LAURANE® BONE BIOPSY AND BONE ACCESS

All Laurane® Bone Biopsy Kits include the Laurane® Biopsy Needle and are coaxial, allowing for multiple biopsy passes and ablation access through the introducer's external cannula.

CHOICE OF INTRODUCER
Using either a direct or guided approach, Laurane® kits provide optimized manual handling to safely and efficiently gain access through soft tissue and cortex

LAURANE® BIOPSY NEEDLE
Features sharp trephine teeth and a luer lock connection

EJECTOR PIN

KENSINGTON™
Guide Wire Bone Biopsy System

Contents:
- anesthesia needle
- guide wire
- hollow stylet/tapered-tip cannula introducer
- trephine-tip biopsy needle
- ejector pin

Sizes (Product Codes):
11G x 10cm (KBC 11/10)
11G x 15cm (KBC 11/15)

Suggested Indications:
Vertebral body; intervertebral disk; deep bones; bones surrounded by nerves/sensitive soft tissue

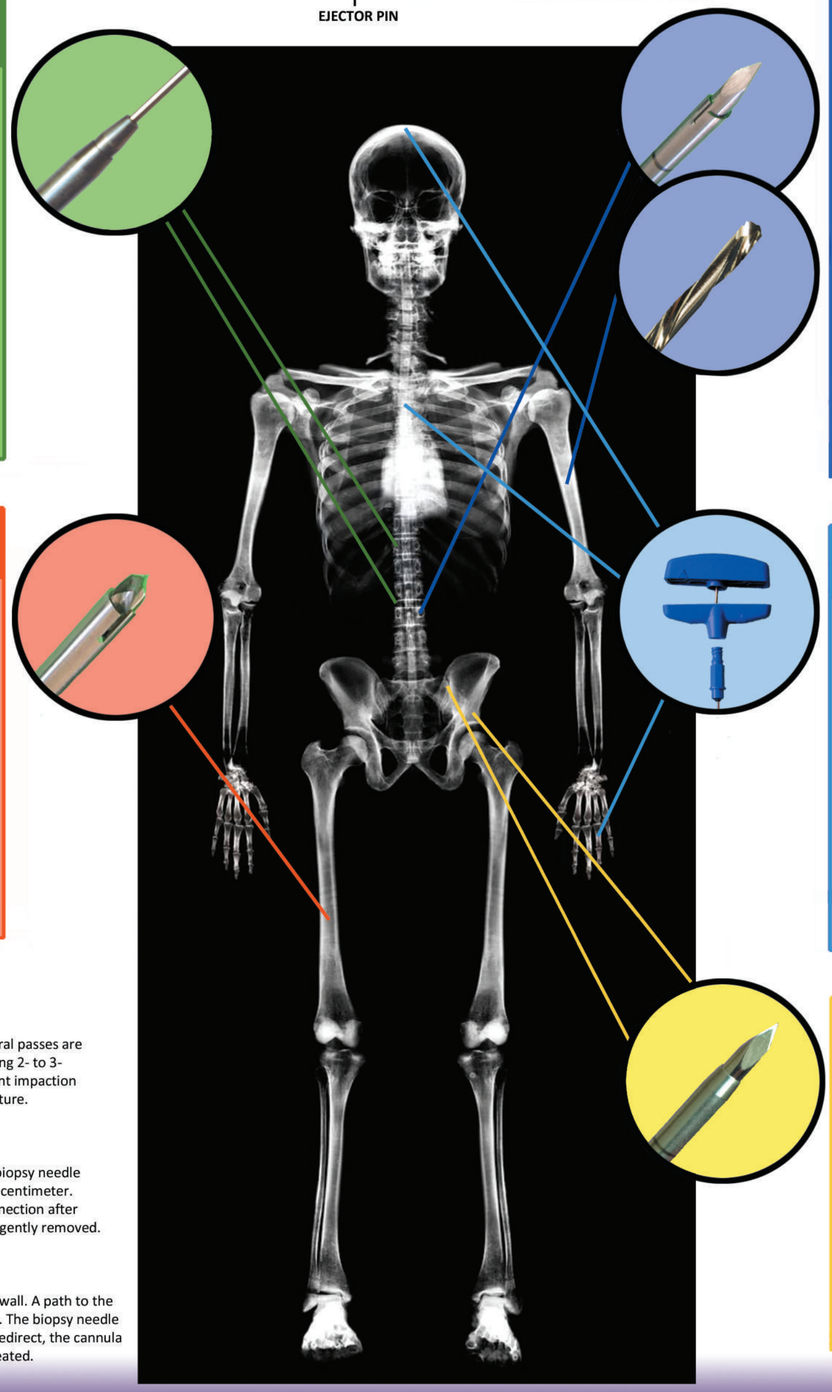
Introduction Method:
Inspired by the Seldinger technique, the guide wire is positioned in the soft tissue via the anesthesia needle. Gently dilating the soft tissue, the introducer is delivered over the guide wire to the bone surface. The bone* is then accessed and sampled with the biopsy needle.
**If the cortex is dense, you may switch to a drill by using the supplemental Hard Bone Introducer tray.*

BEDFORD™
Guided Hard Bone Biopsy System

Contents:
- guiding rod
- drill/perforating-tip cannula introducer
- trephine-tip biopsy needle
- ejector pin

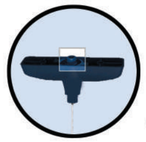
Suggested Indications:
Long bone (diaphysis); hard bone procedures requiring guided assistance

Introduction Method:
Utilizing the Seldinger technique, the perforating-tip cannula is delivered over the rod to the bone surface, rotating the cannula counterclockwise to reduce soft-tissue trauma. The rod is removed and replaced by the drill. Once locked, the introducer is rotated clockwise and advanced through the hard bone.

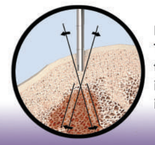


TIPS FOR USE

Sclerotic Sampling:
Following the suggested biopsy method, several passes are made along the same path, each time retrieving 2- to 3-millimeter specimens. This method will prevent impaction in the needle and preserve specimen architecture.



Lytic Sampling:
Following the suggested biopsy method, the biopsy needle is rotated gently and advanced slowly up to 1 centimeter. Light aspiration is applied to the luer lock connection after counterclockwise rotations and the sample is gently removed.



Directional Sampling:
The cannula is delivered just past the cortical wall. A path to the target area is created using the biopsy needle. The biopsy needle is then cleared and reinserted for biopsy. To redirect, the cannula is manually repositioned and the process repeated.

MADISON™
Comprehensive Bone Biopsy System

Contents (in 2 trays):
- trocar-tip stylet/perforating-tip cannula introducer*
- exchangeable drill insert
- trephine-tip biopsy needle
- ejector pin

Sizes (Product Codes):
11G x 6.5cm (KDPD 11/6.5)
11G x 8.5cm (KDPD 11/8.5)
11G x 10 cm (KDPD 11/10)
11G x 15 cm (KDPD 11/15)
13G x 9 cm (KDPD 13/9)*
**Introducer of KDPD 13/9 features a removable, screw-lock handle*

Suggested Indications:
Lumbar and thoracic transpedicular approach; long bones (diaphysis)

Introduction Method†:
An all-inclusive kit using a direct approach, the introducer is delivered to the bone surface, rotating counterclockwise to reduce soft-tissue trauma. The introducer is then advanced, twisting alternately clockwise and counterclockwise, into the bone. Once anchored in the bone surface, the trocar-tip stylet may be exchanged for the drill. The introducer is then rotated clockwise and advanced through the bone.
†educational video available online

MADISON MINI™
Small Bone Biopsy System

Contents:
- trocar-tip stylet/perforating-tip cannula introducer with removable handle
- trephine-tip biopsy needle
- ejector pin

Size (Product Code):
13G x 6cm (KDP 13/6)

Suggested Indications:
Paediatric; superficial bones (sternum, clavicle, rib, sacrum, extremitites); vertebrae

Introduction Method:
Using a direct approach, the introducer is delivered to the bone surface, rotating counterclockwise to reduce soft-tissue trauma. The introducer is then advanced, twisting alternately clockwise and counterclockwise, through the bone. The screw-lock handle of the introducer may then be removed entirely.

WESTBROOK™
Basic Bone Biopsy System

Contents:
- trocar-tip stylet/tapered-tip cannula introducer
- trephine-tip biopsy needle
- ejector pin

Sizes (Product Codes):
11G x 10cm (KBD 11/10)
11G x 15cm (KBD 11/15)

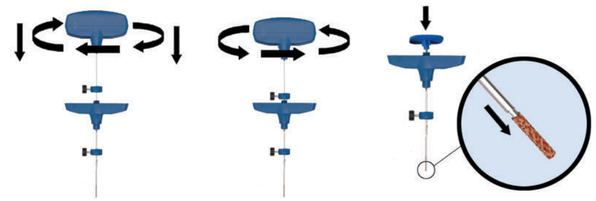
Suggested Indications:
Long bones (metaphysis); iliac bone (acetabulum); sacroiliac joint; soft to medium density bone

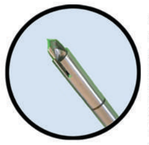
Introduction Method:
Using a direct approach, the introducer is advanced, twisting alternately clockwise and counterclockwise, through the soft tissue and bone.

SUPPLEMENTAL ACCESSORIES AND TRAYS TO BIOPSY KITS

LAURANE® BIOPSY NEEDLE
The Laurane® Biopsy Needle is included in all kits and is also available as a separate accessory.
Sizes (Product Codes):
13G x 14cm (CD 11/10)
13G x 19cm (CD 11/15)
These needles are compatible with kit/introducer codes 11/10 and 11/15. They may also be used with any 11G introducer but are not available as an accessory for the 13G kits.

Biopsy method:
- Set depth gauge to desired length of specimen (Double mark on needle indicates zero protrusion past cannula tip).
- Insert needle into positioned cannula.
- Rotate needle clockwise and advance, adjusting forward pressure to density of lesion.
- BEFORE removing needle from cannula, turn counterclockwise in place for three rotations.
- Remove and eject specimen out needle end.

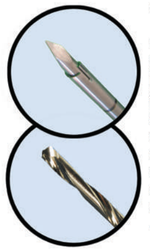




HARD BONE INTRODUCER
For supplemental use with Westbrook or Kensington system during procedure to penetrate dense cortex.
Sizes (Product Codes):
11G x 10cm (KTP 11/10)
11G x 15cm (KTP 11/15)
To exchange Westbrook/Kensington for Hard Bone Introducer:
- Unlock and remove inner element from seated Westbrook/Kensington introducer.
- Insert rod from Hard Bone Introducer to maintain position on bone while exchanging Westbrook/Kensington cannula for Hard Bone Introducer cannula.
- Once Hard Bone Introducer cannula is seated, remove rod and insert Hard Bone drill.
- Lock and advance.

LONG DRILL
For supplemental use with Madison or Bedford system during procedure to penetrate particularly dense cortex in rare cases.
Sizes (Product Codes):
13G x 14cm (ML 11/10)
13G x 19cm (ML 11/15)
Long Drill penetration:
- Unlock and remove Madison/Bedford kit drill from introducer. Insert Long Drill.
- Rotate and advance Long Drill, penetrating path ahead of cannula tip.
- Remove Long Drill and reinsert Madison/Bedford kit drill. Advance introducer along path.

BONE ACCESS NEEDLES
Laurane® bone access needles offer fast and efficient penetration of normal and dense cortex and provide access for biopsy, radiofrequency ablation, cryoablation, infusion, vertebroplasty and cementoplasty.



PRESTON™
Hard Bone Access Needle
The introducer is delivered and anchored in the bone surface, at which point the trocar-tip stylet may be exchanged for the drill to penetrate dense cortex.
Sizes (Product Codes):
13G x 9cm (ANP 13/9) - *features removable handle*
11G x 6.5cm (ANP 11/6.5) / 11G x 8.5cm (ANP 11/8.5)
11G x 10cm (ANP 11/10) / 11G x 15cm (ANP 11/15)
Contents:
- trocar-tip stylet/perforating-tip cannula introducer
- exchangeable drill insert

VERTEBROPLASTY/CEMENTOPLASTY INTRODUCER
Ideal for transpedicular access, this aggressive introducer with perforating-tip cannula and trocar-tip stylet features a handle made of cement-compatible plastic. Allows for vertebroplasty or cementoplasty to be performed under conscious sedation without the need to use a hammer.
Sizes (Product Codes):
8G x 13cm (TV 8/13) Sold in boxes of five
11G x 10cm (TV 11/10) Sold in boxes of five

VERTEBROPLASTY/CEMENTOPLASTY DRILL INSERT
Exchangeable drill insert for supplemental use with Vertebroplasty/Cementoplasty Introducer to penetrate dense cortex.
Sizes (Product Codes):
13G x 13.8 cm (MV 11/10) Sold in boxes of two

PST/INT/BBK/3/2014

This poster is for educational purposes only and indications are suggestions only. Before use, please read the Instructions for Use which accompany the product.