



Uro-gynæcologic Surgery

swing - SYSTEM[®]
evolution

Product Catalog

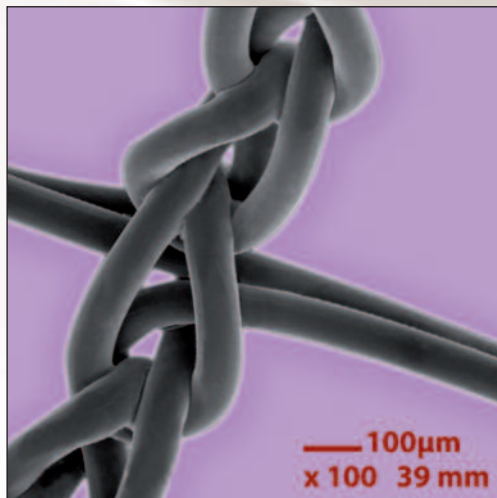
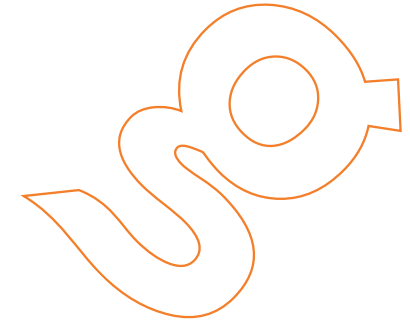
swing

TECHNOLOGIES
a THT bio-science division



Light and ultralight prostheses...

Swing-system® is a full range of implants designed for women pelvic floor correction. Rectangular-holed sealed knitted mesh made of polypropylene (PP) monofilament. The mesh is permeable, translucent and atraumatic in two versions (light and ultralight). With an excellent biostability, this material promotes good initial and long-term colonization suitable for pelvic floor surgery.



SURGICAL CONCEPT

Surgical concept of 10 years clinical history, Swing-system® is a prolapse or urinary incontinence treatment by vaginal or laparoscopic approach surgeries :

- Correction of deficient fascias by prosthesis positioning
- Precut prosthesis with disposable or reusable instrumentations.
- No systematic hysterectomy
- Restoration of vagina depth and perineum axis

... a full range for pelvic floor correction

CYSTO-swing®

“TENSION FREE”

- Cystocele
- Vesical reservoir ptosis
- Anterior floor prolapse

RECTO-swing®

SPINAL FIXATION
OR TRANSGLUTEAL

- Rectocele
- Elythrocele
- Hysterocele
- Vaginal vault prolapse

swing-BAND®

“NO TOUCH”

Stress urinary incontinence

JUST-swing®

SVS “Secured Vaginal sling”

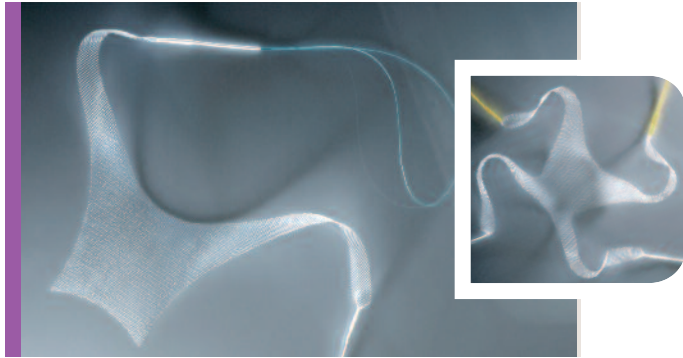
Stress urinary incontinence by adjustable mini-sling

PRO-swing®

SACROCOLPOPEXY

- Cystocele
- Rectocele
- Urinary incontinence

CYSTO-swing®



CS3/CS4 Ultra light and light "TENSION FREE"

Cysto-swing® device is designed for vesicovaginal positioning with "tension-free" fixation via transobturator approach by 2 arms or 4 arms prosthesis.

DESCRIPTION

Precut polypropylene (PP) prosthesis

CS3 Weight : 28 g/m² - Pore size : 0,7 x 0,7 mm

Thickness : 0,3 mm - Mean Elongation : 40 %

Mean Resistance : 12 daN

CS4 Weight : 45 g/m² - Pore size : 1,5 x 1,5 mm

Thickness : 0,4 mm - Mean Elongation : 51 %

Mean Resistance : 24 daN

Mean values given as an indication

INDICATIONS

- Cystocele
- Vesical reservoir ptosis
- Anterior floor prolapse

A D V A N T A G E S

- Vesical reservoir prolapse correction
- Restoration of the vesicovaginal septum
- For cases of urinary incontinence, a Swing-band® sling may also be fitted in second instance
- Single-use or reusable instrumentation designed for transobturator approach.

SURGICAL APPROACH :

- Vaginal approach
- Fixation via transobturator approach

ITO and ITO2 Instruments



CS3/CS4 with or without single-use instrumentation

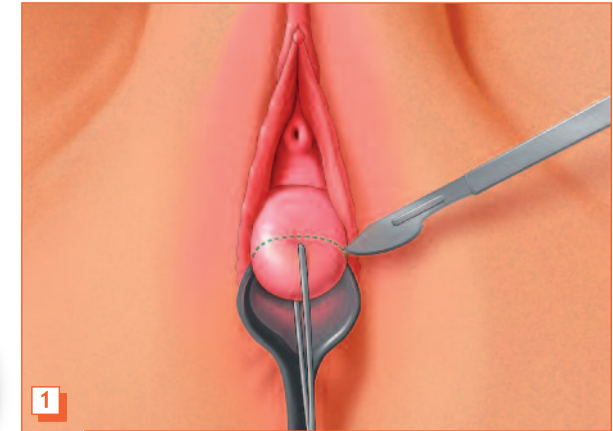
	References	Size in cm
	CS3/CS4 60065	6 X 6,5
	CS3/CS4 60065 TO	6 X 6,5
	CS3/CS4 50065	5 X 6,5
	CS3/CS4 50065 TO	5 X 6,5

Reusable Instrumentation

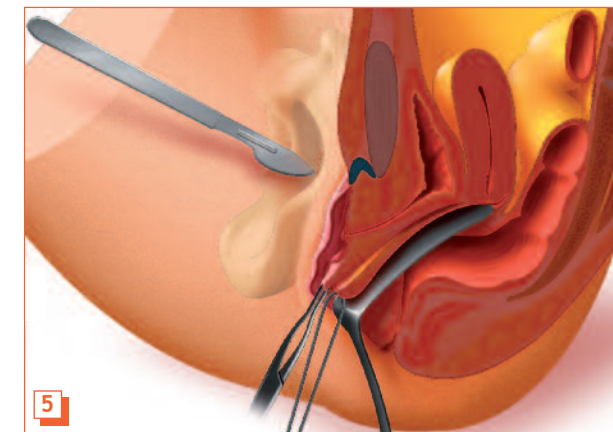
	References	Description
	ITO-R	Transobturator instrument
	ITO2-R	Transobturator instrument

non-exhaustive reference list

S U R G

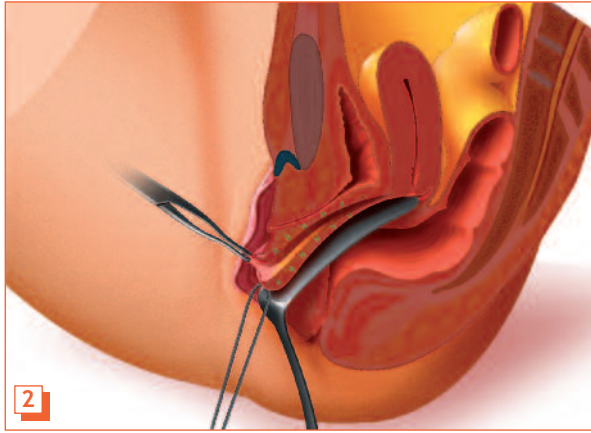


1 Off-center horizontal pericervical incision to preserve vaginal wall.



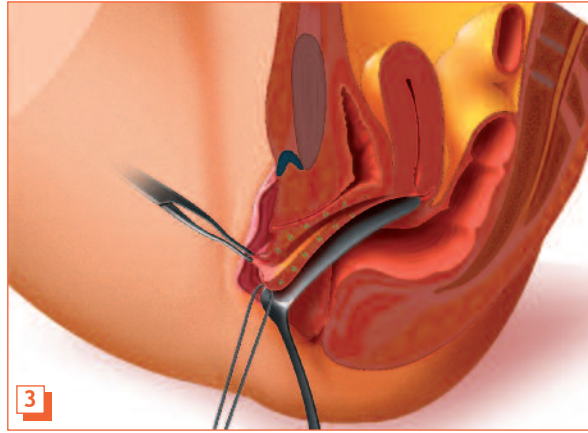
5 Preparation of the transobturator way is required for TOT technique.

C A L

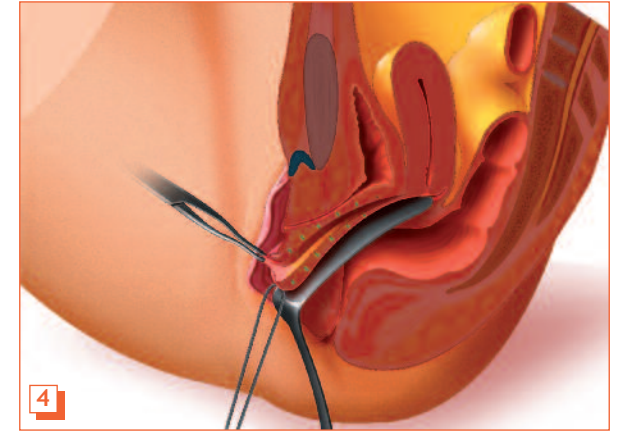


Vesicouterine detachment.

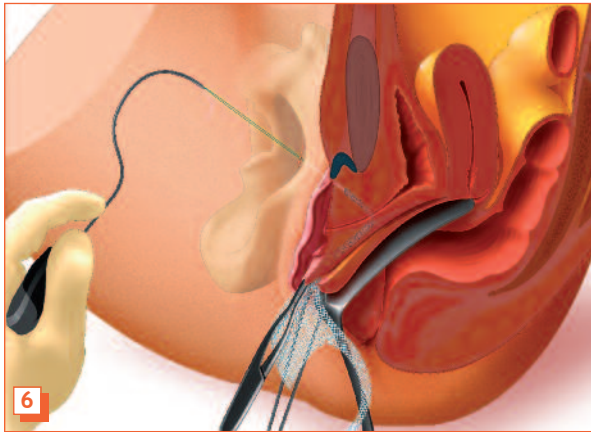
T E C H N I Q U E



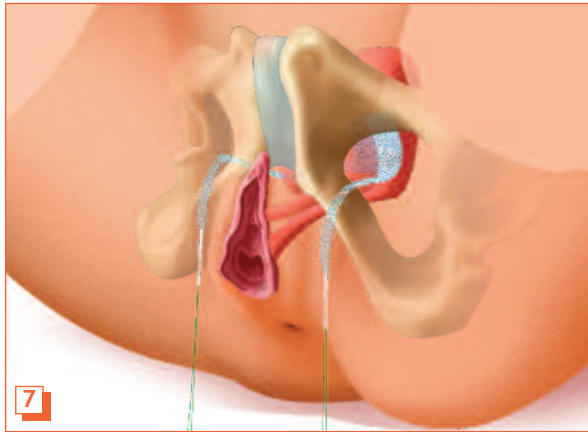
Vesicouterine detachment to the level of the bladder neck.



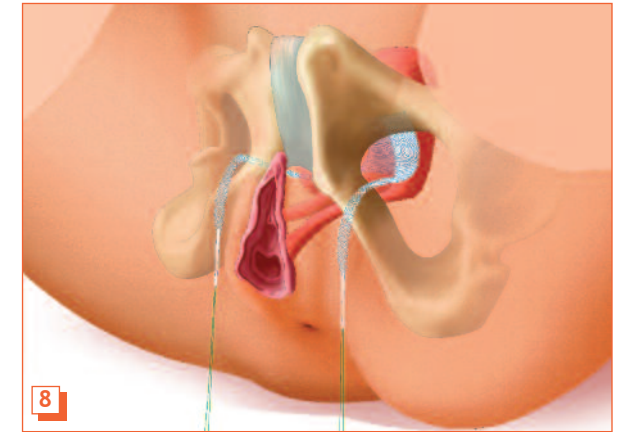
Laterovesical detachment to the level of the obturator foramen.



Installation of the prosthesis via obturator foramen.



The prosthesis is placed on the posterior edge of the vesicovaginal wall and stitched onto the anterior aspect of the ischium using absorbable sutures.



Closure of the vaginal scar without colpectomy.



Creating... together !

swing

TECHNOLOGIES
Digestive & Uro-gynécologic surgery



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