



**SOMATEX<sup>®</sup>**  
Medical Technologies GmbH

# *Lung Marker System*

The CT-guided Marking  
of Pulmonary Nodules before VATS

S A F E T Y   T O   T H E   M A X

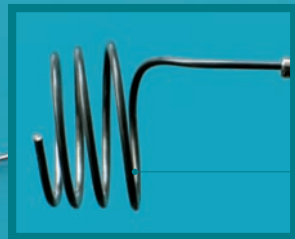
# Lung Marker System – extending the scope of VATS\*



The **Somatex® Lung Marker System** is used for the CT-guided marking of non-visible round foci near the pleura before VATS. Clinical experience with the spiral wire marking system has shown that pre-operative marking of pulmonary foci may be a significant factor in the reliable tracing and identification of the tissue requiring resection. Problems in tracing round foci near the pleura constitute a significant limitation in the scope of VATS and often necessitate a switch from thoracoscopy to thoracotomy. The use of wire markers specially developed for lung parenchyma extends the scope of application of VATS and so constitutes a major step towards lower impact, minimally invasive interventions.

Percutaneous CT-guided puncture is a widely-used and reliable method. By using high-tech material, the wire system can be located very close to the round focus because it uses a needle with only 18-Gauge thickness. The spiral form of the marker gives the wire the best possible anchoring characteristics given the softness of lung tissue. If the wire is located in the wrong place it can be recovered with the cannula still in position, released and replaced in the correct location.

\* Video-Assisted Thoracoscopic Surgery



Spiral wire

Sources:

**CT-gesteuerte Lungenherdmarkierung vor minimalinvasiver Operation**  
R. Klöppel, T. Friedrich, U. Eichfeld, W. Wilke, T. Kahn  
Radiologe 2001;41:201–204 © Springer-Verlag 2001

**Using a Dedicated Lung-Marker System for Localization of Pulmonary Nodules Before Thoracoscopic Surgery**  
Bernhard L. Partik, Ann N. Leung, Michael R. Müller, Martin Breitensteiner, Franz Eckersberger, Gerhard Dekan, Thomas H. Helbich, Viktor Metz  
AJR 2003; 180: 805–809  
0361-803X/03/1803–805  
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AJR: 180, March 2003

**A New Safe and Stable Spiral Wire Needle for Thoracoscopic Resection of Lung Nodules**  
Massimo Torre, Giorgio M. Ferraroli, Angelo Vanzulli and Stefano Fleschi  
Chest 2004; 125: 2289–2293  
DOI: 10.1178/Chest.125.6.2289

**CT-guided Resection of Pulmonary Metastases**  
G. Gaffke, C. Stroszczyński, B. Rau, U. Liebeskind, M. Hünerbein, S. Bayraktar, P. M. Schlag, R. Felix  
RoFo – Fortschritte auf dem Gebiet der Röntgenstrahlen und der bildgebenden Verfahren 2005; 177: 877–883

**Success an Complication Rate of CT-Guided Marking of Pulmonary Nodules with Coil Wires for Video-Assisted Thoracoscopic Surgery (VATS)**  
K. Krüger, G. Eyl, C. Morgenroth, P. Schneider, A. Hoelscher, K. Lackerker  
RoFo – Fortschritte auf dem Gebiet der Röntgenstrahlen und der bildgebenden Verfahren 2006; 178: 1250–1254

## Advantages at a glance

Wire system can be corrected because of the coaxial loading cannula technique

CT fluoroscopy enables easy location

Special spiral form enables reliable anchoring in the soft lung parenchyma

Acceptable puncture risk with 18-gauge access

No time pressure between marking and VATS as there is with colour marking

## Use Advantages Product options

### Use

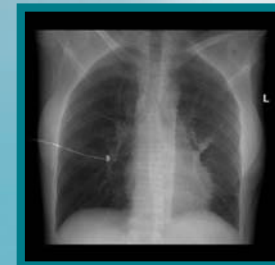
- ▶ Histology determination where dignity is unclear
- ▶ Resection of small, round foci near to pleura where VATS is indicated



Fixing element

Loading cannula

Puncture needle



Pictures:  
Dr. Patrik Rogalla,  
Charité Berlin

## Lung Marker System

Order no.	Gauge	Diameter	Length
272 012	18	1.2 mm	120 mm
272 015	18	1.2 mm	150 mm



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