

### ENDOSCOPE REQUIREMENTS

- Make sure OR has appropriate scope PRIOR to the day of surgery. See reverse side for options.
- A 26-28F continuous flow system and inner sheath with fiber stabilization guide large enough for DuoTome 7.2F diameter is needed. May use smaller continuous flow system as long as inner channel for fiber is large enough – 8F is safe bet.

### IRRIGANT

- Holmium provides excellent results with any surgical irrigation solution. Irrigant selection is left to the discretion of the user.
- Irrigants can include saline (which eliminates potential for dilutional hyponatremia), water or any solution the user deems safe for the patient.

### DUOTOME ORIENTATION

Review fiber tip orientation markings with user PRIOR to the procedure.

- Solid black line: laser energy is directed 180° to the solid line.
- Broken black lines (left and right of the solid line): laser energy is directed 90° to the broken lines.
- Solid circumferential line: should ALWAYS be visible in the field of view when laser is activated. Damage to the scope may occur if laser is activated when fiber tip is pulled toward the endoscope so that the solid circumferential line is no longer visible.
- The laser energy exit site is the “window” area opposite the solid line and distal to the solid circumferential line.
- The laser energy is delivered at a 70° angle to tissue from the exit window.
- The small round opening proximal to the solid circumferential line is a manufacturing fiber assembly secure point. This opening should not be confused with the laser energy exit point.

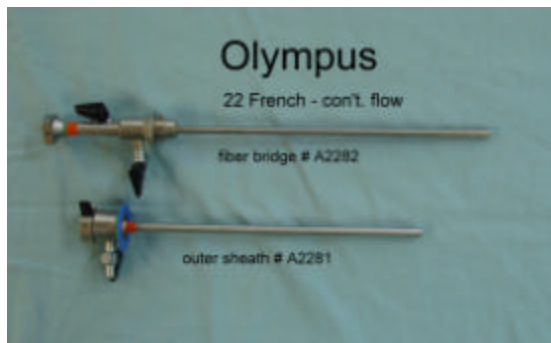
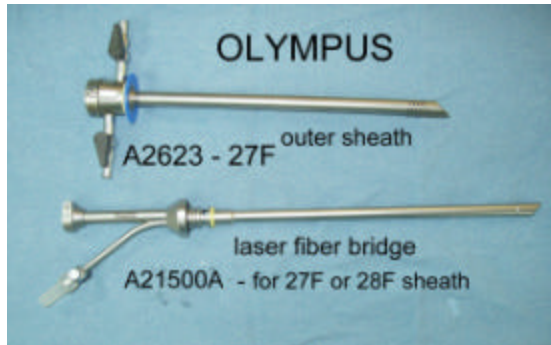
### HANDPIECE ADJUSTMENT

- Move handpiece or red colored “steering nut” to the desired position by loosening the front section nearest the fiber tip until the entire handpiece slides easily along the rigid tubing.
- Fasten the steering nut in place by tightening the front section until handpiece sits securely on rigid tubing.

### TECHNIQUE TIPS

1. The energy exit window should be in contact or as close to tissue as possible to achieve maximum and effective tissue response.
2. Avoid impaling or burying fiber tip into tissue, as this prevents irrigation flow needed for proper tip cooling and will permanently damage fiber.
3. If a major portion of the exit window is visible, laser energy is probably being “wasted” and is not effectively ablating tissue. Keep exit window directed toward tissue when laser is activated.
4. To establish an initial working plane, employ steady, deliberate movements with the fiber. Starting at the bladder neck, the fiber is drawn through the prostatic tissue to create an incision or “trench”. Multiple passes may be necessary to reach the desired depth and view the capsular landmarks. The trench location is at the discretion of the user – generally either at the 5 and 7 o’clock or 6 o’clock position.
5. After establishing the working trench plane, the lateral lobes are vaporized by using a gentle “rocking” technique. The energy exit window is rotated from side to side with the steering nut to expand and widen the incision.
6. To avoid damage to the seminal ducts, periodically confirm tissue treatment margin and proximity of the veru montanum.
7. To coagulate, direct the laser energy at the bleeder – be sure to remain in contact with the tissue. Depending on variables (size of vessel and user technique), this action may need to be repeated to effect hemostasis.
8. If small sections of prostate tissue are enucleated during ablation, the small tissue pieces can be removed by using an elik evacuator at the completion of the procedure.

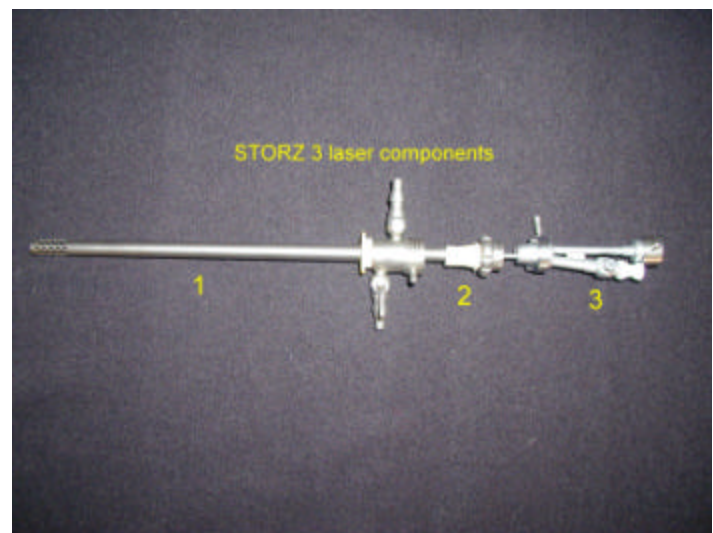
### OLYMPUS SCOPES



### CIRCON ACMI SCOPES



### KARL STORZ SCOPES



### OTHER KARL STORZ OPTIONS

- 26F outer sheath 27040SL, inner sheaths 27050SF, 27040LB, and fiber guide 27040XAL.
- 28F outer sheath 27040SM may also be used.