NEW CRYOPROBES EXPAND APPLICATIONS IN INTERVENTIONAL PULMONOLOGY

The new single-use cryoprobes offer consistent cryogenic effects, thereby standardizing cryoextraction and cryodevitalization. An additional advantage is that the thinnest of the new cryoprobes has a diameter of 1.1 mm, allowing biopsy material to be removed via the working channel of a bronchoscope using an oversheath. In order to do this, the bronchoscope no longer needs to be withdrawn from the target area. Together with the ERBECRYO® 2 cryosurgical unit, three new cryoprobes facilitate user convenience and improve the clinical performance of flexible cryotechnology in pulmonology.

Consistent tissue effects

The ERBECRYO® 2 cryosystem was developed according to the latest requirements of interventional pulmonology – based on decades of experience in cryosurgery and cryotherapy. **Cryoextraction** makes it possible to remove not only foreign bodies, but also mucus plugs, blood clots, necrotic tissue, tissue tumors (recanalization) and biopsy material. With **cryodevitalization**, tissue can be destroyed by extreme cold.

Together with the new cryoprobes, the ERBECRYO® 2 cryosurgical unit is the next generation of cryosurgical systems from Erbe. The single-use cryoprobes allow the user to achieve consistent tissue effects.
The cryogenic performance is dependent on the optimum quantity of CO_2 flowing through the probe. The flow control feature of the ERBECRYO® 2 supplies the cryoprobe with the exact amount of CO_2 needed for maximum freezing performance – and does so for each of the different probe sizes. This results in reproducible, i.e. consistent, freezing effects when extracting or devitalizing the target tissue.

Cryoextraction with oversheath

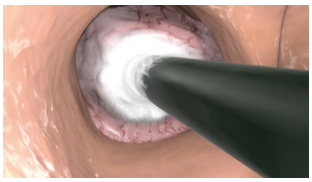
The new 1.1-mm probe and the oversheath make it possible to leave the bronchoscope inserted at the target area for cryobiopsies or cryoextractions. This enables continuous monitoring. The probe and biopsy material pass through the oversheath, which protects the biopsy material, thereby maintaining the high quality of the tissue sample. This allows for shorter response times in complication management, for example in the case of bleeding. Moreover, the probe can be positioned in the target area using X-ray.

This thinnest 1.1-mm cryoprobe, in particular, expands compatibility and permits new applications, such as biopsies by navigation catheter or with small bronchoscopes with a working channel of just 1.2 mm. The fact that the probes do not need to be reprocessed before use saves time and money.

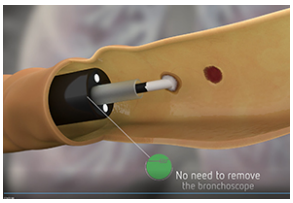
Erbe Elektromedizin GmbH
Waldhoernlestrasse 17
72072 Tuebingen
Germany
www.erbe-med.com
info@erbe-med.com

Press contact:
Thomas Hämmerle
Tel. +49 (0)7071 755-138
Thomas.Haemmerle@erbe-med.com

Pictures



The target tissue freezes on the probe.



Smaller biopsy material can be removed
via the oversheath.
The bronchoscope remains at the target tissue.

The workstation for interventional pulmonology:
VIO® 3 electrosurgical unit
ERBECRYO® 2 cryosurgical unit
APC 3 argon plasma coagulator