

> Model information & Catheter Spec

No.	Model Name	Sort	Catheter		Guide Wire		Needle Article Name
			Length (mm)	Tip Out Diameter (Ø)	Length (mm)	Diameter (Ø)	
1	SWC60 (SWCATH60)	Lumbar	600	1.2	630	0.3	SWVP-30A
2	SWC63 (SWCATH63)	Cervical	300	0.9	330		SWVP-30C
3	SWC65 (SWCATH65)	Cervical	500		530		
4	SWC68 (SWCATH68)	Transforaminal	340	0.8	350		SWVP-31E

> Needle Spec

Needle Article Name	Sort	Length (mm)	Diameter (Ø)
SWVP-30A	Needle	96	1.8
	Stylet	115	1.2
SWVP-30C	Needle	94	1.3
	Stylet	112	0.8
SWVP-31E	Guide	147	1.3
	Needle#1	174	1.0
	Needle#2	174	1.0

Ordering Information

 Advantages

- Low risk therapy
- Minimally invasive
- No general anesthetic
- High success rates
- No scar formation
- No open surgery
- No long hospitalization
- Quick recovery
- Repeatable at any time
- ideal for patients who have undergone previous surgery
- Targeted treatment of causes

 Features

- No need to withdraw the catheter tube to inject the medication
- Medical grade stainless steel
- Flexible atraumatic tip design
- Kink & collapse resistant
- Radiopaque for distinct images and placement accuracy
- Non-reactive with neurolytics: Phenol, alcohol, glycerol, etc.
- Tensile spring guided catheter
- Stimulation

 Typical Indications

- Chronic Back Pain
- Post-Laminectomy Syndrome
- Spinal Stenosis
- Herniated Nucleus Stenosis

 Contraindication

- Pregnancy
- Infection
- Metal illness



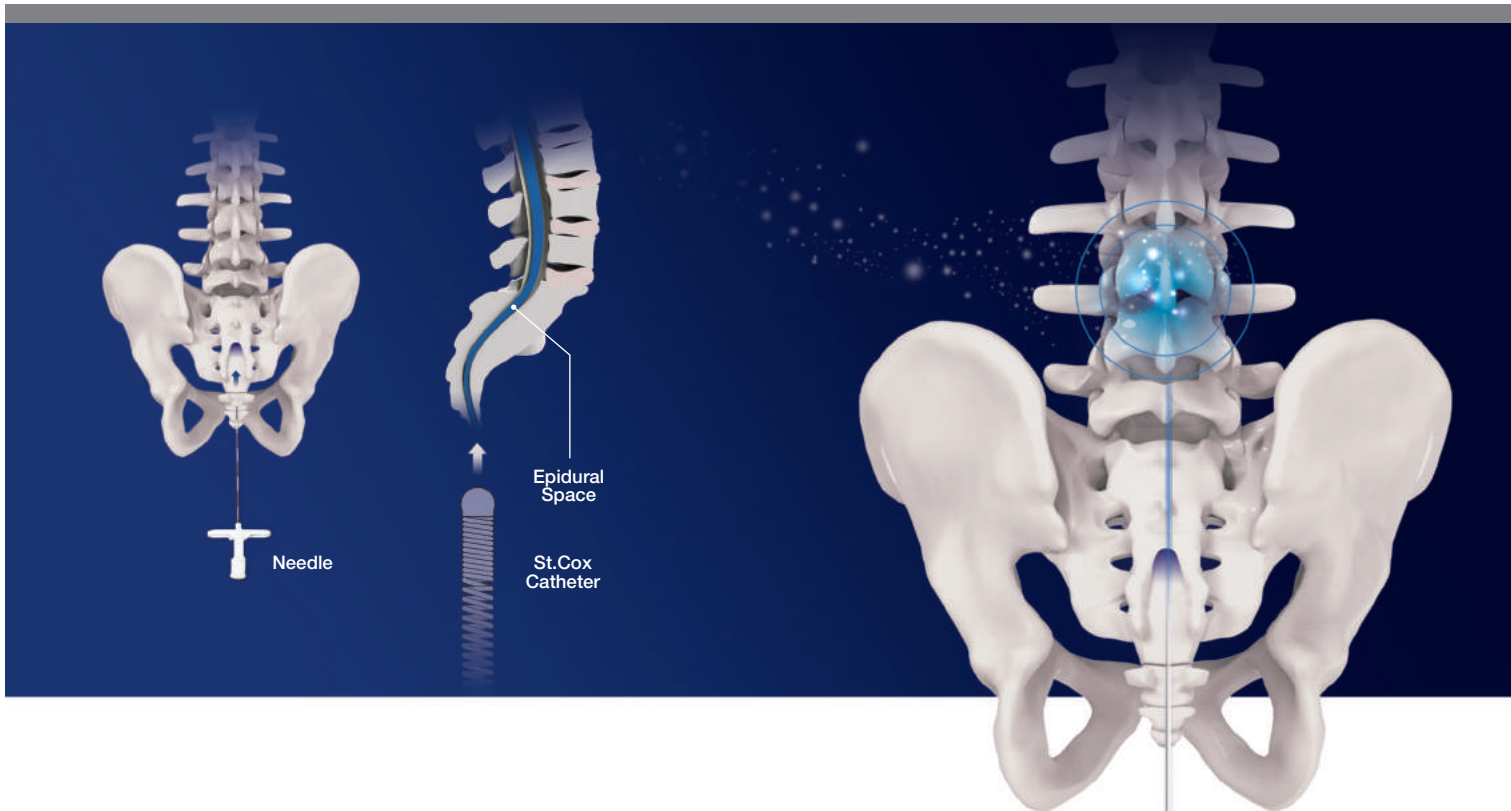
St.COX
EPIDURAL CATHETER SYSTEM

What is "Epidural Catheter Technique" and what is "St.COX"

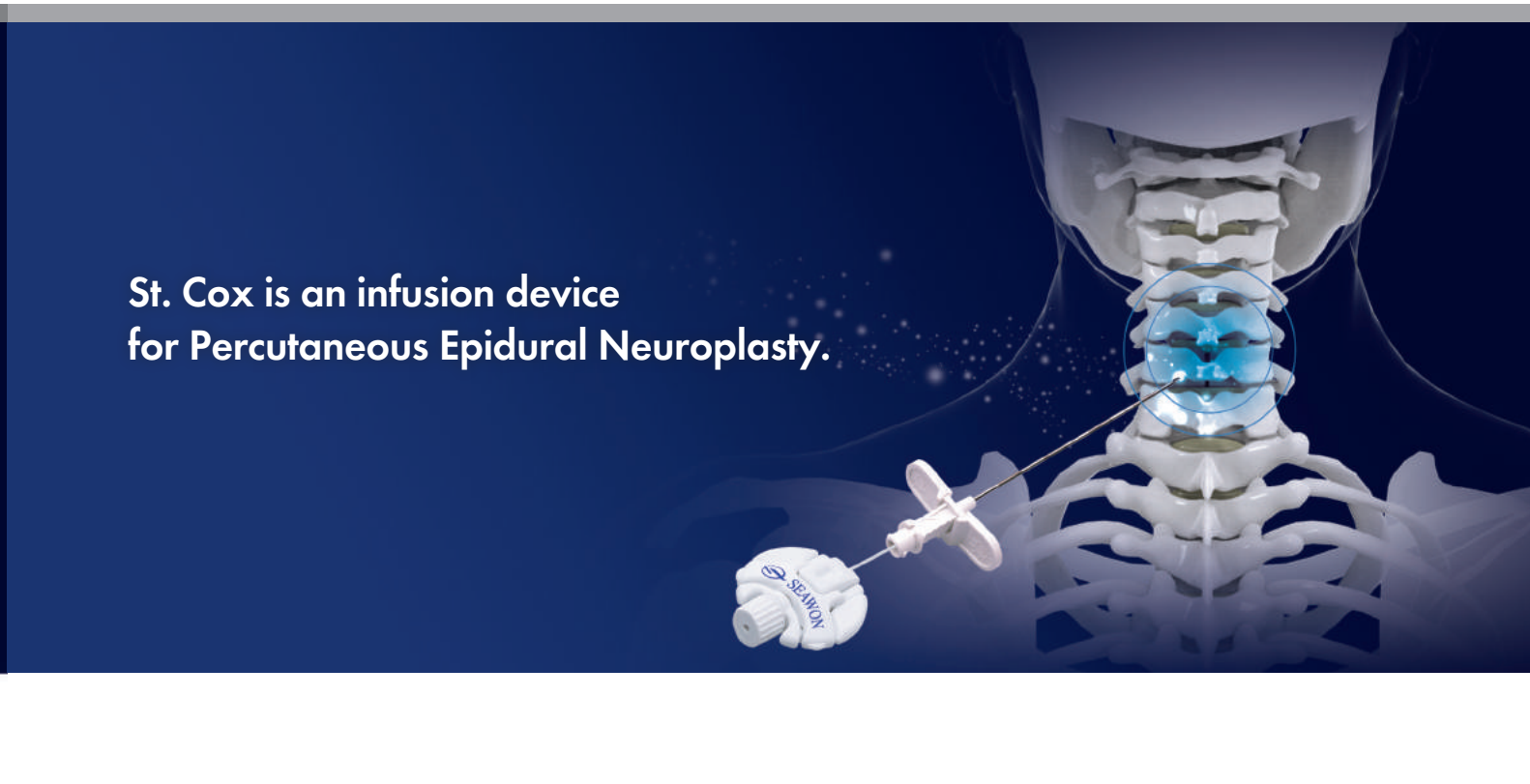
"Epidural Catheter Technique", this proven method has been used to decompress spinal nerves without open surgery and lastingly alleviate the pain associated with acute and chronic spine disorders. St.Cox is a sort of Epidural Catheter Systems for the foresaid proven method by enabling the physician to combat the pain at its source in the spine by enhancing the capability to steer to the target site.



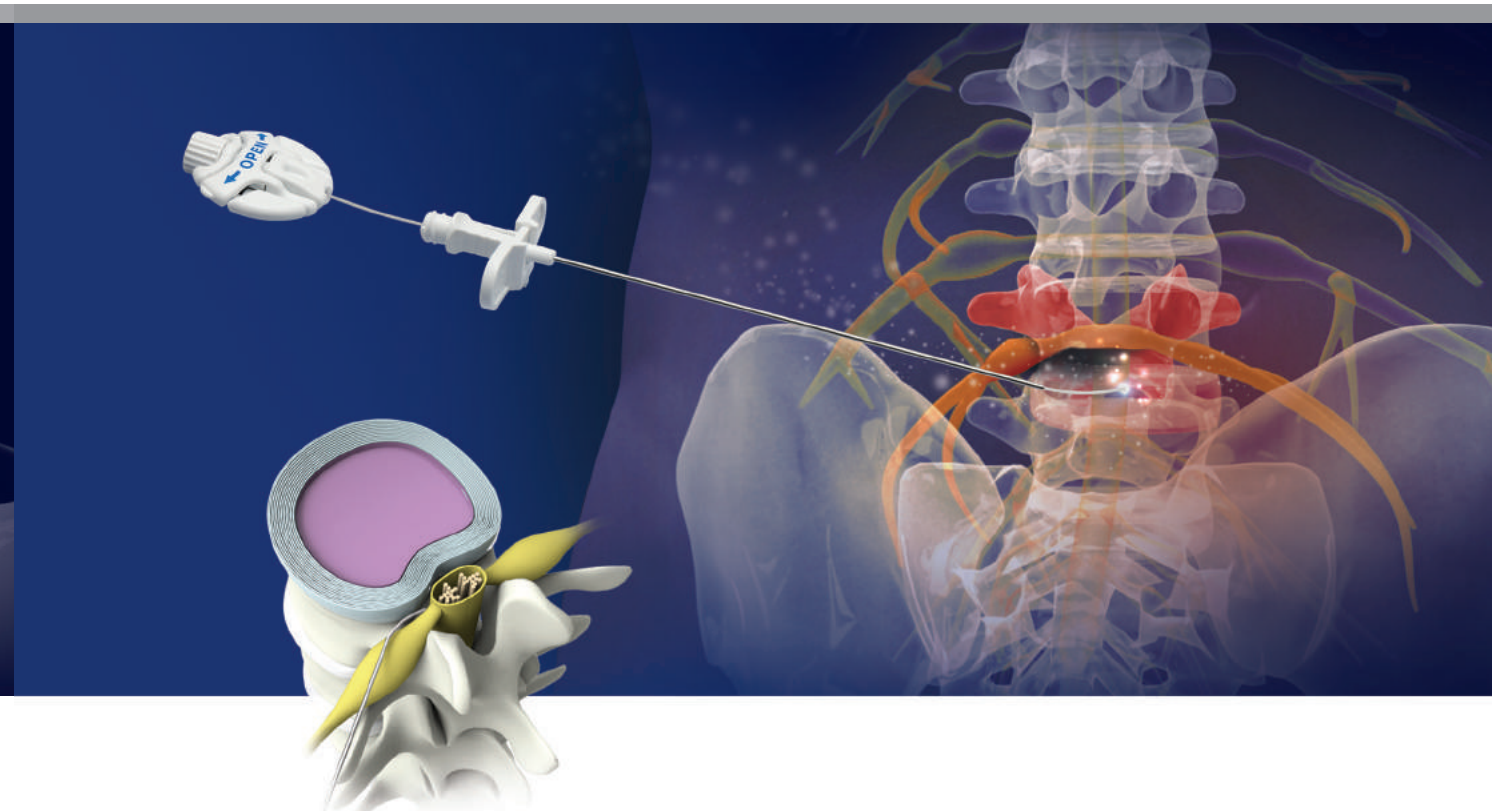
Lumbar SWC60



Cervical SWC63 Cervical Long SWC65

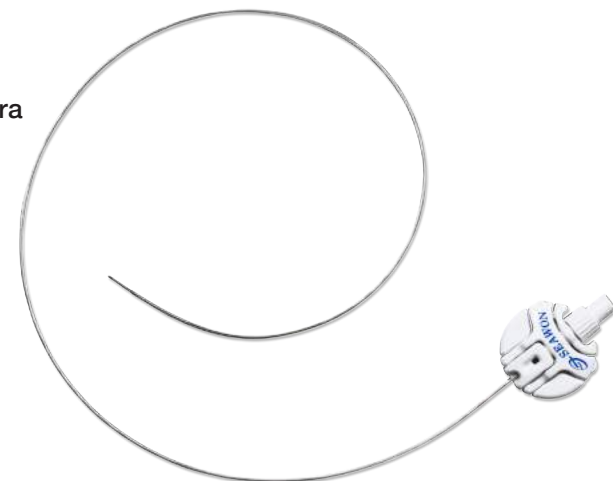


Transforaminal SWC68



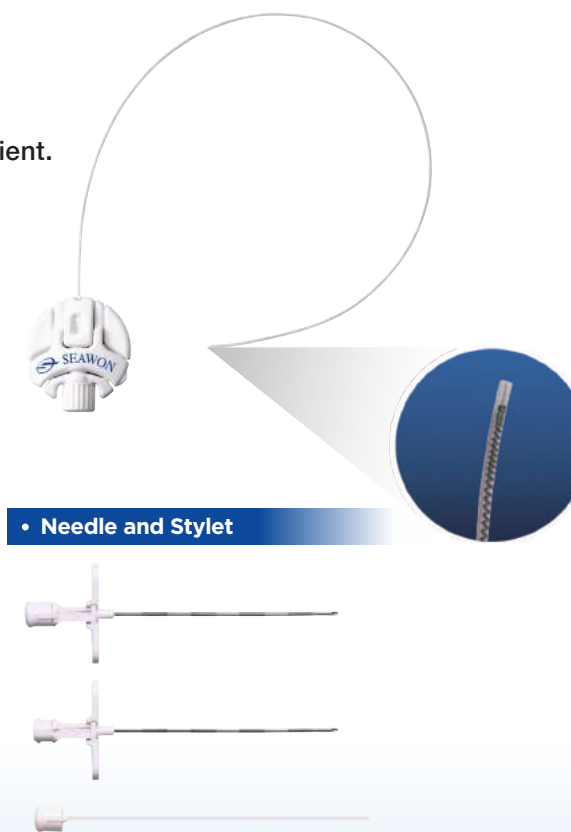
► Surgical Steps

- A. Preparation for Percutaneous Epidural Neuroplasty
 - i. Prone Position: Positioning a patient on the operating table
- B. The C-arm is rotated to the lateral position to visualize the patient's hiatus.
- C. Dress and place a drape around the hiatus.
- D. Inject lidocaine to anesthetize the patient for local anesthesia inside of the hiatus.
- E. Puncture the hiatus using the Needle/Stylet.
- F. Pull the Stylet out.
- G. Leave the Needle in the hiatus.
- H. Insert the Epidural Catheter until reaching between the dura and ligamentum flavum space through the hole.
- I. Connect the Catheter body with Catheter tube
- J. Check where the catheter is with C-arm.
- K. Inject a mixed medicine into the catheter through the injection hole of the body



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 - i. Prone Position: Positioning a patient on the operating table.
- B. The C-arm is rotated to the lateral position to visualize the patient.
- C. Dressing and place a drape around the puncture site.
- D. Inject lidocaine to anesthetize the patient for local anesthesia.
- E. Puncture the site using the Needle/Stylet.
- F. Pull the Stylet out.
- G. Leave the Needle.
- H. Insert the Epidural Catheter until reaching the space through the hole.
- I. Check where the catheter is with C-arm.
- J. Inject mixing medicine into the catheter through the injection hole of the body.
- K. Once the procedure is completed, the catheter and needle are removed together



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