A. Balloon dissection:
- SPACEMAKER® Balloon Dissector, VBD-240T
- Lateral retractor with narrow blade
- Allis clamps
- Saline solution (240 cc)

B. Endoscopic instrumentation:
- 5 mm ENDO CLIP®
  Order Code 176620
- 5 mm Guard Trocar Orange with 2 sleeves
  Order Code 4215
- 5 mm ENDO SHEARS®
  Instrument
  Order Code 176643
- 5 mm ENDO MINI-SHEARS®
  Instrument
  Order Code 174301
- 5 mm ENDO DISSECT®
  Instrument
  Order Code 176645
- 5 mm ROTICULATOR®
  END DISSECT®
  Instrument
  Order Code 174301

C. Endoscopic cart:
- Video camera
- Video monitor
- CO₂ insufflator
- Light source
- Endoscope (10 mm, 0° and/or 30°)

D. Additional instrumentation options:
- Esmarch Bandage
- Intra-operative Doppler and probe
- Stripping instrumentation
- 5 mm endoscopic blunt dissector
- Suction irrigator
- 5 mm reducer

SPACEMAKER® Balloon Dissector Order Information

<table>
<thead>
<tr>
<th>ORDER CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>VBD 240T</td>
<td>SPACEMAKER* tapered balloon dissector for SEPS 240 cc. (1 each)</td>
</tr>
<tr>
<td>VBD 300</td>
<td>SPACEMAKER* balloon dissector for SEPS 300 cc. (1 each)</td>
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The preferred method to perform SEPS for the treatment of venous stasis disease.

*SPACEMAKER* Surgical Balloon Dissector for SEPS...Subfascial Endoscopic Perforator Surgery.
Quickly and gently creates a clean endoscopic operative space for...

SEPS: subfascial endoscopic perforator surgery for the treatment of venous insufficiency causing:

- Skin changes
- Active ulcerations
- Healed ulcerations
- Active ulcerations

Small incisions remote from the site of ulceration avoid further skin disruption.
Balloon dissection minimizes trauma to diseased target area.

Atraumatic tissue plane dissection creates an optimum endoscopic operative space.
The tapered balloon improves distal dissection.
Balloon dissection maximizes endoscopic exposure to perforator veins.

Threaded skin seal helps prevent gas leakage during insufflation.
Insufflation maintains the dissected space, enhancing visualization of perforators and creating ample room for instrument manipulation.
Initial port placement

Insertion of balloon dissector

Inflation of balloon dissector with saline

Insertion of endoscope

Secondary port placement

Division of perforating vein

Endoscopic subfascial ligation of incompetent perforating veins using the... SPACEMAKER® Balloon Dissector

1. A 10-15 mm incision is made over the medial aspect of the superficial posterior compartment. One or two finger breadths medial to the tibia and one hands breadth distal to popliteal crease. (A)

2. Blunt dissection is performed until the fascia is clearly identified. A one centimeter incision is made in the fascia to visualize the muscle.

3. The blade of the retractor is inserted under the fascia inferiorly to develop the subfascial plane. It is important to identify the correct layer prior to insertion of the device.

4. The dissector is inserted into the subfascial plane and is advanced inferiorly until the balloon cover is completely within the subfascial plane. (B)

5. The balloon cover is removed by fully depressing the black release lever on the balloon cover handle (this will unlatch the balloon cover from the device). The balloon cover is withdrawn from the incision. With the suction outlet closed, the balloon is then inflated to its recommended fill volume with saline. (C)

6. Once the balloon is fully inflated, the balloon dissection is complete and the balloon is emptied.

7. When the fluid has been completely evacuated, the balloon is gently removed from the incision along the central guide rod (balloon will tear away from the rod).

8. The guide rod can be left in the dissected region to maintain access for subsequent trocar advancement. The release buttons are pressed and the trocar and obturator are slowly advanced over the guide rod into the dissected space. Trocar depth can be adjusted to accommodate anatomical variations.

9. To provide a tight seal, the skin anchor is advanced to the skin, rotated into position, and the lock ring is tightened. With the cannula in place, the guide rod and obturator can be removed.

10. For insufflation, a CO₂ line is connected to the trocar and the subfascial space can be insufflated as needed. An endoscope is inserted through the primary trocar. (D)

11. Secondary port placement for an accessory trocar can then be inserted under direct vision. The secondary port is usually placed three finger breadths distal and two finger breadths medial from the initial port. (E)

12. Upon entering the subfascial plane, the dissected space can be seen and inspected for perforating veins. Perforators that can be identified endoscopically are ligated. (F)