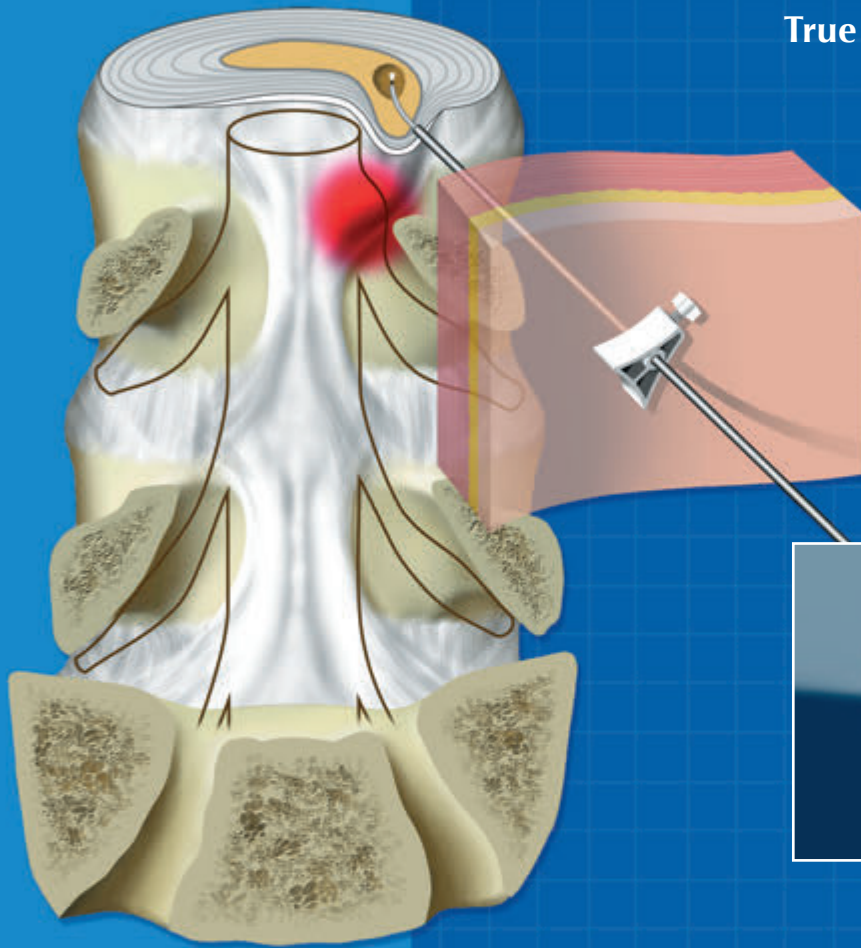


LASE[®] Endoscopic Discectomy

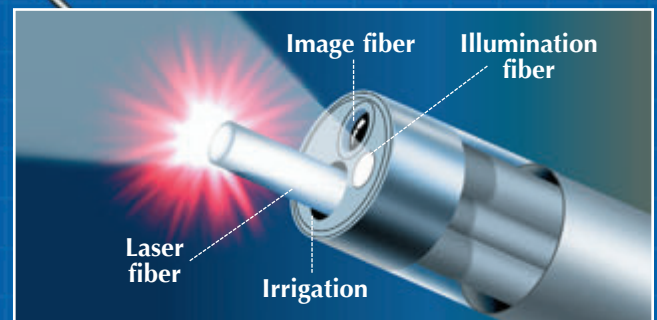
Lumbar Disc Decompression

MODEL #1100



True Arthroscopic therapy for patients suffering leg and back pain

LASE uses the Ho:YAG laser, surgical instruments and irrigation to facilitate nerve root decompression or discectomy



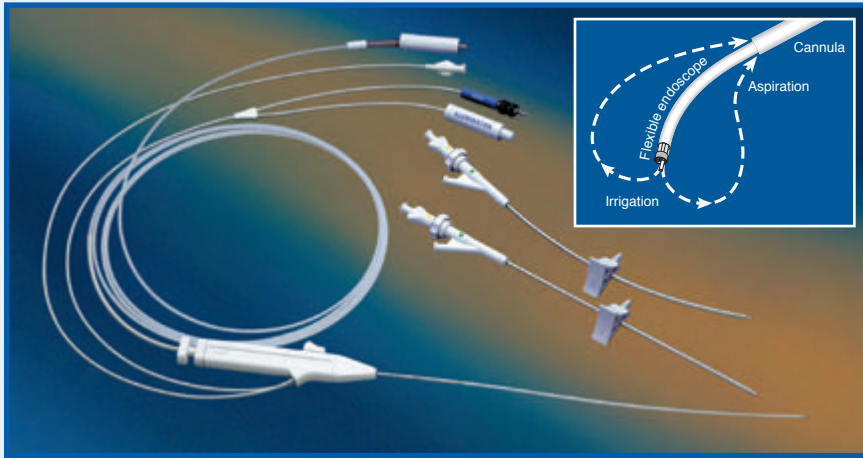
The Spinal Endoscopy Company



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CLINICAL BACKGROUND

Minimally invasive spine surgery has been shown to be more successful than conventional surgery when applied to appropriately selected patients. ^{1,2,3}

LASE with its unique combination of irrigation, deflection and the ability to use laser and conventional instruments allows the surgeon to perform simple nerve root decompression or a complete discectomy. ⁴

The use of endoscopy has proven to yield results equivalent or better than conventional spine surgery while providing the benefits of a minimally invasive procedure. ⁵

Endoscopy enables the physician to visualize the procedure and to verify the desired end point.

The pulsed Ho:YAG laser with its extremely shallow penetration (less than 0.5 mm in water) has consistently proven to be the most effective and the safest method for delivering ablative energy through a small cannula. ^{1,2,6}

Complication rates for percutaneous spine procedures including laser have consistently been reported at less than 1%, a considerable reduction from the normal 3% to 5% reported for open spine surgery. ^{2,7}

Minimally invasive spine surgery shares the advantages of low morbidity, reduced postoperative pain and short recovery time common to all successful minimally invasive surgical techniques. ^{1,5}

LASE® DISCECTOMY BENEFITS

Ease of use:

Combines guide needle, working channel, soft tissue dilator, trephine, and a steerable integrated laser fiber and endoscope in one sterile disposable set.

State of the art system:

Integrates illumination, imaging, irrigation, outflow and therapeutic Ho:YAG laser fiber.

Full visibility:

Physician can identify target tissue, observe tissue effects and verify the amount of tissue removed.

Minimally invasive:

Little or no skin scar with low morbidity.

Choice of therapeutic instruments:

The LASE working cannula accepts surgical instruments such as grasping and biopsy cupped forceps to allow you to do a true discectomy.

Continuous irrigation:

Keeps the disc cool and provides copious flushing to remove disc material and toxins.

CLINICAL REFERENCES

- 1 Chui: Multicenter Study of Percutaneous Endoscopic Discectomy. J Minim Invasive Spinal Tech, pp33-37, Dec. 2001
- 2 Casper: Results of a Clinical Trial of the Ho:Yag Laser in Disc Decompression Utilizing a Side-Firing Fiber. Lasers in Surgery and Medicine 19:90-96, 1996
- 3 Spangfort 72: ACTA Orthopaedica Scandinavica Supplement No. 142, 1972
- 4 Savitz: Same-day Microsurgical Arthroscopic Lateral-approach Laser-assisted (SMALL) Fluoroscopic Discectomy. J. Neurosurg. 1994
- 5 Hermantin: A Prospective, Randomized Study Comparing Results of Open Discectomy with Video Assisted Arthroscopic Microdiscectomy. J of Bone and Joint Surgery, 1999
- 6 Trost, 91: Trost. Laser Physics, 1991
- 7 Kotilainen 93: Kotilainen, Valtonen, Carlson, Acta Neurochir (Wien), Vol. 120, 1993, pp 143-149

ORDERING INFORMATION

MODEL NO	DESCRIPTION
1100-002	LASE Set, for use with Coherent * compatible Ho:YAG lasers
1100-010	LASE Set, for use with Trimedyne * compatible Ho:YAG lasers
OPTIONAL ACCESSORIES & INSTRUMENTS	
1100-905	Curved cannula, two per package
1100-901	Short needle set, reusable
3240-002	Forceps, grasping, 2mm, reusable
3220-002	Forceps, cup, 2mm, reusable

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