

A white wireframe mesh of a human torso, showing the ribcage, spine, and pelvic region, set against a dark brown background.

Uro-gynæcologic Surgery

swing - SYSTEM[®]
evolution

Product Catalog

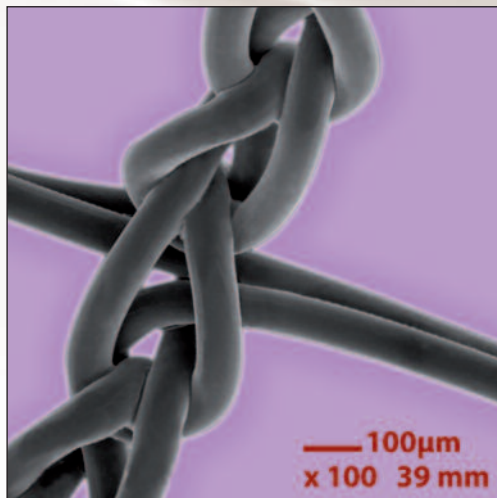
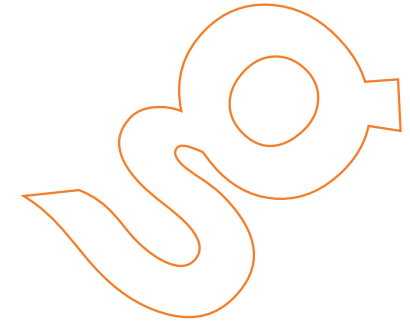
swing

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®

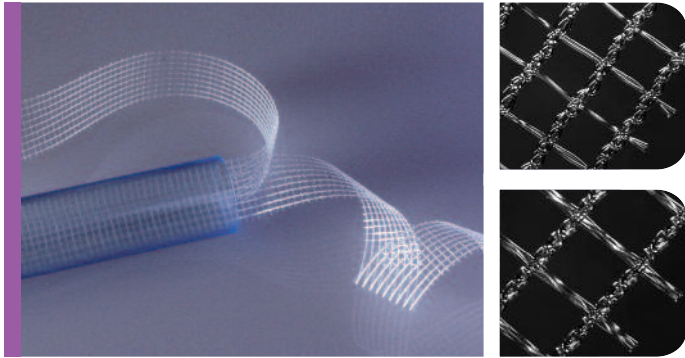
SVS “Secured Vaginal sling”

Stress urinary incontinence by adjustable mini-sling

PRO-swing®

SACROCOLPOPEXY

- Cystocele
- Rectocele
- Urinary incontinence



SB3/SB4 Ultra light and light “NO TOUCH”

Swing-band® device has a low elasticity coefficient and specific treatment for perfect biostability, which make it suitable for surgical treatment of female stress urinary incontinence.

DESCRIPTION

Suburethral polypropylene (PP) prosthesis

SB3 Weight : 28 g/m² - Pore size : 0,7 x 0,7 mm

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

Mean Resistance : 12 daN

SB4 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

Stress Urinary Incontinence (SUI)

A D V A N T A G E S

- Easy access and adjustment of the sling
- Protective tube preserving tape asepsis
- Immediate initial fixation
- Controlled and stable elasticity
- Low risk of dysuria
- Single-use or reusable instruments, whatever the approach.

SURGICAL APPROACH :

- Vaginal approach
- Fixation via transobturator approach (OUT-IN) : ITO instrument (IN-OUT) : ITD and ITG instruments with protective guide
- Fixation via retropubic approach ISP instrument



SB3/SB4 with or without single-use instrumentation

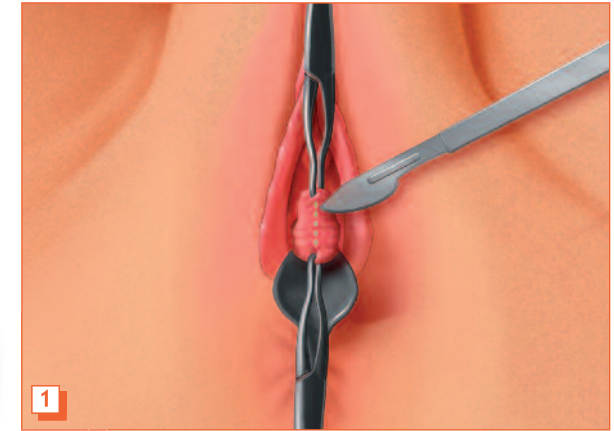
	References	Size in cm
	SB3/SB4 10400	1 X 40
	SB3/SB4 10400 SP	1 X 40
	SB3/SB4 10400 TO	1 X 40
	SB3/SB4 10400 DG	1 X 40

Reusable instrumentation

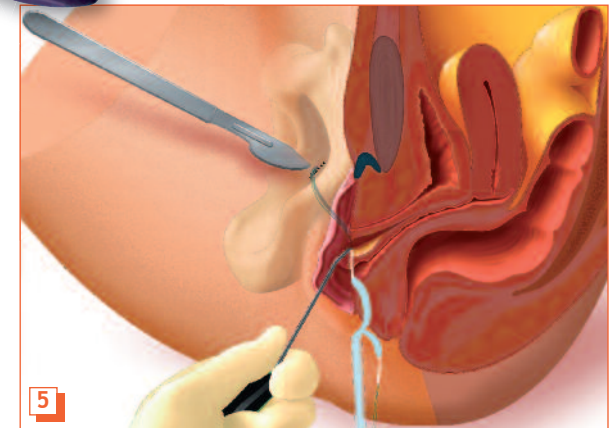
	References	Description
	ISP-R	Suprapubic Instrument
	ITO-R	Transobturator Instrument OUT/IN
	ITD-R + ITG-R	Transobturator Instruments IN/OUT

non-exhaustive reference list

S U R G

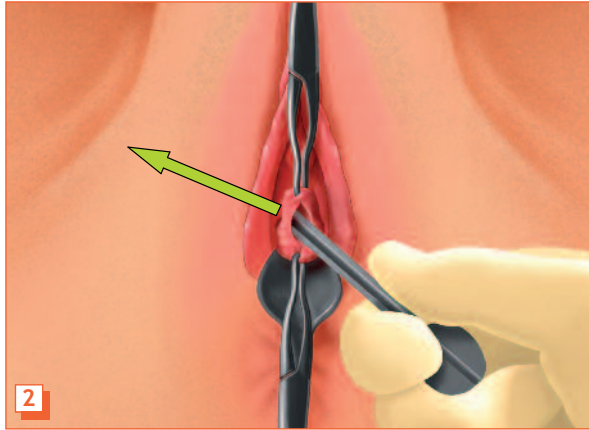


- Insertion of an urinary catheter.
- Suburethral vaginal incision.
- Dissection with scissors down to the ischiopubic ramus on each side.



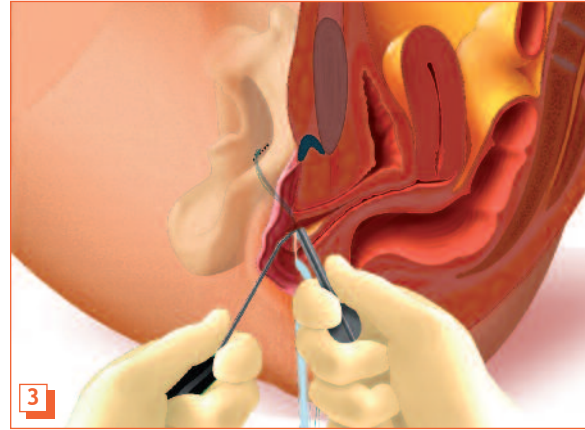
Identical procedure for the opposite side.

I C A L

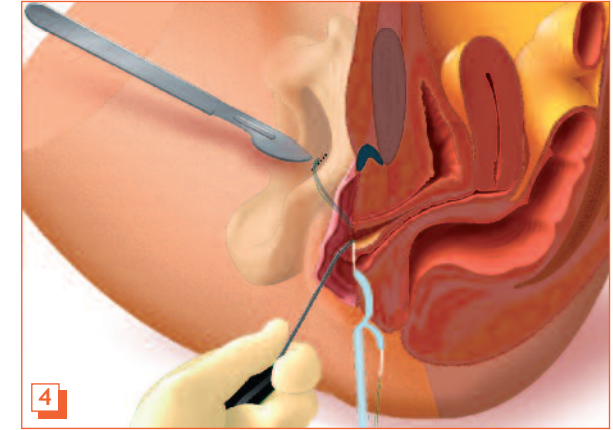


2 Introduction of the guide down to the ischiopubic ramus.

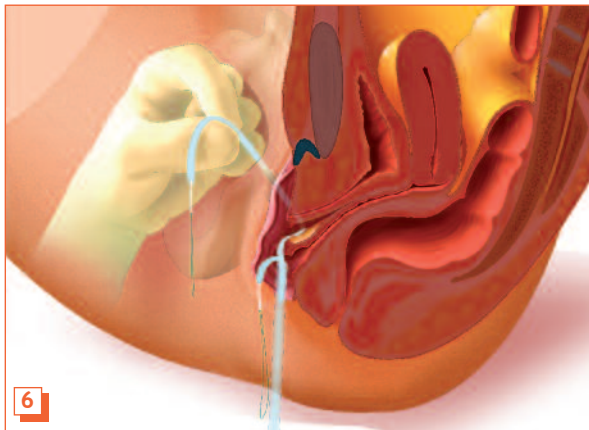
T E C H N I Q U E



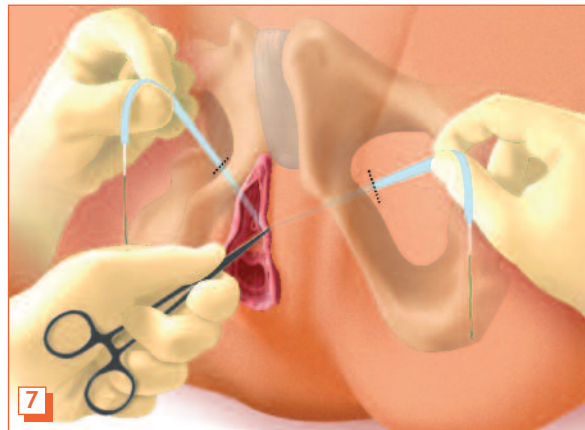
3 - The green guide thread is passed over the needle.
- Transobturator is crossed by the needle from inside to outside (IN-OUT).



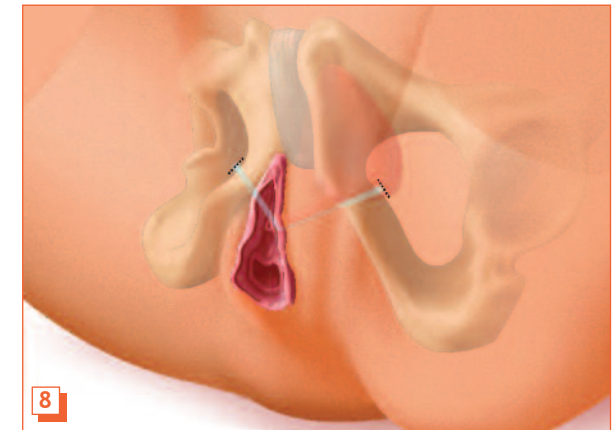
4 Skin incision opposite needle and recovery of the green guide thread.



6 - Placement of the protective tube near the vaginal incision
- Insertion of the sling through the obturator foramen.



7 - Adjustment of the tension
- The correct adjustment should allow the tip of the scissors to pass between the sling and the urethra.



8 - Cross-section of the arm of the sling along the skin
- Closure of the vaginal and skin incision by suturing.



Creating... together !

swing

TECHNOLOGIES
Digestive & Uro-gynécologic surgery



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