

THD GateKeeper

Minimally invasive treatment for faecal incontinence



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Faecal incontinence is the inability to control bowel movements, causing stool (feces) to leak unexpectedly from the anus. Also called bowel incontinence, faecal incontinence ranges from an occasional leakage of stool while passing gas to a complete loss of bowel control.

Some data:

- 1-7.4% general population
- 25-30% of institutionalized & geriatrics
- Average cost per patient USD\$17 000
- Clinical categories:
- Urge
- Passive
- Soiling
- Faecal seepage

Treating faecal incontinence may require these surgical principles:

- Repair (e.g. sphincteroplasty)
- Replace (e.g. dynamic graciloplasty)
- Re-route (e.g. colostomy)
- Re-innervate (e.g. SNS)



WHY THD:

THD® GateKeeper was devised with the aim to treat faecal incontinence by implanting specifically designed self-expandable prostheses into the intersphincteric space.

Solid agents in the inter-sphincteric space produce longer and stable results and ultrasound check in the long term reveals no migration of the prostheses in almost all cases.





BENEFITS

SAFE

Minimum discomfort, no major complications, no infection, minimum rate of implant extrusion (assuring patient compliance in observing bed rest or slowly moving out of bed to chair for 48 hours after the procedure to minimize early prosthesis dislocation).

FAST

Cases are tipically performed in 30 minutes or less.

COST-EFFECTIVE

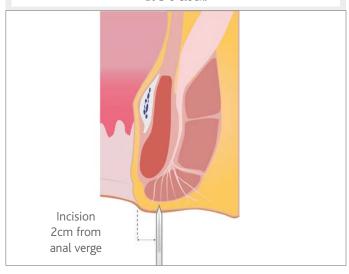
This procedure is cost effective with low material expenditure combined with short hospital stays and limited pain medication.

THD GateKeeper

1

Incision

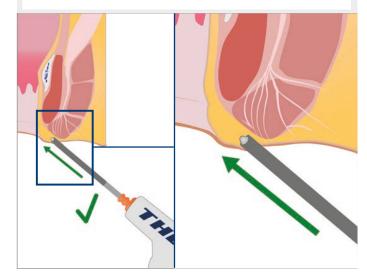
THD® GateKeeper implant procedure should be performed in local anesthesia (however, it is suitable also for general). The starting point of the procedure is generally the patient's left side. In this standard example the first implant is located at 3 o'clock.



2

Subcutaneous tunneling

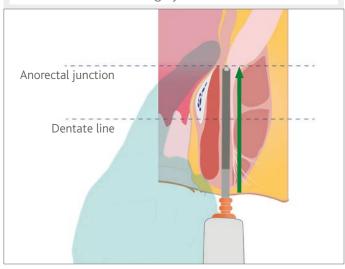
THD® GateKeeper must be inserted via a subcutaneous tunnel under the skin. NOTE: while inserting the cannula avoid going vertically through the external sphincter. Follow the natural path to the intersphincteric grove.



5

Device insertion up to the anorectal ring

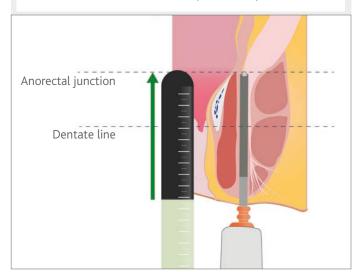
The insertion of the Delivery System cannula needs to be followed by digital palpation. Continue inserting safely the cannula into the intersphincteric space up to reach the anorectal junction: your finger can locate there the tip of cannula, avoiding injuries to the tissues.



6

Check with endoanal ultrasound (EAUS)

Remove your finger and insert the EAUS probe in order to correctly place the prosthesis into the intersphincteric space. EAUS is used to check the correct position of the tip of the cannula into the intersphincteric space.

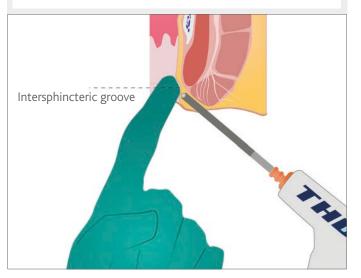


THE BASIC STEPS

3

Tunneling up to the intersphincteric groove

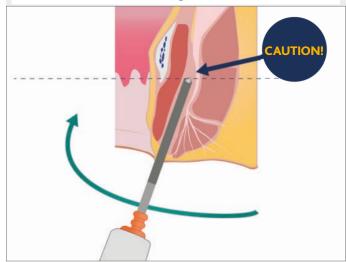
Locate the intersphincteric groove with your finger and use it as a direction for the device insertion. Push the cannula of the device until you reach the finger placed at the intersphincteric groove.



4

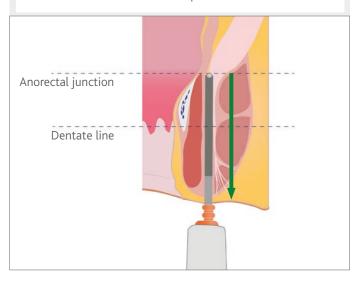
Insertion of the delivery system into the intersphincteric space

When the intersphincter groove has been reached, change the cannula orientation until it's parallel to the longitudinal axis of the anal canal. Gradually insert the cannula in the intersphincteric space. Close to the dentate line, there is a point of higher resistance: pay attention when pushing the cannula though this level.



7Release of prosthesis

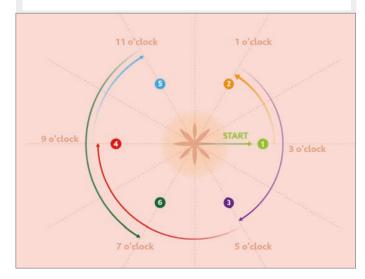
"Press the button located on the Delivery System handle (named "B") to release the prosthesis. When the LED on the back of Delivery System is flashing orange, extract it from the site of implant.



8

Suture and repetition of steps

Suture the incision and repeat the steps following the order in the illustration to delivery the other prostheses.



SELF EXPANDABLE MATERIAL



FEATURES

The material is able to grow in volume through the absorption of body fluids up to 550% the original dimension.

Thanks to its shape memory effect, the material reverts to the initial shape following the sphincters movement.

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	Pre	Post
Diameter	1,8 mm (+0,2/-0,4)	6 mm (+0,5/-1,0)
Length	20 mm (±2,0)	10 mm - 15 mm
Single volume	51 mm3	282 mm3
Total volume	306 mm3 = 0,3ml	1692 mm3 = 1,7ml

CLINICAL STUDIES

Gatekeeper Improves Voluntary Contractility in Patients With Faecal Incontinence

Ugo Grossi, MD , Veronica De Simone, MD, Angelo Parello, MD, Francesco Litta, MD, Lorenza Donisi, MD, Gian Luca Di Tanna, PhD , Marta Goglia, MD, and Carlo Ratto, MD - 2018

Outcomes of Gatekeeper™ prosthesis implantation for the treatment of faecal incontinence: a multicenter observational study

Biondo S., Trenti L., Noguerales F., Nomdedeu J. et al - 2017

Multicentre observational study of the Gatekeeper[™] for faecal incontinence

Ratto C., Buntzen S., Aigner F., Altomare D. F., Heydari A., Donisi L., Lundby L. and Parello A. - 2016

Treatment for Faecal Incontinence Results of sphincter augmentation with Hyexpan implants in a pilot study Bouassida S., Krüger K., Adam U. - 2015

Simultaneous Delorme's procedure and inter-sphinteric prosthetic implant for the treatment of rectal prolapse and faecal incontinence: Preliminary experience and literature review

Cavazzoni E., Rosati E., Zavagno V., Graziosi L. & Donini A. - 2015

Anal Gatekeeper a new bulking agent for faecal incontinence

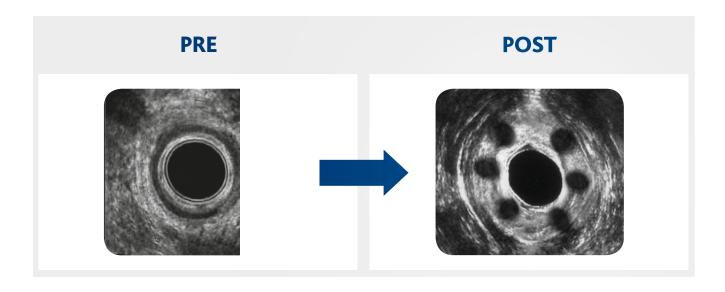
Fabiani B., Menconi C.D.E., Giani I. & Naldini G. - 2014

Gatekeeper in faecal incontinence: prospective European multicentre study

Ratto C., Buntzen S., Ganio E., Altomare D.F., De La Portilla F. & Aigner F. - 2012

Novel bulking agent for faecal incontinence

Ratto C., Parello A., Donisi L., Litta F., De Simone V., Spazzafumo L. & Giordano P. - 2011



SPECIFICATIONS

THD GateKeeper

Part No. 820005 Includes • THD® GateKeeper delivery system (sterile) • 6 THD® GateKeeper self expandable implants THD GateKeeper