

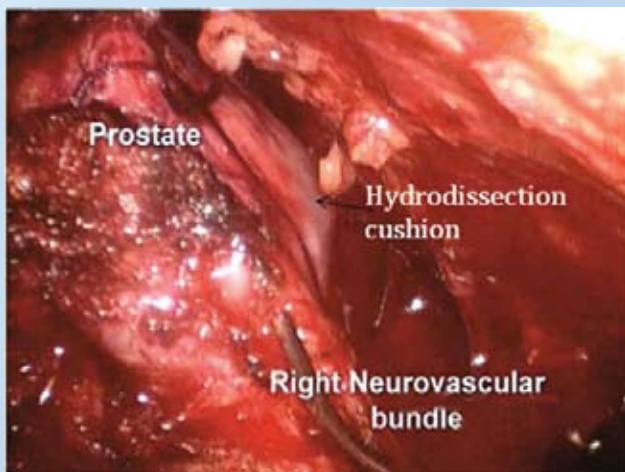
Urology

The nerve-sparing capabilities of ERBEJET™ 2 have enhanced many procedures in urological surgery. Early experiences have shown that, in nerve-sparing radical retropubic prostatectomy, potency was more favorable when using water-jet technology as opposed to using standard methods.¹

Applications of ERBEJET 2 in Urology:

- When the ERBEJET 2 120 micron tissue-selective saline stream enters the dissection plane between fascial layers, hydrodissection and subsequent separation (“a ballooning effect”) provides a non-thermal less traumatic cushioning between capsule and NVB. Often this allows a greater margin of error for blunt dissection.
- Small vessels are usually preserved during the lateral segment hydrodissection as reflected in-vivo.
- During partial nephrectomy, the ERBEJET 2 increases precision around vital structures and, due to sparing vessels during dissection, decreases blood loss—even without implementing ischemic techniques.

ERBEJET 2 Used in Nerve-Sparing Radical Retropubic Prostatectomy



¹ S. Fernandez et al., “Experience with Water-Jet Dissection in Nerve-Sparing Radical Retropubic Prostatectomy”

Surgeon testimonials

“In partial nephrectomy, we work through the renal parenchyma under direct vision with minimal bleeding and find we get a much better specimen where the margins are more defined. Now, we are routinely using the ERBE water-jet technology for our partial nephrectomies.”

—**Michael Jewett, M.D.**
Urologic Oncology Surgeon
University of Toronto, Ontario, Canada

“We utilize this novel device to allow for enhanced nerve preservation to promote earlier return of continence and better preservation of erections. We also have a much lower positive margin rate when removing the prostate using this technique. The device is essentially a sophisticated water pick that allows us to gently lift the nerves off the prostate prior to prostate removal to better preserve these tissues. With the use of the new High-Definition DaVinci Type S machine – this only allows even better visualization and magnification of the prostate edge and the nerves during the lateral dissection.

—**Sijo J. Parekattil, M.D.**
Department of Urology, University of Florida
Co-Director of Robotic Surgery
Director of Male Infertility and Microsurgery
Assistant Professor

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