



# Overcoming Challenges of Pellet Insertion



**EMAS**  
MEDICAL CENTER



# Pellet Insertion Procedure

## Specific Challenges

- Skin Incision
- Pellet loading
- Consistent Depth of insertion
- Pellet Placement



# Skin Incision

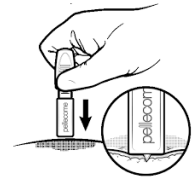
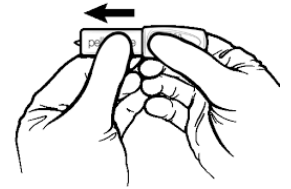
## Conventional Scalpel

- Inconsistent width and depth
- Larger or deeper than expected
- Small incision add resistance
- Jagged edges



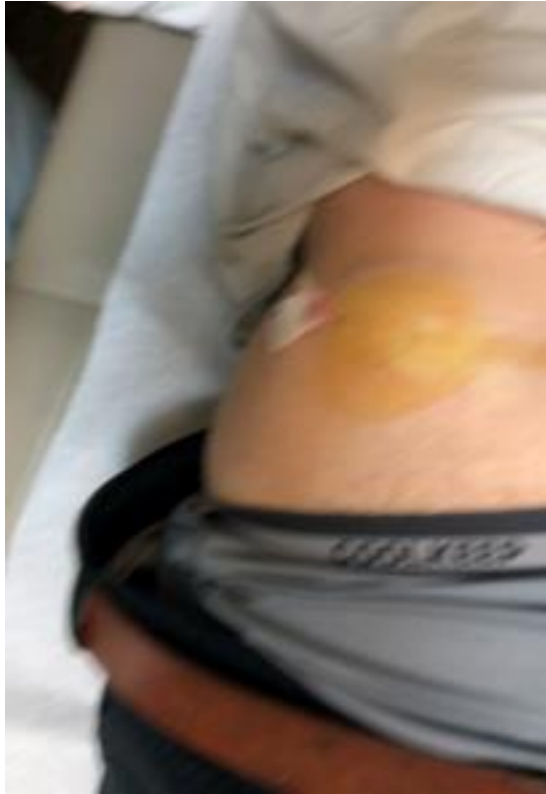
## Precision Scalpel

- Predetermined width and depth specifically designed for trocar size
- Self retractable blade
- Safety Lock



# Skin Incision

prone



# Pellet Loading

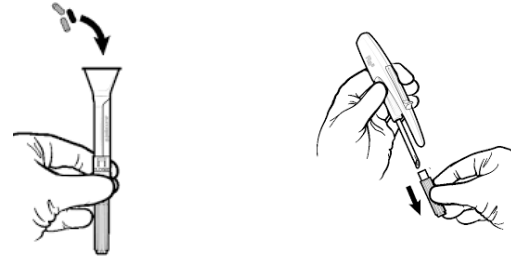
## Conventional Trocar

- Limited Reservoir
- Awkward Loading
- Pellet pick up and transfer has
- Increased risk of:
  - Dropping
  - Contamination
  - Fragmenting



## Re<sup>3</sup> Funnel

- Wide mouth 2.5 cm
- Loaded prior to insertion
- Sterile loading directly from the vial into the funnel and needle



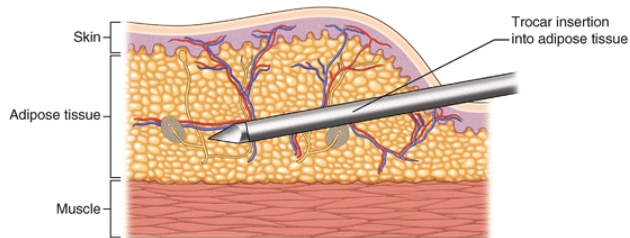
# Pellet Loading



# Depth of Insertion

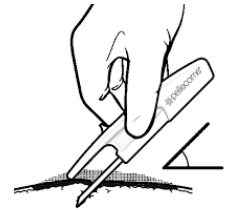
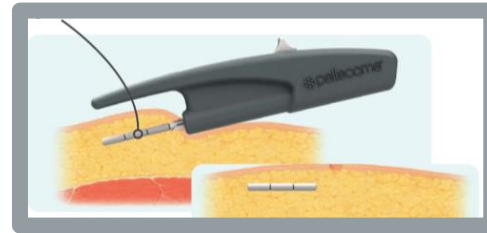
## Conventional Trocar

- Variable angle of Insertion
- Trocar wandering due to
- Anatomic Variations
- Scarring may prevent desired placement
- Infiltrating Solution



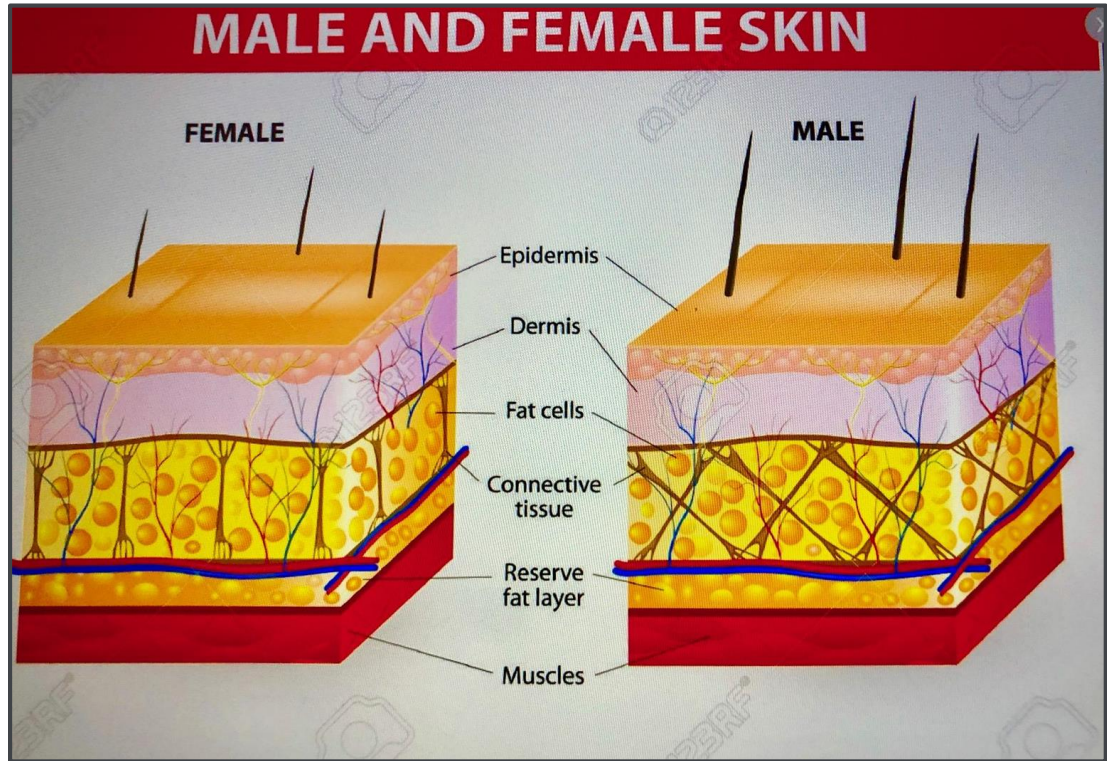
## Re<sup>3</sup> Insertion Device

- Consistent angle of Insertion with assistance of needle guide
- Needle affixed to device prevents needle wandering ensuring Predetermined depth of insertion
- Previous scars not a factor



# Placement: Anatomic Variations

- Distinct differences between male and female subcutaneous structures
  - Compartmentalization
  - Oblique partitioning
- These will need to be considered with implant procedure



# Depth of Insertion

When needle guide tip makes contact with the skin bring the device down in parallel to the skin ensuring a consistent depth of insertion 1.5 cm below the skin surface



**Abdominal  
Suprapubic**

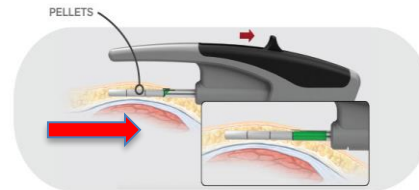
# Pellet placement

## Conventional trocar

- Requires force to propel the pellets against subcutaneous tissue
- Excessive force and resistant tissues can cause pellet crushing
- Defeating resistant tissues with force may have a projectile effect
- The push-pull technique may encourage superficial placement and increased risk of extrusion

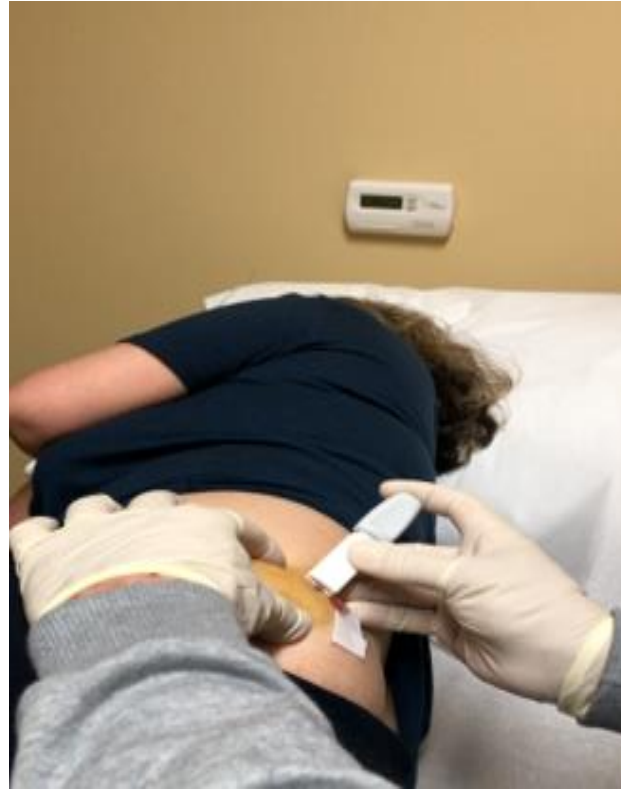
## Re<sup>3</sup> Insertion Device

- No force is needed
- Single file retrograde placement
- Needle retracts into the device
- Pellets are placed / not deployed into subcutaneous structures
- Plunger prevents pellet return to the surface when needle retracts, which minimizes risk for extrusions



# Pellet Placement

Lateral Decubitus



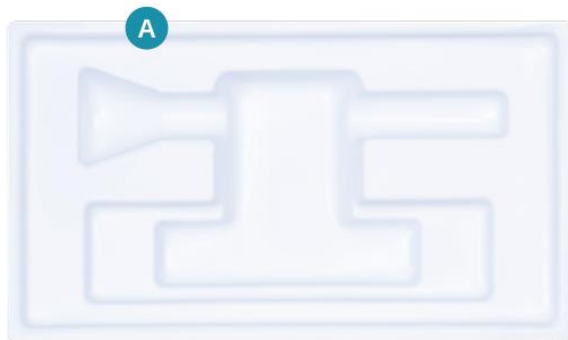
# Re<sup>3</sup> Advanced Pellet Delivery System

The Re<sup>3</sup>™ Advanced Pellet Delivery System includes:

- A** STERILE TRAY WITH Tyvek® PEEL-BACK LID
- B** INSERTION TOOL
- C** PRECISION SCALPEL
- D** FUNNEL

## ADDITIONAL MATERIALS REQUIRED

(e.g., antiseptic cleanser, sterile cotton balls or gauze pads, wound closure device and wound dressing as appropriate)



# Conclusion - Re<sup>3</sup> Advanced Pellet Delivery System

- Simpler
- Easier to learn
- Integrated Safety Features
- Precise and consistent depth of insertion
- No Force Linear pellet deployment may reduce risk of bruising, lumping, pain, scarring, crushing, fragmenting and overlapping pellets



THANK YOU FOR YOUR ATTENTION

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