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ARCEOLE EASES THE GASES USE IN THE OPERATING ROOM

- STERILE
- SINGLE USE
- APYROGENIC

TRIPLE SAFETY

Sterile kit includes all pre-mounted accessories (validated 0.22µm filter, syringe and needle).

Preparation by the surgeon guarantees:

- Perfect control of asepsis.
- Perfect control of mixing.
- No gas leakage and preservation of the concentration rate.

SAVES YOUR TIME & YOUR MONEY

- No need to invest in 3 cylinders, 3 regulators, 3 stands.
- No need for regulators maintenance and metrology.
- No loss of product, no complicated and time-consuming manipulation.
- No need to purchase and manage parts inventory.

QUALITY AND PROCESS ARE UNDER CONTROL

- Guaranteed gas purity.
- One kit per patient for complete traceability.
- One set of labels for your quality assurance.
- Manipulation under control and no contaminating container in the operating area.
- A wrist band informs the patient and his caretakers of the risks linked to implanted gases.
- Conformity with AFSSAPS requirements (07/2006).





A SPECIFIC GAS FOR EACH INDICATION

Retinal Detachment without proliferation (pure gas)	SF6		
Diabetic Retinopathy	SF6		
Retinal Detachment (gas+air mix after vitrectomy)		C2F6	
Macular Holes		C2F6	
Giant Tears	SF6	C2F6	
PVR			C3F8
Ocular trauma	SF6	C2F6	



Gases most commonly used in the above indications according to Retinal Diseases Editor Ryan S - Chapter: Intraocular Gases - Author: Stanley Chang

THANKS TO SPECIFIC CHARACTERISTICS

	Expansion Rate	Expansion delays (days)	Presence in the eye (days)	Tamponade longevity (days)	Slightly expansive concentration ¹	Not expansive concentration %	
SF6	2	1	15	6	20-25	20	
C3F8	4	3	60	30	14-17	12	
The European touch: C2F6, the in-between profile ²							
C2F6	3,3	1,5	30	12	17-20	16	

Please read carefully the instruction for use.

- 1 A slight expansion actually allows completion of sub-retinal liquids withdrawal
- 2 The C2F6 gas has the same efficiency and safety than C3F8 with a shorter tamponade time
 - Ellis JD & Al. Surgery for full-thickness macular holes with short-duration prone posturing: results of a pilot study. Eye (Lond). 2000 Jun;14 (Pt 3A):307-12
 - Bochow TW & Al. Pneumatic retinopexy perfluoroethane (C2F6) in the treatment of rhegmatogenous retinal detachment. Arch Ophthalmol. 1992 Dec;110(12):1723-4

ARCEOLE ACCESSORIES

Kit 1ml ref 306 Kit PS ref 304 Kit GS ref 305 1mL Kit (one connector 5mL Kit allows the 50mL Kit for standard and one filter are preparations of injection of a pre-assembled on each precise small air/gas mixture and volume of air/gas vitreous injection syringe). Pure gas injection during mixture Pneumatic Retinopexy

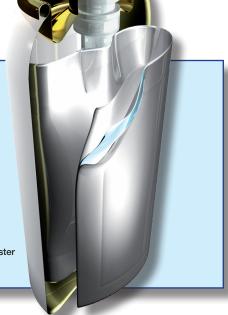




ARCEOLE TECHNOLOGY
RESPONDS TO YOUR UPMOST
QUALITY REQUIREMENTS

- - Two low-pressurized gas chambers around and inside the pouch to avoid air permeation.
 - A three-layer internal pouch to preserve gas from varnish interactions and impurities.
 - Filling technology guarantees pure gas in the canister.
 - Specific valve for long term canister tightness.

Arceole canister



 Avoids gas leakage and air permeation through a plastic syringe-container.

Humayun MS & Al. The rate of sulfur hexafluoride escape from a plastic syringe. Arch Ophthalmol. 1989 Jun;107(6):853-4



- Avoids pressure damage of the validated sterilizing filter.
- Avoids the concentration of impurities during use of liquefied gas from tank.



SURGICAL TECHNIQUE GUARANTEES THE TIGHTNESS OF THE EYE

Eyes treated with 23-gauge trans-conjunctival sutureless vitrectomy tend to have earlier gas disappearance or incomplete gas fill. Intraoperative suture placement would be a solution.

Kusuhara S & Al. Intraocular gas dynamics after 20-gauge and 23-gauge vitrectomy with sulphur hexafluoride gas tamponade. Retina. 2011 Feb;31(2):250-6

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