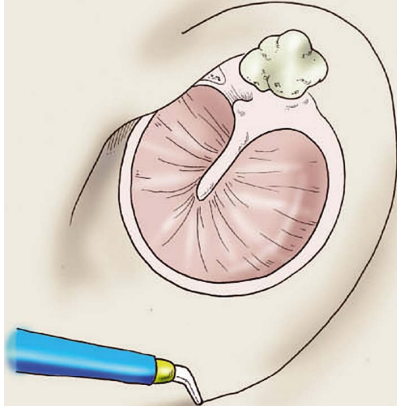
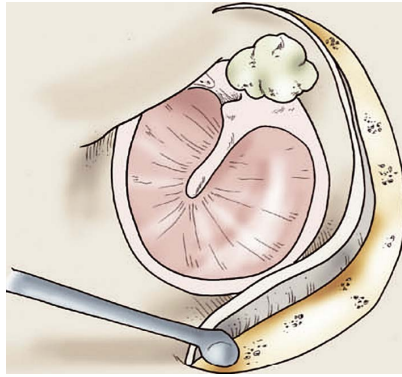


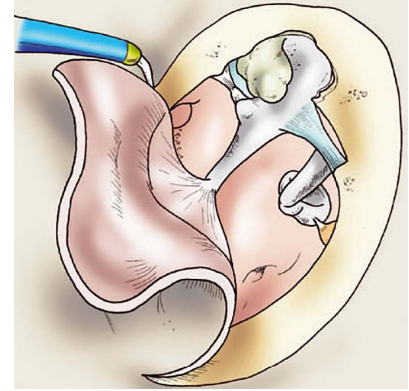
Middle Ear Endoscopic Approach With Molecular Resonance Generator Vesalius®



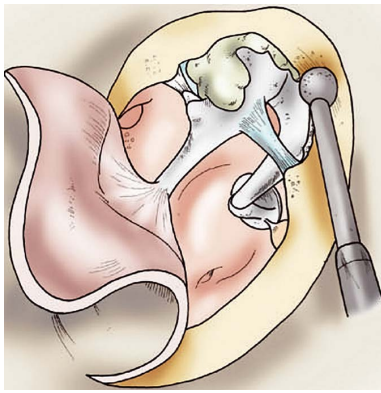
A 3 mm diameter 15 cm length 0° endoscope was used to create an inferiorly based tympanomeatal flap. Incision is made with Vesalius instrument.



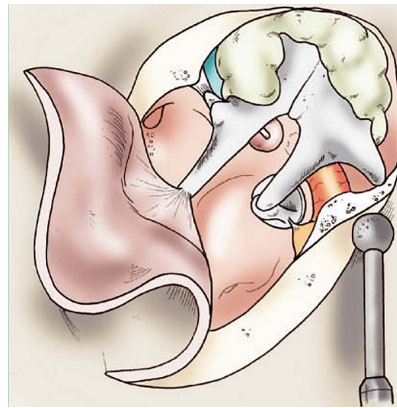
Tympanomeatal flap is gently elevated with a Vesalius dissector.



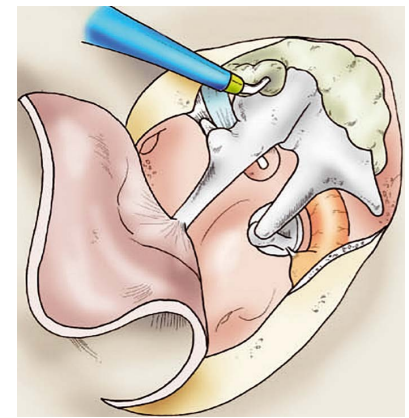
Using Vesalius tympanomeatal flap is transposed inferiorly leaving the eardrum attached to the umbo of the malleus.



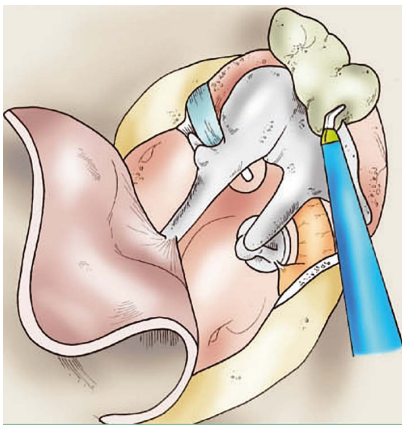
The scutum is drilled, exposing the end of the retraction pocket until it is possible to dissect the pocket. An anterior atticotomy is performed.



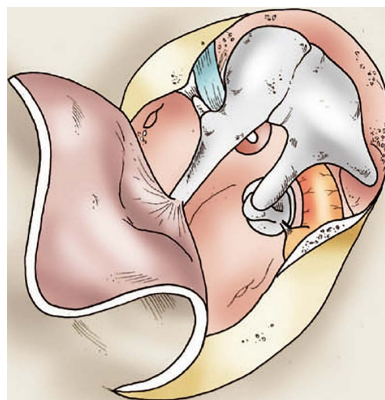
Retraction pocket and epitympanic cholesteatoma are well exposed.



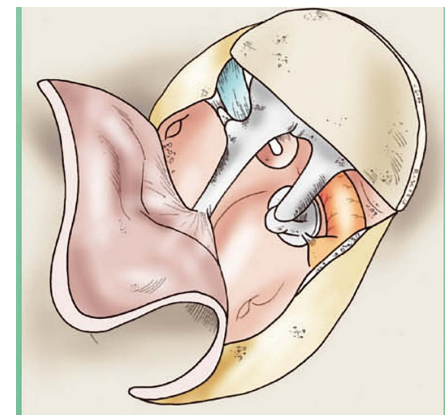
Using a Vesalius hook pathologic tissue is gently removed dissecting cholesteatoma sac from epitympanic compartments.



Cholesteatoma sac is completely removed.



Anterior epitympanic space is exposed, thus allowing a good view of the superior edge of the tensor fold. In this position, fold removal is possible and easy with a small hook.



Reconstruction depends on scutum defect. A tragal graft is used for small defects while a segment of mastoid cortical bone is used for larger defects.

REF.2605010 - REF- 2602051



“Middle ear probes”

Set of electrodes for endoscopic Middle Ear Surgery

Set composed of single use sterile electrodes:

Needle electrode (tissue incision and cholesteatoma removal)
Spoon electrode (tissue dissection and coagulation)