior and posterior)
- Level 2: Lateral attachments placed on each side in the arcus tendineus fascia pelvis (anterior) or iliococcygeus muscle (posterior)
- Level 3: Attachment to arcus tendineus fascia pelvis retropubic (anterior) or perineal body (posterior)
- Suture navigators indicate correct positioning of the sutures
- Treatment of anterior, posterior and apical compartments possible

### Benefits <sup>7, 8, 9, 10, 11</sup>

- InGYNious can successfully cure pelvic organ prolapse in more than 90% of patients (in 36 months follow-up)
- InGYNious has low rates of erosion (<2% in 36 months follow-up)
- InGYNious significantly improves quality of life (in a 36 months follow-up)

### Indication of InGYNious

Transvaginal reconstructive surgery of symptomatic POP with or without urinary incontinence:

- Complex cases
- Secondary surgical treatment
- High risk for POP recurrence
  - Cervical prolapse
  - Vaginal vault prolapse
  - Uterine prolapse
- Cystocele
- Rectocele

### Select the right InGYNious for your patients' needs

InGYNious has been developed in different sizes and variants to offer the best solution for the patient:

- Two sizes: Standard (S) and Large (L)
- Different variants for anterior and posterior compartments

### Clinical Data

Objective success rate:

91.0 – 93.9% <sup>7, 8, 9</sup>

Patient satisfaction up to 100% <sup>10</sup>

Erosions between 0 – 2.0% <sup>7, 9, 11, 12</sup>





Single-incision vaginal mesh procedure

## BSC Mesh Bilateral Sacrospinous Colposuspension.

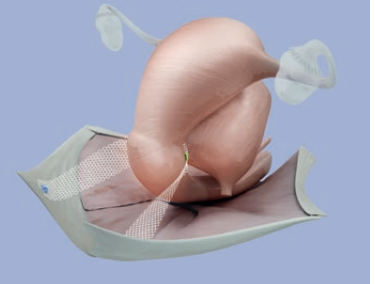
BSC Mesh is designed to induce the formation of neo-ligaments by establishing symmetrical, bilateral suspension of the vaginal vault from the sacrospinous ligament. It recreates the support previously provided by the natural ligaments, which are no longer functioning.

### Facts

- Considered as a minimally invasive form of correction for POP
- Neo-ligament resuspends apical vaginal vault bilaterally to the sacrospinous ligament (Level 1 defect according to DeLancey)
- BSC Mesh can be fixed to the cervix/vaginal vault anterior or posterior.
- BSC Mesh can be combined with other reconstructive procedures:
  - With / without / after hysterectomy
  - With / without / after anterior / posterior colporrhaphy
  - With / without / after suburethral or transobturator sling placement

### Benefits <sup>6, 13</sup>

- BSC Mesh can successfully cure pelvic organ prolapse in more than 90% of patients (in long-term follow-up with >5 years)
- BSC Mesh has low rates of erosion (<1.2% in long-term follow-up with >5 years)



### Indication of BSC Mesh

Transvaginal reconstructive surgery of symptomatic POP with or without urinary incontinence:

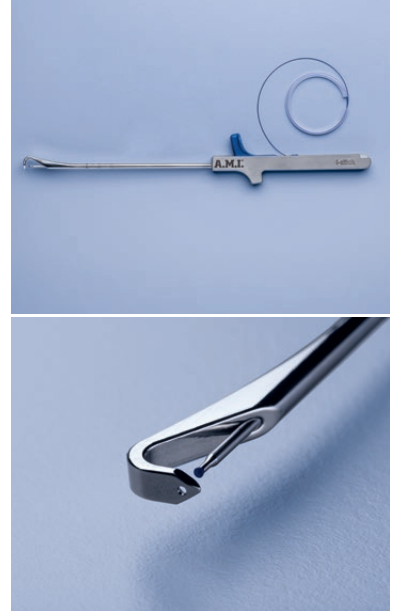
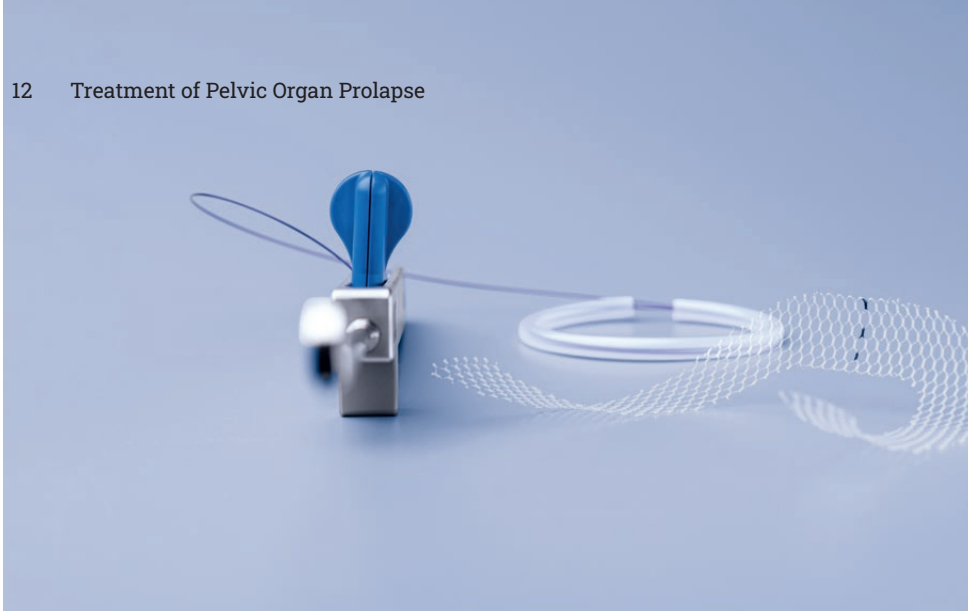
- Complex cases
- Secondary surgical treatment
- High risk for POP recurrence
  - Cervical prolapse
  - Vaginal vault prolapse
  - Uterine prolapse

"[...] surgical treatment of an isolated apical defect using BSC mesh results in the subsidence of bothersome symptoms and improves the quality of life."

Zalewski et al. <sup>17</sup>

### Clinical Data

Objective success rate: 95.4% <sup>6, 13</sup>  
Erosions between 0 – 1.9% <sup>13, 14, 15, 16</sup>



Accessories for single-incision vaginal mesh procedure

## + i-Stitch

### The perfect accessory for BSC Mesh and InGYNious.

i-Stitch is a surgical instrument that is used for placing suspension sutures on tissue structures (Amreich-Richter) and/or surgical mesh implants during pelvic floor reconstruction. It facilitates the attachment of sutures to structures that are difficult to reach without extensive dissection.

#### Benefits 8, 10, 18, 19, 20, 21, 22

- Safe, precise and reproducible application for suture fixation
- Minimal transvaginal dissection needed, without excessive preparation. No visualization of sacrospinous ligament is required.
- Very low intra-operative complications (e.g. minimal blood loss)
- Reduced operating time
- Easy access to pelvic floor tissue structures
- i-Stitch and i-Stitch up support a good usability for the surgeon. Comfortable suture placement and instrument handling.

#### Easy handling

Just a few steps are necessary to easily use the instrument:

1. Secure the suture in the suture clamp of i-Stitch loading unit. Load i-Stitch with the loading unit.
2. i-Stitch is guided along surgeon's finger to intended suture attachment point, push tip into tissue.
3. Push loading unit forward, suture penetrates tissue.
4. Release suture from suture clamp and remove loading unit completely.
5. Carefully retrieve i-Stitch instrument. Suture will remain firmly in place. Tie the knot.

#### Technical features

- Blunt, non-cutting suture tip
- Resorbable or non-resorbable suture material
- Additional suture clamp option
- Suitable cleaning accessories

#### Available in two variants:

- i-Stitch: tip of i-Stitch shows in caudal direction. Usage for Level I and II.
- i-Stitch up: tip of i-Stitch up shows in cranial direction. Usage for Level III.

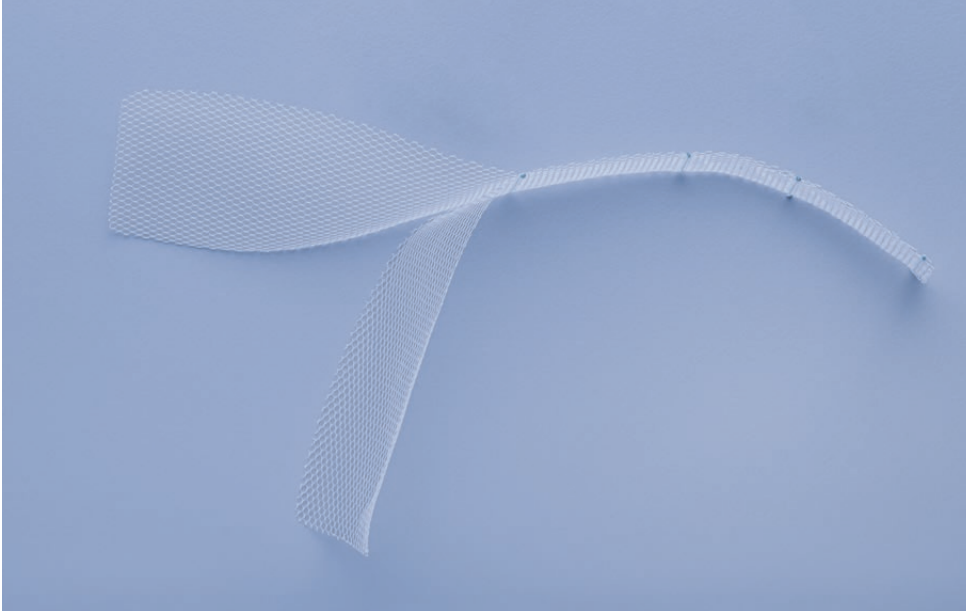


Animation video

"In order to fix the mesh in the pelvis in a safe and reproducible manner minimizing preparatory effort and tissue trauma the i-Stitch instrument was used."

Brandt et al.<sup>8</sup>





Laparoscopic mesh procedure

## EndoGYNious Y-shaped mesh for apical vaginal support.

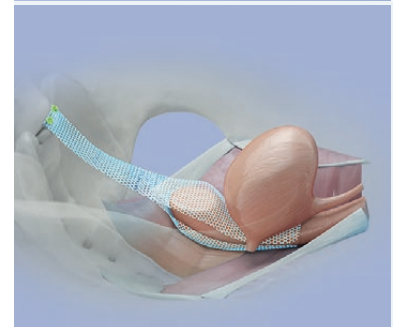
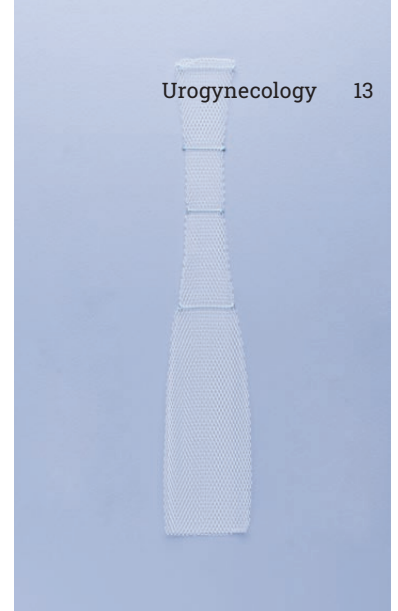
EndoGYNious is a Y-shaped mesh prosthesis. It is a double-layer mesh on the proximal end, for firm fixation to the longitudinal ligament at level of sacral promontory. The iso-elastic single-layer mesh body, which is positioned between vagina and rectum and vagina and bladder, maintains vaginal flexibility and function, and prevents the patient from recurrent cystocele and rectocele.

### Facts

- Applicable for the well-established procedure sacrocolpopexy and sacrocervicopexy
- Double-layer mesh on proximal part for firm fixation
- Positioning between vagina and rectum and vagina and bladder
- Apical stabilisation for POP correction

### Benefits <sup>23</sup>

- EndoGYNious can successfully cure patients with pelvic organ prolapse
- Low rates of erosion in a 3-month follow-up period (<3%)
- Low rates of severe post-operative pain in a 3-month follow-up period (<3%)
- Very low rate of intra-operative complications (<0.5%)



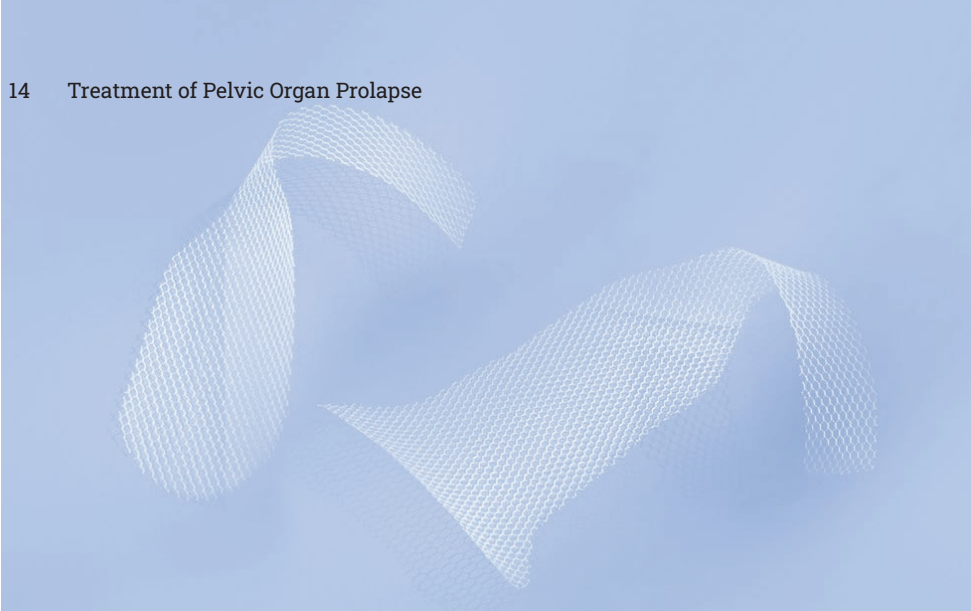
### Indication of EndoGYNious

Symptomatic POP with or without urinary incontinence:

- Cervical prolapse
- Vaginal vault prolapse
- Cystocele
- Rectocele



Surgery video



Laparoscopic mesh procedure

## **PelviGYNious Laparoscopic sacrocolpopexy and sacrocervicopexy.**

PelviGYNious consists of two, differently shaped meshes with a hexagonal structure. An anterior mesh placed between vagina and bladder to prevent from recurrent cystocele, and a wider, posterior mesh between vagina and rectum to prevent from recurrent rectocele. Both meshes have an apical component for Level 1 suspension to prevent vaginal prolapse.

### **Facts**

- Applicable for the well-established procedure sacrocolpopexy and sacrocervicopexy
- Apical fixation to correct POP
- Two differently shaped meshes (anterior and posterior) - proximal ends of both are fixed at level of sacral promontory to the longitudinal ligament

### **Benefits <sup>23</sup>**

- PelviGYNious can successfully cure patients with pelvic organ prolapse
- Low rates of erosion in a 3-month follow-up period (<3%)
- Low rates of severe post-operative pain in a 3-month follow-up period (<3%)



### **Indication of PelviGYNious**

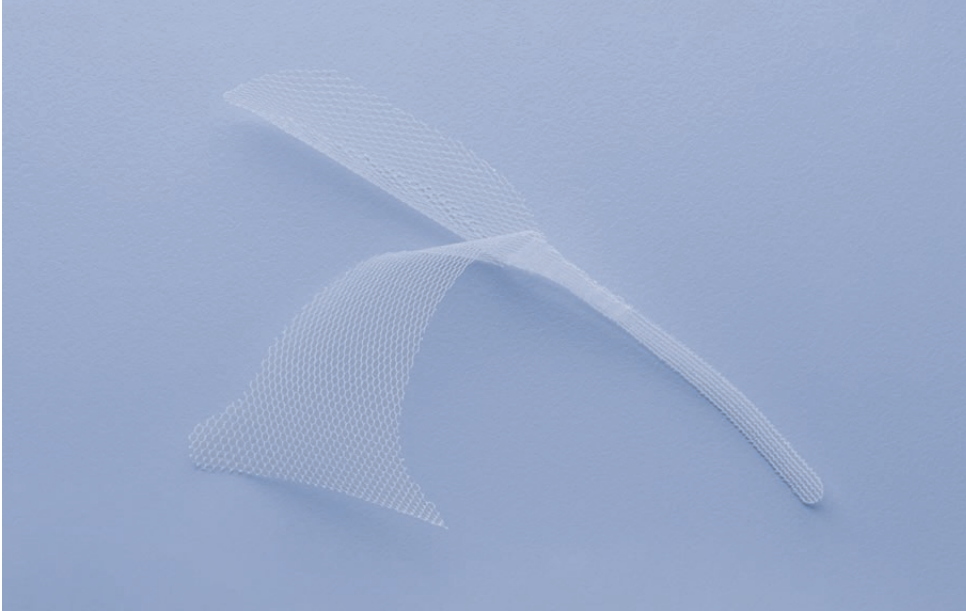
Symptomatic POP with or without urinary incontinence:

- Cervical prolapse
- Vaginal vault prolapse
- Cystocele
- Rectocele



Surgery video





Laparoscopic mesh procedure

## ProGYNious Lightweight mesh body and strong mesh neck.

ProGYNious is made from two types of polypropylene mesh material. It combines the best of both materials to maintain elasticity and to give strong support at once!

### Facts

- Two mesh materials: Combination of ultralight, large pore, soft, iso-elastic mesh at the vaginal level and denser, less elastic mesh for firm suspension
- Applicable for the well-established procedure sacrocolpopexy and sacrocervicopexy
- Apical component for level 1 suspension to prevent vaginal prolapse
- Stiffer mesh neck is fixed at level of sacral promontory to the longitudinal ligament

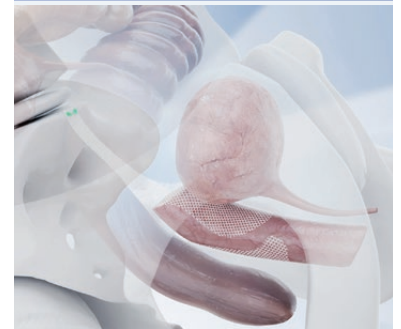
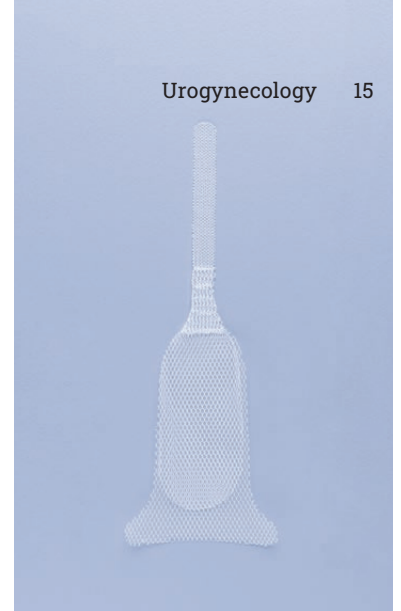
**1. Mesh body:** The ultra-lightweight hexagonal shaped mesh, with a wide pore structure, is used to reduce foreign body tissue reaction and to allow good integration in the vaginal area.

**2. Mesh neck:** The mesh neck is made of firmer, denser mesh material for a stable fixation to the longitudinal ligament at the level of the sacral promontory.

### Benefits

Different ProGYNious variants for different patient's needs:

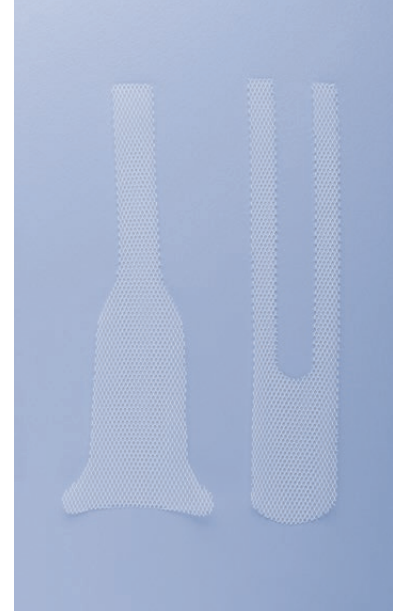
- **ProGYNious A** (anterior) is placed between vagina and bladder to prevent from recurrent cystocele
- **ProGYNious P** (posterior) is placed between vagina and rectum to prevent from recurrent rectocele
- **ProGYNious** is a Y-shaped mesh prosthesis which combines the features of the ProGYNious A and the ProGYNious P



### Indication of ProGYNious

Symptomatic POP with or without urinary incontinence:

- Cervical prolapse
- Vaginal vault prolapse
- Cystocele
- Rectocele



Laparoscopic mesh procedure

## **HyGYNious Laparoscopic Sacrohysteropexy.**

HyGYNious is a special preformed mesh for uterus-preserving procedures. The anterior mesh has an elongated form to fit around the cervix. The posterior mesh is placed between vagina and rectum. The mesh neck then will be fixed at level of sacral promontory to the longitudinal ligament.

### **Facts**

- Applicable for the well-established procedure sacrohysteropexy
- Restores normal support of vagina, suspends uterus back in its anatomical position
- Reinforces weakened ligaments

### **Benefits**

- HyGYNious mesh can be used in uterus preserving procedures for transabdominal pelvic floor repair
- HyGYNious can successfully cure patients with pelvic organ prolapse

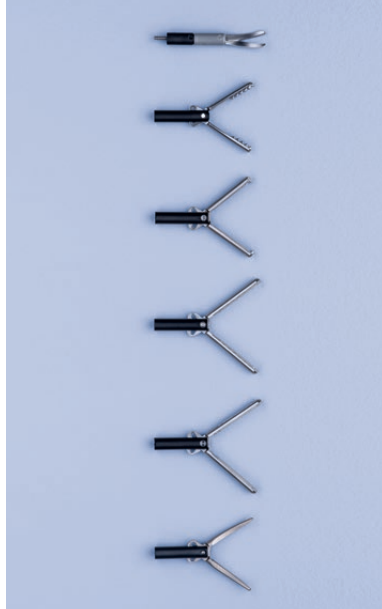
### **Indication of HyGYNious**

Symptomatic POP with or without urinary incontinence:

- Uterine prolapse
- Cystocele
- Rectocele



Surgery video



Accessories for laparoscopic mesh procedure

## + EasyInstruments For usage with A.M.I. laparoscopic mesh procedures.

The A.M.I. EasyInstruments products represent a modular instrument system for use in laparoscopic surgery. The instruments are designed for monopolar application.

### Facts

- Instrument shafts of two different diameters (3 mm and 5 mm) and various lengths
- Reusable shaft and handpiece with additional ratchet function or finger-operated HF-function possible
- Various tips for cutting, grasping, dissecting and holding tissue are completely combinable

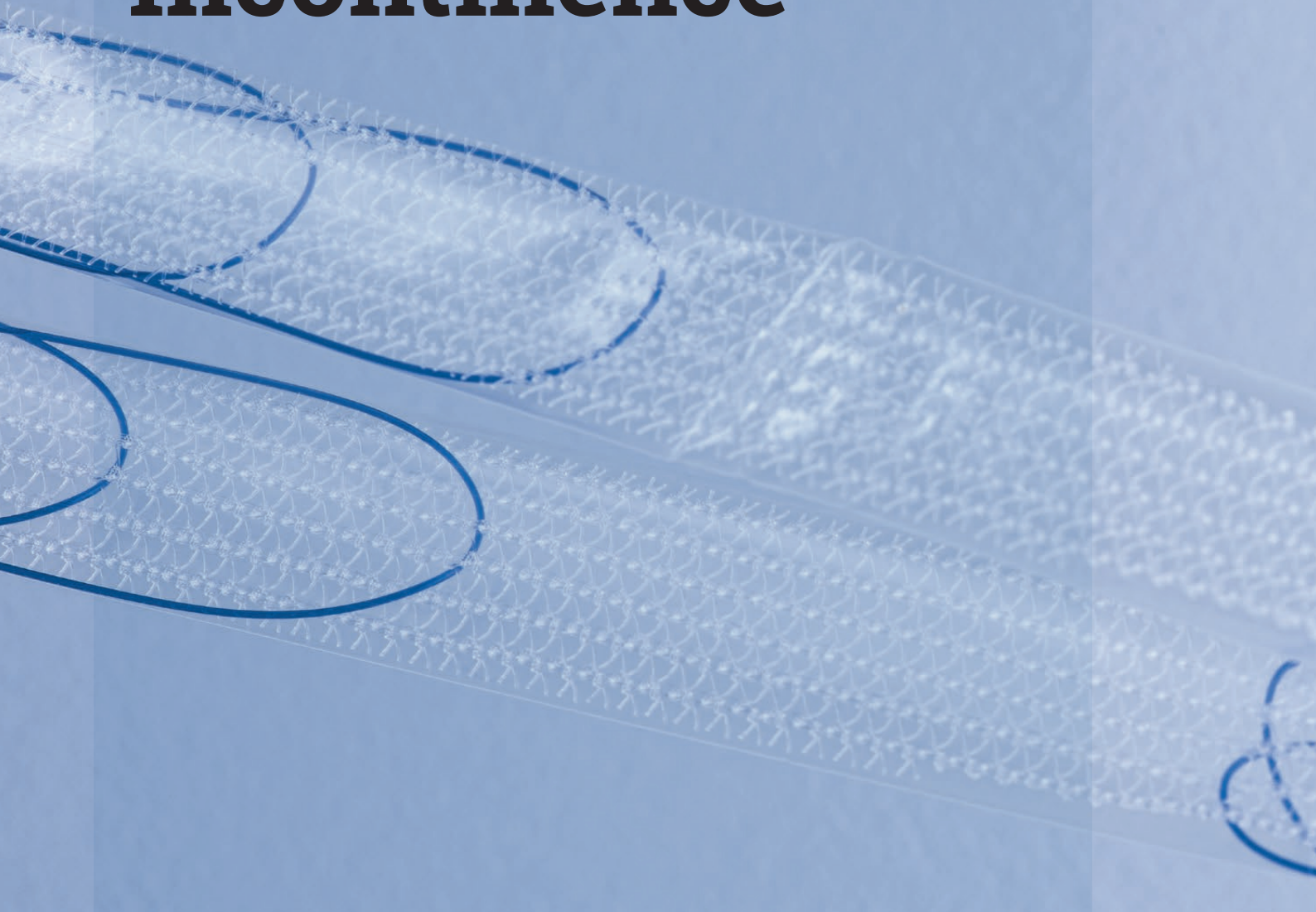




Stress Urinary Incontinence (SUI) can be a major cause for reducing the quality of life for women. A.M.I. offers a wide range of solutions for retropubic and transobturator mid-urethral sling procedures. The adjustable slings offer the possibility to loosen or tighten post-operatively.

Treatment of

# **Stress Urinary Incontinence**







# Overview

## Treatment of Stress Urinary Incontinence

### Surgical approach

Retropubic or  
Transobturator

### A.M.I. Multi Purpose Sling



### A.M.I. sling implants

- Mid-urethral sling implant which is placed at the junction of the middle to the distal urethra

### Indication

SUI resulting from urethral hypermobility and/or intrinsic sphincter deficiency (ISD)

### + Accessories

**A.M.I. TVA Tunneller**

**A.M.I. TVA Tunneller Slimline**

**A.M.I. TOA Tunneller**

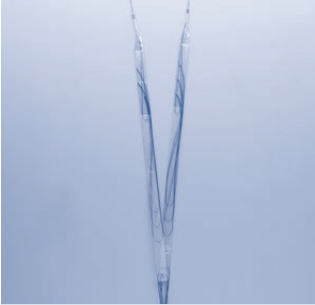



**A.M.I. TOA Tunneller Slimline**

**A.M.I. TOA Tunneller Universal**

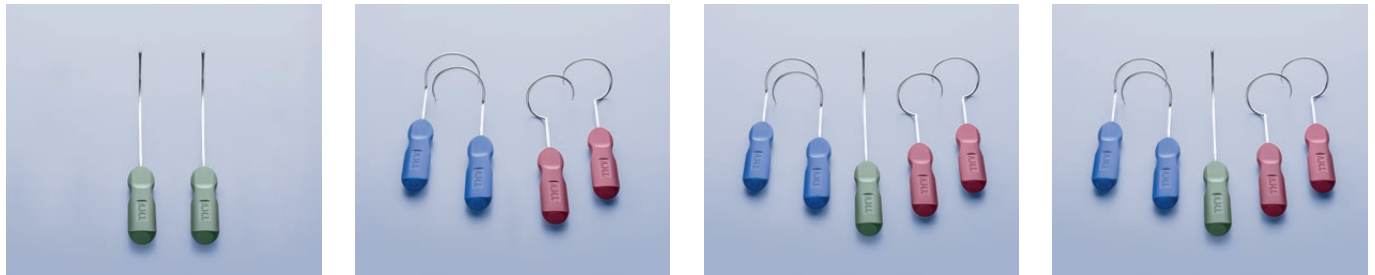
**A.M.I. TOA Tunneller Universal Slimline**

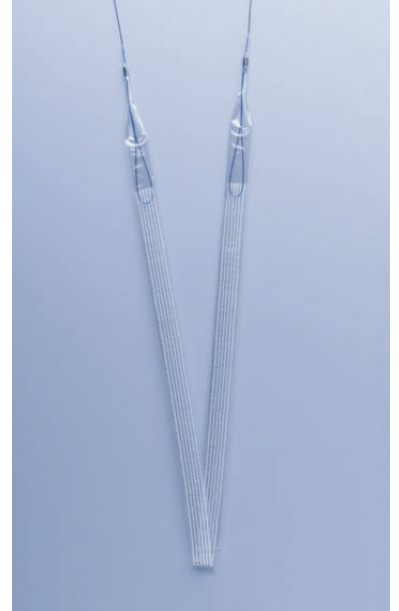
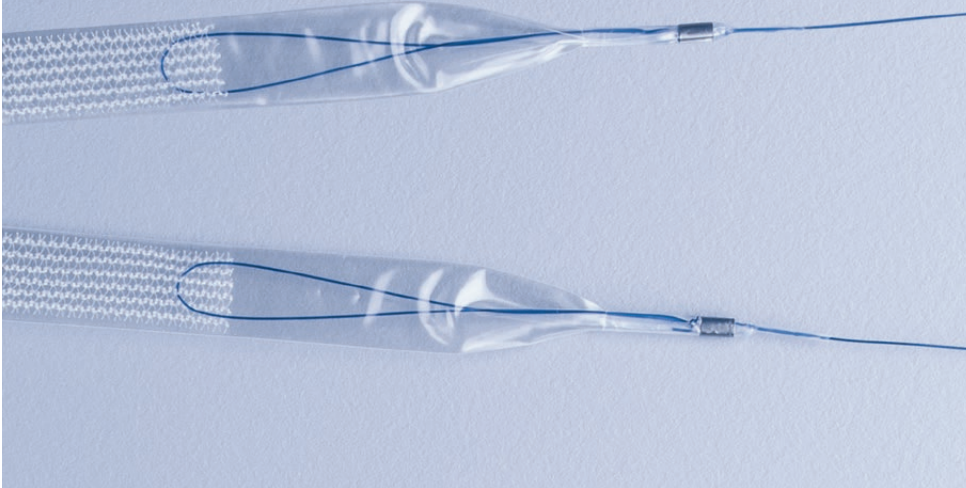




<p>Retropubic</p>	<p>Transobturator</p>	<p>Retropubic or Transobturator</p>	<p>Retropubic or Transobturator</p>
<p><b>A.M.I. TVA Sling – Trans Vaginal Adjustable</b></p>	<p><b>A.M.I. TOA Sling – Trans Obturator Adjustable</b></p>	<p><b>sensiTVT</b></p>	<p><b>sensiTVT-A</b></p>
			
<ul style="list-style-type: none"> <li>• Mid-urethral sling implant which is placed at the junction of the middle to the distal urethra</li> <li>• Can be adjusted post-operatively</li> </ul>	<ul style="list-style-type: none"> <li>• Mid-urethral sling implant which is placed at the junction of the middle to the distal urethra</li> <li>• Can be adjusted post-operatively</li> </ul>	<ul style="list-style-type: none"> <li>• Mid-urethral sling implant which is placed at the junction of the middle to the distal urethra</li> <li>• Tapered mesh arm</li> </ul>	<ul style="list-style-type: none"> <li>• Mid-urethral sling implant which is placed at the junction of the middle to the distal urethra</li> <li>• Can be adjusted post-operatively</li> <li>• Tapered mesh arm</li> </ul>
<p>SUI resulting from urethral hypermobility and/or intrinsic sphincter deficiency (ISD)</p>	<p>SUI resulting from urethral hypermobility and/or intrinsic sphincter deficiency (ISD)</p>	<p>SUI resulting from urethral hypermobility and/or intrinsic sphincter deficiency (ISD)</p>	<p>SUI resulting from urethral hypermobility and/or intrinsic sphincter deficiency (ISD)</p>

<p><b>A.M.I. TVA Tunneller</b> <b>A.M.I. TVA Tunneller Slimline</b></p>	<p><b>A.M.I. TOA Tunneller</b> <b>A.M.I. TOA Tunneller Slimline</b> <b>A.M.I. TOA Tunneller Universal</b> <b>A.M.I. TOA Tunneller Universal Slimline</b></p>	<p><b>A.M.I. TVA Tunneller</b> <b>A.M.I. TVA Tunneller Slimline</b> <b>A.M.I. TOA Tunneller</b> <b>A.M.I. TOA Tunneller Slimline</b> <b>A.M.I. TOA Tunneller Universal</b> <b>A.M.I. TOA Tunneller Universal Slimline</b></p>	<p><b>A.M.I. TVA Tunneller</b> <b>A.M.I. TVA Tunneller Slimline</b> <b>A.M.I. TOA Tunneller</b> <b>A.M.I. TOA Tunneller Slimline</b> <b>A.M.I. TOA Tunneller Universal</b> <b>A.M.I. TOA Tunneller Universal Slimline</b></p>
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Retropubic or Transobturator

## **A.M.I. Multi Purpose Sling Mid-urethral sling implant.**

A.M.I. Multi Purpose Sling is a mid-urethral sling implant which is placed at the junction of the middle to the distal urethra. The lateral sling arms ensure a tension-free position in the tissue.

A.M.I. Multi Purpose Sling is made of polypropylene mesh, pull-in sutures and a detachable pull-in aid.

### **Facts**

- Implantation via retropubic or transobturator approach possible
- Mid-urethral sling placement
- Made of firm macroporous biocompatible monofilament polypropylene mesh
- A.M.I. Slings have a protective cover to facilitate a smooth and easy placement

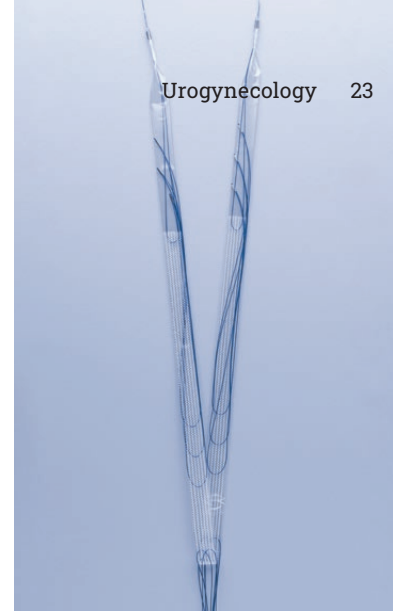
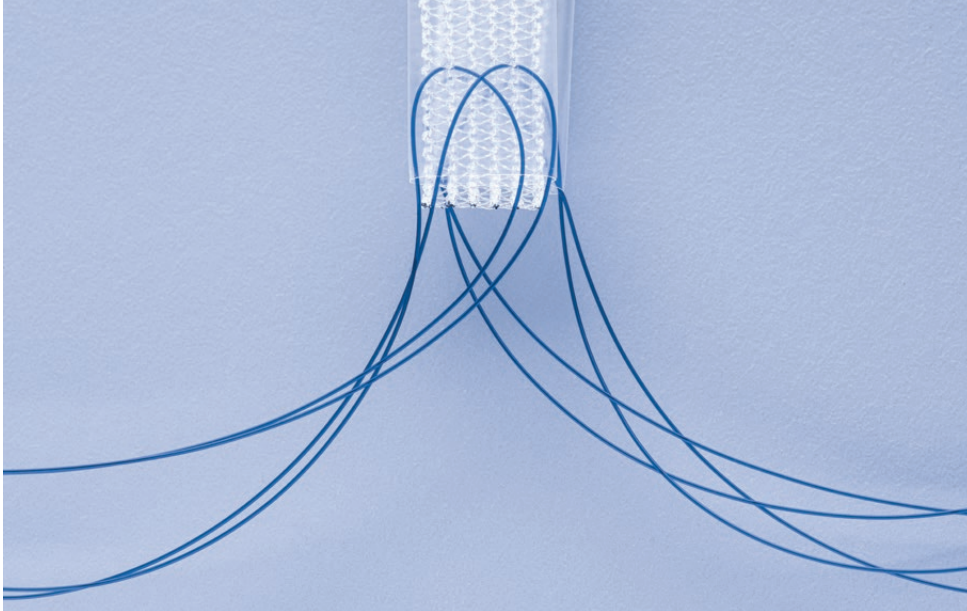
### **Benefits <sup>6</sup>**

- Efficient improvement of incontinence in female SUI patients
- Very low rate of intra-operative complications (<0.5%)
- Very low rate of post-operative complications in a 3-month follow-up period (<1%)

### **Indication of A.M.I. Multi Purpose Sling**

Surgical treatment of female SUI:

- Resulting from urethral hypermobility
- Resulting from intrinsic sphincter deficiency (ISD)



Retropubic or Transobturator

## A.M.I. TVA and TOA Sling Trans Vaginal Adjustable and Trans Obturator Adjustable.

TVA and TOA slings are sling implants for support of the mid-urethra which can be adjusted post-operatively. The TVA sling can be placed by retropubic approach and the TOA sling can be placed by transobturator approach. The implants are made of a polypropylene mesh, with pull-in sutures, adjustment sutures and a detachable pull-in aid.

### Facts

- Possibility to adjust the implant post-operatively
- Adjustment is possible in both directions. Cranial direction (tightening) in case of persisting incontinence and caudal direction (loosening) in case of over-correction

### Benefits <sup>24, 25, 26, 27, 28, 29, 30</sup>

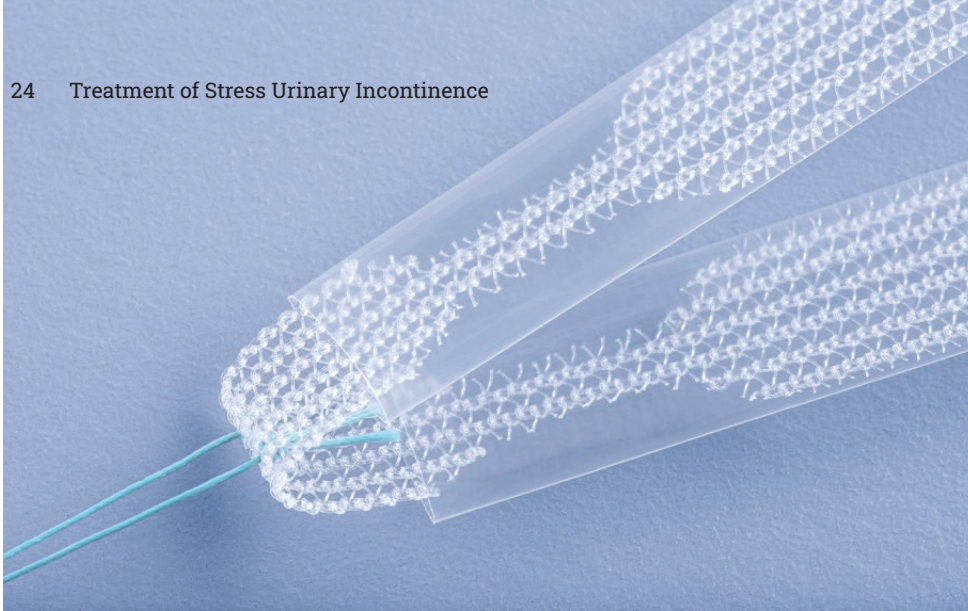
- Possibility to adjust the implant post-operatively to improve efficacy without increased risk of complications
- Efficient improvement of incontinence in female patients with SUI
- >90% patient satisfaction during mid-term follow-up (up to 24 month) in female SUI patients
- >80% objective cure rate long-term follow-up (up to 10 years) in female SUI patients

### Indication of A.M.I. TVA/TOA Sling

Surgical treatment of female SUI:

- Resulting from urethral hypermobility
- Resulting from intrinsic sphincter deficiency (ISD)





Retropubic or Transobturator

## **sensiTVT** **No twisting of sling center.**

sensiTVT is a sub-urethral implant which enables tilting of the lateral sling arms, while the constricted space in the sling's center lays constantly flat at the junction of the middle to the distal urethra. The sling implant is made of a polypropylene mesh, pull-in sutures and a detachable pull-in aid.

### **Facts**

- Unique design: no twisting of the sling center, it lays flat under mid-urethra
- sensiTVT supports the urethra. The sling center is intended to be positioned at the junction of the middle to the distal urethra
- Implantation via retropubic or trans-obturator approach possible

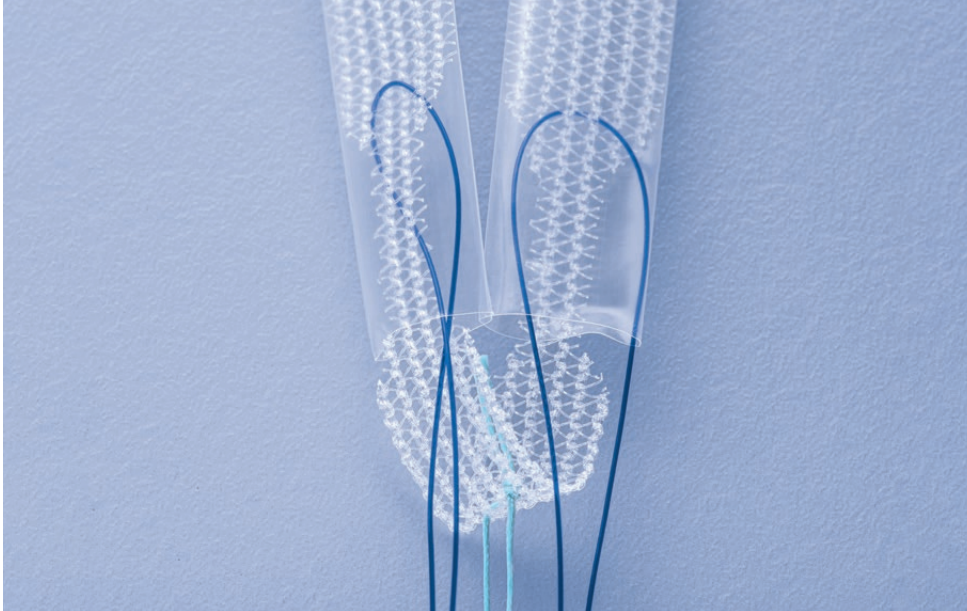
### **Benefits <sup>6</sup>**

- Efficient improvement of incontinence in female SUI patients
- The design of sensiTVT allows a rotation movement of the sling arms and a plane positioning of the sling below the urethra to avoid complications due to twisting of the sling

### **Indication of sensiTVT Sling**

Surgical treatment of female SUI:

- Resulting from urethral hypermobility
- Resulting from intrinsic sphincter deficiency (ISD)



Retropubic or Transobturator

## **sensiTVT-A** No twisting of sling center with the possibility of post-operative adjustment.

sensiTVT-A is an adjustable sub-urethral implant. The sling's design enables tilting of the lateral sling arms, while in the constricted space. The sling's center lays constantly flat at the junction of the middle to the distal urethra. sensiTvt-A is an adjustable sub-urethral implant made of a polypropylene mesh, pull-in sutures, adjustment sutures and a detachable pull-in aid.

### **Facts**

- Unique design: no twisting of the sling center, it lays flat under mid-urethra
- sensiTvt-A supports the urethra. The sling center is intended to be positioned at the junction of the middle to the distal urethra
- The sling's position might be adjusted post-operatively by means of the adjustment sutures
- Adjustment is in both directions possible. Cranial direction (tightening) in case of persisting incontinence and caudal direction (loosening) in case of over-correction (urinary retention)
- Implantation via retropubic or transobturator approach possible

### **Benefits <sup>6</sup>**

- Possibility to adjust the implant post-operatively to improve efficacy without increased risk of complications
- Efficient improvement of incontinence in female SUI patients
- The design of sensiTvt-A allows a rotation movement of the sling arms and a plane positioning of the sling below the urethra to avoid complications due to twisting of the sling

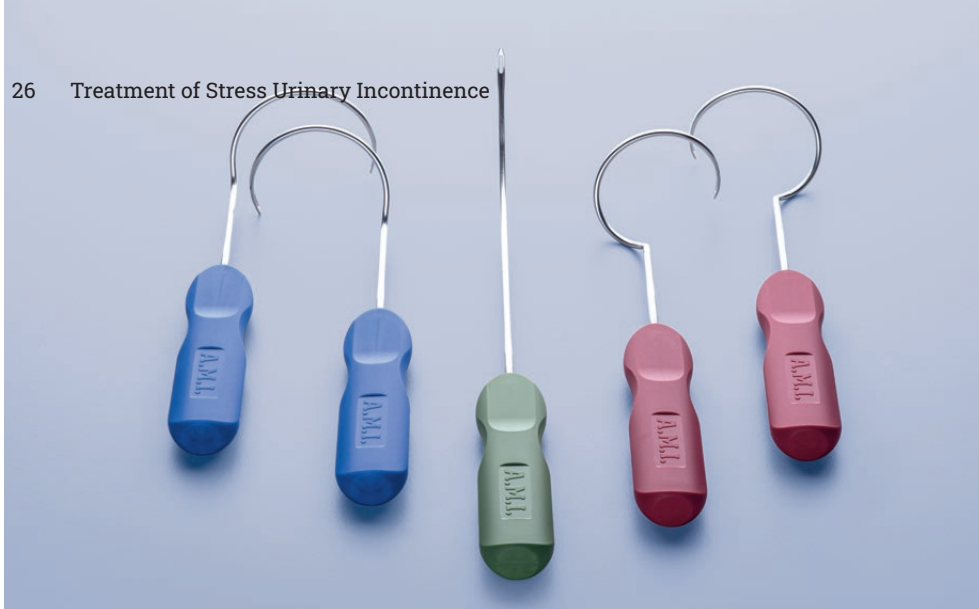
### **Indication of sensiTVT-A Sling**

Surgical treatment  
of female SUI:

- Resulting from urethral hypermobility
- Resulting from intrinsic sphincter deficiency (ISD)



Surgery video



Accessories for sling procedures

## + A.M.I. Tunnellers Perfect addition to A.M.I. mid-urethral sling procedures.

A.M.I. offers various tunnellers for retropubic and transobturator mid-urethral sling procedures. The tunnellers support the inside-out as well as the outside-in technique. A.M.I. Tunnellers are multiple use devices, which are designed to meet the anatomic requirements for implant insertion. A groove at the tip enables the attachment of sling pull sutures, which are used to pull the implant in place.

### Facts

- Various sizes and variants for your need (universal  $\varnothing$  4 mm and slimline  $\varnothing$  3.2 mm)
- Inside-out and outside-in techniques are supported
- Transobturator:
  - TOA5130/TOA5170: Outside-in (red handle)
  - TOA5140/TOA5180: Inside-out (blue handle)
- Retropubic:
  - TVA5030/TVA5040: Outside-in & Inside-out (green handle)

### Technical features

- A.M.I. Tunnellers feature a flattened tip for slightly wider dissection to accommodate the slings shape to avoid complications due to twisting of the sling mesh
- A.M.I. Tunnellers handles are ergonomically-designed to fit comfortably in the surgeon's hand
- Connection of the sling's pulling sutures to the A.M.I. Tunnellers is facilitated by the groove at the Tunnellers' tip





Contained

# Laparoscopic Power Morcellation

Laparoscopic power morcellation is a minimally-invasive surgery for myomectomy and hysterectomy. Tissue morcellation during laparoscopic hysterectomy carries the risk of spreading cells from unsuspected malignancy. Contained morcellation inside a bag is supposed to minimize this risk.<sup>31</sup>

# Overview

## Contained Laparoscopic Power Morcellation

### Surgical approach

Laparoscopic Power Morcellation

Contained Laparoscopic Power Morcellation

### i-Cut



### More-Cell-Safe



### A.M.I. Solution

i-Cut is an ergonomic and efficient power morcellator

More-Cell-Safe is a cell-tight bag, which significantly reduces the risk of unexpected cancer cell scatter

### Indication

The i-Cut is indicated for morcellating and extracting tissue in laparoscopic, gynecologic surgical procedures

More-Cell-Safe is indicated for laparoscopic endoscopic tissue morcellation in Gynecology

Contained Laparoscopic  
Power Morcellation

## i-Cut Single-use laparoscopic morcellator.

i-Cut is a single-use laparoscopic morcellator for gynecological use with reliable high cutting performance. The i-Cut consists of a rotating cutting tube with a trocar that serves as protection against the cutting blade when locked in the "CLOSED" position. Usage with a standard grasper or tenaculum forceps of 10 mm - 14 mm diameter.



Surgery video

### Technical data:

Speed:	1000 rpm
Diameter:	15 mm
Shaft length:	100 mm
Weight: approx.	400 g
Power:	24 V DC, 160 W



## Facts

### User friendly:

- Ergonomically shaped handpiece
- Plug-and-play: easy setup and handling in the OR
- Usability: Activation button at handpiece

### Powerful:

- Reliable high cutting performance due to constant power supply
- Large cutting tube diameter
- Extracting large tissue masses in LASH and myomectomy

### Safe:

- Multi-stage safety concept to protect the blade: locking clip and a closed position to prevent unintentional exposure of the cutting blade
- Double trocar sealing system prevents gas loss

### Economical:

- Time and cost efficient one-step solution
- Fast operating time
- No preparation costs for sterilization, maintenance and service
- Low operating costs

## Benefits

- A lightweight and easy handle power morcellator
- Combined use with the A.M.I. More-Cell-Safe increases safety during morcellation
- No injury or harm to the patient during intraoperative insertion of the device due to a multi-stage safety concept

## Indication

The i-Cut is indicated for morcellating and extracting tissue in laparoscopic, gynecologic surgical procedures.





Contained Laparoscopic  
Power Morcellation

## **More-Cell-Safe Tissue containment system.**

More-Cell-Safe is the first solution available on the market that significantly reduces the risk of unexpected cancer cell scatter during laparoscopic morcellation. Small pieces of tissue, cell particles and fluids, resulting from morcellation, are isolated in a closed, cell-safe system. In combination with the powerful i-Cut, safety during surgery is further increased.

### **Facts**

- Elastic, cell- and fluid tight material, which can be insufflated with CO<sub>2</sub>
- Transparent bag allows clear visualisation of surrounding tissue during the procedure
- Dual opening design allows separate insertion of morcellator and optic
- Visi-Shield is a special sleeve used to protect the optic from contamination. After removal, the non-contaminated optic can be used for the remaining operation
- Suitable for use with the A.M.I. i-Cut morcellator and other types of power morcellators

### **Benefits** <sup>31, 32, 33</sup>

- Safe minimal-access surgery which is feasible even for very large uteri (up to 1400 g)
- Minimizes the risk of inadvertent tissue dissemination
- Very low risk of intraoperative complications

### **Indication**

More-Cell-Safe is indicated for laparoscopic endoscopic tissue morcellation in Gynecology.



Animation video

## References

### Treatment of Pelvic Organ Prolapse

- 1 **Lowenstein et al. (2015)**  
Incidence and lifetime risk of pelvic organ prolapse surgery in Denmark from 1977 to 2009
- 2 **Klinge et al. (2002)**  
Impact of polymer pore size on the interface scar formation in a rat model
- 3 **Cobb et al. (2005)**  
The argument for lightweight polypropylene mesh in hernia repair
- 4 **O'Dwyer et al. (2005)**  
Randomized clinical trial assessing impact of a lightweight or heavyweight mesh on chronic pain after inguinal hernia repair
- 5 **Greca et al. (2001)**  
The influence of differing pore sizes on the biocompatibility of two polypropylene meshes in the repair of abdominal defects
- 6 **Data on file**
- 7 **Mistrangelo et al. (2014)**  
InGYNious single-incision advanced pelvic floor repair with hexapro-mesh
- 8 **Brandt et al. (2019)**  
1-Year Outcome After Treatment of Uterovaginal Prolapse With a 6-Point Fixation Mesh
- 9 **Kuszka et al. (2020)**  
3 Year outcome after treatment of uterovaginal prolapse with a 6-point fixation mesh
- 10 **Deltetto et al. (2021)**  
Effectiveness and Safety of Posterior Vaginal Repair with Single-Incision, Ultralightweight, Monofilament Propylene Mesh: First Evidence from a Case Series with Short-Term Results
- 11 **Mangano et al. (2021)**  
More than a sacrospinous ligament fixation for prosthetic treatment of utero-vaginal prolapse: a six-point fixation mesh
- 12 **Deltetto et al. (2021)**  
Efficacy and safety of an ultralight, six-point, polypropylene vaginal mesh in the treatment of urogenital prolapse

## References

### Treatment of Pelvic Organ Prolapse

- 13 Weiße et al. (2021)**  
Bilaterale sacrospinale Zerviko-/Kolpofixation mittels BSC-Mesh im Rahmen der vaginalen Deszensuschirurgie – eine retrospektive Datenanalyse
- 14 Ollig et al (2014)**  
Die Kolposuspension mit BSC direct – Minimal invasiv, maximal effektiv
- 15 Ollig et al.**  
Die Bilaterale Sakrospinale Kolposuspension – BSC wenig Nebenwirkungen
- 16 Castaño et al. (2015)**  
Colposuspensión bilateral del ligamento sacroespinoso con malla BSC asociada a colporrafia anterior para el tratamiento del prolapso anterior y apical. Nuestra experiencia
- 17 Zalewski et al. (2020)**  
The assessment of quality of life and satisfaction with life of patients before and after surgery of an isolated apical defect using synthetic materials
- 18 Hemptenmacher et al. (2020)**  
Bilateral Sacrospinous Colposuspension ( BSC ) in the Treatment of Female Genital Prolapse: Risk-Benefit Considerations and Six Months Follow-up
- 19 Haşegan et al. (2016)**  
Sacrospinous ligament in urogenital prolapse repair using A.M.I. I-Stitch
- 20 Retzke et al. (2013)**  
Original article Caution 'FDA 2011': A modern pelvic floor mesh with a new form of cranial fixation. An observational study with 6-month follow-up on the A.M.I.® CR-Mesh and i-Stitch
- 21 Kieback (2019)**  
Bilateral Sacrospinous Colposuspension (BSC) for the treatment of vaginal vault prolapse – description of a novel method
- 22 Haşegan et al. (2016)**  
Transvaginal urogenital prolaps repair using i-Stitch
- 23 Christmann-Schmid et al. (2018)**  
Laparoscopic sacrocolpopexy with or without midurethral sling insertion: Is a two-step approach justified? A prospective study



## References

### Treatment of Stress Urinary Incontinence

- 24 Romero-Maroto et al. (2017)**  
Is the adjustable TVA mesh effective for the long-term treatment of female stress incontinence?
- 25 Ko et al. (2012)**  
Proper mesh placement using the outer cylinder of a ballpoint pen in the transobturator adjustable tape sling procedure for female stress urinary incontinence
- 26 Patrelli et al. (2015)**  
Female stress urinary incontinence: Clinical efficacy and satisfaction after transobturator adjustable tape sling. An observational longitudinal cohort study
- 27 Romero Maroto et al. (2009)**  
Transobturator adjustable tape (TOA) permits to correct post-operatively the tension applied in stress incontinence surgery
- 28 Romero Maroto et al. (2008)**  
Transvaginal adjustable tape: an adjustable mesh for surgical treatment of female stress urinary incontinence
- 29 Zacharakis et al. (2016)**  
Occult Stress Urinary Incontinence in Women With Pelvic Organ Prolapse: Is the One Step Surgical Approach a Risky Choice?
- 30 Youn et al. (2010)**  
Comparison of TOA and TOT for treating female stress urinary incontinence: Short-term outcomes

## References











### Contained Laparoscopic Power Morcellation

- 31 Rimbach et al. (2017)**  
In-Bag Morcellation as a Routine for Laparoscopic Hysterectomy
- 32 Rimbach et al. (2016)**  
First clinical experiences using a new in-bag morcellation system during laparoscopic hysterectomy
- 33 Lambat Emery et al. (2019)**  
Cell Spillage after Contained Electromechanical Morcellation Using a Specially Designed In-Bag System for Laparoscopic Myomectomy: Prospective Cohort Pilot Study

## Overview

### Treatment of Pelvic Organ Prolapse



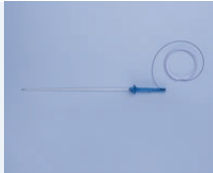

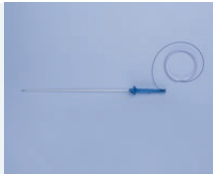
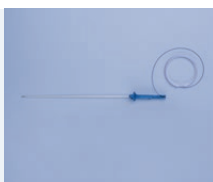

### Single-incision vaginal mesh procedures

Order Code		Product description	Included in delivery
BSC5001		<b>BSC Mesh PP 0</b> Ultralight, iso-elastic mesh implant with i-Stitch loading units for bilateral, apical suspension to correct pelvic organ prolapse.	<b>1 box, all items delivered sterile:</b> 1 x BSC Mesh 2 x i-Stitch loading unit PP 0 (from IST1011) • non-absorbable, polypropylene suture, USP 0
IGY5961		<b>InGYNious D A S *</b> Ultralight, iso-elastic polypropylene mesh with i-Stitch loading units for 3-level of anterior vaginal wall prolapse.	<b>1 box, all items delivered sterile:</b> 1 x InGYNious D A S (Standard) 6 x i-Stitch loading unit PET 0 W (from IST1031) • non-absorbable, polyester suture, USP 0
IGY5951		<b>InGYNious D A L *</b> Ultralight, iso-elastic polypropylene mesh with i-Stitch loading units for 3-level of anterior vaginal wall prolapse.	<b>1 box, all items delivered sterile:</b> 1 x InGYNious D A L (Large) 6 x i-Stitch loading unit PET 0 W (from IST1031) • non-absorbable, polyester suture, USP 0
IGY5561		<b>InGYNious D A S-PP *</b> Ultralight, iso-elastic polypropylene mesh with rectum cavity for anterior vaginal wall prolapse.	<b>1 box, all items delivered sterile:</b> 1 x InGYNious D A S-PP (Standard) 6 x i-Stitch loading unit PP 0 (from IST1011) • non-absorbable, polypropylene suture, USP 0
IGY5551		<b>InGYNious D A L-PP *</b> Ultralight, iso-elastic polypropylene mesh with rectum cavity for anterior vaginal wall prolapse.	<b>1 box, all items delivered sterile:</b> 1 x InGYNious D A L-PP (Large) 6 x i-Stitch loading unit PP 0 (from IST1011) • non-absorbable, polypropylene suture, USP 0
IGY5981		<b>InGYNious D P S *</b> Ultralight, iso-elastic polypropylene mesh with i-Stitch loading units for 3-level of posterior vaginal wall prolapse.	<b>1 box, all items delivered sterile:</b> 1 x InGYNious D P S (Standard) 4 x i-Stitch loading unit PET 0 W (from IST1031) • non-absorbable, polyester suture, USP 0
IGY5971		<b>InGYNious D P L *</b> Ultra-light, iso-elastic polypropylene mesh with i-Stitch loading units for 3-level of posterior vaginal wall prolapse.	<b>1 box, all items delivered sterile:</b> 1 x InGYNious D P L (Large) 4 x i-Stitch loading unit PET 0 W (from IST1031) • non-absorbable, polyester suture, USP 0
IGY5581		<b>InGYNious D P S-PP *</b> Ultralight, iso-elastic polypropylene mesh with rectum cavity for posterior vaginal wall prolapse.	<b>1 box, all items delivered sterile:</b> 1 x InGYNious D P S-PP (Standard) 4 x i-Stitch loading unit PP 0 (from IST1011) • non-absorbable, polypropylene suture, USP 0
IGY5571		<b>InGYNious D P L-PP *</b> Ultralight, iso-elastic polypropylene mesh with rectum cavity for posterior vaginal wall prolapse.	<b>1 box, all items delivered sterile:</b> 1 x InGYNious D P L-PP (Large) 4 x i-Stitch loading unit PP 0 (from IST1011) • non-absorbable, polypropylene suture, USP 0
IGY5921		<b>InGYNious V</b> Ultralight, iso-elastic polypropylene mesh with i-stitch loading units for 3-level repair of vaginal vault prolapse.	<b>1 box, all items delivered sterile:</b> 1 x InGYNious V 6 x i-Stitch Loading Unit PET 0 W (from IST1031) • non-absorbable, polyester suture, USP 0

\* D = Direct      A = Anterior      P = Posterior  
S = Standard      L = Large

**Overview**  
Treatment of Pelvic  
Organ Prolapse

**Accessories**

Order Code		Product description	Included in delivery
IST1010		<b>i-Stitch</b> Reusable instrument for easy fixation of suture material to tissue, particularly in obstructed areas. For use with the i-Stitch Loading Units.	<b>1 box, delivered non-sterile, steam autoclavable:</b> 1 x i-Stitch 1 x i-Stitch Cleaning Brush
IST1040		<b>i-Stitch up</b> Reusable instrument for easy fixation of suture material to tissue, particularly in obstructed areas. 180° rotated tip. For use with the i-Stitch Loading Units.	<b>1 box, delivered non-sterile, steam autoclavable:</b> 1 x i-Stitch up 1 x i-Stitch Cleaning Brush
IST1011		<b>i-Stitch loading unit PP 0</b> Combination of hollow needle slider and specially formed, non-absorbable suture material for single-use with the i-Stitch/ i-Stitch up.	<b>1 box, delivered sterile:</b> 5 x i-Stitch loading unit PP 0 <ul style="list-style-type: none"> <li>• non-absorbable, monofil polypropylene suture, suture size USP 0</li> <li>• Colour: blue</li> </ul>
IST1031		<b>i-Stitch loading unit PET 0 W</b> Combination of hollow needle slider and specially formed, non-absorbable suture material for single-use with the i-Stitch/ i-Stitch up.	<b>1 box, delivered sterile:</b> 5 x i-Stitch loading unit PET 0 W <ul style="list-style-type: none"> <li>• non-absorbable, braided polyester suture, suture size USP 0</li> <li>• Colour: white</li> </ul>
IST1021		<b>i-Stitch loading unit PDO 2-0</b> Combination of hollow needle slider and specially formed, absorbable suture material for single-use with the i-Stitch/ i-Stitch up.	<b>1 box, delivered sterile:</b> 5 x i-Stitch loading unit PDO 2-0 <ul style="list-style-type: none"> <li>• absorbable, monofil polydioxanone PDO, suture size USP 2-0</li> <li>• Colour: blue</li> </ul>
IST1051		<b>i-Stitch loading unit PDO 0</b> Combination of hollow needle slider and specially formed, absorbable suture material for single-use with the i-Stitch/ i-Stitch up.	<b>1 box, delivered sterile:</b> 5 x i-Stitch loading unit PDO 0 <ul style="list-style-type: none"> <li>• absorbable, monofil polydioxanone PDO, suture size USP 0</li> <li>• Colour: blue</li> </ul>
IST1020		<b>i-Stitch Cleaning Brush</b> Brush for cleaning the i-Stitch instruments.	<b>1 box, delivered non-sterile:</b> 2 x i-Stitch Cleaning Brushes
IST1050		<b>i-Stitch Rinsing Needle Miele Connector</b>	<b>1 box, delivered non-sterile:</b> 1 x i-Stitch Rinsing Needle Miele Connector
IST1060		<b>i-Stitch Rinsing Needle Luer-Lock Connector</b>	<b>1 box, delivered non-sterile:</b> 1 x i-Stitch Rinsing Needle Luer-Lock Connector
IGY-BAR		<b>InGYNious Bar</b> Help tool for procedures for prolapse surgery with InGYNious.	<b>1 box, delivered non-sterile:</b> 1 x InGYNious Bar



**Laparoscopic mesh procedures**

Order Code		Product description	Included in delivery
<b>PFR5641</b>		<b>EndoGYNious</b> Y-shaped, ultralight, iso-elastic polypropylene mesh for sacrocolpopexy to treat pelvic organ prolapse.	<b>1 box, delivered sterile:</b> 1 x EndoGYNious (anterior + posterior mesh combined)
<b>PFR5651</b>		<b>PelviGYNious</b> Anatomically shaped anterior and posterior ultralight, iso-elastic polypropylene mesh. For sacrocolpopexy to treat pelvic organ prolapse.	<b>1 box, delivered sterile:</b> 1 x PelviGYNious (anterior + posterior mesh, 2 pieces)
<b>PFR5681</b>		<b>HyGYNious</b> Ultralight, iso-elastic polypropylene mesh for laparoscopic sacrohysteropexy.	<b>1 box, delivered sterile:</b> 1 x HyGYNious (anterior + posterior mesh, 2 pieces)
<b>PFR5731</b>		<b>ProGYNious</b> Ultralight, iso-elastic polypropylene mesh body and denser, less elastic mesh neck for firm suspension. For sacrocolpopexy and sacrocervicopexy.	<b>1 box, delivered sterile:</b> 1 x ProGYNious (anterior + posterior mesh combined)
<b>PFR5711</b>		<b>ProGYNious A – Anterior mesh</b> Ultralight, iso-elastic polypropylene mesh body and denser, less elastic mesh neck for firm suspension. For sacrocolpopexy and sacrocervicopexy.	<b>1 box, delivered sterile:</b> 1 x ProGYNious A (anterior mesh)
<b>PFR5721</b>		<b>ProGYNious P – Posterior mesh</b> Ultra-light, iso-elastic polypropylene mesh body and denser, less elastic mesh neck for firm suspension. For sacrocolpopexy and sacrocervicopexy.	<b>1 box, delivered sterile:</b> 1 x ProGYNious P (posterior mesh)

**Accessories**  
**EasyInstruments**

Shafts	Shaft diameter	Shaft length	Instrument handles with shafts			Only shafts
			EasyInstruments	EasyInstruments Ratchet	EasyAct	Shaft
						
			Order Code			Order Code
	5 mm	250 mm	ESII510	EIR1510	EAS1510	ESH1510
		340 mm	ESII520	EIR1520	EAS1520	ESH1520
		420 mm	ESII530	EIR1530	EAS1530	ESH1530
	3 mm	170 mm	ESII310	EIR1310	EAS1310	ESH1310
		265 mm	ESII320	EIR1320	EAS1320	ESH1320

**Accessories**  
**EasyInstruments**

**Overview**  
Treatment of Pelvic  
Organ Prolapse

For shaft diameter	Product	Order Code
5mm	EasyShear Disposable	ESI1131
	EasyShear Mini Disposable	ESI1151
	EasyShear Reuseable	ESI1120
	EasyShear Mini Reuseable	ESI1140
	EasyClinch Disposable	ECl1031
	EasyClinch Reuseable	ECl1020
	EasyDissect Disposable	EDI1031
	EasyDissect Reuseable	EDI1020
	EasyHook	EDI1051
	Viper	EVI1011
3mm	EasyShears micro Disposable	ESM1011
	EasyDissect micro Disposable	EDM1011
	EasyClinch micro Disposable	ECM1011

Product	Order Code
Soft Inserts	ESI1210
HF-Cable Martin	ECA1020
HF-Cable Erbe	ECA1030
HF-Cable ValleyLab	ECA1040
HF-Cable Adapter	ECA1110





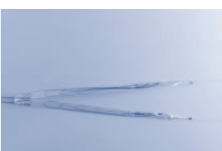
Tips

Accessories

**Overview**

Treatment of Stress  
Urinary Incontinence

**Retropubic mid-urethral sling procedure**  
**Transobturator mid-urethral sling procedure**

Order Code	Product description	Included in delivery
<b>PFR5021</b>	 <b>A.M.I. Multi Purpose Sling</b> Mesh sling of monofilament macropore polypropylene for treatment of stress urinary incontinence in women.	<b>1 box, delivered sterile:</b> 1 x A.M.I. Multi Purpose Sling
<b>TVA5021</b>	 <b>A.M.I. TVA Sling</b> Adjustable sling of monofilament macropore polypropylene for treatment of stress urinary incontinence in women with sutures for post-operative cranial and caudal adjustment.	<b>1 box, delivered sterile:</b> 1 x A.M.I. TVA Sling
<b>TOA5121</b>	 <b>A.M.I. TOA Sling</b> Adjustable sling of monofilament macropore polypropylene for treatment of stress urinary incontinence in women with sutures for post-operative cranial and caudal adjustment.	<b>1 box, delivered sterile:</b> 1 x A.M.I. TOA Sling
<b>SUI5011</b>	 <b>sensiTVT</b> Sling of monofilament macropore polypropylene for treatment of female SUI with passively articulating joints and adaptable suburethral graft.	<b>1 box, delivered sterile:</b> 1 x sensiTVT
<b>SUI5021</b>	 <b>sensiTVT-A</b> Sling of monofilament macropore polypropylene for treatment of female SUI. Equipped with: • passively articulating joints and adaptable suburethral graft • sutures for post-operative tension adjustment	<b>1 box, delivered sterile:</b> 1 x sensiTVT-A

### Accessories



Order Code		Product description	Included in delivery
TVA5030		<b>A.M.I. TVA Tunneller</b> Reusable instrument of stainless steel for tunnelling during the following surgery: Treatment of female stress urinary incontinence with the A.M.I. slings.	<b>1 box, delivered non-sterile, steam autoclavable:</b> 1 x A.M.I. TVA Tunneller
TVA5040		<b>A.M.I. TVA Tunneller Slimline</b> Reusable 3.2 mm instrument of stainless steel for tunnelling during the following surgery: Treatment of female stress urinary incontinence with the A.M.I. slings.	<b>1 box, delivered non-sterile, steam autoclavable:</b> 1 x A.M.I. TVA Tunneller Slimline
TOA5130		<b>A.M.I. TOA Tunneller</b> Reusable instrument of stainless steel for tunnelling during the following surgery: Treatment of female stress urinary incontinence with the A.M.I. slings (outside-in technique).	<b>1 box, delivered non-sterile, steam autoclavable:</b> 1 x Pair of A.M.I. TOA Tunneller
TOA5170		<b>A.M.I. TOA Tunneller Slimline</b> Reusable 3.2 mm instrument of stainless steel for tunnelling during the following surgery: Treatment of female stress urinary incontinence with the A.M.I. slings (outside-in technique).	<b>1 box, delivered non-sterile, steam autoclavable:</b> 1 x Pair of A.M.I. TOA Tunneller Slimline
TOA5140		<b>A.M.I. TOA Tunneller Universal</b> Reusable instrument of stainless steel for tunnelling during the following surgery: Treatment of female stress urinary incontinence with the A.M.I. Slings (inside-out technique).	<b>1 box, delivered non-sterile, steam autoclavable:</b> 1 x Pair of A.M.I. TOA Tunneller Universal
TOA5180		<b>A.M.I. TOA Tunneller Universal Slimline</b> Reusable 3.2 mm instrument of stainless steel for tunnelling during the following surgery: Treatment of female stress urinary incontinence with the A.M.I. Slings (inside-out technique).	<b>1 box, delivered non-sterile, steam autoclavable:</b> 1 x Pair of A.M.I. TOA Tunneller Universal Slimline





## Overview

### Contained Laparoscopic Power Morcellation

### Laparoscopic power morcellation Containment bag system for power morcellation

Order Code		Product description	Included in delivery
<b>ICT5011</b>		<b>i-Cut</b> Single-use laparoscopic morcellation device.	<b>1 box, delivered sterile:</b> 1 x i-Cut incl. obturator
<b>ICT5020</b>		<b>i-Cut Power Supply Typ C – Euro</b> Reusable power supply unit for i-Cut ICT5011  Additionally available: ICT5030 i-Cut Power Supply Type G ICT5040 i-Cut Power Supply Type I ICT5050 i-Cut Power Supply Type A ICT5060 i-Cut Power Supply Type C - Korea	<b>1 box, delivered non-sterile:</b> 1 x i-Cut Power Supply (ICT5010) 1 x Country specific adapter (power cord)

## Accessories

<b>MCS5111</b>		<b>More-Cell-Safe 0°</b> System for reduction of cancer cell spillage during power morcellation in laparoscopic surgery. Including Visi-Shield for 0° optics to prevent camera contamination.	<b>1 box, delivered sterile:</b> 10 x More-Cell-Bag 10 x Visi-Shield 0°
<b>MCS5151</b>		<b>More-Cell-Safe 30°</b> System for reduction of cancer cell spillage during power morcellation in laparoscopic surgery. Including Visi-Shield for 30° optics to prevent camera contamination.	<b>1 box, delivered sterile:</b> 10 x More-Cell-Bag 10 x Visi-Shield 30°



The products contained in this brochure meet the requirements of the Medical Device Directive 93/42/EEC and are accordingly marked with the CE mark: IST1010, IST1040, TVA5030, TVA5040, TOA5130, TOA5170, TOA5140, TOA5180, IGY-BAR



The products contained in this brochure meet the requirements of REGULATION (EU) 2017/745 and are labelled with the CE mark accordingly: ECA1020, ECA1030, ECA1040, ECA1110, ICT5010, IST1020, IST1050, IST1060



The products contained in this brochure meet the requirements of the Medical Device Directive 93/42/EEC and are accordingly marked with the CE mark: BSC5001, IGY5961, IGY5951, IGY5561, IGY5551, IGY5981, IGY5971, IGY5581, IGY5571, IGY5921, IST1011, IST1031, IST1021, IST1051, PFR5641, PFR5651, PFR5681, PFR5731, PFR5711, PFR5721, ESI1510, ESI1520, ESI1530, ESI1310, ESI1320, EIR1510, EIR1520, EIR1530, EIR1310, EIR1320, EAS1510, EAS1520, EAS1530, EAS1310, EAS1320, ESH1510, ESH1520, ESH1530, ESH1310, ESH1320, ESI1131, ESI1151, ESI1120, ECI1031, ECI1020, EDI1031, EDI1020, EDI1051, EVI1011, ESM1011, EDM1011, ECM1011, PFR5021, TVA5021, TOA5121, SUI5011, SUI5021, ICT5011, MCS5111, MCS5151

The product More-Cell-Safe is approved in the USA under the name More-Cell-System.510(k) number: K192898

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