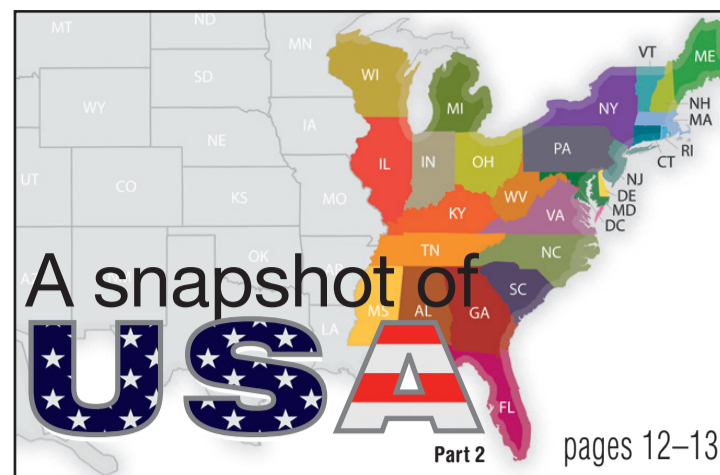


# BIARIATRIC NEWS

THE NEWSPAPER DEDICATED TO THE TREATMENT OF OBESITY FOR THE HEALTHCARE PROFESSIONAL



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## Time for a change in surgical stapling – introducing the Touchstone Circular Staple Gun

There are many elements to contemporary laparoscopic bariatric surgery and many components that come together to achieve a successful procedure. As well as a dedicated and talented multi-disciplinary team, there are also the more technical aspects of the procedure and the technologies that aid the surgical team.

ANASTOMOSIS IS ONE technical aspect of (laparoscopic) bariatric surgery that is crucial to success; it is highly dependent on technology and is at the core of the patient's safety. In this issue, *Bariatric News* examines the Touchstone Circular Stapler Gun, an innovative device that its developers believe exceeds the limitations of current stapling devices without compromising ease-of-use or patient safety by maintaining excellent outcomes.

### Touchstone Circular Stapler Gun

"I was more or less happy with the other two staplers on the market but there are two limitations," said Dr Rudolf Steffen, Center of Excellence Hospital for Bariatric Surgery Beau-Site Clinic, Berne, Switzerland. "The first is that it can be difficult to withdraw the stapling device, you have to go back and forth and it's a concern that you will damage the anastomosis. Secondly, if you are not familiar with a stapling device sometimes you inadvertently 'fire' the device twice, the knife will emerge without the staple and can cut, and subsequently, destroy the anastomosis.

### Rotating blade

As a result, the Touchstone device was designed with two important components: a built-in automatic safety lock to prevent accidental firing and a Rotation Blade System for easy and precise cutting. "With the Touchstone it is a major advantage that stapler cannot 'fire' twice. Once fired, the knife is blocked preventing any damage to the anasto-

mosis," added Dr Steffen. "In addition, the gun has a rotating blade (a cutting knife) and this allows you to withdraw the stapler with ease without damaging the anastomosis."

The Touchstone device is simple to use and requires no special training or skills. According to Dr Steffen, a surgeon who is new to the device will need to be coached at the beginning, this is true with all devices, but if the surgeon is familiar with stapler devices they will be competent after five cases.

"We started to use the stapler in May 2009 and we are currently putting together a clinical report, which will include approximately 100 bariatric patients (and 100 colorectal resections)," said Dr Steffen. "The outcomes have been excellent. From the 100 bariatric patients, we have had zero leaks and zero bleeding. I can report no problems



Rudolf Steffen

ful anastomosis," he concluded. "The Touchstone Circular Gun significantly facilitates anastomosis and makes the

**“** The outcomes have been excellent. From the 100 bariatric patients, we have had zero leaks and zero bleeding. I can report no problems withdrawing the gun. **”**

of withdrawing the gun."

"Overall, I would say that when it comes to safety there are two features that at least make the Touchstone equivalent to current devices; the inability to 'fire' twice and the rotating blade. These two elements enhance the surgeon's ability to achieve safe and success-

performance of bariatric surgery more convenient."

### Circular Staple Introducer

In addition, Dr Steffen also discussed a new device to aid transabdominal circular stapler introduction and anvil placement – the Circular Stapler Introducer

(CSI). The insertion of a (blunt) circular stapling device through the thickness of the abdominal wall can be time-consuming and technically difficult.

The CSI was designed and developed with these issues in mind; to protect the head of the circular stapler and to facilitate the safe introduction with the advancement of the circular stapler without affecting the anastomosis. One of the key design features is the sliding introduction of the circular stapling head thereby protecting it as it passes through the thick abdominal wall. The material of the CSI is TPE Santoprene 283-40 MED with a pronounced tip to overcome gastric wall resistance.

"When it comes to bariatric patients then we are faced with the problem of an abdominal wall that could be 10-15cm in thickness and to introduce a stapler is difficult, but not with the CSI device," said Dr Steffen.

Furthermore, the device remains on the shaft of the stapler until the anastomosis is completed and therefore does not occupy any additional intra-abdominal space and requires not extra effort for extraction. The CSI was designed for use with the preferred 25mm circular stapler although it can also be used for the 21mm circular staplers. "I know the Ethicon and Covidien stapler have extra long staplers for morbidly obese patients. So far, the CSI has only one size, but it has never occurred to me that it is too short," commented Dr Steffen. "I have operated on patients with a BMI >60 and the length has never been an issue."

