

Among the spay kits and bowel clamps you will find a good range of soft tissue retractors.

Our own instruments carry our lifetime warranty against manufacturing defects.

If you don't see what you need, or need help choosing, please contact us.



# Thoracic Surgery



## Foreign Body Retrieval Forceps

“One day you will need one of these”



Our family of Foreign Body Retrieval Forceps has grown! We now offer a range of forceps to cover every eventuality from a bone in the oesophagus of a large dog to a grass seed in a cat trachea.

The Forceps may be guided by rigid or flexible endoscopes or fluoroscopy. In exceptional cases retrieval may be achieved by ‘feel’. It is helpful to inflate the oesophagus prior to withdrawal of spiky objects. Video of Alasdair Hotson-Moore of Bath Veterinary Referrals locating and retrieving a bone body may be viewed at [www.vetinst.com/videos](http://www.vetinst.com/videos)

The teeth face backwards for maximum grip. When closed the jaws are atraumatic for minimal damage to the oesophagus or trachea.

The “One day you will need these” reflects our experience of desperate phone calls which end in us sending a pair of foreign body forceps by same day courier at great expense.

- Backward facing teeth for maximum grip
- Jaws are externally atraumatic
- Shaft diameter as small as possible
- Large Forceps jaws are angled when closed so that when open they sit mid oesophagus.



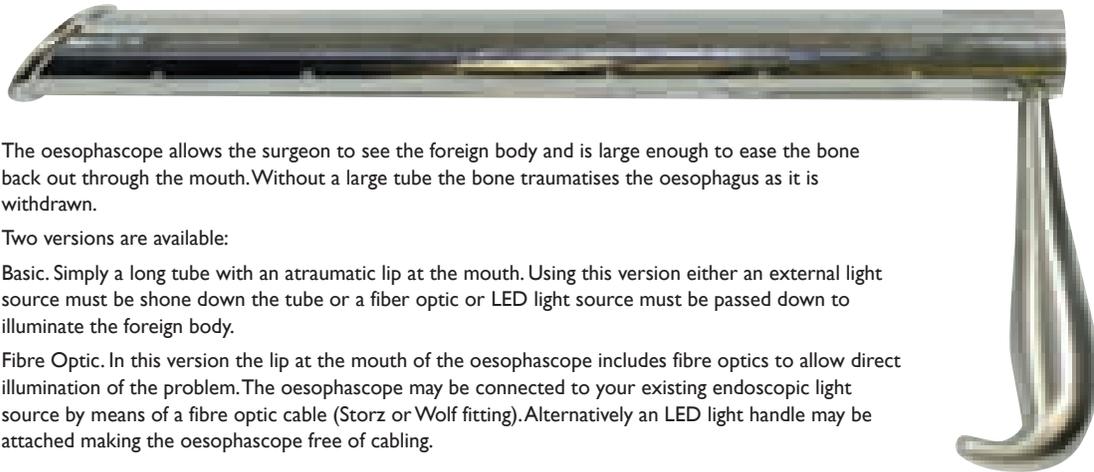
Photo & case Alasdair Hotston Moore

### FOREIGN BODY RETRIEVAL FORCEPS

		Shaft Length
<b>014097</b>	Foreign Body Retrieval Forceps	640mm
<b>014097M</b>	Foreign Body Retrieval Forceps	500mm
<b>014097F</b>	Foreign Body Retrieval Forceps	400mm
<b>014097XF</b>	Foreign Body Retrieval Forceps	400mm
<b>014097XXF</b>	Foreign Body Retrieval Forceps	220mm

	Dia at Jaws (mm)	Length at Jaws (mm)	Shaft Dia (mm)	Shaft Length (mm)
<b>014097</b>	13.0 x 9.0	34	7.5 x 6.0	640
<b>014097M</b>	11.5 x 6.0	31	6.5 x 5.0	500
<b>014097F</b>	5.6 x 4.2	15.5	4.0 x 3.0	400
<b>014097XF</b>	4.5	11.5	3.5	400
<b>014097XXF</b>	3.3	8.0	2.5	220

### Foreign Body Oesophoscope



The oesophoscope allows the surgeon to see the foreign body and is large enough to ease the bone back out through the mouth. Without a large tube the bone traumatises the oesophagus as it is withdrawn.

Two versions are available:

**Basic.** Simply a long tube with an atraumatic lip at the mouth. Using this version either an external light source must be shone down the tube or a fiber optic or LED light source must be passed down to illuminate the foreign body.

**Fibre Optic.** In this version the lip at the mouth of the oesophoscope includes fibre optics to allow direct illumination of the problem. The oesophoscope may be connected to your existing endoscopic light source by means of a fibre optic cable (Storz or Wolf fitting). Alternatively an LED light handle may be attached making the oesophoscope free of cabling.

Each version of the Oesophoscope is available as a boxed set of three instruments plus a Cleaning Brush.

1. 29mm x 450mm Long
2. 29mm x 300mm Long
3. 20mm x 300mm Long

The LED Light Handle is supplied with a Storz fitting and may also be used to illuminate arthroscopes, laparoscopes and rhinoscopes. Adaptors are available for other light fittings.

#### OESOPHASCOPE

- OESSETB** Oesophoscope Set Basic No Fibre Optic
- OESSETFO** Oesophoscope Set Basic Fibre Optic Version
- OESLH** LED Light Source Handle

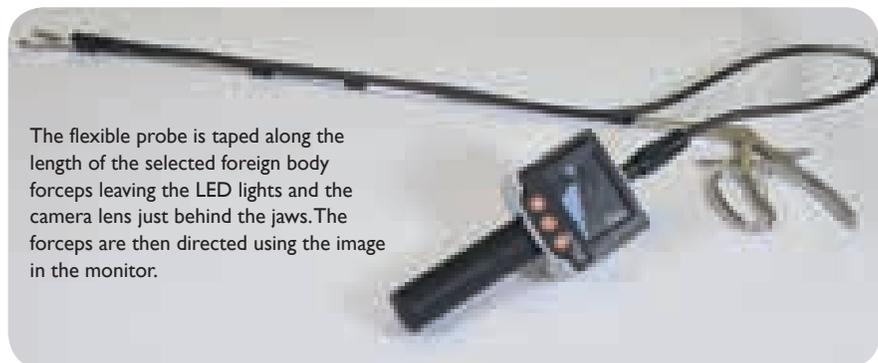


FO Oesophoscope with LED Handle



FO Oesophoscope with FO cable Handle

### Flexible LED Camera



The flexible probe is taped along the length of the selected foreign body forceps leaving the LED lights and the camera lens just behind the jaws. The forceps are then directed using the image in the monitor.

Once the diagnosis of oesophageal foreign body has been made it is a challenge to see and grasp the bone prior to withdrawal or pushing into the stomach. The lining of the oesophagus is usually traumatised and friable. Repeated 'blind' attempts are likely to end in tragedy even if the foreign body is retrieved.

The Flexible Camera with incorporated LED light source enables the surgeon to direct the foreign body forceps into position and grab the bone ready for retrieval. The image is viewed on a bright 50mm x 35mm monitor. Alternatively the video output may be fed into a standard monitor or computer for viewing or image capture.

To further minimise trauma to the oesophagus the Flexible LED Camera should be used in conjunction with the Oesophoscope.



The camera allows you to see exactly what you are doing so that you can lock onto the bone rather than damage the oesophageal wall.

#### FLEXIBLE LED CAMERA

- LEDFC** Flexible LED Camera

**Disgorger - Canine**



Ingested fish-hooks are seen commonly in many practices. If they are stuck in the oesophagus, they can be challenging to remove, even with endoscopy. Although very much larger, our disgorger is of a design that will be familiar to many fishermen. The device allows for the hook point to be pushed back out of the wall of the oesophagus the way it came and then either retrieved via the mouth, or if it is a multi-pointed hook, to be gently pushed into the stomach for removal via a gastrotomy.

**DISGORGER - CANINE**

**014010** Disgorger Canine 10mm Total Length 800mm

**Thoracic Surgery Kit**

- as used by the Cambridge Vet School



Working inside the chest of medium and large dogs will require extended instrumentation. The instruments listed below represent a reasonable kit. In addition a pair of rib retractors will be required. Other useful instruments include extra long Metzenbaum scissors and right angled forceps (Lahey cholecystectomy clamp and small right angled forceps).

Various specialist items are listed.

**THORACIC SURGERY KIT - AS USED BY THE CAMBRIDGE VET SCHOOL**

- 106205** 45 Degree Curved Forceps 220mm
- 105415** 90 Degree Curved Forceps 245mm
- 754060** Metz Scissors Str 235mm T.C.
- 754120** Metz Scissors Curved 235mm T.C.
- 342020** DeBakey Thumb Forceps 205mm
- 347665** Rat Tooth Thumb Forceps 205mm
- 602010** Debakey Needleholders T.C. 200mm
- 347655** Dressing Forceps 205mm
- 2685/03** Satinsky Clamps 160mm long 20mm jaw
- 2685/05** Satinsky Clamps 200mm long 30mm jaw
- CAMTHORKIT** All the above in a stainless steel case

**Spencer Wells**



Standard veterinary artery forceps.

**SPENCER WELLS**

- 106600** Spencer Wells Artery Forceps Str 12.5cm 5"
- 106605** Spencer Wells Artery Forceps Str 15cm 6"
- 106610** Spencer Wells Artery Forceps Str 18cm 7"
- 106615** Spencer Wells Artery Forceps Str 20cm 8"
- 106620** Spencer Wells Artery Forceps Str 23cm 9"
- 106621** Spencer Wells Artery Forceps Str 30cm 12"

**Right Angled Clamps**

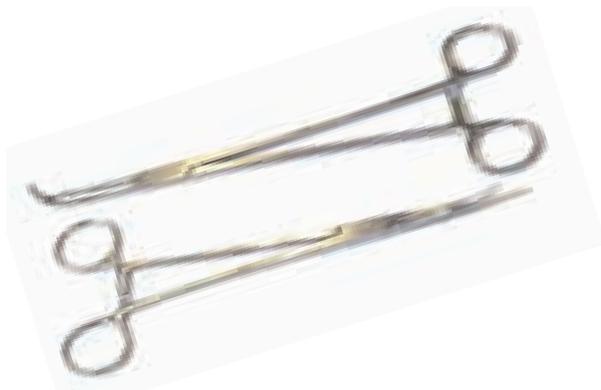


Typically used to dissect around a patent ductus arteriosus and then pull through appropriate ligative material.

**RIGHT ANGLED CLAMPS**

- 014051** Right Angled Lahey Cholecystectomy Clamps 195mm Long
- 014052** Small Right Angle Clamps 160mm Long
- 014052S** Small Right Angle Clamps without Ratchet 160mm Long

**Curved Forceps - Long**



**CURVED FORCEPS - LONG**

- 106205** 45 Degree Curved Forceps 220mm Long
- 105415** 90 Degree Curved Forceps 245mm Long

**Rib Shears**



**RIB SHEARS**

- 014056** Rib Shears 220mm Long

**Rib Retractor Finnochetto**



Finnochetto is the standard rib retractor available in large and small.



**RIB RETRACTOR**

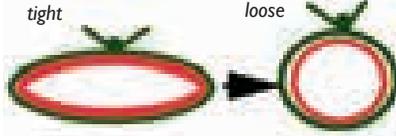
- 704000** Rib Retractor Finnochetto - Small (95mm spread)
- 704005** Rib Retractor Finnochetto - Large (130mm spread)

## Ovariohysterectomy

Because ovariohysterectomy is the procedure most commonly performed in practice there is an expectation that all qualified veterinary surgeons have high level of competency in the technique. Ovariohysterectomy is not a simple technique and things can go badly wrong despite surgeons following what appears to be a straightforward step by step approach. Many young surgeons have been badly traumatised by the learning curve involved in becoming adept at this fundamental procedure. 'Cannot even spay a bitch' is a heavy burden. Calling in the senior partner to deal with a bleeder does not add to one's self confidence.

This was confirmed by a paper by Tivers etal (JSAP 46, 430-435) which reported that 50% of graduates no longer used the technique in which they were trained. The standard 3 clamp technique for tying off the ovarian pedicle is very effective when performed correctly. However it is often the case that the clamps are applied with the ovary under significant tension so that the clamps are placed very close together. Once the central clamp is removed in these circumstances, because of the tension and the limited space, the crushed pedicle cannot be pulled into a tight circle by the ligature. Instead the pedicle is often tied off with an oval. In that the circumference of an oval is greater than that of a circle with similar area, as soon as the outer clamps are released the pedicle reverts to a circle and the once tight ligature becomes loose and the artery bleeds.

This can be managed by reducing the tension on the pedicle by breaking down the round ligament, exteriorising the ovary and applying the clamps slightly further apart. These subtleties are best learnt by practical training. Supervising surgeons have developed the 'knack' but may not be aware of the issues.



Included in this section are two aids which assist in the exposure and ligation of the ovarian pedicle. The new Howard 'B' clamp and the well established Hauptman retractor. Videos of both instruments may be viewed or downloaded from [www.vetinst.com/ovariohysterectomy](http://www.vetinst.com/ovariohysterectomy).

### Howard 'B' Ovariohysterectomy Clamp

Feline spay showing ovary exteriorised and ovarian pedicle 'collected' ready for ligation.



Case: Howard Taylor

Designed and developed in practice by Howard Taylor who recognised that ovariohysterectomy was far from straightforward, particularly but not exclusively for recent graduates.

The Clamp has a number of features which assist the surgeon in the exposure and ligation of the ovarian pedicle.

- The ligature material is preloaded onto the forceps which takes it through the broad ligament.
- Longitudinal grooves in the jaw minimise slippage
- As the forceps are rotated the 'B' shaped extension 'collects' and brings together the structures of the pedicle ready for tying.
- The forceps sit outside the incision to exteriorise the pedicle

The ligature is tied without precrushing but is retained by a small haemostat to check for bleeding prior to closure. Visit [www.vetinst.com](http://www.vetinst.com) to view a surgical video.

#### HOWARD 'B' OVARIOHYSTERECTOMY CLAMP

**546470** Howard 'B' Ovariohysterectomy Clamp 160mm Long

## Ovariohysterectomy

### Spay Hooks



Use to atraumatically lift uterine horns.

#### SPAY HOOKS

**014320** Spay Hook Small 130mm Long  
**014325** Spay Hook Large 170mm Long

### Spay Forceps



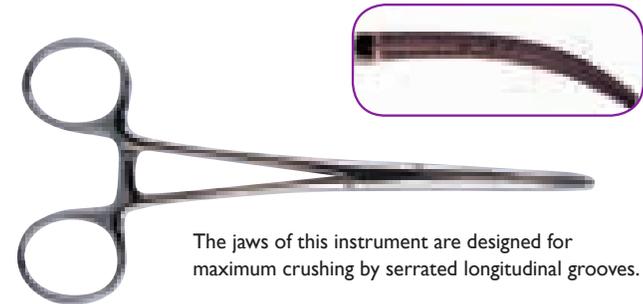
'Sturdy' type. Atraumatic spay forceps-tips have fine toothed DeBakey type form.

#### SPAY FORCEPS

**014211** Spay Forceps 5" 125mm Long  
**014218** Spay Forceps (DeBakey Type) 5" 125mm Long

## Spay Clamps

### Angiotribes

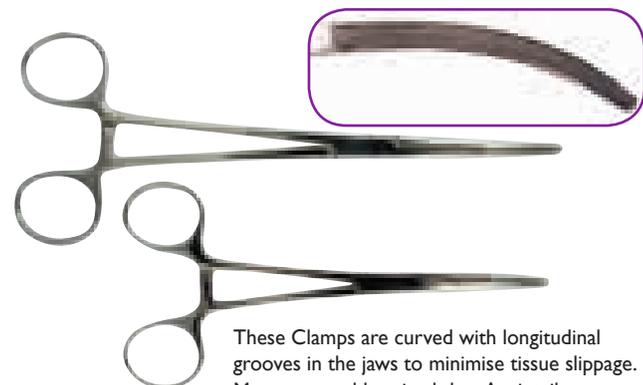


The jaws of this instrument are designed for maximum crushing by serrated longitudinal grooves.

#### ANGIOTRIBES

**014304** Angiotribes Straight 6.5" 160mm  
**014305** Angiotribes Curved 6.5" 160mm  
**014301** Angiotribes Straight 8" 200mm  
**014302** Angiotribes Curved 8" 200mm

### Hysterectomy Clamps (Carmault)



These Clamps are curved with longitudinal grooves in the jaws to minimise tissue slippage. More reasonably priced than Angiotribes.

#### HYSTERECTOMY CLAMPS

**014307** Hysterectomy Clamp (Carmault) 200mm Long  
**014309** Hysterectomy Clamp (Carmault) 160mm Long

## Spay Retractors

### Hauptman Retractors



This Retractor designed by Joe Hauptman at Michigan maintains distal retraction of the ovary during ligation of the ovarian pedicle. This is the crucial part of the procedure which can be a challenge for even experienced surgeons. This Retractor simplifies the task considerably.

For a free CD on the technique phone or e-mail info@vetinst.com

#### HAUPTMAN RETRACTOR

- 014400 Small Hauptman Retractor 10mm Blade
- 014410 Medium Hauptman Retractor 15mm Blade
- 014420 Large Hauptman Retractor 20mm Blade

## Spay Kits



It is convenient and cheaper to purchase your spay packs as kits.

We appreciate that instrument selection is a matter of personal choice so if you wish to adjust the contents to suit your practice that is fine. We will customise the Kits to your requirements. Provided the number of instruments stay the same there will be no additional charge assuming that the changes are 'like for like'.

### Feline Spay Kit

- Stainless Autoclave Case
- Metz Scissor Str 14.5cm
- Sturdy type Spay Forceps
- Adson Rat Tooth Forceps
- Halstead Mosquito Forceps x 2
- Fenestrated Drape
- Cross Action Towel Clips x 2
- Olsen Hegars 15.5cm
- Spencer Wells cof x 2
- Scalpel Handle No. 3

### Canine Spay Kit

- Stainless Autoclave Case
- Curved Hysterectomy Clamps x 2
- Mayo Scissors 14cm Straight
- Rat Toothed Treves 14cm
- Spencer Wells 14cm Curved x 4
- Allis Tissue Forceps x 2
- Fenestrated Drape
- Olsen Hegars 16.5cm
- Cross Action Towel Clips x 4
- Scalpel Handle No. 3

### SPAY KITS

- SPAYFEL** Cased Feline Spay Kit
- SPAYCAN** Cased Canine Spay Kit

## Miscellaneous Obstetrical Items

Miss Freakes Whelping Forceps



Hobdays Obstetric Forceps for cats



Killian Bitch Speculum



Vectis Double Ended

### MISCELLANEOUS OBSTETRICAL ITEMS

- 014310 Miss Freakes Whelping Forceps 260mm Long
- 546465 Hobdays Obstetric Forceps for Cats 150mm Long
- 546466 Hobdays Obstetric Forceps for Dogs 210mm Long
- 546468 Obstetric Vectis Double-ended 240mm Long
- 546455 Killian Bitch Speculum Blade Length 650mm Long (2 1/2")

## Gastro-intestinal Surgery in General Practice

Alasdair Hotston Moore MA VetMB CertSAC CertVR CertSAS CertMEd MRCVS - Bath Veterinary Referrals

Veterinary surgeons will often find themselves undertaking gastrointestinal surgery in the clinic, often as a non-elective procedure. With the exception of neutering, it is probably the commonest indication for abdominal surgery. However, since GI surgery is often part of an unplanned "ex-lap", the surgeon must be prepared to manage whatever surgical situation arises. There are several areas in which preparation can be made to achieve the best outcome in such animals:

- preoperative nursing care
- provision of appropriate instrumentation
- provision of appropriate consumables
- knowledge of relevant surgical techniques
- post operative patient care

General nursing care before surgery is key to a good post operative recovery but will not be covered in depth here. However, the role of nursing staff is key to so many aspects of surgery. One small area worthy of specific mention is the role of the nurse in patient preparation for theatre. For the exploratory laparotomy, the patient must be clipped and prepped to allow a complete examination of the abdomen: the surgical field must be large enough to allow extension of the incision up to the xiphisternum (and occasionally cranial to this for hepatic, and gastric surgery) and down to the pubic symphysis. In the male dog, it is useful in addition to place a urethral catheter which is connected to a collection system and to secure the prepuce to one side to reduce the possibility of contamination of the surgical site.

Selection of surgical consumables will play a significant part in improving the efficiency of surgery and reducing patient morbidity (by reducing contamination of the surgical field, for example). In the author's clinic, commercially sterilised disposable drapes and gowns have entirely replaced linen alternatives. The apparent additional cost is balanced by the reduced costs of laundry, packaging and sterilising. Surgical swabs are a similar area worthy of consideration: pre sterilised surgical swabs are reliably sterile, packaged in standard counts and have radio-opaque markers: swab retention is less likely with these precautions and more readily resolved. In human surgery, using swabs that are not radio marked for surgery would be considered unacceptable. Laparotomy swabs (20cm square, radio marked and with tails) are highly recommended for similar reasons, and they are essential for packing and isolating organs during surgery. Modern suture materials should be used in preference to chromic catgut, for example, and high quality packaged suture with swaged on needles have real advantages. Swaged on needles from high end suppliers cause minimal tissue trauma and since they pass through tissues smoothly, the trauma of tissue handling is reduced. In certain situations, surgical staplers (endomechanical devices) offer real advantages to hand suturing. In dogs requiring gastric resection (most commonly associated with gastric dilation-volvulus), the linear cutter reduces surgical time and abdominal contamination, compared to conventional resection and oversewing. For the more commonly performed intestinal resection and anastomosis, a combination of the linear stapler and linear cutter is a time efficient way of performing resection and functional end-to-end anastomosis which is as secure as hand suturing and causes less tissue trauma.

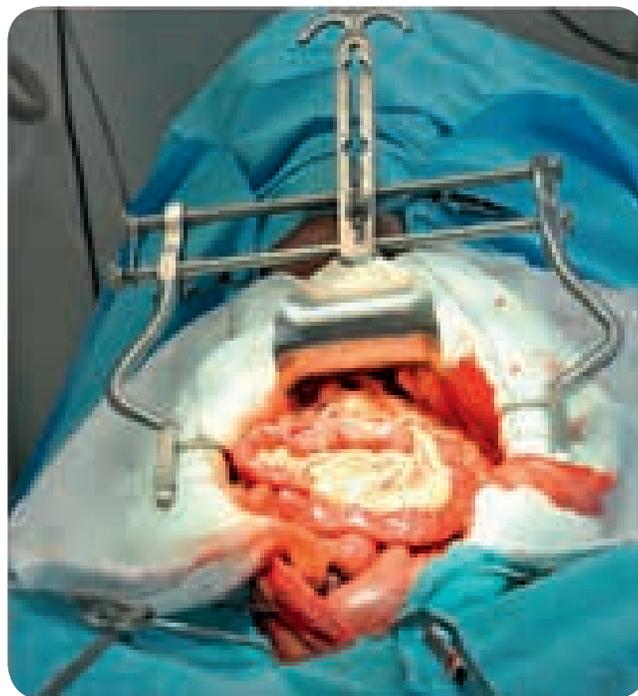
The surgeon should use appropriate surgical instrumentation. The intestine in particular is relatively fragile, especially in the presence of inflammation or obstruction.



Intestinal forceps intended for the purpose should be the only instruments used to occlude the lumen (except of intestine being resected). Doyen's forceps are atraumatic and are ideal. In general they are preferred to an assistant holding the intestine because the risk of slippage and contamination is minimised. During suturing, the intestine should be handled only as much as necessary since it is readily damaged by the surgeon. Standard rat tooth forceps should never be used for this purpose: dressing forceps are also unsuitable because the plain tips must be used with excessive force to hold the tissue. DeBakey forceps or fine toothed Adson forceps are suitable.



For gastric and hepatic surgery in particular, abdominal retractors are necessary to maintain exposure. Depending on the size of the patient, AHM or standard Balfour retractors, Gosset or a ring retractor may be selected.



The surgeon must have the relevant expertise in both diagnosis and surgical techniques. As far as possible, the diagnosis should be made before surgery, but this is not always possible. During laparotomy the surgeon should be able to recognise the common conditions (GDV, intestinal foreign body, linear FB, intussusception, perforation, peritonitis etc.) and have the skills required to deal with them.

If surgical staplers are to be used, the surgeon must have received



## Large Abdominal Retractors

### AHM Balfour Retractor



prior specific training to avoid mistakes with these novel devices. More commonly, hand suturing will be used. Key principles of modern GI surgery include use of monofilament absorbable suture, single layer closure of most viscera and use of a simple continuous suture pattern. Inexperienced surgeons should also select the simplest techniques whenever possible: the outcome is likely to be better than poor application of a more involved procedure. As an example, pyloric resection is technically demanding but rarely indicated. The majority of cases of pyloric obstruction can be managed with pyloromyotomy or Y-U pyloroplasty, rather than a Bilroth procedure. For intestinal resection and anastomosis, an end-to-end technique is used (unless surgical staplers are available) rather than an end-to-side or other alternative. If peritonitis is present, or gross contamination occurs during surgery, the surgeon should have surgical suction available and understand the principles of management of peritonitis: the value of lavage, correction of the underlying problem, application of peritoneal drainage (notably consideration of placement of a suction drain) and provision of assisted feeding.

Recovery of the patient will be improved if the considerations mentioned above have been applied, and logical post operative care is chosen. This is likely to include appropriate antibiotic and fluid therapy, assisted early nutrition and pain management.

Gastro-intestinal surgery is commonly performed but has a significant risk of complications, such as leakage and peritonitis. Attention to the principles of surgery will have a significant impact on reducing these risks. It is an irony of GI surgery that it is often performed as part of "a simple ex lap" by whichever clinician is available, but requires significant skills and experience to achieve the optimum outcome, together with the benefit of some dedicated instrumentation.

The original Balfour has for many years served as the standard large abdominal retractor for canine surgery. However the standard midline canine approach is very different from the standard human approach. Alasdair Hotston Moore has re-visited the original design and has made some significant changes which improve the instrument both in use and sterilisation.

Exploratory surgery of the cranial abdomen in larger dogs presents difficulties of access for all surgeons, but especially when a scrubbed assistant is unavailable. The traditional Balfour Retractor is an ideal instrument for this application in theory, but its practical application is limited by the fact that it is simply too large to fit in the typical benchtop autoclave found in general practice. This modified version allows both arms to be removed from the cross piece, making it small enough to fit easily into a small autoclave. The arm of the "spoon" has also been slightly shortened to achieve this aim. This Retractor is ideal for creating exposure for gastric surgery (especially gastropexy) as well as surgery of the liver and ruptured diaphragm repair.



### Balfour Locking Ring

The central blade in the Balfour slides freely on the back bar and automatically self centers. If the lesion or organ of interest is off centre this is undesirable.

The Balfour Locking Ring fits onto the back bar and may be locked in any position, holding the blade off centre. The Balfour Locking Ring fits all VI Balfours.



Balfour Locking Ring

### LARGE ABDOMINAL RETRACTOR

<b>25-2375AHM</b>	AHM Balfour Retractor 180mm Spread
<b>25-2375</b>	Standard Balfour Retractor 180mm Spread
<b>25-2375R</b>	Balfour Locking Ring
<b>25-2377</b>	Medium Balfour 115mm Spread
<b>25-2376</b>	Baby Balfour Retractor 90mm Spread
<b>703260</b>	Collins Retractor 110mm pread
<b>684755</b>	Morris Retractor 50mm

## Retractors

Good retraction is the key to success in many procedures, especially surgery on deep structures e.g. the pelvis or the larynx.

### Langenbeck



#### LANGENBECK

- 684375     Langenbeck Retractor 6mm Blade 215mm
- 684395     Langenbeck Long Reach 6mm x 35mm Blade 215mm
- 684380     Langenbeck Retractor 13mm Blade 215mm
- 684390     Langenbeck Retractor 20mm Blade 215mm
- 684385     Langenbeck Retractor 25mm Blade 215mm

### Morris Retractor



Much wider than the Langenbeck, good for fat abdomens.

#### MORRIS

- 684750     Morris Retractor 38mm 1.5" 215mm
- 684755     Morris Retractor 50mm 2" 260mm
- 684760     Morris Retractor 65mm 2.5" 220mm

### Senn (Cats Paw) Retractor



#### SENN (CATS PAW)

- 833305     Senn Retractor (Cats Paw) 160mm

### Fat Pad Retractor



Visualisation of the medial meniscus is maximised by retraction of the fat pad. Previously this has been achieved by use of a Senn (Cats Paw) retractor. The Fat Pad Retractor has the same clawed foot but has a much more practical means of holding the instrument.

#### FAT PAD RETRACTOR

- 001114     Fat Pad Retractor 180mm

### Malleable (Walton) Retractors



These flat plates of soft stainless steel are bent intra-operatively to retain abdominal structures.

#### MALLEABLE (WALTON) RETRACTORS

- 687613     Malleable Retractor 13mm 175mm
- 687825     Malleable Retractor 25mm 250mm
- 687651     Malleable Retractor 50mm 330mm

### Collins



The two blades swivel as retraction takes place. They self-centre in the incision.

#### COLLINS

- 703260     Collins Retractor 110mm Spread

### Rib Retractor



Finnochetto is the standard rib retractor, available in large and small.

#### rib RETRACTOR

- 704000     Rib Retractor Finnochetto Small 95mm Spread
- 704005     Rib Retractor Finnochetto Large 130mm Spread

**Gosset Retractor**

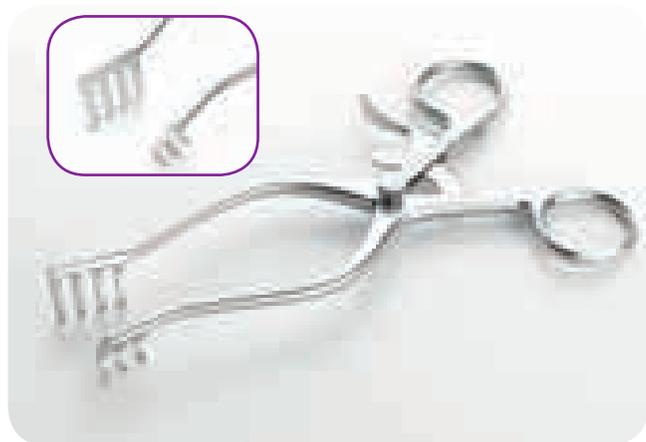


Good as a rib retractor, laparotomy retractor and for retraction of ventral cervical structures during cervical fenestration.

**GOSSET**

- 701550 Gosset Retractor Large 130mm Spread
- 710600 Gosset Retractor Small 100mm Spread

**Travers**



Useful for retraction of skin and superficial soft tissue.

**TRAVERS**

- 703051 Travers Retractor 70mm Spread 16.5cm 6.5"
- 703050 Travers Retractor 90mm Spread 20cm 8"
- 703053 Travers Retractor Mini 43mm Spread 95mm

**Balfour Retractor**



**BALFOUR ABDOMINAL RETRACTOR**

- 25-2375AHM AHM Balfour Retractor 180mm Spread
- 25-2375 Standard Balfour Retractor 180mm Spread
- 25-2375R Balfour Locking Ring
- 25-2377 Medium Balfour 115mm Spread
- 25-2376 Baby Balfour Retractor 90mm Spread
- 703260 Collins Retractor 110mm spread
- 684755 Morris Retractor 50mm

**Weislander**



Arms are flat compared with the Wests. Proportions differ from Travers.

**WEISLANDER**

- 702150 Weislander S/R Retractor Sharp 60mm Gape 14cm 5.5"
- 702152 Weislander S/R Retractor Blunt 60mm Gape 14cm 5.5"

**Aln Skin Retractor**



**ALN SKIN RETRACTOR**

- 252370 Aln Skin Retractor 7.5cm 3"



**West**

Widely used but sharp points tend to snag tissues. Curved arms sit quite nicely on small veterinary patients.

**WEST**

- 703250 West Retractor 50mm Spread 140mm 5.5"
- 703253 Mini West Retractor 40mm Spread 95mm

**Gelpi Self Retaining Retractor**



The Gelpi is an extremely versatile self retaining retractor useful in almost any orthopaedic procedure. Veterinary Instrumentation Gelpis are different from standard Gelpis in two respects:

1. Short blunt tips give focal retraction for precise exposure of the fracture or lesion.
2. The teeth on the ratchet are smaller than usual giving finer control over the spread of the tips.

Gelpis are virtually an extra pair of hands and are invaluable where the surgeon is working without a scrubbed assistant. The curved shape fits nicely on our patients. Useful in the following procedures and many more:

- Total Femoral Head and Neck Excision
- CrCL repairs
- Meniscal examination
- All arthrotomy procedures
- Fracture repairs
- Wobblers
- Laminectomies
- Rib retractors in small patients

Two pairs of Gelpis placed at right angles to one another may be used to create a window into a joint or fracture site.

Gelpis are available in a number of lengths. Measurement 'a' gives the depth of the tips.

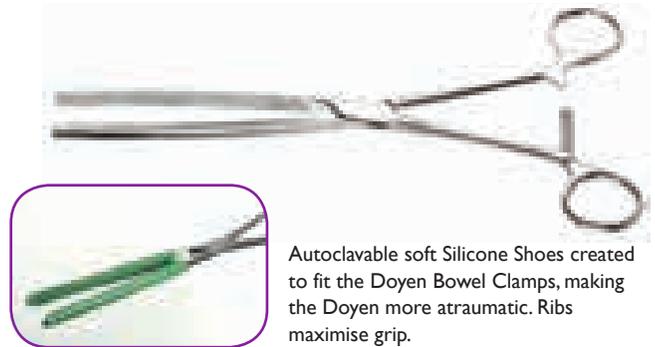


**GELPI SELF RETAINING RETRACTOR**

- 001330** Gelpi Self Retaining Retractor 180mm 120mm Spread (a=20mm)
- 001330SL** Gelpi Self Retaining Retractor with Spinlock for Extra Strength 190mm (a=20mm)
- 001330S** Gelpi Self Retaining Retractor 180mm Sharp Tips (a=20mm)
- 001331** Gelpi Long Reach 200mm (a=40mm)
- 001331L** Gelpi Very Long Reach 200mm (a=60mm)
- 001332** Gelpi Small 50mm Spread 135mm (a=15mm)
- 0013301** Gelpi Mini Flat 45mm Spread 90mm (a=15mm)
- 0013302** Gelpi Mini Curved 45mm Spread 90mm (a=15mm)
- 001333** Odd Leg Gelpi Pair 205mm (a=25/40mm)
- 001334** Odd Leg Gelpi Short Pair 130mm (a20/30)
- 001330BUNGEE** Gelpi Bungee Retractor

**Bowel Clamps**

**Doyen Bowel Clamp & Silicone Shoes**



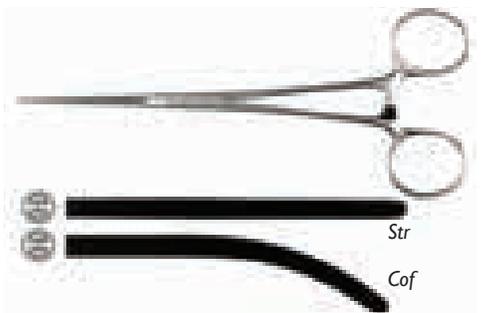
Autoclavable soft Silicone Shoes created to fit the Doyen Bowel Clamps, making the Doyen more atraumatic. Ribs maximise grip.

**DOYEN BOWEL CLAMP & SILICONE SHOES**

- 201950** Bowel Clamps Doyen Str 9.5" 24cm
- 201955** Bowel Clamps Doyen Cof 9.5" 24cm
- EXTR201950/3** Silicone Shoe for Doyen Bowel Clamps 3 Pairs
- EXTR201950/10** Silicone shoe for Doyen Bowel Clamps 10 pairs
- EXTR201950/20** Silicone shoe for Doyen Bowel Clamps 20 pairs

**Atraumatic Small Bowel Clamp**

Jaw design gently holds and seals the bowel with a minimum of pressure and trauma. The fine ratchet facilitates gentle yet secure application.



**ATRAUMATIC SMALL BOWEL CLAMP**

- 222165** Bowel Clamps Small Animal Atraumatic Str 170mm Long
- 222170** Bowel Clamps Small Animal Atraumatic Cof 170mm Long

**Resano Bowel Clamp**



**RESANO BOWEL CLAMP**

- 201956** Resano Bowel Clamp 250mm Long

**Lloyd Davis Bowel Clamp**



Similar to the Resano in style but with a greater angle on the tips.

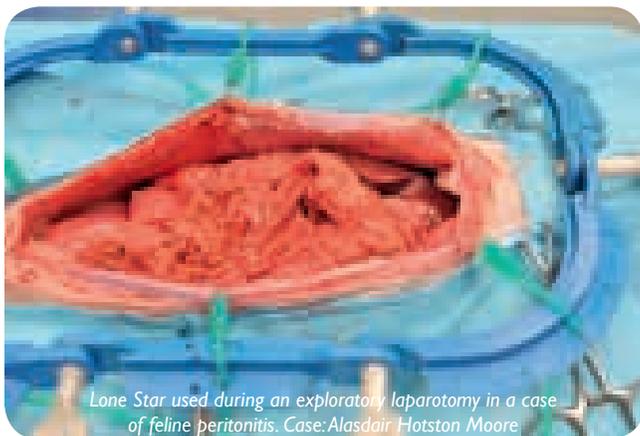
**LLOYD DAVIS BOWEL CLAMP**

- 201952** Lloyd Davis Bowel Clamp 250mm Long

### Lone Star Ring Retractor

The Lone Star Retractor is widely used by soft tissue surgeons including Alasdair Hotston Moore and Rob White. The outer slotted ring is hinged to allow conformation to the body shape and to direct the angle of traction of the bungee-type elastic stays. The outer ring segments are manufactured from Noryl resin is supplied sterile and many surgeons re-autoclave. The silicone bungees will tolerate some autoclaving. The elastic stays are manufactured from flexible silicone with the stainless steel hook moulded into an ergonomic finger grip. The silicone shaft is grasped by the slots in the outer ring in an infinite number of positions. The stays may be used to retract different layers of soft tissue with differing tensions and angle of pull. The whole system sits neatly on top of the patient without obscuring the operative field.

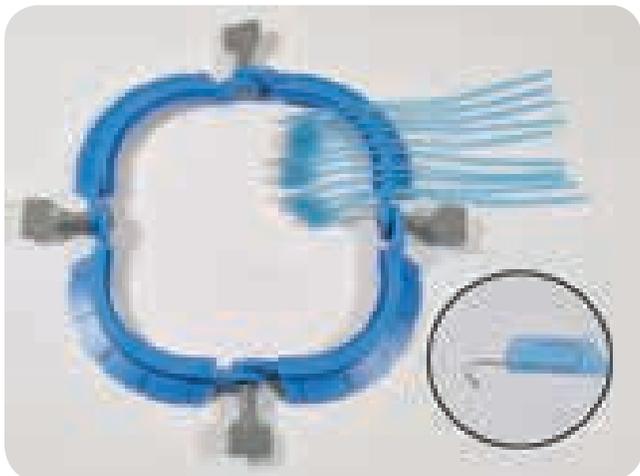
The standard segments creates a square 14cm x 14cm. An extended version creates a rectangle 25cm x 14cm which can be reduced to a square 14cm x 14cm.



Lone Star used during an exploratory laparotomy in a case of feline peritonitis. Case: Alasdair Hotston Moore



Case: Alasdair Hotston Moore Prepubic tendon rupture repair



### LONE STAR RETRACTOR

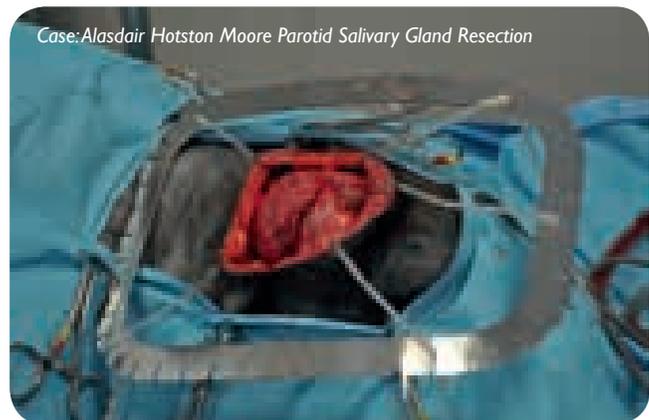
- 702SET** Lone Star Basic Ring Set includes Ring (14 x 14cm) and 50 Stays
- 702000** Lone Star Basic Ring
- 705SET** Lone Star Rectangle Set includes Ring (25 x 14cm) and 50 Stays
- 705000** Lone Star Rectangle
- 702001** Lone Star Elastic Stays 50 x Sterile (Single)
- 702002** Lone Star Elastic Stays 10 x Sterile (Single)

### Ring Retractor

Some abdominal approaches require a more complex retraction system than a simple Balfour or Gossett. The VI. Ring Retractor allows the surgeon to place hooked retractor strips around the periphery of a surgical incision which may then be tensioned individually and retained around the edge of the ring.



The Ring is laser cut from stainless steel which is thin enough to mould to the profile of the patient. Slots are cut every 15mm around the periphery of the ring into which lock one or more retractor strips.



Case: Alasdair Hotston Moore Parotid Salivary Gland Resection

The Strips are manufactured from silicone with a stainless hook. The strips are autoclavable but will require periodic replacement.



All the Rings fit into a standard 'Little Sister' type autoclave.

An Extra Large Ring (220 x 250mm) which can be folded has been added to the range. Once folded the ring will again fit into a standard 'Little Sister' Autoclave.

Please Note: VI Sterile Hooks are compatible with other retractor systems.

### RING RETRACTOR

- 701700** Basic Set including 3 Standard Rings 200 x 130mm, 160 x 85mm & 110 x 40mm Internal and 10 Sterile Hooks
- 701701** Large Ring 200 x 130mm Internal
- 701702** Medium Ring 160 x 85mm Internal
- 701703** Small Ring 110 x 40mm Internal
- 701704** X Large Ring 220 x 250mm Internal
- 701HOOK** Set of 10 of Sterile Hooks

## Drains & Drainage

### Vacuum Drains Concertina Type

Appropriate drainage will make the difference between success and failure, particularly with thoracic surgery. The whole system can be strapped to the patient. Concertina type action creates suction. Each kit includes the drain.



### VACUUM DRAINS CONCERTINA TYPE

- 014062** Vacuum Drainage Kit 50ml 2.5mm Diameter Tube Complete Disposable
- 014063** Vacuum Drainage Kit 20ml 2.0mm Diameter Tube Complete Disposable

### Vacuum Drains – Jackson Pratt Type



### VACUUM DRAINS – JACKSON PRATT TYPE

- 014058** Vacuum Drainage Kit 100ml 3.2mm Diameter Tube Complete Sterile Semi-disposable
- 014059** Vacuum Drainage Kit 200ml 4.8mm Diameter Tube Complete Sterile Semi-disposable

### Pre-Evacuated Bottle Drains

The 400ml Bottle is supplied pre-evacuated complete with perforated drain and introducing needle. The Bottle creates a much higher vacuum more appropriate for chest drains.



### PRE EVACUATED BOTTLE DRAINS

- 014080** Bottle Drain 400ml with I0FG Drain
- 014082** Bottle Drain 400ml with I2FG Drain
- 014084** Bottle Drain 400ml with I4FG Drain
- 014086** Bottle Drain 400ml with I6FG Drain
- 014064** 200ml Evacuated Bottle - no Drain
- 014065** 400ml Evacuated Bottle - no Drain

### Thora-Cath Chest Tubes

A soft silicon chest tube for pneumothorax or haemothorax. 140mm length, graduated at 10mm lengths with radiopaque strip for easy placement. Universal hub connects to standard barbed connector with female luer lock. Also recommended to be used with 3 Way Stopcock. 3 diameters available.



### THORA-CATH CHEST TUBES

- 025612** Thora-Cath Chest Tubes 3.2mm Inner Diameter
- 025613** Thora-Cath Chest Tubes 4mm Inner Diameter
- 025614** Thora-Cath Chest Tubes 4.67mm Inner Diameter
- 025618** Standard Barbed Connector with Female Luer Lock
- 025619** 3 Way Stopcock

### Drain Clamps



Gate Clamp



Tube Clamp

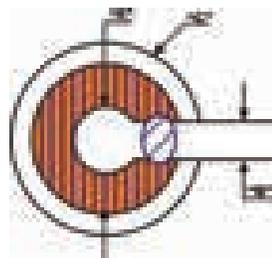
For rapid, complete occlusion use artery forcep style. Where incremental adjustments are required use the Gate Type.

### DRAIN CLAMPS

- 101776** Tube Clamp 190mm 7.5" 190mm Long
- 014066** Gate Clamp

## Ameroid Constrictors

### Ameroid Constrictors



Used exclusively in the surgical treatment of hepatic shunts, the ameroid constrictor gradually occludes the blood vessel in question allowing the circulation to make adjustments. The clay layer expands as it absorbs water constricting the blood vessel within. Supplied sterile. Insertion of metal locking key prevents constrictor from slipping from blood vessel.

**Selection of Ameroid Constrictor.** Once the portosystemic shunt has been identified and exposed it is suggested that a constrictor should be selected which initially encloses the vessel but does not constrict it (Tobias 2009).

### AMEROID CONSTRICTORS

- AC35** Ameroid Constrictor 3.5mm Sterile
- AC50** Ameroid Constrictor 5.0mm Sterile
- AC60** Ameroid Constrictor 6.0mm Sterile
- AC70** Ameroid Constrictor 7.0mm Sterile

## Norfolk Vet Products

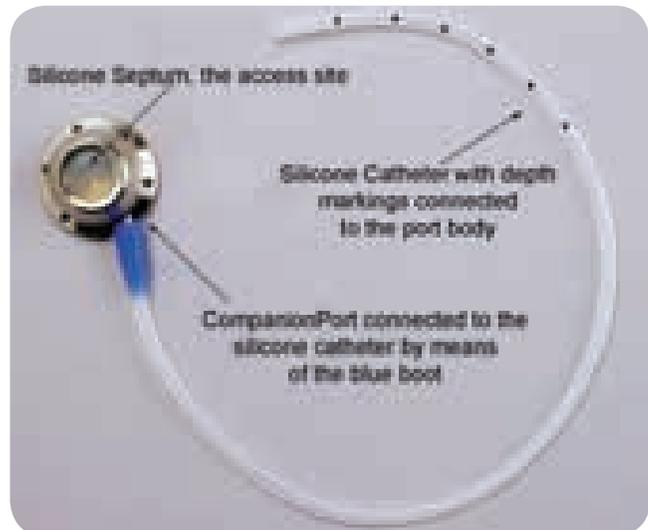


Veterinary Instrumentation is pleased to announce that we are now distributors for Norfolk products alongside DocXS sphincters and occluders. Stock is held in the UK to minimise delays and aid your stock control. As usual these should be available for next day delivery if required.

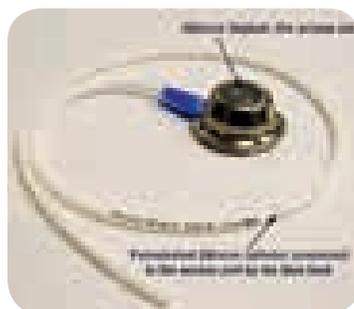
The Norfolk and DocXS products are based around the CompanionPort device. This is a titanium port with a silicone septum which is implanted during a surgical procedure beneath the skin at a suitable site, depending on accessory connection required. The port is then accessed percutaneous using a special non-coring Huber point needle to either withdraw, sample or administer/ flush as required with minimal disturbance and distress to the patient.



### CompanionPort for Vascular Access



### Pleural Port



A very useful member of the Norfolk family, this version of the Port kit consists of a silicone fenestrated catheter for insertion into the thoracic cavity, with a CompanionPort and 3 sizes of Huber needle. All sizes of Huber needle are available to purchase in boxes of 12, for repeat port access.

Indications for use are repeated aspiration of the thoracic cavity, or intracavity chemotherapy.

A surgical procedure under anaesthesia is required to place the catheter initially, but subsequent drainage of the chest can be carried out with no sedation and without struggling with the animal, while they are seated or lying comfortably. This substantially reduces the stress on an animal which usually already has compromised respiration.

A surgical guide and further information is available online at [www.vetinst.com](http://www.vetinst.com) and [www.norfolkvetproducts.com](http://www.norfolkvetproducts.com)

#### PLEURAL PORT

- NOR-PP-102K** Pleural Port - Dogs
- NOR-PP-202K** Pleural Port - Cats

### Huber Needles

These special non-coring needles are required to access the silicone septum of the CompanionPort without the damage associated with traditional needles. They are also known as deflected-point needles. When withdrawn after use, the septum re-seals itself. 3 diameters, in boxes of 12.



#### HUBER NEEDLES

- NOR-NV-PG22-75** Huber Needle 22g 3/4" Black Box of 12
- NOR-NV-PG22-100** Huber Needle 22g 1" Black Box of 12
- NOR-NV-PG20-75** Huber Needle 20g 3/4" Yellow Box of 12
- NOR-NV-PG20-100** Huber Needle 20g 1" Yellow Box of 12
- NOR-NV-PG19-75** Huber Needle 19g 3/4" Brown Box of 12
- NOR-NV-PG19-100** Huber Needle 19g 1" Brown Box of 12

CompanionPort for Vascular Access has many indications for use, including regular repeat blood sampling, administration of chemotherapeutic agents, long term antibiotic therapy, sedation for radiation therapy etc.

The port is placed in a pocket created level with and immediately lateral to the transverse process of the 3rd or 4th cervical vertebrae. The catheter is placed via an incision into the jugular, using the peel-away introducer provided in the kit. The free end of the catheter is tunneled back to the port and secured. The catheter is flushed with saline, and locked with heparin.

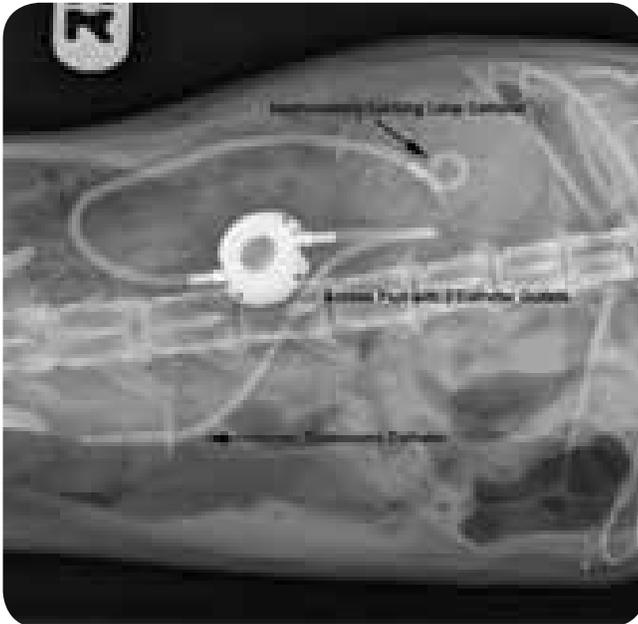
A surgical guide and further information on port access is available online at [www.vetinst.com](http://www.vetinst.com) and [www.norfolkvetproducts.com](http://www.norfolkvetproducts.com)



### COMPANIONPORT FOR VASCULAR ACCESS

- NOR-CP-100K** CompanionPort Vascular Access Le Petite - Small Cats
- NOR-CP202K** CompanionPort Vascular Access Le Port - Cats & Small Dogs
- NOR-CP305K** CompanionPort Vascular Access Le Grande - Larger Dogs

**The SUB™ - A Subcutaneous Ureteral ByPass System**



The SUB™ is a unique system designed for use in dogs and cats. Components of the device are a locking loop pigtail catheter that is placed in the renal pelvis, a fenestrated and cuffed bladder catheter, and a titanium Shunting Port which is positioned subcutaneously. This allows sampling and flushing to be carried out percutaneously.

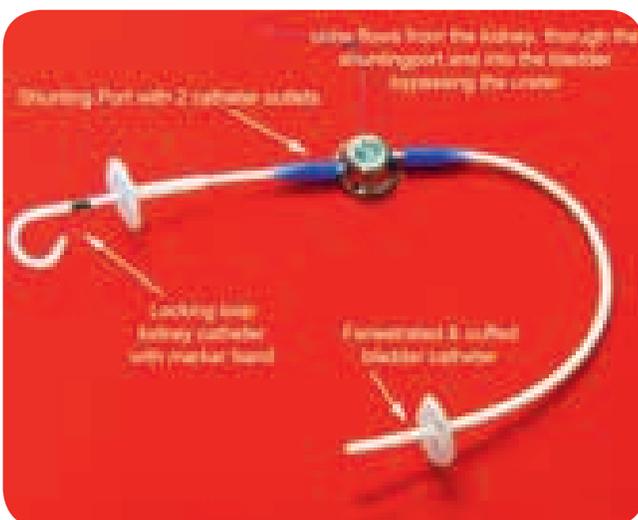
The kidney catheter has an 8mm locking pigtail and tapered tip, to allow easier placement. A metal stiffening cannula and trochar stylet is included. The radiopaque medical grade polyurethane catheter has a marker band at the loop heel for visualisation using fluoroscopy during placement. A version for larger dogs is available with a longer locking loop catheter. This is 38cm compared to the 18cm in the standard kits.

The bladder catheter is made of radiopaque silicone, again visible under fluoroscopy. A new addition is a radio-opaque marker on the bladder catheter to allow surgeons to confirm all the fenestrations are in the bladder.

Indications for use include ureteral strictures and ureteral stent reaction or intolerance. It is contraindicated where coagulopathy or mild hydronephrosis are present.

Additional accessories are available to allow 2 kidney catheters to be connected to 1 bladder catheter.

A surgical guide and further information is available online at [www.vetinst.com](http://www.vetinst.com) and [www.norfolkvetproducts.com](http://www.norfolkvetproducts.com)



**THE SUB™**

- NOR-SUB1001K** Sub Device - Cats & Small Dogs
- NOR-SUB2001K** Sub Device - Larger Dogs
- NOR-BC-7** Bladder Catheter 7FR
- NOR-LL6.5** Kidney (Pigtail) Catheter 6.5FR
- NOR-SUPPORT** 3 Way Sub Port only
- NOR-SUB-PP-3001K** 3 Way PantsPort Sub Kit with Catheter
- NOR-GW-035** J Tipped 0.035" Guide Wire
- I050052** Histoacryl Tissue Glue (Pack of 5)

**Huber Needles**



These special non-coring needles are required to access the silicone septum of the CompanionPort without the damage associated with traditional needles. They are also known as deflected-point needles. When withdrawn after use, the septum re-seals itself. 3 diameters, in boxes of 12.

**HUBER NEEDLES**

- NOR-NV-PG22-75** Huber Needle 22g 3/4" Black Box of 12
- NOR-NV-PG22-100** Huber Needle 22g 1" Black Box of 12
- NOR-NV-PG20-75** Huber Needle 20g 3/4" Yellow Box of 12
- NOR-NV-PG20-100** Huber Needle 20g 1" Yellow Box of 12
- NOR-NV-PG19-75** Huber Needle 19g 3/4" Brown Box of 12
- NOR-NV-PG19-100** Huber Needle 19g 1" Brown Box of 12

**DOCXS Artificial Urethral Sphincter (AUS) Port System**



Artificial Urethral Sphincter (AUS) for use in dogs affected by refractory urinary incontinence where traditional medical treatment fails.

100% medical implant grade silicone rubber cuff & actuator tubing. Biocompatible Titanium Companion Port is secured subcutaneously usually at inner thigh for easy access.

Device can be adjusted by adding/ removing sterile saline percutaneously via the silicone septum of the port using aseptic technique and a non-coring Huber point needle. Two widths and a range of lengths are available. Assess the approximate size required pre operatively using ultrasound. Full Kit available includes access Port, one AUS, two Huber Point needles, and one Huber Point Needle Right Angle Infusion Set 22g. Medium Access Port supplied as standard.

Individual components and more sizes on request.

For surgical guide and more information please contact info@vetinst.com, go to www.vetinst.com or call +44 114 258 8530



**DOCXS AUS PORT SYSTEM KITS**

- DXAUS-KIT-6X11** AUS Port System Kit 6 x 11mm Cuff
- DXAUS-KIT-10X11** AUS Port System Kit 10 x 11mm Cuff
- DXAUS-KIT-8X14** AUS Port System Kit 8 x 14mm Cuff
- DXAUS-KIT-10X14** AUS Port System Kit 10 x 14mm Cuff
- DXAUS-KIT-12X14** AUS Port System Kit 12 x 14mm Cuff
- DXAUS-KIT-14X14** AUS Port System Kit 14 x 14mm Cuff
- DXVO-CATH45** AUS & HSO Backfill/ Flush Catheter

**AUS Port System Kits**

All cuff sizes can be supplied as kits. Full list of components available.

**DOCXS Hepatic Shunt Occluder (HSO) System**

An alternative to cellophane or Ameroid Constrictors, this Device uses incremental hydraulic occlusion via a percutaneous port to progressively control closure of the shunt vessel. The speed of vessel occlusion is under the control of the surgeon and is reversible if necessary without further surgery. The silicone cuff is closed using a suture through 2 eyelets, the actuator tubing fed out to a subcutaneously implanted CompanionPort then gradually closed by injecting saline into the port percutaneously. Cuff width is 7mm. Range of lengths available.



Full kit available includes access port, one HSO, two Huber Point needles, and one Huber Point Needle right angle infusion set 22g. Medium access port supplied as standard

For more information please contact info@vetinst.com, go to www.vetinst.com or call +44 114 258 8530

**DOCXS HEPATIC SHUNT OCCLUDER SYSTEM**

- DXHS-KIT-HS-4** Hepatic Shunt Kit 4mm
- DXHS-KIT-HS-6** Hepatic Shunt Kit 6mm
- DXHS-KIT-HS-8** Hepatic Shunt Kit 8mm
- DXHS-KIT-HS-10** Hepatic Shunt Kit 10mm
- DXHS-KIT-HS-12** Hepatic Shunt Kit 12mm
- DXHS-KIT-HS-14** Hepatic Shunt Kit 14mm
- DXHS-KIT-HS-16** Hepatic Shunt Kit 16mm
- DXVO-CATH45** AUS & HSO Backfill/ Flush Catheter

**Vascular Probe Set**



A Set of 15 Vascular Probes in a fully Autoclavable Stainless Steel Case. The 25mm long angled working tips are of specified diameter permitting accurate documentation of blood-vessel diameter and marriage of blood-vessel diameters when performing vascular anastomoses. With an overall length of 225mm, these are especially useful in abdominal surgery, in particular for documenting hepatic shunts.



The Set includes Probe diameters of 1.25, 1.50, 1.75, 2.00, 2.25, 2.50, 2.75, 3.00, 3.25, 3.50, 3.75, 4.00, 4.50, 5.00 and 6.00mm. Diameters are clearly etched on the handles.

**VASCULAR PROBE SET**

- 0014SET** Vascular Probe Set

**The SkinButton™**



This minimally invasive device provides a needleless route for chronic access to the subcutaneous tissue for fluid therapy.

The medical grade silicone disc is implanted during a short procedure which may be carried out under local anaesthetic.

Once in position the SkinButton is inconspicuous and provides easy access to the subcutaneous tissue.

A blunt needle is inserted into the blue tinted accessing site and the fluid is delivered. On removal of the needle, the accessing septim self seals to provide a closed system.

The SkinButton Implantation Kit includes:

- SkinButton - Round Silicone Disc with a self sealing centre
- 6mm Dermal Punch
- 18g Blunt Accessing Needle
- Kit of 5 18g Blunt Accessing Needles
- Surgical and Accessing suggestions.

The SkinButton is available in one size and suitable for use in all sizes of dogs and cats.

**SKINBUTTON™**

- NOR-SB1001K** SkinButton Implantation Kit - Single
- NOR-SBN-18** SkinButton Needle Kit - 30 x 18g Blunt Accessing Needle with Alcohol Swabs

**Norfolk & DocXS Kits and Components**

**DOCXS KITS**

- DXHS-KIT-HS-4** Hepatic Shunt Kit 4mm
- DXHS-KIT-HS-6** Hepatic Shunt Kit 6mm
- DXHS-KIT-HS-8** Hepatic Shunt Kit 8mm
- DXHS-KIT-HS-10** Hepatic Shunt Kit 10mm
- DXHS-KIT-HS-12** Hepatic Shunt Kit 12mm
- DXHS-KIT-HS-14** Hepatic Shunt Kit 14mm
- DXHS-KIT-HS-16** Hepatic Shunt Kit 16mm
- DXAUS-KIT-6X11** AUS Port System Kit 6 x 11mm Cuff
- DXAUS-KIT-10X11** AUS Port System Kit 10 x 11mm Cuff
- DXAUS-KIT-8X14** AUS Port System Kit 8 x 14mm Cuff
- DXAUS-KIT-10X14** AUS Port System Kit 10 x 14mm Cuff
- DXAUS-KIT-12X14** AUS Port System Kit 12 x 14mm Cuff
- DXAUS-KIT-14X14** AUS Port System Kit 14 x 14mm Cuff
- DXAUS-KIT-CP2** CompanionPort Large Sterile & Huber Needles
- DXAUS-KIT-CP4** CompanionPort Medium Sterile & Huber Needles
- DXAUS-KIT-CP6** CompanionPort Small Sterile & Huber Needles

**DOCXS COMPONENTS**

- DXAUS-4X11** AUS Port Sphincter 4 x 11mm Sterile
- DXAUS-6X11** AUS Port Sphincter 6 x 11mm Sterile
- DXAUS-6X14** AUS Port Sphincter 6 x 14mm Sterile
- DXAUS-8X11** AUS Port Sphincter 8 x 11mm Sterile
- DXAUS-8X14** AUS Port Sphincter 8 x 14mm Sterile
- DXAUS-10X11** AUS Port Sphincter 10 x 11mm Sterile
- DXAUS-10X14** AUS Port Sphincter 10 x 14mm Sterile
- DXAUS-12X11** AUS Port Sphincter 12 x 11mm Sterile
- DXAUS-12X14** AUS Port Sphincter 12 x 14mm Sterile
- DXAUS-14X11** AUS Port Sphincter 14 x 11mm Sterile
- DXAUS-14X14** AUS Port Sphincter 14 x 14mm Sterile
- DXAUS-16X11** AUS Port Sphincter 16 x 11mm Sterile
- DXAUS-16X14** AUS Port Sphincter 16 x 14mm Sterile
- DXHS-4** Hepatic Shunt Occluder 4mm Sterile
- DXHS-6** Hepatic Shunt Occluder 6mm Sterile
- DXHS-8** Hepatic Shunt Occluder 8mm Sterile
- DXHS-10** Hepatic Shunt Occluder 10mm Sterile
- DXHS-12** Hepatic Shunt Occluder 12mm Sterile
- DXHS-14** Hepatic Shunt Occluder 14mm Sterile
- DXHS-16** Hepatic Shunt Occluder 16mm Sterile
- DXVO-CATH45** AUS & HSO Backfill/ Flush Catheter

**NORFOLK PRODUCTS**

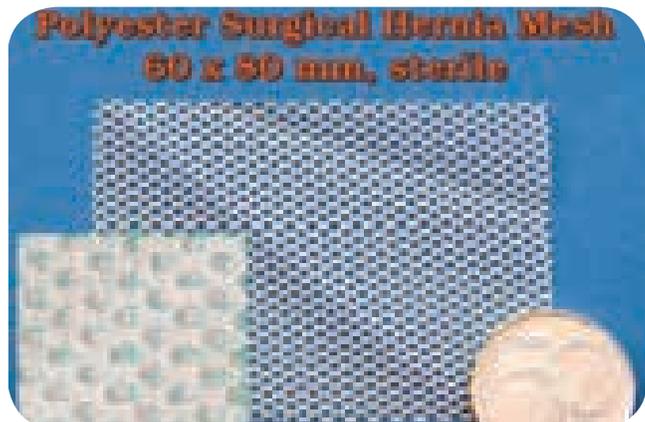
- NOR-CP-100K** CompanionPort Vascular Access Le Petite Small Cats
- NOR-CP202K** CompanionPort Vascular Access Le Port Cats & Small Dogs
- NOR-CP305K** CompanionPort Vascular Access Le Grande Larger Dogs
- NOR-PP-102K** Pleural Port - Dogs
- NOR-PP-202K** Pleural Port - Cats
- NOR-SUB1001K** Sub Device - Cats & Small Dogs
- NOR-SUB2001K** Sub Device - Larger Dogs
- NOR-BC-7** Bladder Catheter 7FR
- NOR-LL6.5** Kidney (Pigtail) Catheter 6.5FR
- NOR-SUBPORT** 3 Way Sub Port only
- NOR-SUB-PP-3001K** 3 Way PantsPort Sub Kit with Catheter
- NOR-GW-035** J Tipped 0.035" Guide Wire
- I050052** Histoacryl Tissue Glue (Pack of 5)

**HUBER NEEDLES**

- DXHUBERRIGHT** Huber Right Angle Infusion Set Single Sterile
- NOR-NV-PG22-75** Huber Needle 22g 3/4" Black Box of 12
- NOR-NV-PG22-100** Huber Needle 22g 1" Black Box of 12
- NOR-NV-PG20-75** Huber Needle 20g 3/4" Yellow Box of 12
- NOR-NV-PG20-100** Huber Needle 20g 1" Yellow Box of 12
- NOR-NV-PG19-75** Huber Needle 19g 3/4" Brown Box of 12
- NOR-NV-PG19-100** Huber Needle 19g 1" Brown Box of 12

## Miscellaneous Soft Tissue Products

### Polyester Mesh



Use polyester mesh to repair soft tissue defects where alternative autografts are not available. For example perineal hernia (illustrated), umbilical hernia.

Mesh loop diameter 1mm. Sheet size 60mm x 80mm or 60mm x 120mm Supplied single pack sterile.



### POLYESTER MESH

- PM6080** Polyester Mesh 60mm x 80mm Single  
**PM60120** Polyester Mesh 60mm x 120mm Single

### Soft Edge Surgical Spoon - Faecal/Bladder



Removing calculi from the bladder or impacted faeces from the rectum requires great care to avoid damage. 'Domestic' spoons are typically too sharp and too short for the purpose.

Our Soft Edge Spoons have been designed and manufactured with veterinary procedures in mind.

Available in three sizes:

- XSmall 10 x 14 x 230mm Suitable for faeces and very small bladders (feline/ small canine)
- Small 20 x 25 x 250mm Suitable for faeces and small bladders
- Large 67 x 34 x 270mm Suitable for the bladder

### SOFT EDGED SPOON

- 014703** Soft Edged Spoon - XSmall  
**014700** Soft Edged Spoon - Small  
**014701** Soft Edged Spoon - Large  
**014702** Soft Edged Spoon - Set of 3

### Angled Allis Tissue Forceps



A favourite of Rob White this angled Allis has 4 into 5 teeth at the tip and is angled mid shaft. The kink in the shaft of the Allis allows use in the upper airway and pharynx without obstructing other instrumentation. Note at 200mm the length is longer than the standard Allis.

### ANGLED ALLIS TISSUE FORCEPS 4/5 TEETH

- 801161** Angled Allis Tissue Forceps 4/5 Teeth 200mm Long

### Anal Sac Kit



Removal of diseased anal sacs can be quite difficult as it can be hard to distinguish the sac from the surrounding tissues. Filling the sac with a light coloured wax makes the dissection much easier. The gel pack is warmed to liquefy the contents which are then injected into the anal gland via the duct using the blunt ended needle provided.

### ANAL SAC KIT

- 273570** Anal Sac Kit  
**273580** Anal Sac Gel (8)  
**273590** Anal Sac Needles (8)

### Graft Preparation Blocks

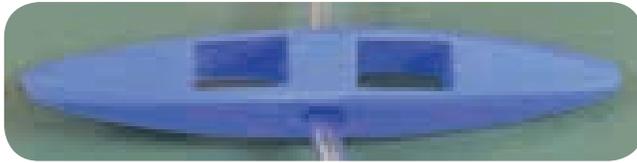


Teflon graft preparation blocks rated for steam sterilisation up to 135°C and sized for sterilisation in standard autoclaves. Non-porous and easy to clean these are useful for many application including the preparation of skin grafts and the adjustment/trimming of sulcoplasty wedges and blocks. Provided as a set of 2 blocks. 8x12cm and 12x 18cm – 12mm thick.

### GRAFT PREPARATION BLOCKS

- 001391** Graft Preparation Blocks - set of 2

**Stomach Tube Speculum - Feline/ Canine**



Speculum is useful for passing stomach tube in the conscious patient. The speculum is held in check by the canine teeth going through the two holes. Made of hardened Nylon. Can be cold sterilised for re-use. Available in 3 sizes or as a discounted set.

- Feline/ Small Dog      6mm opening will accept tubes up to 18Fr
- Medium Dog              9mm opening will accept tubes up to 27Fr
- Large Dog                9mm opening will accept tubes up to 28Fr

**STOMACH TUBE SPECULUM**

- 014045**      Stomach Tube Speculum Cat/ Small Dog
- 014046**      Stomach Tube Speculum Medium Dog
- 014047**      Stomach Tube Speculum Large Dog
- 014SET**      Stomach Tube Speculum Set of 3

**Small Animal Nasogastric Feeding Tube**



These Small Animal Feeding Tubes are useful in longer term nasogastric nutritional support. Transparent plastic, rounded closed tip with two opposing lateral eyes. Luer syringe connector with attached plug. Supplied sterile in Packs of 5.

**SMALL ANIMAL NASOGASTRIC FEEDING TUBE**

- 014041**      Cats and Small Dogs      Pack of 5      5Fr x 37cm
- 014042**      Small/ Medium Dogs      Pack of 5      8Fr x 37cm
- 014043**      Medium/ Large Dogs      Pack of 5      5Fr x 99cm
- 014044**      Large Dogs                  Pack of 5      8Fr x 105cm

**Kitty Kollar Tube Collar**



The placement of oesophagostomy 'E' feeding tubes is a growing modality in small animal medicine. Many 'E' Tubes have been successfully in place for years on some patients. The challenge of the 'E' Tube is its care and maintenance.

The Kitty Kollar was designed as a sensible solution to the everyday patient management of the 'E' Tube. The adjustable collar fits securely around the animal's neck. It has a small hole for the 'E' Tube to pass through. A velcro strap secures or holds the 'E' Tube flat when not in use. Circular cotton pads with a center hole are provided to be placed between the collar and the skin. They protect the wound and absorb drainage eliminating the need for owners to learn bandage techniques or repeated clinic visits for rebandaging. These small animal feeding tubes are useful in longer term nutritional support. Includes 6 protector pads and laminated instruction card.

CODE	CIRCUMFERENCE OF NECK IN INCHES	LENGTH OF COLLAR + TAB IN INCHES	SIZE
KTK-XS	4 - 7"	5.5" + 2"	X-SMALL
KTK-PF	8 - 9"	9" + 2"	PETITE
KTK-F	10 - 12"	11" + 2"	SMALL
KTK-M	12 - 16"	13" + 3"	MEDIUM
KTK-L	17 - 19"	18.5" + 3"	LARGE
KTK-XL	20 - 24"	21" + 3.5"	X-LARGE

**KITTY KOLLAR**

- KTK-XS**      Kitty Kollar Tube Collar - X-small
- KTK-PF**      Kitty Kollar Tube Collar - Petite
- KTK-F**        Kitty Kollar Tube Collar - Small
- KTK-M**        Kitty Kollar Tube Collar - Medium
- KTK-L**        Kitty Kollar Tube Collar - Large
- KTK-XL**      Kitty Kollar Tube Collar - X-large
- KTK-PADS**   Spare Replacement Pads - Pack of 24

**PVC Stomach Tube**



This Stomach Tube is primarily used in foals but should be in every practice's emergency kit, for the rare but drastic true emergency gastric dilatation +/- volvulus in large deep-chested dogs. Another example of 'every practice should have one!' 1/4" i.d. 3/8" o.d x 7' Long.

**PVC STOMACH TUBE**

- EQSTF**      PVC Stomach Tube