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Quill BARBED SUTURE

PROCEDURE COMPENDIUM

This piece demonstrates the use of a surgical device and offers possible suture options. However, surgeons apply different surgical techniques depending on preference, experience, and patient needs. Before using any medical device, review all relevant information and instructions for use included in the packaging insert.

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INDEX PROCEDURE COMPENDIUM

Quill BARBED SUTURE by corzamedical

ORTHOPEDIC SURGERY

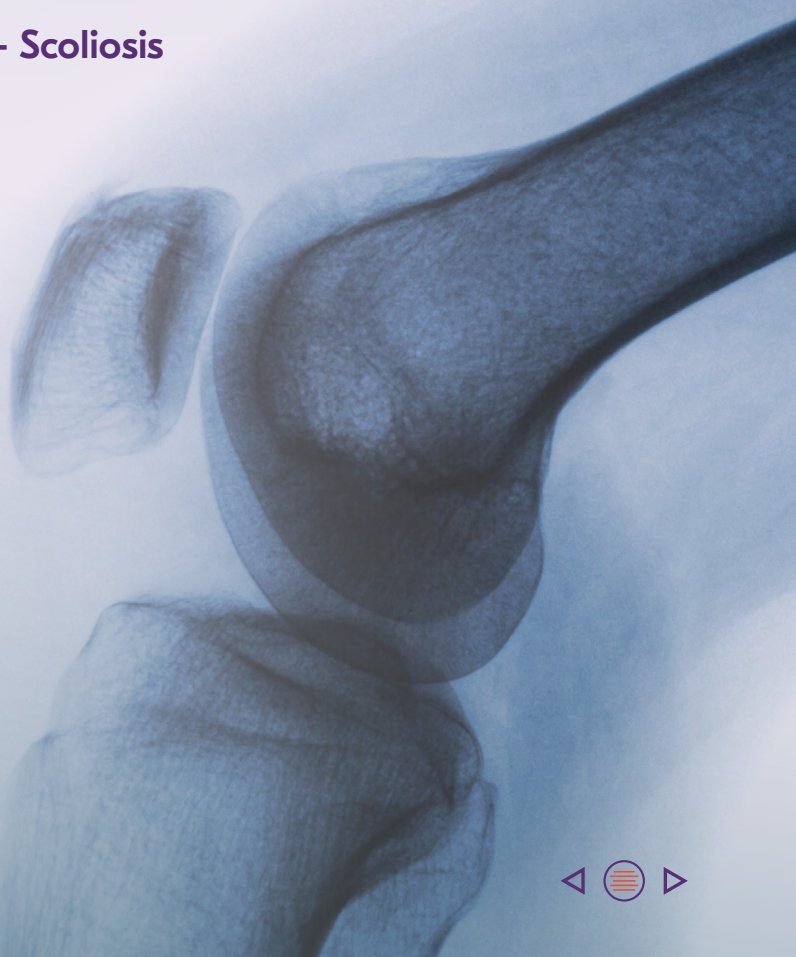
Orthopedic surgeons specialize in musculoskeletal and joint issues. They are commonly performing arthroplasty (repair or replacement of a joint), addressing sports injuries and treating disorders of the spine.

Types of Orthopedic Procedures:

1| Total Knee Replacement/Arthroplasty (TKR/A)

2| Total Hip Replacement/Arthroplasty (THR/A)

3| Spine Procedure - Scoliosis



Total Knee Replacement/Arthroplasty

A surgical procedure in which damaged parts of the knee joint are replaced with artificial parts.

CAPSULE

Material	Item Code	USP	Length (cm)	Colour	Needle					
PDO	RA-1065Q	2	36 x 36	Violet	½ Circle	Taper Point	48 mm	CTX	Bi-directional	
PDO	RA-2065Q	2	45 x 45	Violet	½ Circle	Taper Point	48 mm	CTX	Bi-directional	
PDO	RX-1066Q	2	36 x 36	Violet	½ Circle	Reverse Cutting	40 mm	CP	Bi-directional	
PDO	RX-2066Q	2	45 x 45	Violet	½ Circle	Reverse Cutting	40 mm	CP	Bi-directional	
PDO	VLP-2010	2	70	Violet	½ Circle	Taper Point	48 mm	CTX	Uni-directional	

SUBCUTANEOUS

Material	Item Code	USP	Length (cm)	Colour	Needle					
PDO	VLP-2012	0	70	Violet	½ Circle	Taper Point	36 mm	CT-1	Uni-directional	
PDO	RA-1067Q	0	36 x 36	Violet	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	
PDO	RA-2065Q	2	45 x 45	Violet	½ Circle	Taper Point	48 mm	CTX	Bi-directional	
PDO	RX-2069Q	0	36 x 36	Violet	½ Circle	Reverse Cutting	36 mm	CP-1	Bi-directional	
PDO	RX-2068Q	0	45 x 45	Violet	½ Circle	Reverse Cutting	36 mm	CP-1	Bi-directional	
Monodem™	YA-2036Q	0	36 x 36	Undyed	½ Circle	Reverse Cutting	36 mm	CP-1	Bi-directional	
Monodem™	YA-2035Q	0	45 x 45	Undyed	½ Circle	Reverse Cutting	36 mm	CP-1	Bi-directional	
Monodem™	YA-1029Q	0	36 x 36	Undyed	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	

SUBCUTICULAR

Material	Item Code	USP	Length (cm)	Colour	Needle					
Monodem™	VLM-2012	2-0	45	Undyed	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	Uni-directional	
Monodem™	YA-2024Q	2-0	30 x 30	Undyed	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	Bi-directional	
Monodem™	YA-2023Q	3-0	30 x 30	Undyed	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	Bi-directional	
Monodem™	YA-2022Q	2-0	30 x 30	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Bi-directional	
Monodem™	YA-2021Q	3-0	30 x 30	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Bi-directional	

Procedure:
Total Knee Arthroplasty

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SCAN TO SEE VIDEO

STEPS

1 Incision made on the front of knee, cutting through the tissue surrounding the muscles and bone.

2 The patella is rotated to the outside of the knee to help in visualization.

3 Prepare the femur by cutting it into a shape that matches the corresponding surface of the metal femoral component.

4 Implant the femoral component on the end of the femur.

5 The tibia (shin bone) is prepared with a flat cut on the top; the exposed end of th bone is sized to fit the metal and plastic tibial components.

6 The metal tibial component is inserted into the bone.

7 If needed, the patella is also cut flat and fitted with a plastic patellar component.

8 Surgeon tests components for patient balance and motion.

9 Quill® barbed suture is used in all three layers of wound closure - capsule, subcutaneous, and subcuticular layers.

Total Hip Replacement/Arthroplasty

Surgical reconstruction of the hip in which the ball-and-socket joint is replaced with a prosthesis.

CAPSULE

Material	Item Code	USP	Length (cm)	Colour	Needle			SKU		
PDO	RA-1065Q	2	36 x 36	Violet	½ Circle	Taper Point	48 mm	CTX	Bi-directional	
PDO	RX-1066Q	2	36 x 36	Violet	½ Circle	Reverse Cutting	40 mm	CP	Bi-directional	
PDO	RX-1062Q	2	36 x 36	Violet	½ Circle	Reverse Cutting	36 mm	CT-1	Bi-directional	
PDO	RA-2065Q	2	45 x 45	Violet	½ Circle	Taper Point	48 mm	CTX	Bi-directional	
PDO	VLP-2010	2	70	Violet	½ Circle	Taper Point	48 mm	CTX	Uni-directional	

SUBCUTANEOUS

Material	Item Code	USP	Length (cm)	Colour	Needle			SKU		
PDO	VLP-2012	0	70	Violet	½ Circle	Taper Point	36 mm	CT-1	Uni-directional	
PDO	RA-1067Q	0	36 x 36	Violet	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	
PDO	RA-2065Q	2	45 x 45	Violet	½ Circle	Taper Point	48 mm	CTX	Bi-directional	
PDO	RX-2069Q	0	36 x 36	Violet	½ Circle	Reverse Cutting	36 mm	CP-1	Bi-directional	
PDO	RX-2068Q	0	45 x 45	Violet	½ Circle	Reverse Cutting	36 mm	CP-1	Bi-directional	
Monodem™	YA-2036Q	0	36 x 36	Undyed	½ Circle	Reverse Cutting	36 mm	CP-1	Bi-directional	
Monodem™	YA-2035Q	0	45 x 45	Undyed	½ Circle	Reverse Cutting	36 mm	CP-1	Bi-directional	
Monodem™	YA-1029Q	0	36 x 36	Undyed	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	

SUBCUTICULAR

Material	Item Code	USP	Length (cm)	Colour	Needle			SKU		
Monodem™	VLM-2012	2-0	45	Undyed	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	Uni-directional	
Monodem™	YA-2024Q	2-0	30 x 30	Undyed	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	Bi-directional	
Monodem™	YA-2023Q	3-0	30 x 30	Undyed	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	Bi-directional	
Monodem™	YA-2022Q	2-0	30 x 30	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Bi-directional	
Monodem™	YA-2021Q	3-0	30 x 30	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Bi-directional	

Procedure:
Total Hip Arthroplasty

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SCAN TO SEE VIDEO

STEPS

1 Incision made on hip.

2 Damaged cartilage and bone is removed.

3 The bone is cut to remove the damaged femoral head.

4 The acetabulum is repaired with a reamer used to scrape away the damaged cartilage and bone.

5 The implant is inserted:

- The socket of the pelvis is called the acetabulum, and the part of the hip replacement inserted into the socket is called the acetabular component (also known as the cup).

6 The femoral stem implant is inserted down the hollow center of the femur and held in the bone with or without cement.

7 The ball of the ball-and-socket hip joint can be inserted on top of the femoral stem; a metal ball is tightly fitted onto the top of the stem.

8 The hip replacement can be placed in final position

- Quill® barbed suture is used in all three layers of wound closure - capsule, subcutaneous, and subcuticular layers.

Spine Procedure - Scoliosis

Scoliosis is a correction of a disorder of the spine. It requires lengthy incisions and long closure times.

DEEP LAYER

Material	Item Code	USP	Length (cm)	Colour	Needle					
PDO	**VLP-2010**	2	70	Violet	½ Circle	Taper Point	48 mm	CTX	Uni-directional	
PDO	**RA-1065Q**	2	36 x 36	Violet	½ Circle	Taper Point	48 mm	CTX	Bi-directional	
PDO	**RA-2065Q**	2	45 x 45	Violet	½ Circle	Taper Point	48 mm	CTX	Bi-directional	
PDO	**RX-1066Q**	2	36 x 36	Violet	½ Circle	Reverse Cutting	40 mm	CP	Bi-directional	
PDO	**RX-1062Q**	2	36 x 36	Violet	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	
PDO	**RX-2066Q**	2	45 x 45	Violet	½ Circle	Reverse Cutting	40 mm	CP	Bi-directional	
PDO	**RA-1065Q**	2	36 x 36	Violet	½ Circle	Taper Point	48 mm	CTX	Bi-directional	

SUBCUTANEOUS

Material	Item Code	USP	Length (cm)	Colour	Needle					
PDO	**VLP-2012**	0	70	Violet	½ Circle	Taper Point	36 mm	CT-1	Uni-directional	
PDO	**RX-2068Q**	0	45 x 45	Violet	½ Circle	Reverse Cutting	36 mm	CP-1	Bi-directional	
PDO	**RX-2069Q**	0	36 x 36	Violet	½ Circle	Reverse Cutting	36 mm	CP-1	Bi-directional	
Monodem™	**YA-2036Q**	0	36 x 36	Undyed	½ Circle	Reverse Cutting	36 mm	CP-1	Bi-directional	
Monodem™	**YA-2035Q**	0	45 x 45	Undyed	½ Circle	Reverse Cutting	36 mm	CP-1	Bi-directional	
Monodem™	**YA-1029Q**	0	36 x 36	Undyed	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	

SUBCUTICULAR

Material	Item Code	USP	Length (cm)	Colour	Needle					
Monodem™	**YA-2024Q**	2-0	30 x 30	Undyed	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	Bi-directional	
Monodem™	**YA-2023Q**	3-0	30 x 30	Undyed	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	Bi-directional	
Monodem™	**YA-2022Q**	2-0	30 x 30	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Bi-directional	
Monodem™	**YA-2021Q**	3-0	30 x 30	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Bi-directional	
Monodem™	**YA-2033Q**	3-0	40 x 40	Undyed	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	Bi-directional	
Monodem™	**YA-2034Q**	2-0	40 x 40	Undyed	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	Bi-directional	

Key Terminology

ACETABULUM:	The socket of the hip joint
ARTHROPLASTY:	Surgical procedure that replaces damaged joints
ARTHROSCOPY:	A minimally invasive diagnostic and treatment procedure used for conditions of a joint
BURSA:	A sac filled with fluid located between a bone and a tendon or muscle
CARTILAGE:	A smooth material that covers bone ends of a joint to cushion the bone and allow the joint to move easily without pain
FEMORAL HEAD:	The ball of the hip joint
FEMUR:	Thighbone
FRACTURE:	A break in a bone
JOINT:	Where the ends of two or more bones meet
LIGAMENT:	A white, shiny, flexible band of fibrous tissue that binds joints together and connects various bones and cartilage
MENISCI:	Two crescent-shaped discs of connective tissue between the bones of the knees that act as shock absorbers
PATELLA:	Kneecap
TENDON:	The tough cords of tissue that connect muscles to bones
TIBIA:	Shin bone or larger bone of the lower leg

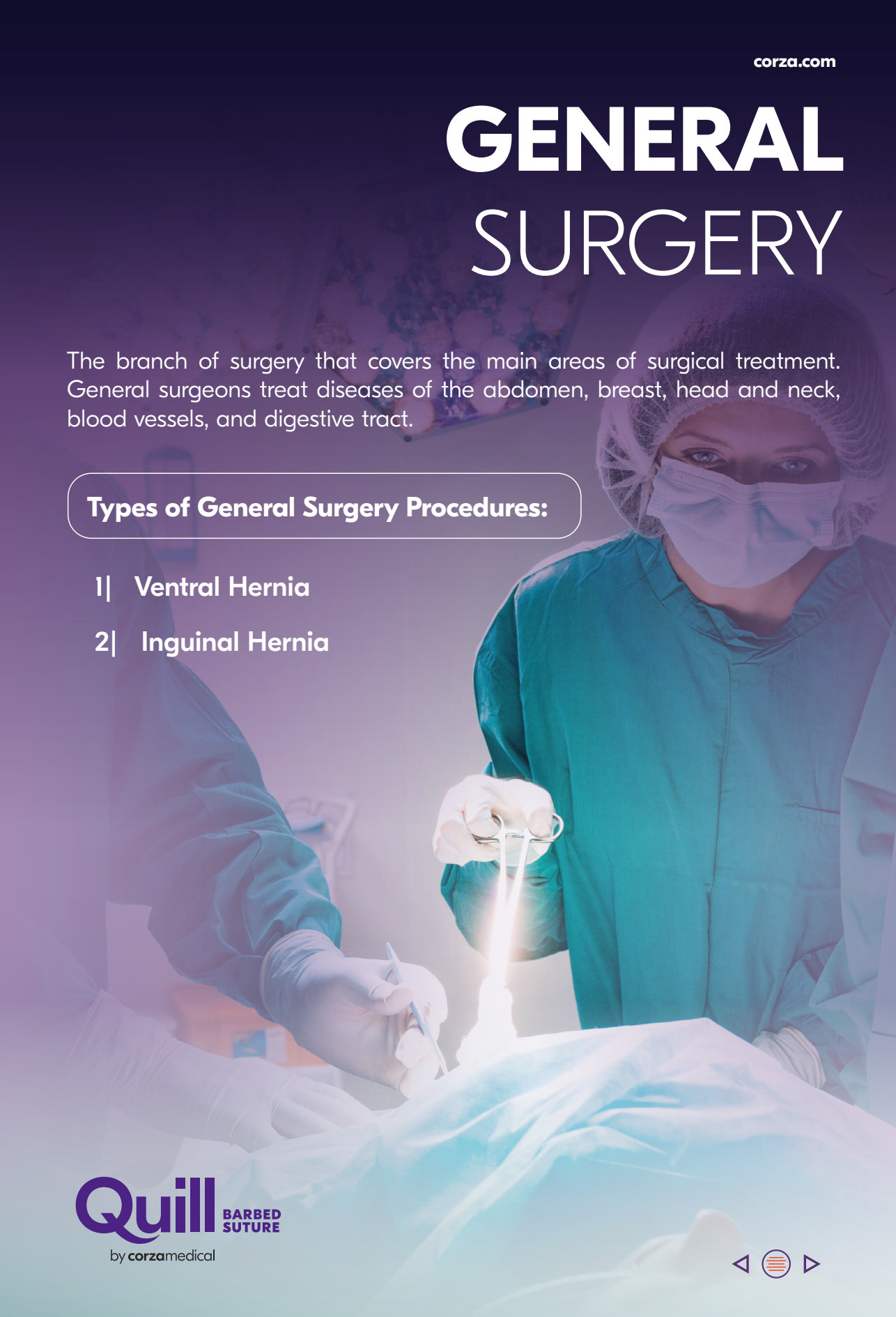
GENERAL SURGERY

The branch of surgery that covers the main areas of surgical treatment. General surgeons treat diseases of the abdomen, breast, head and neck, blood vessels, and digestive tract.

Types of General Surgery Procedures:

1| Ventral Hernia

2| Inguinal Hernia



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Ventral Hernia

A bulge through the opening of the muscles in the abdomen.

DEFECT CLOSURE

Material	Item Code	USP	Length (cm)	Colour	Needle					
PDO	**VLP-2015**	1	30	Violet	½ Circle	Taper Point	36 mm	CT-1	Uni-directional	
PDO	**VLP-2016**	2	20	Violet	½ Circle	Taper Point	36 mm	CT-1	Uni-directional	
PDO	**RA-1005Q**	2	14 x 14	Violet	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	
Polypropylene	**VLO-4205**	1	15	Blue	½ Circle	Taper Point	36 mm	CT-1	Uni-directional	
Polypropylene	**VLO-4210**	2	15	Blue	½ Circle	Taper Point	36 mm	CT-1	Uni-directional	
Polypropylene	**VLO-4211**	2	20	Blue	½ Circle	Taper Point	36 mm	CT-1	Uni-directional	

MESH FIXATION

Material	Item Code	USP	Length (cm)	Colour	Needle					
PDO	**VLP-2008**	0	20	Violet	½ Circle	Taper Point	26 mm	SH	Uni-directional	
PDO	**VLP-2009**	0	30	Violet	½ Circle	Taper Point	26 mm	SH	Uni-directional	
PDO	**RA-1078Q**	0	10 x 10	Violet	½ Circle	Taper Point	26 mm	SH	Bi-directional	
PDO	**RA-1079Q**	0	14 x 14	Violet	½ Circle	Taper Point	26 mm	SH	Bi-directional	
PDO	**VLP-1001**	0	20	Violet	½ Circle	Taper Point	36 mm	CT-1	Uni-directional	
PDO	**VLP-1002**	0	30	Violet	½ Circle	Taper Point	36 mm	CT-1	Uni-directional	

Inguinal Hernia

A bulge that occurs in the groin region.

PERITONEUM CLOSURE

Material	Item Code	USP	Length (cm)	Colour	Needle					
PDO	**VLP-2006**	2-0	20	Violet	½ Circle	Taper Point	26 mm	SH	Uni-directional	
PDO	**VLP-2049**	2-0	23	Violet	½ Circle	Taper Point	30 mm	V-30	Uni-directional	
PDO	**VLP-1001**	0	20	Violet	½ Circle	Taper Point	36 mm	CT-1	Uni-directional	
PDO	**VLP-1002**	0	30	Violet	½ Circle	Taper Point	36 mm	CT-1	Uni-directional	
PDO	**VLP-2008**	0	20	Violet	½ Circle	Taper Point	26 mm	SH	Uni-directional	
PDO	**VLP-2009**	0	30	Violet	½ Circle	Taper Point	26 mm	SH	Uni-directional	

** Only taper point needles are used inside the body*

Webinar:
Robotic Hernia Surgery

SCAN TO SEE VIDEO

Dr. Agostino Cervone, a General Surgeon discusses how switching to Quill® barbed suture helped him overcome post-op complications in robotic hernia surgery.

Key Terminology

FEMORAL HERNIA:	A femoral hernia is an opening in the abdominal wall, just next to an inguinal hernia
INCARCERATED HERNIA:	A situation where the contents inside the hernia are stuck outside of the abdominal wall, often resulting in pain
OPEN SURGERY:	Any time an incision is used to repair the hernia. This can be performed under local anesthesia and sedation
PERITONEUM:	The thin sac or membrane that wraps the inside of the abdominal wall
PRE-PERITONEAL SPACE:	This is the space between the abdominal wall and peritoneum
STRANGULATED HERNIA:	An imaginary flat surface that divides the body into sections
UMBILICAL HERNIA:	Another common type of hernia, the umbilical hernia is found in the umbilicus (“belly button”)
VENTRAL AND EPIGASTRIC HERNIAS:	Like umbilical hernias, these hernias are found in the front side (ventral) of the abdomen
HERNIA RECURRENCE:	A recurrent hernia is a hernia that comes back sometime after surgery
SURGICAL MESH:	Surgical mesh is a medical device that is used to provide additional support to weakened or damaged tissue.

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PLASTIC SURGERY

Plastic surgery is a surgical specialty involved with both the improvement in a person's appearance and the reconstruction of facial and body tissue defects caused by illness, trauma, or birth disorders. Plastic surgery restores and improves function, as well as appearance.

Types of Plastic Surgery Procedures:

1| **Abdominal Procedures:** Abdominoplasty

2| **Breast Procedures:** Mammoplasty (Augmentation & Reduction) and Mastopexy (Lift)

3| **Body Contouring Procedures:** Brachioplasty and Thighplasty

4| **Facial Procedures:** Face Lift (Smas Plication), Brow Lift, Upper eyelid blepharoplasty and Rhinoplasty

Abdominoplasty

A tummy tuck — also known as abdominoplasty — is a cosmetic surgical procedure to improve the shape and appearance of the abdomen. During a tummy tuck, excess skin and fat are removed from the abdomen. Connective tissue in the abdomen (fascia) usually is tightened with sutures as well.

RECTUS PLICATION

Material	Item Code	USP	Length (cm)	Colour	Needle					
Polypropylene	JA-1007Q	2	24 x 24	Undyed	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	
Polypropylene	JA-2007Q	2	45 x 45	Undyed	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	
PDO	RA-1065Q	2	36 x 36	Violet	½ Circle	Taper Point	48 mm	CTX	Bi-directional	
PDO	RA-2065Q	2	45 x 45	Violet	½ Circle	Taper Point	48 mm	CTX	Bi-directional	
PDO	RX-1033Q	2	24 x 24	Violet	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	
PDO	RA-1058Q	2	30 x 30	Violet	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	

SUBCUTANEOUS

Material	Item Code	USP	Length (cm)	Colour	Needle					
PDO	RA-1067Q	0	36 x 36	Violet	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	
PDO	RA-1057Q	2-0	40 x 40	Violet	½ Circle	Taper Point	26 mm	SH	Bi-directional	
PDO	RA-2067Q	0	45 x 45	Violet	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	
Monodem™	YA-1029Q	0	36 x 36	Undyed	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	

Abdominoplasty

SUBCUTICULAR

Material	Item Code	USP	Length (cm)	Colour	Needle					
Monodem™	YA-2022Q	2-0	30 x 30	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Bi-directional	
Monodem™	YA-2024Q	2-0	30 x 30	Undyed	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	Bi-directional	
Monodem™	YA-2021Q	3-0	30 x 30	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Bi-directional	
Monodem™	YA-2023Q	3-0	30 x 30	Undyed	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	Bi-directional	
Monodem™	YA-2034Q	2-0	40 x 40	Undyed	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	Bi-directional	
Monodem™	YA-2033Q	3-0	40 x 40	Undyed	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	Bi-directional	

SCAN TO SEE VIDEO

Procedure:
Progressive Tension Technique

STEPS

1 Five running parallel rows of barbed suture are placed in a sequential fashion.

2 The midline row is excluded if fat contouring removes Scarpa's in this zone. In this case, only the umbilicus serves to stabilize the flap in the midline. The operation requires assistance as the surgeon operates holds and advances the flap with his or her nondominant hand and places the suture with the other hand.

3 The assistant grasps the needle as it passes from the abdominal fascia into Scarpa's in one bite, so the surgeon can regrab the needle for the next throw.

Breast Procedures

Mammoplasty: *A group of surgical procedures to reshape or modify the appearance of the breast. There are two types of mammoplasty procedures, augmentation mammoplasty (breast implants) which increases the size of the breast and reduction mammoplasty (breast reduction) which decreases the size of the breast.*

Mastopexy: *A procedure for raising sagging breasts or lifting the breast. In this procedure the location of the nipple is raised. Mastopexy is often performed with mammoplasty reductions.*

SUBCUTANEOUS

Material	Item Code	USP	Length (cm)	Colour	Needle						
PDO	**RA-1028Q-0**	2-0	24 x 24	Violet	⅜ Circle	Precision Reverse Cutting	26 mm	PS	Bi-directional		
PDO	**RA-1029Q**	0	24 x 24	Violet	½ Circle	Taper Point	36 mm	CT-1	Bi-directional		
PDO	**RA-1030Q-0**	0	24 x 24	Violet	⅜ Circle	Precision Reverse Cutting	26 mm	PS	Bi-directional		
Monodem™	**YA-2022Q**	2-0	30 x 30	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Bi-directional		
Monodem™	**YA-2023Q**	3-0	30 x 30	Undyed	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	Bi-directional		
Monodem™	**VLM-3008**	3-0	30	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Uni-directional		
Monodem™	**VLM-3010**	2-0	30	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Uni-directional		

SUBCUTICULAR

Material	Item Code	USP	Length (cm)	Colour	Needle						
Monodem™	**YA-2016Q**	3-0	14 x 14	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Bi-directional		
Monodem™	**VLM-3007**	3-0	20	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Uni-directional		
Monodem™	**VLM-1011**	3-0	20	Undyed	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	Uni-directional		

Breast Procedures

PERIAREOLAR

Material	Item Code	USP	Length (cm)	Colour	Needle					
Monodem™	**YA-2016Q**	3-0	14 x 14	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Bi-directional	
Monodem™	**VLM-1002**	2-0	30	Undyed	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	Uni-directional	
Monodem™	**VLM-3009**	2-0	20	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Uni-directional	
Monodem™	**VLM-3010**	2-0	30	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Uni-directional	

SCAN TO SEE VIDEO

Procedure:
Mastopexy and Reduction Mammoplasty

Shaping the breast pillars while enhancing upper pole projection. Closing the areola and short scar or closing with a traditional (Wise pattern) technique.

STEPS

1 Begin at the apex of the pillars (adjacent to the lower border of the areola), engaging the Quill® in the breast parenchyma until the opposing barbs engage. Run one end of the device from one pillar to the other. This will approximate the pillars and produce upper pole fullness as the imbrication evolves. End with a J-loop or backstitch. Repeat with the other end of the device.

2 Begin the areola closure at the 12 o'clock position, passing through the deep dermis and advancing the Quill® until the opposing barbs engage. Continue advancing one end of the device counterclockwise until the 6 o'clock position is reached. Repeat with the other half of the device, passing clockwise from the 12 o'clock to the 6 o'clock position.

3 Continue down the short vertical incision with the remaining barbed segment of either Quill®. Add another device, if needed, to complete the repair. If a horizontal, inframammary incision is required, close the incision as described in the dual-layer closure technique.

Body Contouring Procedures

Thighplasty: *A procedure to tighten and improve the overall appearance of thighs.*
Brachioplasty: *A procedure to improve the appearance of the under portion of the upper arm.*

SUBCUTANEOUS

Material	Item Code	USP	Length (cm)	Colour	Needle					
PDO	**RA-1029Q**	0	24 x 24	Violet	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	
PDO	**RA-1030Q-0**	0	24 x 24	Violet	⅜ Circle	Precision Reverse Cutting	26 mm	PS	Bi-directional	
PDO	**RA-1067Q**	0	36 x 36	Violet	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	
PDO	**RA-2067Q**	0	45 x 45	Violet	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	

SUBCUTICULAR

Material	Item Code	USP	Length (cm)	Colour	Needle					
Monodem™	**YA-2021Q**	3-0	30 x 30	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Bi-directional	
Monodem™	**YA-2022Q**	2-0	30 x 30	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Bi-directional	
Monodem™	**YA-2023Q**	3-0	30 x 30	Undyed	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	Bi-directional	
Monodem™	**YA-2024Q**	2-0	30 x 30	Undyed	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	Bi-directional	
Monodem™	**YA-2031Q**	3-0	40 x 40	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Bi-directional	
Monodem™	**YA-2034Q**	2-0	40 x 40	Undyed	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	Bi-directional	

Thighplasty procedure

The incision pattern will vary based on the target area, degree of correction, and the preferences according to the patient and surgeon.

Close the incision

Deep sutures within underlying tissues help to form and support the newly shaped contours. Sutures may be used to close the skin incisions.

Outer thigh lift incision

An incision extends from the groin around the hip and across the back. Advanced techniques usually allow incisions to be placed in strategic locations to be hidden by most types of clothing and swimsuits, but can be extensive.

Inner thigh lift incision

One technique allows the incision to be placed in the groin, extending downward and wraps around the back of the thigh. Another technique removes excess skin from the groin down to the knee using an incision along the inseam. A third technique is a minimal incision inner thigh lift. This incision is only in the groin area.

Facial Procedures

Facelift: Peroauricular: *Closure of an incision around the ear as part of a face lift procedure.*
SMAS Plication: *A technique used in face lift procedures that involves the folding and suturing of the SMAS (facial muscle).*

Brow lift: *A procedure to raise the brows if you have a low, sagging brow or brow asymmetry.*

Upper eyelid blepharoplasty: *Surgery to repair droopy eyelids that may involve removing excess skin, muscle and fat.*

Rhinoplasty: *A procedure to change the size, shape or proportions of your nose.*

SUBCUTICULAR

Material	Item Code	USP	Length (cm)	Colour	Needle						
Monodem™	YA-2002Q	5-0	14 x 14	Undyed	⅜ Circle	Precision Reverse Cutting	11 mm	P-1	Bi-directional		
Monodem™	YA-2003Q	5-0	14 x 14	Undyed	⅜ Circle	Precision Reverse Cutting	13 mm	P-3	Bi-directional		
Monodem™	YA-2004Q	4-0	14 x 14	Undyed	⅜ Circle	Precision Reverse Cutting	11 mm	P-1	Bi-directional		
Monodem™	YA-2005Q	4-0	14x 14	Undyed	⅜ Circle	Precision Reverse Cutting	13 mm	P-3	Bi-directional		
Monodem™	VLM-2007	4-0	20	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	P-2	Uni-directional		
Monodem™	VLM-2008	4-0	30	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	P-2	Uni-directional		

SCAN TO SEE VIDEO

Procedure:
Brow Lift

Corrects the sagging of eyebrows and hooding of the upper eyelids.

STEPS

1 Create a 3 cm temporal incision, dissecting a plane which lies above deep temporal fascia posterior to the anterior temporal crest. Create a subperiosteal dissection in the area of the brow anterior to the anterior temporal crest. The orbital ligament is divided to permit adequate release and elevation of the lateral brow.

2 Pass Quill® through the temporal fascia horizontally for anchoring. The medial Quill® enters the flap at 2 cm above the rim, passing over fascia and bone. The lateral Quill® enters the flap 1.5 cm above the rim, passing over the fascia. Entering the flap at these levels minimizes any chance of disturbing the frontal branch of the facial nerve. Both devices exit the skin just distal to the eyebrow.

3 The free ends of the Quill® are held as the soft tissue is contoured upward to lift the brow. An absorbable Quill® is placed between the superficial and deep temporal fascias within 2 cm of the temporal incision to further control the lateral brow and smooth the area of dissection over the deep temporal fascia.

Key Terminology

ABDOMINOPLASTY:	A surgical procedure, also known as tummy tuck, to correct the apron of excess skin hanging over the abdomen
AREOLA:	Pigmented skin surrounding the nipple
AUGMENTATION MAMMAPLASTY:	Breast enlargement by surgery
BRACHIOPLASTY:	duce excess skin and fat between the underarm and the elbow to correct sagging of the upper arms
BREAST AUGMENTATION:	Breast enlargement by surgery; also known as augmentation mammaplasty
BREAST LIFT:	Surgery to lift the breasts; also known as mastopexy
BREAST RECONSTRUCTION:	Any of several plastic surgery techniques that attempt to restore a breast to near-normal shape, appearance, and size following mastectomy
BREAST REDUCTION:	Reduction of breast size and breast lift by surgery
BROW LIFT:	A surgical procedure to correct a low-positioned or sagging brow; smoothes furrows across the forehead and between the brows
CIRCUMFERENTIAL THIGH LIFT:	A surgical procedure to correct sagging of the outer and mid-thigh
FLAP TECHNIQUES:	Surgical techniques used to reposition the patient's own skin, muscle, and fat to reconstruct or cover the breast
GRAFTING:	Tissue taken from other parts of the body
MASTECTOMY:	The removal of a breast, typically to rid the body of cancer
REDUCTION MAMMAPLASTY:	The surgical removal of breast tissue to reduce the size of breasts
TENDON:	A tough cord or band of dense white fibrous connective tissue that unites a muscle with some other structure
THIGHPLASTY:	Reshapes the thighs by reducing excess skin and, in some cases, fat, resulting in smoother skin and better-proportioned contours of the thighs and lower body; also called thigh lift

UROLOGIC SURGERY

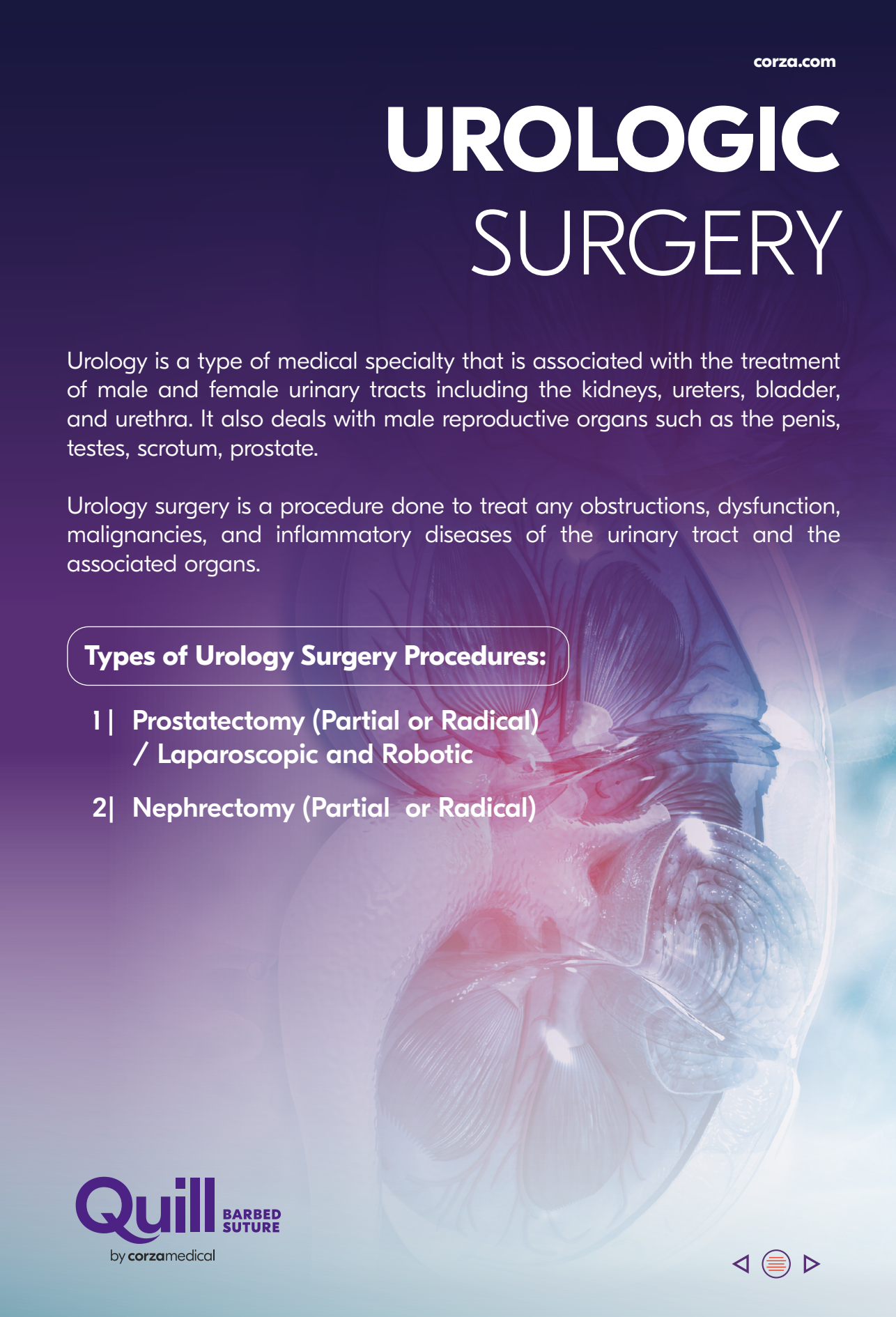
Urology is a type of medical specialty that is associated with the treatment of male and female urinary tracts including the kidneys, ureters, bladder, and urethra. It also deals with male reproductive organs such as the penis, testes, scrotum, prostate.

Urology surgery is a procedure done to treat any obstructions, dysfunction, malignancies, and inflammatory diseases of the urinary tract and the associated organs.

Types of Urology Surgery Procedures:

1 | **Prostatectomy (Partial or Radical) / Laparoscopic and Robotic**

2| **Nephrectomy (Partial or Radical)**



Prostatectomy

An operation to remove the prostate gland and some surrounding tissue to remove prostate cancer.

POSTERIOR REPAIR & VESICOURETHRAL ANASTOMOSIS

Material	Item Code	USP	Length (cm)	Colour	Needle					
Monodem™	RS-1001Q	3-0	16 x 16	Undyed	½ Circle	Taper Point	17 mm	RB-1	Bi-directional	
Monodem™	RS-1005Q	2-0	16 x 16	Undyed	½ Circle	Taper Point	26 mm	SH	Bi-directional	
Monodem™	VP-1000Q	2-0	16 x 16	Undyed	½ Circle	Taper Point	17 mm	RB-1	Bi-directional	
Monodem™	VP-2000Q	2-0	16 x 16	Violet	½ Circle	Taper Point	17 mm	RB-1	Bi-directional	
Monodem™	VLM-2015	2-0	15	Violet	½ Circle	Taper Point	17 mm	RB-1	Uni-directional	
Monodem™	VLM-2005	2-0	20	Violet	½ Circle	Taper Point	17 mm	RB-1	Uni-directional	

BLADDER NECK RECONSTRUCTION

Material	Item Code	USP	Length (cm)	Colour	Needle					
Monodem™	VP-2000Q	2-0	16 x 16	Violet	½ Circle	Taper Point	17 mm	RB-1	Bi-directional	
Monodem™	VLM-2017	2-0	15	Violet	½ Circle	Taper Point	26 mm	SH	Uni-directional	
Monodem™	VLM-2006	2-0	20	Violet	½ Circle	Taper Point	26 mm	SH	Uni-directional	

SCAN TO SEE VIDEO

Procedure: Prostatectomy

SCAN TO SEE VIDEO

STEPS

1. Removal of prostate (including posterior dissection)
2. Ligate dorsal vein complex (DVC)
   - Tie off blood supply
3. Posterior reconstruction (aka Rocco stitch)
   - Repair defect left in tissue behind the prostate from the posterior dissection.
   - Reduces tension between the urethra and bladder by bringing the two structures closer together before the anastomosis.
4. Vesicourethral Anastomosis
   - Reattach the urethra to the bladder neck (Running stitch to approximate posterior aspect of bladder neck to posterior wall of urethra (Quill® can be used here).

Nephrectomy

It is the removal of part of the kidney and is a growing treatment option for patients diagnosed with kidney tumors. It is also referred to as kidney-sparing surgery. It can be performed with multiple approaches including open, laparoscopic or robotic surgery.

INNERMOST LAYER

Material	Item Code	USP	Length (cm)	Colour	Needle						
PDO	**RA-1077Q**	2-0	10 x 10	Violet	½ Circle	Taper Point	26 mm	SH	Bi-directional		
PDO	**VLP-2021**	2-0	15	Violet	½ Circle	Taper Point	26 mm	SH	Uni-directional		
Monodem™	**RS-1005Q**	2-0	16 x 16	Undyed	½ Circle	Taper Point	26 mm	SH	Bi-directional		
Monodem™	**VLM-2017**	2-0	15	Violet	½ Circle	Taper Point	26 mm	SH	Uni-directional		

OUTERMOST LAYER

Material	Item Code	USP	Length (cm)	Colour	Needle						
PDO	**VLP-2021**	2-0	15	Violet	½ Circle	Taper Point	26 mm	SH	Uni-directional		
Monodem™	**VLM-2017**	2-0	15	Violet	½ Circle	Taper Point	26 mm	SH	Uni-directional		

SCAN TO SEE VIDEO

Procedure: Partial Nephrectomy

STEPS

1. Mobilize & ligate renal vein & artery (artery is under vein) at hilum (in small tumors, only clamp artery; in large tumors, clamp both)
2. Mobilize rest of kidney (lower pole) & locate tumor (Prepare everything prior to clamp time)
3. Clamp & excise tumor
4. - Perform renorrhaphy (closing the defect) (Quill® can be used here)
   - Collecting system is oversewn with 2-0 Quill® PDO or Monoderm™ (on a taper point needle)
   - The renal capsular stitches are placed, usually every 1 cm along the defect with a 2-0 Quill® PDO or Monoderm™ (on a taper point needle) stitch

Key Terminology

APEX:	The tip or bottom of the prostate
BASE:	The base of the prostate
DENONVILLIERS' FASCIA:	Thin layer of connective tissue that separates prostate and seminal vesicles from rectum
KIDNEY:	Organ that filters waste products out of blood, resulting in urine production
NERVE SPARING:	Term used to describe a type of surgical technique in which the surgeon saves the nerves that affect sexual and related functions
NEUROVASCULAR BUNDLES:	Two bundles of nerves between the prostate and the rectum that control erection
PROSTATE:	In males, the gland surrounding the urethra, immediately below the bladder, which provides fluid to nourish and transport sperm
PARTIAL PROSTATECTOMY:	A common surgical approach to prostatectomy includes making a surgical incision and removing the prostate gland (or part of it)
RADICAL PROSTATECTOMY:	Removal of the prostate, seminal vesicles, and lymph nodes
RHABDOSPHINCTER:	A sphincteric muscle that lies around the urethral tissue
SEMINAL VESICLES (SV):	Glandular structures located above and behind the prostate that secrete and store seminal fluid
URETER:	Tube that drains urine from one of the two kidneys to the bladder
URETHRA:	Tube that drains urine from the bladder through the prostate and out through the penis
VAS DEFERENS:	Tube through which sperm travel from the testes to the prostate prior to ejaculation

OBSTETRICS AND GYNECOLOGY **(OB/GYN)**

Obstetrics and gynecology is a broad and diverse branch of medicine, including surgery, management of the care of pregnant women, gynecologic care, oncology, and primary health care for women. OB is short for obstetrics or for an obstetrician, a physician who delivers babies. GYN is short for gynecology or for a gynecologist, a physician who specializes in treating diseases of the female reproductive organs.

Types of Gynecology Surgery Procedures:

1| Hysterectomy (Laparoscopic or Robotic Assisted)

2| Myomectomy (Laparoscopic or Robotic Assisted)

3| Labor & Delivery. Cesarean Section

4| Sacrocolpopexy (Laparoscopic or Robotic Assisted)

Hysterectomy

A surgical procedure that removes the uterus. Reasons for this surgery include abnormal bleeding, uterine prolapse, fibroids and cancer.

VAGINAL CUFF CLOSURE

Material	Item Code	USP	Length (cm)	Colour	Needle					
PDO	**VLP-2008**	0	20	Violet	½ Circle	Taper Point	26 mm	SH	Uni-directional	
PDO	**VLP-1008**	0	20	Violet	½ Circle	Taper Point	22 mm	SH-1	Uni-directional	
PDO	**VLP-1001**	0	20	Violet	½ Circle	Taper Point	36 mm	CT-1	Uni-directional	
PDO	**VLP-2028**	1	20	Violet	½ Circle	Taper Point	36 mm	CT-1	Uni-directional	
PDO	**VLP-2030**	2	15	Violet	½ Circle	Taper Point	36 mm	CT-1	Uni-directional	
PDO	**VLP-2016**	2	20	Violet	½ Circle	Taper Point	36 mm	CT-1	Uni-directional	
PDO	**RX-1000Q**	0	14 x 14	Violet	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	
PDO	**RA-1079Q**	0	14 x 14	Violet	½ Circle	Taper Point	26 mm	SH	Bi-directional	
PDO	**RA-1088Q**	1	14 x 14	Violet	½ Circle	Taper Point	22 mm	SH-1	Bi-directional	
PDO	**RA-1003Q**	1	14 x 14	Violet	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	
PDO	**RA-1005Q**	2	14 x 14	Violet	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	

** While it's customary to upsize by one size when converting to Quill®, surgical robots can put excess stress on a suture, therefore, robotic surgery sometimes requires that you upsize by two sizes particularly when competing against V-Loc*

Quill BARBED SUTURE
by corzamedical

Procedure:
Total Abdominal Hysterectomy (TAH)

Removal of the uterus as a treatment for gynecologic cancer, menorrhagia, uterine leiomyomas, obstetric complications, severe pelvic inflammatory disease, or endometriosis.

SCAN TO SEE VIDEO

STEPS

1 ▸ Performed through low midline incision or transverse Pfannenstiel incision.

2 ▸ Locate, grasp, and elevate uterus, keeping clear from small bowel.

3 ▸ Ligate and divide round ligament.

4 ▸ Incise peritoneum of broad ligament toward cervix.

5 ▸ If fallopian tubes and ovaries are also to be removed with uterus, ligate the ovarian vessels proximal to the ovary at the IP ligament.

6 ▸ Seal fallopian tubes and ovarian ligament.

7 ▸ Seal uterine vessels next to upper cervix.

8 ▸ Ligate cardinal ligament next to cervix.

9 ▸ Ligate uterosacral ligaments.

10 ▸ Once exposed, incise the vagina at the junction with the cervix.

11 ▸ Uterus and cervix are removed.

12 ▸ Vaginal cuff is closed (the Quill®™ device may be used here).

- The edges of the vaginal mucosa are sutured with a running stitch starting at the midpoint of the vagina under the bladder and carried around to the stumps of the cardinal and uterosacral ligaments, which are sutured into the angle of the vagina.

Myomectomy

A surgical procedure to remove uterine fibroids.
These common noncancerous growths appear in the uterus.

UTERINE CLOSURE

Material	Item Code	USP	Length (cm)	Colour	Needle					
PDO	**VLP-1001**	0	20	Violet	½ Circle	Taper Point	36 mm	CT-1	Uni-directional	
PDO	**VLP-1008**	0	20	Violet	½ Circle	Taper Point	22 mm	SH-1	Uni-directional	
PDO	**VLP-2008**	0	20	Violet	½ Circle	Taper Point	26 mm	SH	Uni-directional	
PDO	**VLP-2028**	1	20	Violet	½ Circle	Taper Point	36 mm	CT-1	Uni-directional	
PDO	**VLP-2015**	1	30	Violet	½ Circle	Taper Point	36 mm	CT-1	Uni-directional	
PDO	**RX-1068Q**	0	7 x 7	Violet	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	
PDO	**RA-1000Q**	0	14 x 14	Violet	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	
PDO	**RA-1079Q**	0	14 x 14	Violet	½ Circle	Taper Point	26 mm	SH	Bi-directional	
PDO	**RA-1078Q**	0	10 x 10	Violet	½ Circle	Taper Point	26 mm	SH	Bi-directional	
PDO	**RA-1088Q**	0	14 x 14	Violet	½ Circle	Taper Point	22 mm	SH-1	Bi-directional	
PDO	**RA-1003Q**	1	14 x 14	Violet	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	

** While it's customary to upsize by one size when converting to Quill®, surgical robots can put excess stress on a suture, therefore, robotic surgery sometimes requires that you upsize by two sizes particularly when competing against V-Loc*

Procedure:
Laparoscopic
Myomectomy

SCAN TO SEE VIDEO

Laparoscopic Myomectomy; Minimizing Material (Tips and Tricks) by Jon Einarsson, MD, MPH (Brigham and Women's Hospital, Boston, MA)

Procedure:
Myomectomy
Defect Closure

SCAN TO SEE VIDEO

In this video, Dr. Jon Einarsson, MD, MPH, demonstrates myomectomy defect closure using multiple Quill™ devices.

Cesarean delivery

The delivery of a fetus through surgical incisions made through the abdominal wall (laparotomy) and the uterine wall (hysterotomy).

UTERINE CLOSURE

Material	Item Code	USP	Length (cm)	Colour	Needle						
PDO	**VLP-2015**	1	30	Violet	½ Circle	Taper Point	36 mm	CT-1	Uni-directional		
PDO	**VLP-2014**	1	45	Violet	½ Circle	Taper Point	36 mm	CT-1	Uni-directional		

RECTUS DEFECT

Material	Item Code	USP	Length (cm)	Colour	Needle						
PDO	**VLP-2015**	1	30	Violet	½ Circle	Taper Point	36 mm	CT-1	Uni-directional		
Polypropylene	**VLO-1002**	1	45	Undyed	½ Circle	Taper Point	36 mm	CT-1	Uni-directional		

SUBCUTANEOUS & PARIETAL PERITONEUM

Material	Item Code	USP	Length (cm)	Colour	Needle						
PDO	**VLP-1002**	0	30	Violet	½ Circle	Taper Point	36 mm	CT-1	Uni-directional		
PDO	**VLP-1004**	0	45	Violet	½ Circle	Taper Point	36 mm	CT-1	Uni-directional		

SUBCUTICULAR

Material	Item Code	USP	Length (cm)	Colour	Needle						
Monodem™	**VLM-2004**	3-0	60	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Uni-directional		
Monodem™	**VLM-3008**	3-0	30	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Uni-directional		

Sacrocolpopexy

Repair of vaginal prolapse by supporting the vagina to a ligament on the spine.

MESH FIXATION

Material	Item Code	USP	Length (cm)	Colour	Needle					
Polypropylene	JA-1005Q	1	14 x 14	Undyed	½ Circle	Reverse Cutting	26 mm	CP-2	Bi-directional	

PERITONEAL CLOSURE

Material	Item Code	USP	Length (cm)	Colour	Needle					
PDO	RX-1068Q	0	7 x 7	Violet	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	
PDO	RA-1000Q	0	14 x 14	Violet	½ Circle	Taper Point	36 mm	CT-1	Bi-directional	

SCAN TO SEE VIDEO

Procedure:
Sacrocolpopexy
(Lap or Robotic)

STEPS

1. Port placement
2. Mobilize bowels away
3. Vaginal apex is inverted
4. Bladder is dissected off the pubocervical fascia
5. Expose and enter rectovaginal peritoneal fold
6. Transect peritoneum over the sacral promontory
7. Extend peritoneal incision downward toward cul-de-sac
8. Introduce a Y-shaped polypropylene mesh through the non-robotic port
9. Drape anterior arm of mesh over anterior vaginal wall and secure to pubocervical fascia (Quill® may be used here)
10. Posterior arm of mesh is secured to rectovaginal fascia
11. Correct the anatomy of the vagina and then fixate last part of mesh
12. The “tail of the mesh” is secured to the longitudinal ligament by (Quill® may be used here)
13. Close the peritoneal defect to avoid possible bowel herniation (Quill® may be used here)

Key Terminology

BROAD LIGAMENT:	The broad fold of peritoneum supporting the uterus, extending from the uterus to the wall of the pelvis on either side
CARDINAL LIGAMENT:	Part of a thickening of the visceral pelvic fascia beside the cervix and vagina, passing laterally to merge with the upper fascia of the pelvic diaphragm
FALLOPIAN TUBES:	Carry eggs to uterus
HYSTERECTOMY:	Surgical removal of uterus and cervix
INFUNDIBULOPELVIC (IP) LIGAMENT:	Suspensory ligament of the ovary
OOPHORECTOMY:	Surgical removal of ovaries
OVARIAN ARTERIES:	Main blood supply to ovaries
OVARIES:	Supply eggs for reproduction
ROUND LIGAMENT:	A fibromuscular band attached to the uterus near the uterine tube
SALPINGO-OOPHORECTOMY:	Surgical removal of ovaries and fallopian tubes
SUBTOTAL/SUPRACERVICAL HYSTERECTOMY:	Removal of uterus with preservation of cervix
UTERINE ARTERIES:	Main blood supply to uterus
UTEROSACRAL LIGAMENT:	Ligament that extends from the cervix to the posterior pelvic wall
UTERUS:	Thick-walled, pear-shaped muscular organ located between the bladder and the rectum

DERMATOLOGIC SURGERY

Dermatologic surgery is to repair and/or to improve the function and cosmetic appearance of skin tissue.

Dermatologic surgery deals with the diagnosis and treatment of medically necessary and cosmetic conditions of the skin, hair, nails, veins, mucous membranes and adjacent tissues by various surgical, reconstructive, cosmetic and non-surgical methods. The purpose of dermatologic surgery is to repair and/or improve the function and cosmetic appearance of skin tissue.

Types of Dermatology Surgery Procedures:

1| Skin Excisions

2| Mohs

Skin excisions

Skin excisions can be used to treat melanoma and non-melanoma skin cancers by removing a lesion, mole, cyst, etc.Depending on size, an excision may require a subcuticular closure with suture.

Material	Item Code	USP	Length (cm)	Colour	Needle						
Monodem™	VLM-3001	4-0	20	Undyed	⅜ Circle	Precision Reverse Cutting	13 mm	P-3	Uni-directional		
Monodem™	VLM-3002	3-0	20	Undyed	⅜ Circle	Precision Reverse Cutting	13 mm	P-3	Uni-directional		
Monodem™	VLM-3003	3-0	30	Undyed	⅜ Circle	Precision Reverse Cutting	13 mm	P-3	Uni-directional		
Monodem™	VLM-3007	3-0	20	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Uni-directional		
Monodem™	VLM-3008	3-0	30	Undyed	⅜Circle	Precision Reverse Cutting	19 mm	PS-2	Uni-directional		
Monodem™	VLM-3009	2-0	20	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Uni-directional		
Monodem™	VLM-3010	2-0	30	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Uni-directional		

SCAN TO SEE VIDEO

Procedure:
Skin excisions

STEPS

1 The tumor is cut out with some of the healthy skin around it. The healthy skin is also referred to as a margin. The reason for taking a margin is to remove any cancer cells that have spread into the surrounding tissue. The most common excision type is an elliptical (shaped) excision.

2 The incision is closed with sutures.

Mohs

Microscopically controlled surgery used to treat common types of skin cancer, basal cell carcinomas (BCCs) and squamous cell carcinomas (SCCs). Mohs surgery can leave a defect of 12" or more and often requires a subcutaneous and subcuticular (two layer) closure.

Material	Item Code	USP	Length (cm)	Colour	Needle						
Monodem™	VLM-3001	4-0	20	Undyed	⅜ Circle	Precision Reverse Cutting	13 mm	P-3	Uni-directional		
Monodem™	VLM-3002	3-0	20	Undyed	⅜ Circle	Precision Reverse Cutting	13 mm	P-3	Uni-directional		
Monodem™	VLM-3003	3-0	30	Undyed	⅜ Circle	Precision Reverse Cutting	13 mm	P-3	Uni-directional		
Monodem™	VLM-3007	3-0	20	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Uni-directional		
Monodem™	VLM-3008	3-0	30	Undyed	⅜Circle	Precision Reverse Cutting	19 mm	PS-2	Uni-directional		
Monodem™	VLM-3009	2-0	20	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Uni-directional		
Monodem™	VLM-3010	2-0	30	Undyed	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Uni-directional		
PDO	VLP-3021	3-0	20	Violet	⅜ Circle	Precision Reverse Cutting	13 mm	P-3	Uni-directional		
PDO	VLP-3022	3-0	30	Violet	⅜ Circle	Precision Reverse Cutting	13 mm	P-3	Uni-directional		
PDO	VLP-3026	3-0	20	Violet	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Uni-directional		
PDO	VLP-3027	2-0	20	Violet	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Uni-directional		
PDO	VLP-3028	2-0	30	Violet	⅜ Circle	Precision Reverse Cutting	19 mm	PS-2	Uni-directional		
PDO	VLP-3029	2-0	30	Violet	⅜ Circle	Precision Reverse Cutting	24 mm	PS-1	Uni-directional		

Procedure:
Mohs

During the surgery, after each removal of tissue and while the patient waits, the tissue is examined for cancer cells. That examination informs the decision for additional tissue removal.

STEPS

1 Examination and Prep. A pen is used to mark the area of concern. Loval anesthesia is injected to numb the area.

2 Remove the top layer. A scalpel is used to remove a thin layer. You are bandaged temporarily while the next step begins.

3 Tissue Prep for Analysis. The tissue is cut, coded with dyes, and mapped according to the surgical site. It is then frozen and sliced thin to place on a microscope slide. It is stained and covered.

4 Examination under microscope. The surgeon examines the tissue edges and the underside. The physician will determine where the next layer of tissue needs to be removed.

5 Remove the second layer. Anesthesia is injected if more is needed, and a second layer is removed. Steps 3 and 4 are repeated.

6 Wound closure. Once the surgeon determines that the site is cleared, it is time to close the wound. Depending on the size and location, the area may need a skin flap or a skin graft and, in some cases, the surgeon may refer to a plastic, hand or oculoplastic surgeon. Quill® barbed suture can be used to close the skin layers (and may not require a skin graft).

Key Terminology

BIOPSY:	The removal and examination of tissue from a living body
EXCISION:	Surgical removal of a tumor or cancerous cells
MOHS:	A precise surgical technique used to treat skin cancer. During Mohs surgery, thin layers of cancer-containing skin are progressively removed and examined until only cancer-free tissue remains
ELLIPTICAL CUT:	shaped like a football, it removes more skin than a circle cut would
NEGATIVE OR CLEAN MARGIN:	No cancer cells found at the edge of the sample
CLEAR MARGIN:	The tissue around the tumor is healthy and cancer free
CLOSE MARGIN:	Can be a vague term, but means cancer cells are 1 mm to 5 mm away from the edge of the sample
POSITIVE OR INVOLVED MARGIN:	Cancer cells found at the edge of the sample, suggesting that the cancer has not been entirely removed

INDICATIVE LITERATURE

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