AN INTRODUCTION TO THE CUSA



What is Ultrasonic Surgery ?

- Precise instrumentation allowing for more complete removal of tissue
- More precise and selective than sharp dissection
- Standard technology in a neurosurgical operating room
- Dissection and skeletonization to remove cancerous tissues



Ultrasonic Aspirator History

- 1965 First UA: developed for plaque removal
- 1977 NS100 Cavitron developed
- 1988 CUSA 200 developed
- 1989 Selector developed
- 1992 Dissectron developed by Satelec Medical
- 1998 Selector Integra developed by NMT
- 1998 EXcel developed by Valleylab
- 2000 NMT acquired by Integra
- 2001 Satelec acquired by Integra
- 2006 Radionics acquired by Integra
- 2011 NXT developed by Integra
- 2017 Clarity developed by Integra

Current Production Systems



LIMIT UNCERTAINTY

Unsupported Systems



NS100



CUSA 200



CUSA EXcel-8



Selector



DISSECTRON Dissectron

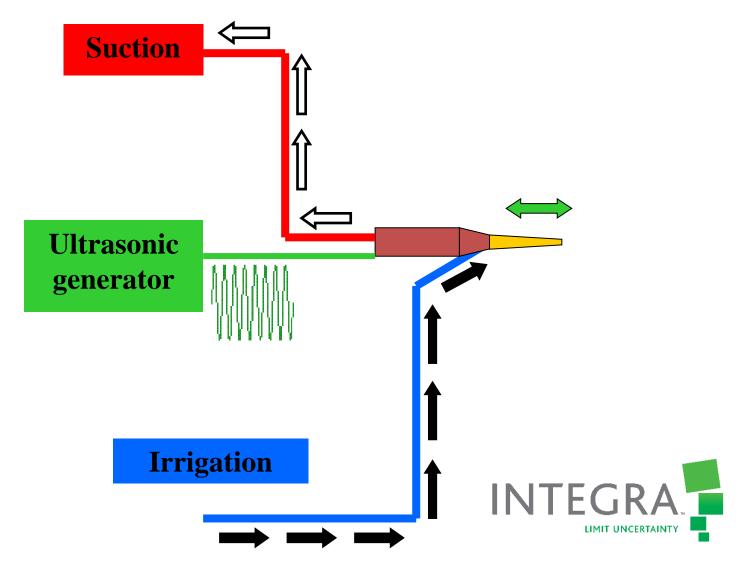


Clinical Applications

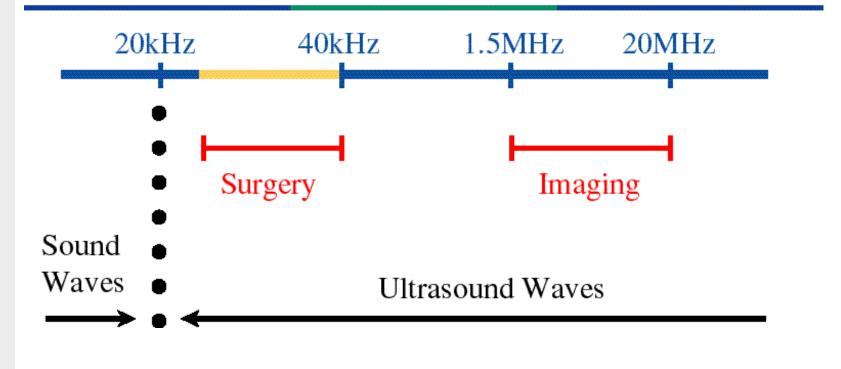
- Neurosurgery
- General Surgery
- Gynecological Surgery
- Gastroenterology
- Laparoscopy
- Urological Surgery
- Plastic and Reconstructive Surgery
- Thoracic Surgery
- Thoracoscopic Surgery
- Orthopedic Surgery



Ultrasonic Aspirator Function Diagram



SPECTRUM OF FREQUENCIES USED





Transducer types

- Piezoelectric
 - Utilizes ceramic disks
 - Electrical energy is delivered and disks change shape

Ceramic

rings

- Advantages
 - lighter hand piece
 - smaller hand piece
 - Connecting cable smaller and lighter
- Disadvantages
 - Hand pieces are air cooled (warmer)
 - not repairable



Tip

Mechanical

motion

amplifier

Transducer types

- Magnetostrictive
 - Utilizes durable nickel alloy
 - Electrical energy is delivered and laminations expand and contract to create motion

Tip

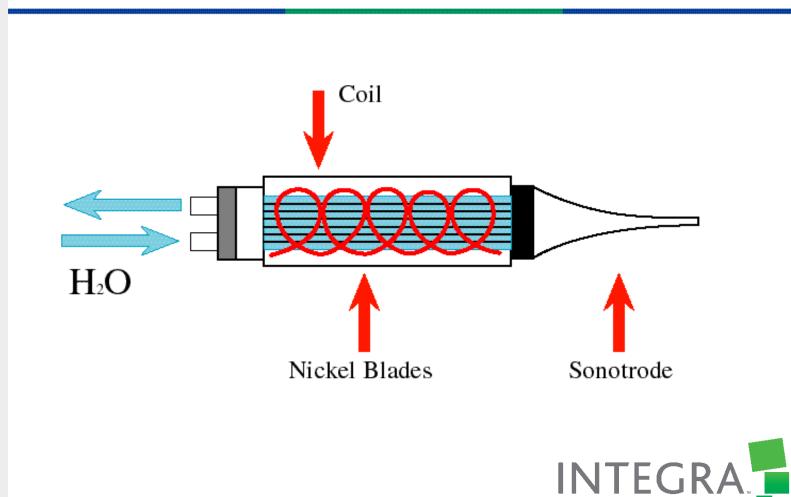
Nickel blades

LIMIT UNCERTAIN

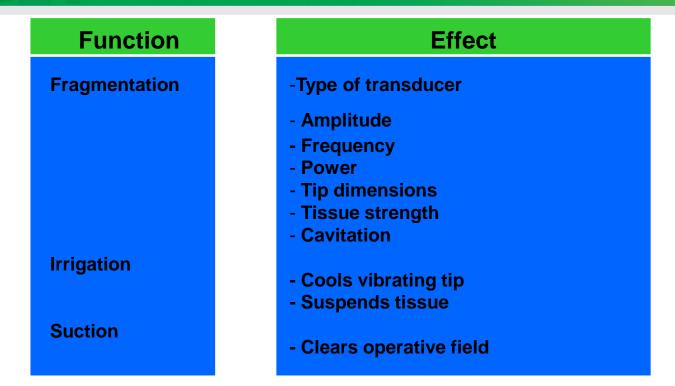
- Advantages
 - repairable
 - water cooling can extend the transducer life
 - increased durability
- Disadvantages
 - Hand piece cable may be slightly heavier
 - external tubing on hand piece

Magnetic Field

WATER COOLING SYSTEM



LIMIT UNCERTAINT



- Within each function are factors for effective fragmentation
- All functions occur simultaneously



$\textbf{FRAGMENTATION} - \textbf{Amplitude} \ \mu \textbf{m}$

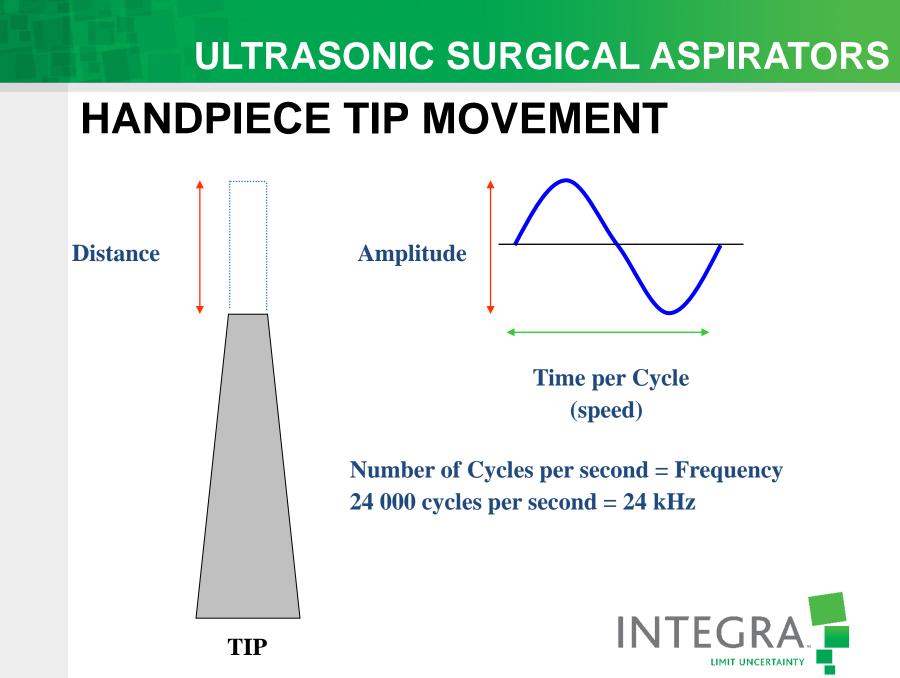
- Distance travelled by tip
 - Vibrating tip acts as a hammer when interacting with tissue
- Tip vibration dependent on handpiece
- Speed of fragmentation dependent on amplitude setting
 - Greater amplitude = more impact force = faster fragmentation
 - Lower amplitude = less impact force = slower fragmentation



FRAGMENTATION – Frequency kHz

- Speed at which tip vibrates back and forth
- Transducer + tip = fragmentation rate
 - CUSA EXcel
 - 36kHz or 23kHz
 - CUSA NXT
 - 35kHz or 24kHz
 - CUSA Clarity
 - 36kHz





FRAGMENTATION – Cavitation

- Soft tissues containing water (e.g. tumors) contain dissolved gases
- As the tip hits the cell wall and then retracts it causes an area of low pressure
- Gases diffuse into that area
- As the tip hits the cell wall again, gases implode rupturing the cell INTEGRA

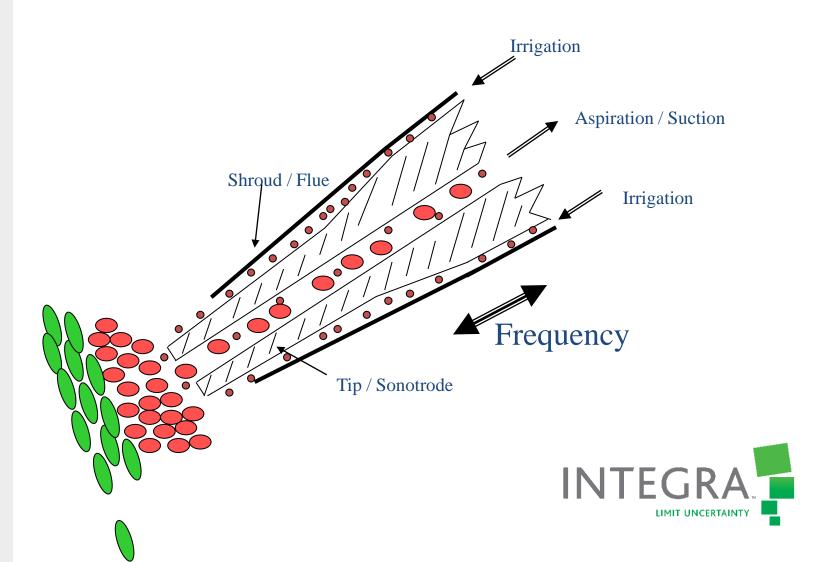
FRAGMENTATION-TissueTypes

- High strength tissues which are more elastic are more difficult to fragment, these include: Vessel walls, ducts, nerves, tendons, ligaments
 - They contain less fluid and more collagen which provides resistance to fragmentation.
- Low strength tissues are easiest to fragment
 - They contain low, moderate or high fluid content, these include:

Tumors, parenchyma and fat



TISSUE REMOVAL AT THE TIP....



cusa))ultrasonics The concludes the presentation

THANK YOU







NS100



EXcel



CUSA 200







Dissectron



CURRENT PRODUCTION SYSTEMS

