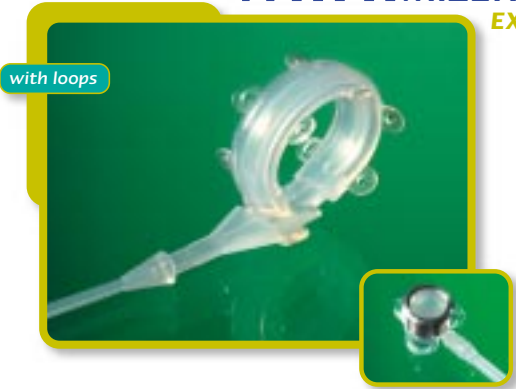


MiniMIZER® EXTRA

with loops



MiniMizer® Extra adjustable 2-phase closure gastric band

Gastric band **with** retaining loops
No plication required



Contents:

- MiniMizer® Extra gastric band
- Access port
- Calibration tube without axial suction cannula
- Non coring needle for ventilation of access port – 22 gauge -
- 19-gauge, blunt cannula (for gastric band irrigation)

Order-Code:

MMEX-5 Pack containing 5 MiniMizer® Extra sets
MMEX-10 Pack containing 10 MiniMizer® Extra sets

MiniMIZER® REGULAR



MiniMizer® Regular adjustable 2-phase closure gastric band

Gastric band **without** retaining loops
Plication required



Contents:

- MiniMizer® Regular gastric band
- Access port
- Calibration tube without axial suction cannula
- Non coring needle for ventilation of access port – 22 gauge -
- 19-gauge, blunt cannula (for gastric band irrigation)

Order-Code:

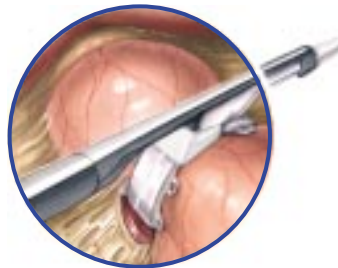
MMRE-5 Pack containing 5 MiniMizer® Regular sets
MMRE-10 Pack containing 10 MiniMizer® Regular sets

Closure INSTRUMENT



Closure instrument

It is absolutely essential that the surgeon has a closure instrument handy, to ensure that gastric bands are closed properly.



Contents:

- 1 closure instrument

Order-Code:

CLIN Pack containing 1 closure instrument



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Medical Healthcare

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Customised eating

Morbid obesity –
the 'civilisation' disorder of our time?



- Diabetes mellitus
- cardiovascular diseases
- psychosocial problems



There are, of course, several different ways in which morbid obesity may be treated. One of these is laparoscopic gastric banding. A number of surgeons opt for this method, since it is easy on the patient.

The surgeon's choice as to the type of gastric band to use will depend on a variety of factors, such as safety, quality and price. In addition, users need to give some thought to the following aspects:

MiniMIZER® EXTRA



1. Slippage / Pouch formation – the Achilles heel of gastric band implantation!

- The MiniMizer® Extra is secured in position by means of loops, which protects against dislocation of the gastric band.
- Auto-attachment to the dorsal wall of the stomach is usually established in approximately 4 days, with a tissue build up in the retaining loops.
- The gastric band does not have to be folded.



2. Band dislocation – pressure ulceration and migration

- The retaining loops attached to the MiniMizer® Extra exhibit enormous elasticity - up to 400% - which means that there is no risk of avulsion where the seromuscular attachment is carried out in the proper manner.
- The retaining loops follow the changing shape of the stomach during contractile phases and counteract any tendency towards pressure ulceration and migration.



3. Preshaped gastric band

- The preshaped MiniMizer® Extra is easy to position and close safely.



4. Precision adjustment

- The gastric band diameter can be reduced by precision filling of the outlet.



5. Patient-friendly port

- The size of the Microport is ideal for positioning in the sternal and costal region.

The MiniMizer® Extra makes sense both in medical and in economic terms. The 2-phase closure system gives you **two sizes in a single band**.



phase 1: 31 mm inner diameter



phase 2: 26 mm inner diameter



- The surgeon can select the required closure phase during the procedure. The hospital only has to order a single MiniMizer® Extra gastric band in order to carry two sizes in stock.

- The calibration tube is an integral part of the MiniMizer® Extra set.
- No additional charge for the calibration tube.

■ Tissue friendly

The soft, elastic material used in the gastric band makes it extremely tissue-friendly.

