

YOUR CHOICE FOR BPH

Resection, Vaporization, Enucleation – Individual PLASMA Treatment





The Safe Choice

Comparable Clinical Outcome with Increased Safety Profile*:

- Significantly lower risk of TUR syndrome^{1,3,6,7,13}
- 65% lower blood transfusion rates^{1,3,4,6,7,9,10,18}
- 58% lower clot retention^{1,4,7,9,10,12,18}



The Individual Choice

Variety of Treatment Options for Each Individual Patient:

- Resection
- Vaporization
- Enucleation



The Proven Choice

EAU Recommended and Clinically Investigated:

- Recommended for all prostate sizes⁵
- Most widely investigated alternative to M-TURP⁵
- 15 RCTs on Olympus PLASMA^{15,18}



The Smart Choice

Intuitive and Procedure-Oriented System for Optimal Patient Outcome:

- Procedure-optimized electrodes
- Intelligent HF technology
- Special safety features



The Efficient Choice

Reduced Hospital Stay and Readmissions for Reduced Costs*:

- 16% shorter hospital stay^{1,3,10,14,18}
- 64% fewer readmissions^{6,18}
- 11% shorter catheterization^{1,3,10,14,18}

*Compared to M-TURP

More information about PLASMA

➔ www.olympus.eu/PLASMA

PLASMA – THE SAFE CHOICE

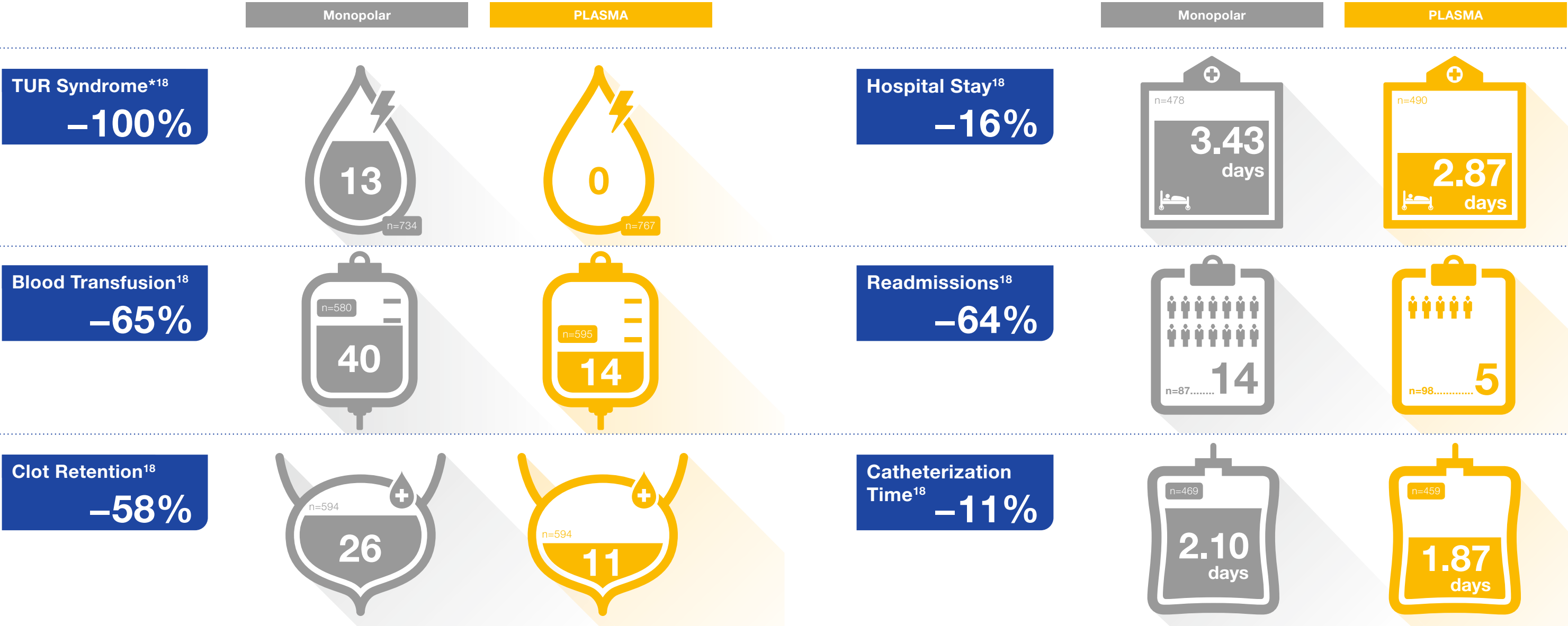


Comparable Clinical Outcome and Increased Safety Profile

The PLASMA (TURis) system offers an equivalent efficacy to monopolar TURP^{8,15} that includes maximum flow rate (Qmax), resection weight/radicality, PVR (Post-Void Residual), and IPSS (International Prostate Symptom Score)/IIEF-5 (International Index of Erectile Function). Clinical outcomes are followed for up to 36 months, which is the longest among the surgical options.¹⁰

Compared to monopolar technology, the PLASMA (TURis) system has a more favorable perioperative safety profile, especially regarding TUR syndrome occurrence, frequency of blood transfusions, and the clot retention rate.¹⁸

The strong safety profile of the PLASMA (TURis) system also results in a reduced average length of hospital stay, shorter catheterization times, and fewer postoperative readmissions.¹⁸



* The risk of fluid overload remains.

Please see the references on page 19.

PLASMA – THE INDIVIDUAL CHOICE



Variety of Treatment Options for Each Individual Patient

Olympus provides a full variety of premium-quality and innovative electrodes for PLASMA treatment in urology, thus enabling surgeons to perform exactly the procedures and operation techniques that achieve the best clinical results for each patient. With resection loops in different sizes and angles, oval and round vaporization buttons, and a special enucleation loop, the Olympus PLASMA system provides solutions for different prostate sizes and anatomies and different patient profiles, such as high-risk patients and patients who want the ability to maintain antegrade ejaculations. PLASMA, therefore, is the answer to the trend of more personalized treatments in surgery.



“With PLASMA each surgeon can offer the best-fitting treatment option to his patient by being able to perform a resection, a vaporization, or an enucleation, depending on the patient’s needs and profile, and even change the technique during the procedure. (January 2017)”

Prof. Dr. Jörg Raßler

Urology Department, St. Elisabeth-Krankenhaus, Leipzig

PLASMA Resection

Transurethral resection remains the most common treatment for BPH and NMIBC. For PLASMA resections, bipolar HF current is used to create the PLASMA corona that vaporizes prostatic or vesical tissue.

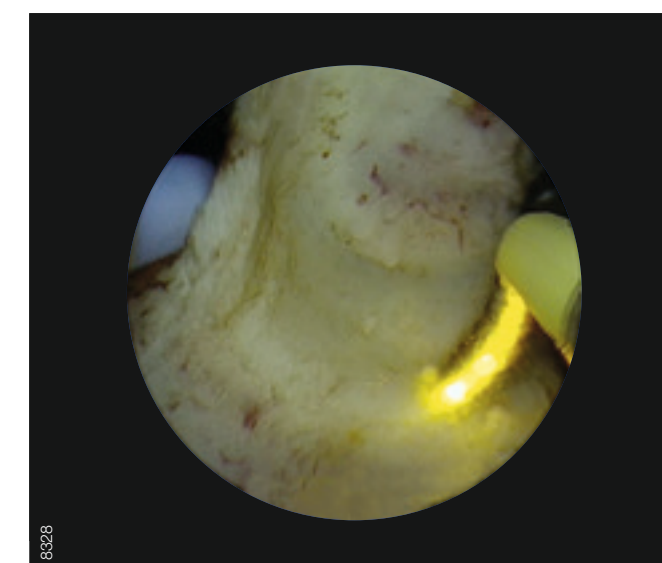
Benefits

- Strong safety profile compared to monopolar resection (valid for all PLASMA procedures)⁵
- High tissue ablation rate^{23,24,25}
- More precise cutting and coagulation compared to monopolar resection²⁶
- Short learning curve²⁷
- Enables preservation of sexual function, including antegrade ejaculation, via the ejaculation-preserving resection technique²⁸
- High-quality pathological samples

Recommended Resection Electrodes

Apart from applying various technical approaches (Nesbit, Barnes, etc.), resections can be done using a wide variety of color-coded electrodes for prostate and bladder procedures. The choice will depend on the procedure and telescopes used. Specifically,

- small loop electrodes are particularly suitable for treating flat bladder tumors;
- medium loop electrodes are the standard loop and used in over 80% of TURs;
- large loop electrodes, due to their size, can facilitate faster and smoother operations, especially for large prostates; and
- angled loop electrodes enable better access to the anterior bladder wall.



Please see the references on page 19.

PLASMA – THE INDIVIDUAL CHOICE

PLASMA Vaporization

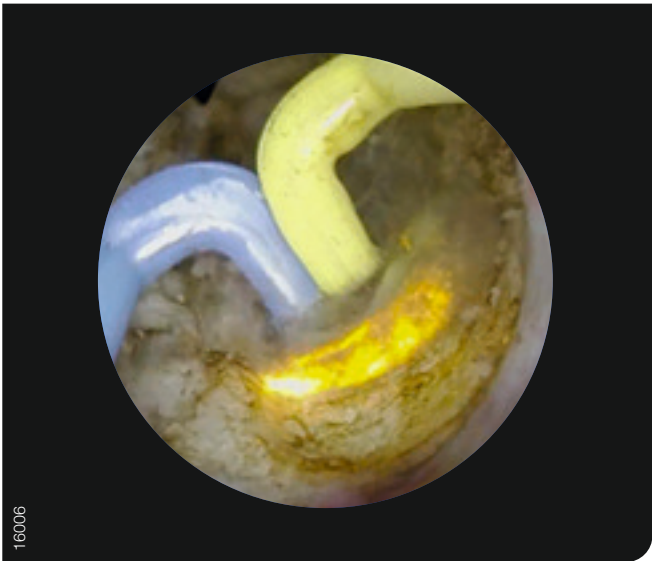
PLASMA vaporization provides a safe, easy-to-use solution for TUR tissue management procedural needs in which energized gas smoothly vaporizes the tissue. The vaporization electrode's new, optimized oval shape, combined with the easy-to-learn "hovering technique," enables effective, fast ablating and virtually bloodless smooth tissue vaporization.

Benefits

- Ideal for smaller to medium-sized prostates
- Fewer severe complications compared to TURP⁶
- Fewer readmissions compared to TURP⁷
- Shorter hospital stays compared to TURP²¹
- Continuous, safe hemostasis
- Potential for day-case surgery due to shorter catheterization period and shorter hospital stay²¹
- Demonstrated use in patients on anticoagulants²²
- Clear, unobstructed view through operations as the tissue and laser impulses do not impair vision
- Significantly lower material cost compared to photoselective vaporization (PVP)

Recommended Vaporization Electrodes

With its optimized shape the new Plasma-OvalButton allows 21% faster vaporization compared to the existing PlasmaButton (round).*



* Olympus internal lab testing

PLASMA Enucleation

This revolutionary technique uses the natural anatomy by "peeling" prostate tissue out of the capsule. Once the right layers have been located, each prostate lobe is peeled off in one piece. For complete enucleation the lobes are pushed into the bladder, where they are fragmented by a morcellator. In the case of incomplete enucleation the removed lobes are still connected with the capsule through an adenoma bridge and are then resected with a PLASMA loop. For the treatment of large prostates, transurethral enucleation with bipolar (TUEB) provides an alternative to laser enucleation.

Benefits

- Treatment of any prostate gland size with excellent tissue preservation for pathologic examination
- Complete excision of obstructing adenoma down to the prostate capsule if needed
- Minimum intraoperative blood loss^{29,30}
- Shorter catheterization time and hospital stay compared to resection and open prostatectomy (OP)^{11,29}

Plasma Enucleation Compared to Bipolar Resection

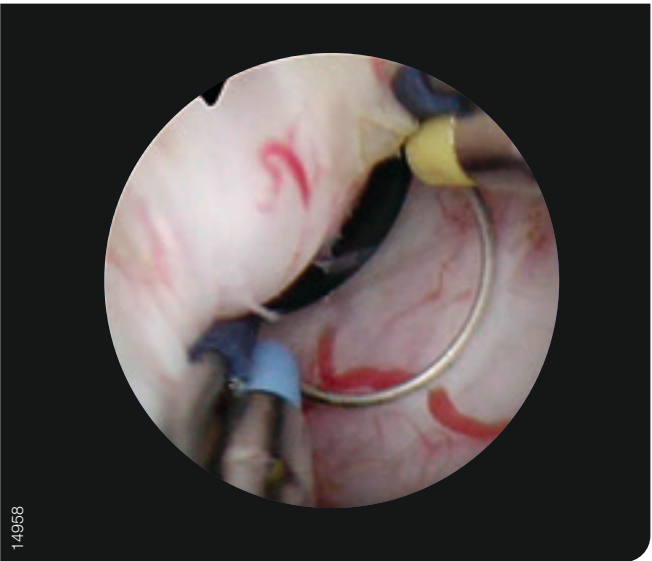
- Greater resected prostate weight²⁹
- Better results in long-term postoperative improvement in IPSS, QoL, Qmax, and PVR (36, 48, 60 months)²⁹

Plasma Enucleation Compared to Open Prostatectomy

- Less decrease in hemoglobin and fewer blood transfusions¹¹
- Higher International Index of Erectile Function score (IIEF-5) after 12 months¹¹
- Reduced complications, shorter convalescence, and satisfactory follow-up symptoms¹⁹

Recommended Enucleation Electrode

The TUEB electrode's wire loop can be used to locate the layers and coagulate any bleeding. The black runner (spatula) is used to gently peel off the prostate lobes.



Please see the references on page 19.

A photograph of two surgeons in an operating room. They are wearing blue scrubs, blue bouffant caps, and white surgical masks. The surgeon in the foreground is holding a surgical instrument, possibly a stapler or a similar device, which is connected to a black cable. The background is slightly blurred, showing other parts of the operating room.

Over 3.1 Million PLASMA
Cases Performed Worldwide*

 www.olympus.eu/PLASMA

*As of March 2017

PLASMA – THE PROVEN CHOICE



EAU Recommended and Clinically Investigated
EAU Guideline 2016

For all prostate sizes, PLASMA (TURis / bipolar resection) is one of the recommended first-choice treatment. For larger prostates, PLASMA enucleation is equally recommended as HoLEP and open prostatectomy.

Prostate Volume		
< 30 mL	30–80 mL	> 80 mL
TUIP ¹	TURP¹	Open prostatectomy ¹
TURP	Laser enucleation	HoLEP ¹
	Bipolar enucleation	Bipolar enucleation¹
	Laser vaporization	Laser vaporization
	PU lift	Thulium enucleation
	TUMT	TURP
	TUNA	

¹ **Current standard / first choice** (The alternative treatments are presented in alphabetical order below.)
Note: It is strongly recommended to read the full text to see the current position of each treatment in detail.

■ **PLASMA treatment options**

Surgical Treatment – Transurethral Resection of the Prostate and Transurethral Incision of the Prostate		
Recommendations	LE	GR
B-TURP achieves short- and mid-term results comparable to those of M-TURP.	1a	A
B-TURP has a more favorable perioperative safety profile than M-TURP.	1a	A
OPs or EEPs such as holmium laser or bipolar enucleation are the first-choice surgical treatment for men with a substantially enlarged prostate (e.g., > 80 mL) and moderate-to-severe LUTS.	1a	A

Evidence Supporting Olympus PLASMA (TURis)

- B-TURP is the most widely and thoroughly investigated alternative to M-TURP
- The evidence available to date includes 15 good-quality randomized controlled trials done specifically on Olympus PLASMA (TURis)^{15,18}
- Recent meta-analyses showed that TURis reduces the risk of TUR syndrome, the need for blood transfusions, and the clot retention rate compared to M-TURP^{15,18}
- Due to this improved safety standard the TURis system may reduce the length of hospital stay and readmissions after the surgery^{6,18}
- Mid-term results (up to 30 months) show sustained results for TURis compared to M-TURP¹⁴

Comparison of Greenlight Laser XPS 180W and Olympus PLASMA to Current Standard of Care

Number of Existing Randomized Controlled Trials (RCT)

Greenlight Laser XPS 180W
N=1^{2,16}



PLASMA (TURis)
N=15^{15,18}



Number of Patients Involved in These RCTs

Greenlight Laser XPS 180W
N=281^{2,16}



PLASMA (TURis)
N=3168^{15,18}



Schematic drawings have been adapted in relationship to the original data

The amount of high-quality evidence for TURis overwhelms that of Greenlight Laser XPS 180W.

PLASMA – THE SMART CHOICE



Intuitive and Procedure-Oriented System for Optimal Patient Outcome

Through the optimized interaction between the PLASMA electrodes and the high-frequency (HF) generator plus the constantly extended assortment of different PLASMA electrodes, the system sets new standards in terms of safety, cost and time efficiency, and individual treatment options for BPH and NMIBC.

Procedure-Optimized Electrodes

PLASMA offers a variety of treatment options for each patient.



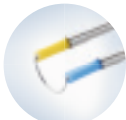
Plasma-Needle Electrode for PLASMA Incision

Smooth bipolar incision of prostatic tissue.



Plasma-OvalButton for PLASMA Vaporization

Continuous, safe hemostasis.



PlasmaLoop for PLASMA Resection

Standard resection for small and medium-sized prostates.



Plasma-LargeLoop Electrode for PLASMA Resection

Faster resection with instant, reliable ignition.



Plasma-TUEBLoop for PLASMA Enucleation

Fast, complete, potentially blood-free enucleation of medium and large prostates.



15143



ESG-400 – Powering PLASMA Procedures

The ESG-400 HF generator provides bipolar energy to the PLASMA electrodes. It is equipped with various features that ensure the highest degree of safety for users and patients, including

- automated saline detection,
- instant PLASMA ignition and continuous activation,
- a user-friendly touchscreen, and
- significantly lower energy output after first ignition.



“ PLASMA is a technology allowing fine biopsy cuts, the resection of big adenoma, and efficient coagulation. It transforms the resectoscope into a universal tool for the lower urinary tract. (January 2017) ”

Prof. Dr. Jörg Raßler
Urology Department, St. Elisabeth-Krankenhaus, Leipzig

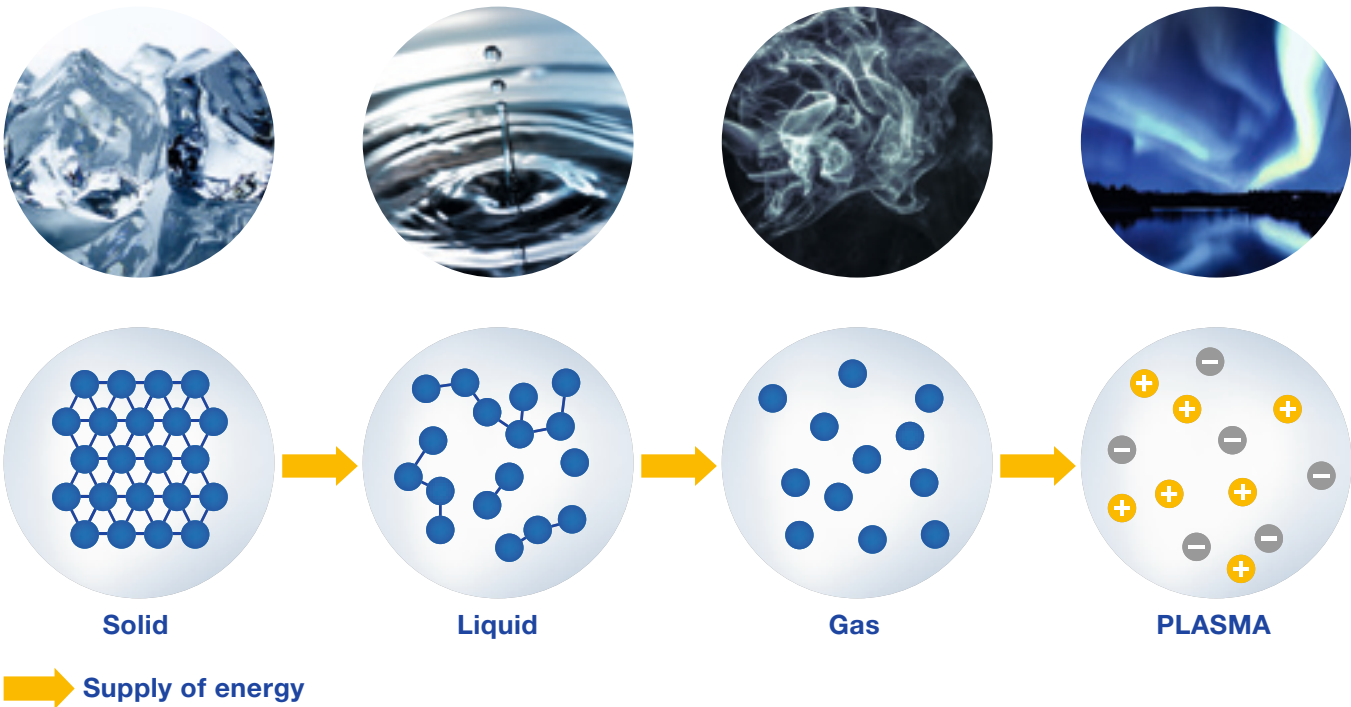
PLASMA – THE SMART CHOICE



What is PLASMA?

PLASMA is one of the four fundamental states of matter and is created by applying energy to a gas. Molecules are ionized and this turns the gas into a PLASMA.

Due to its conductivity, PLASMA allows energy to cross at lower levels. This quality allows for lower operating temperatures and, therefore, less thermal spread. The targeted tissue is vaporized by a locally confined denaturation process, while the surrounding tissue heating effects are minor.



Natural Occurrences of PLASMA

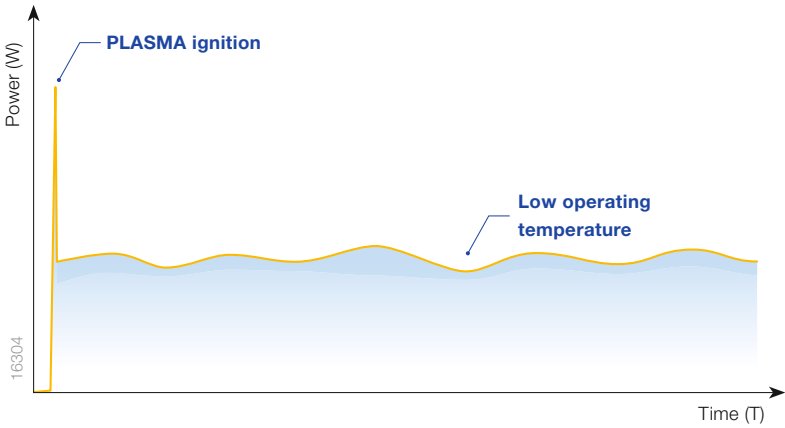
PLASMA is common to our world and appears in different variations in nature. It is especially prevalent in atmospheric and outer space phenomena such as the sun and initiates polar lights as well.

How to Treat with PLASMA

While most energy-based surgical products such as lasers and monopolar electrosurgical devices use heat-driven processes to remove or cut tissue, PLASMA technology generates a constant PLASMA field to remove tissue at a low operating temperature.

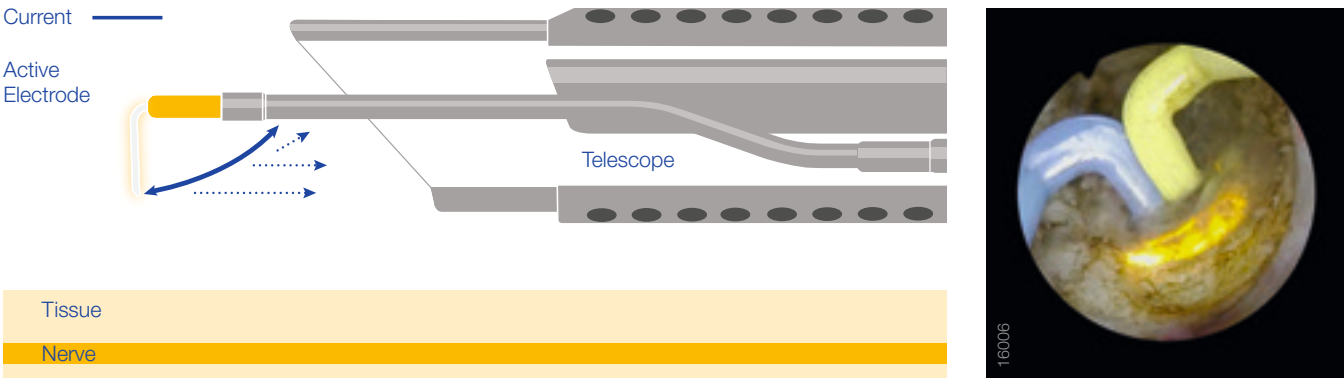
This results in:

- minimal thermal damage to surrounding soft tissue,
- a low penetration depth for the energy used, and
- significantly reduced bleeding.



PLASMA – Technical Principle

Olympus PLASMA technology differs from monopolar technology in that the tissue effect takes place between two electrodes that are part of the same device. The system uses saline irrigation fluid that has a lower electrical impedance than the surrounding tissue. For this reason, the current flows from the electrode through the saline and then back to the electrode fork and resectoscope, always taking the path of least resistance. The large return surface area ensures very low current density, which increases the safety levels of the PLASMA system. This is fundamentally different from monopolar resection. In the latter, nonconducting irrigation fluid is used, which forces the electrical current to travel through tissue in the patient's body before returning to the neutral electrode.



Note

The PLASMA produced by this device appears as a yellow cloud at the tip of the active electrode due to the sodium dissolved in the saline.

PLASMA – THE EFFICIENT CHOICE

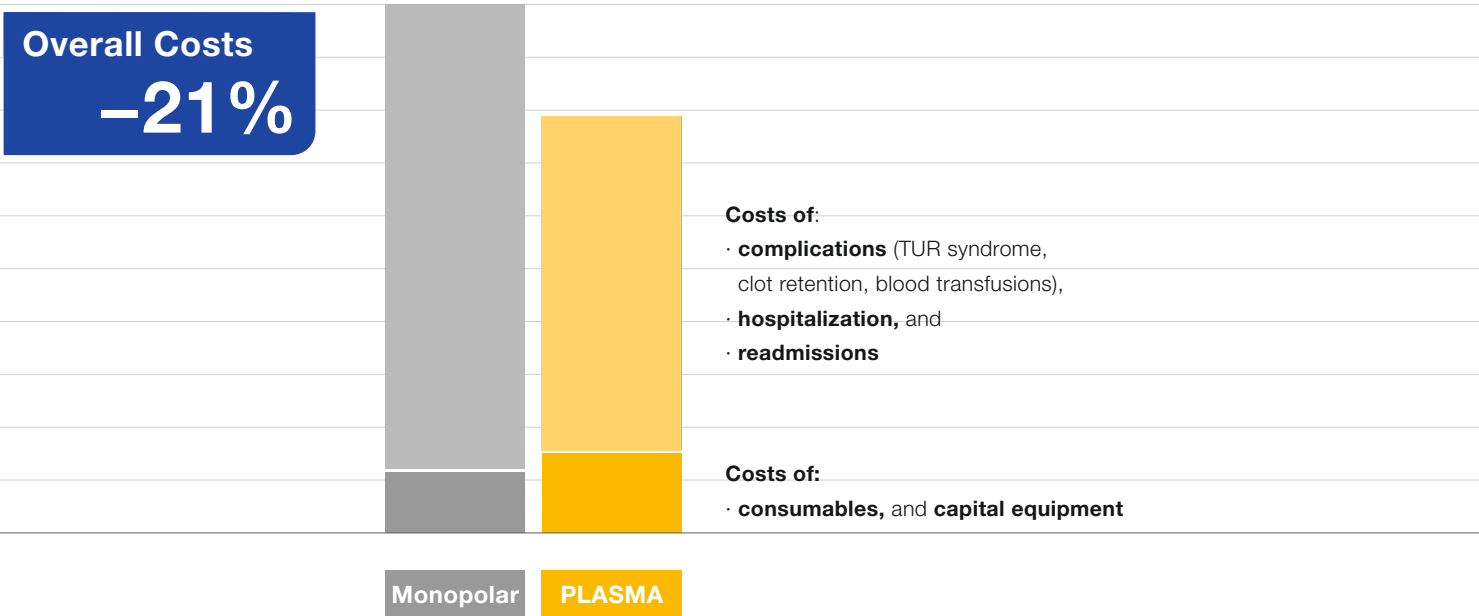


Reduced Hospital Stay and Readmissions for Reduced Costs
Improvement of Clinical Outcomes Reduces Overall Costs

The PLASMA (TURis) system is associated with significant improvements in perioperative safety, hospital stay duration, and readmissions compared to monopolar technology. The improvements in clinical outcomes provided by PLASMA (TURis) may also lower complication costs compared to monopolar procedures due to the reduced risk of TUR syndrome, reduced levels of clot retention, and the reduced need for blood transfusions. The improvements may also reduce overall hospitalization costs and readmission costs significantly.¹⁵

Potential Cost Saving with PLASMA Compared with Monopolar¹⁵

Example: 100 annual patients



The graphic shows that the higher cost of consumables and capital equipment associated with PLASMA is offset by savings on complication costs, hospitalization costs, and readmission costs based on improved clinical outcomes.

An economic analysis published in a NICE guideline and followed by another publication shows the potential saving of up to 21% by switching from monopolar to PLASMA technology.¹⁵

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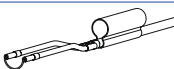
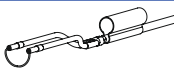

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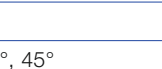
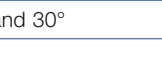


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YOUR CHOICE FOR BPH

Ordering Information

PLASMA Electrodes

WA22301S	PlasmaLoop, 12°, small	
WA22305S	PlasmaLoop, 30°, small	
WA22302D	PlasmaLoop, 12°, medium	
WA22306D	PlasmaLoop, 30°, medium	
WA22503D	PlasmaLoop, 12°, large	
WA22507D	PlasmaLoop, 30°, large	
WA22331D	PlasmaLoop - Angled, 12° and 30°, small	
WA22332D	PlasmaLoop - Angled, 12° and 30°, medium	

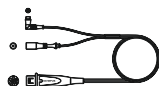
WA22351C	PlasmaRoller, 12° and 30°	
WA22355C	PlasmaNeedle - Angled, 12° and 30°, 45°	
WA22540S	PlasmaNeedle - Right-Angled, 12° and 30°	
WA22521C	PlasmaBand, medium, 12°	
WA22523C	PlasmaBand, medium, 30°	
WA22566S	Plasma-OvalButton	
WA22541S	Plasma-OvalButton-Long	
WA22558C	Plasma-TUEBLoop, 12° and 30° for TUEB (transurethral enucleation)	

Electrosurgical Unit

WB91051W HF unit ESG-400



WA00014A HF cable, bipolar, 4 m, for ESG-400

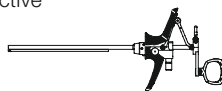


WB50402W Foot-switch, double pedal, for ESG-400



Working Elements

WA22366A Working element, active



WA22367A Working element, passive

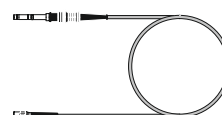


Telescopes 4 mm, Autoclavable

WA2T412A 12° direction of view

WA2T430A 30° direction of view

WA03300A Light-guide cable, 2.8 mm, 3 m, CF type



Rotatable Continuous-flow Resectoscope

Inner sheath

A22040* For 26 Fr. outer sheath

A22041 For 27 Fr. outer sheath



Outer sheath

A22026A 26 Fr., 2 stopcocks, rotatable

A22021A 27 Fr., 2 stopcocks, rotatable



Continuous-flow Resectoscope

Inner sheath

A22040* For 26 Fr. outer sheath

A22041* For 27 Fr. outer sheath

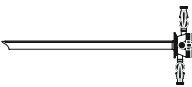


Outer sheath

A22027A 26 Fr., 2 vertical stopcocks, fixed

A22023A 27 Fr., 2 vertical stopcocks, fixed

A22025A 27 Fr., 2 horizontal stopcocks, fixed



Standard Resectoscope

A22041* Resection sheath, without irrigation port



Irrigation port

A22051A 1 stopcock, rotatable

A22052A 1 luer-lock connector, rotatable

A22053A 2 horizontal stopcocks, rotatable

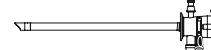
A22054A 1 vertical stopcock, fixed

A22055A 1 vertical luer-lock connector, fixed



Resectoscope with Intermittent Irrigation

A22014* Resection sheath, intermittent irrigation, 24 Fr.



*Add A or T to the article number for the desired obturator:
A220xxA standard obturator
A220xxT obturator with deflecting tip

Note: A detailed list of electrodes, resectoscopes and accessories can be found in the Olympus Urology catalogue.

Specifications, design, and accessories are subject to change without any notice or obligation on the part of the manufacturer.

OLYMPUS

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