

# THD ProctoStation

## ALL THE BENEFITS IN A SIMPLE SOLUTION:

1. Because of its two feet radius footprint the **THD Procto-Station can be used in smaller rooms**, typically seen in large cities, where rents are high and rooms are small.
2. The Procto-Station **has no moving parts, eliminating the need for periodic adjustments and lubrication**, which are frequent with the colposcope.
3. The Procto-Station's high definition camera **offers both HD motion video and still picture capture. It does not require additional digital camera** as the traditional colposcope.
4. The Procto-Station offers **a more ergonomic position** for the provider's upper extremities during the procedure, which are typically extended at ninety degrees when using a colposcope. **The examiner's shoulder and neck muscles are not fatigued** by keeping a stiff position against the eyepieces of the colposcope.
5. The **THD Procto-Station image is more stable** because the anoscope and the camera head are firmly connected to the patient, therefore it is not affected by change patient's position or movements, does not require continuous adjustments as the colposcope. **The image of the anal canal once setup remains centered and in focus** for the rest of the procedure.
6. The Procto-Station **allows surgeon, assistant and observers to see the same high quality image**. The videos acquired by cameras connected to an image splitter on the colposcope are often dim and cropped.
7. The Procto-Station versatility **allows for multiple patients' positions without need to rearrange the equipment**. The procedure can be performed as easily in the lateral decubitus or prone or dorsal lithotomy position.
8. There is **no interference between the Procto-Station lens and surgical instruments**, such as biopsy forceps and power devices, which is common hindrance of the colposcope.
9. Blood pooling during biopsies or smoke during therapeutic procedures may be easily managed by an assistant using a suction cannula. **The THD anoscope is much more easily reachable** without the bulky colposcope head obstructing access.



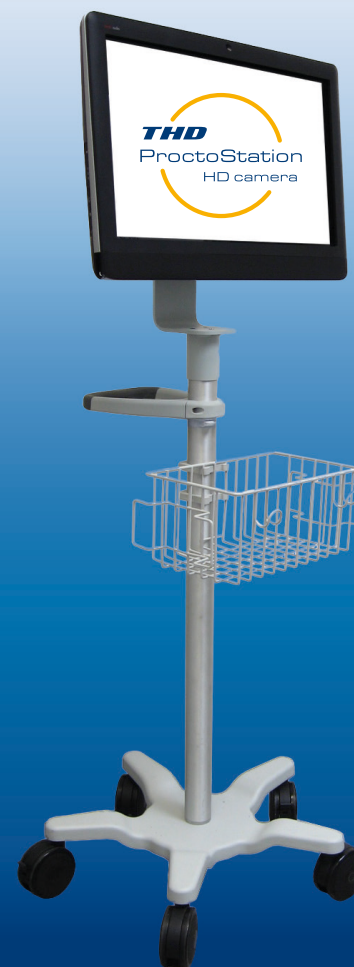
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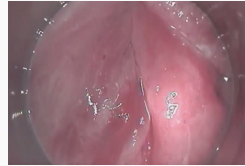


CLINICAL

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The incidence of **cancer of the anus has been increasing** over the last thirty years; in 2015 there were 7,720 cases diagnosed and 1,010 deaths related to anal cancer. **Risk factors** are infection with human papillomavirus (HPV) and human immunodeficiency virus (HIV), lifetime number of sexual partners, genital warts, receptive anal intercourse, immunosuppressive therapy. Improvement in survival of HIV positive patients due the HAART has contributed to the **increase in incidence of squamous cell cancer of the anus**.

The treatment of anal cancer, based on a combination of chemotherapy and radiation therapy, has an excellent initial response rate, but recurrences are not uncommon and the treatment has major side effects. **Five-year survival is less than 50%**.



**Early diagnosis and prevention** have a major role in the management of anal cancer and its precursor lesions, known as anal dysplasia. The progression from **anal dysplasia** to anal cancer is slow, this long interval allows for diagnosis and **possible treatment of the lesions** while they are still in a precancerous stage.

Screening for squamous cell cancer of the anus starts with an anal Pap test, followed by **high resolution anoscopy (HRA)** if the results are positive (H-SIL) or suspicious (ASCUS). Unfortunately, the sensitivity of anal Pap test is only about 80%, meaning that about 20% of lesions remain undetected. High resolution anoscopy has a **higher sensitivity**, but the test is not widely accessible to the population at risk due to the **low number of available providers**.

**Traditionally the high resolution anoscopy requires a colposcope**, a separate attachment for the camera, a monitor, a computer to store the images and software for image management.

**Such a setup is expensive**, occupies a sizable area of floor and wall space, it is bulky to store when not in use. **A dedicated ten by ten feet room is usually required.**



The **THD Procto-Station offers a simple solution** to all these obstacles. The THD Procto-Station is a compact instrument that **provides high definition images of the anal canal** by combining a handheld HD camera with a high performance all-in-one computer; it is offered as a complete package at an affordable price. **Disposable LED lighted anosopes** complement the Procto-Station by eliminating the need for external beam illumination.

## THE ADVANTAGES OF THE THD PROCTO-STATION OVER THE TRADITIONAL SETUP ARE MANY:

- Compact Size
- Limited Maintenance
- Integrated Camera for Photos and Videos
- Ergonomic Design
- Adjustable to the Patient's Position
- High Quality
- Fast Set Up
- No Interference with Other Instruments
- Easy Cleaning
- Lateral Operative Channels for Anaesthesia and Surgical Treatments

## SPECS

- ProctoCam High-Resolution Camcorder
- Software for video capture, patient data management and electronic medical reporting
- Personal Computer with Intel® Processor
- Windows operating system with touch screen interface
- 23" HD LED LCD panel
- Dedicated Pivoting Cart

Courtesy of  
Francesco Grasso, M.D.  
Chief of Colon and Rectal Surgery  
at Medstar Good Samaritan Hospital

