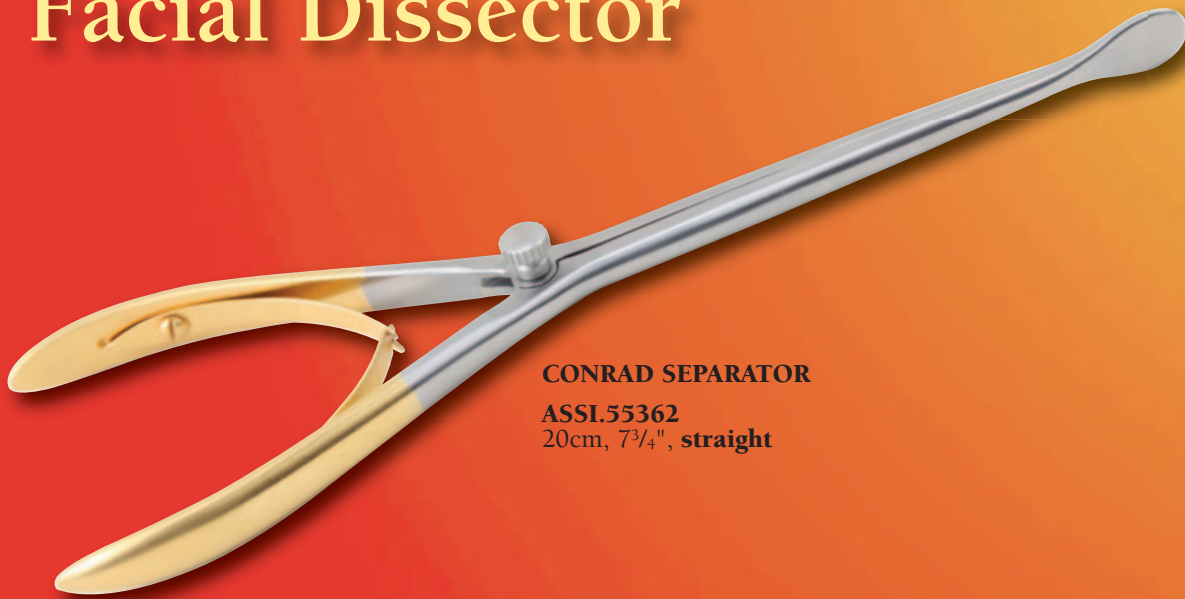


Scissors in the opened position,
for lower eyelids with the cor-
rect position for fingers and
thumb.



Facial Dissector



CONRAD SEPARATOR

ASSI.55362
20cm, 7³/₄", **straight**

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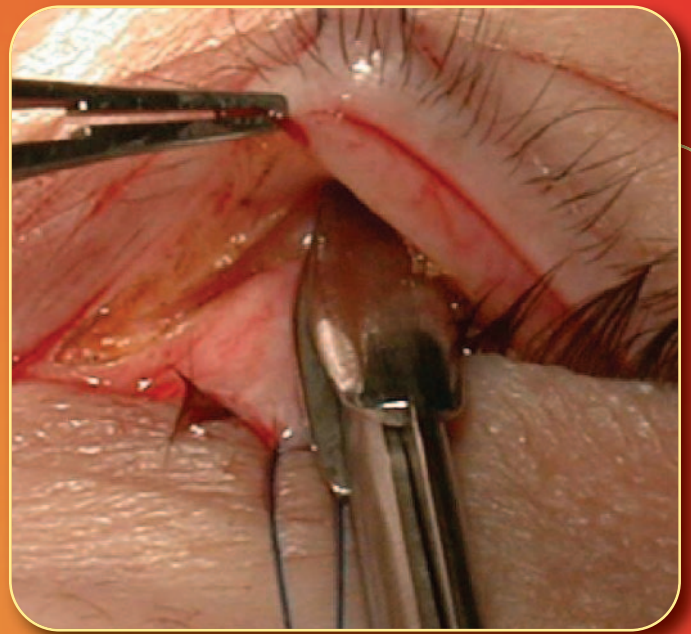
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Trepsat Facial Flap Dissector Scissors



Dissecting the lower eyelids.



ASIM121626



ASIM121426



ASIM121526

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The Trepsat Facial Flap Dissectors were designed by Dr. Frank Trepsat, a well known French plastic surgeon, to facilitate dissection in the face and neck. The instruments come in a variety of sizes ranging from a fine pointed instrument to one that is very broad and flat (Fig. 4). This allows a serial expansion of an area of tissue plane separation by inserting progressively larger instruments (Fig. 2, 4). The bridges of tissue that then remain can either be cut by turning the Trepsat dissector on its side at a 90 degree angle (Fig. 5), with face lift scissors, or a cutting cautery. The stretching action of the instrument results in less bleeding because the vessels are placed on traction and they tend to go into spasm, making the dissection quicker and less bloody. They work equally well in primary face lift as well as secondary procedures. The face can be approached in the preauricular area after the initial release of the pre parotid fascia. The jaw line and neck can be approached from either the lateral aspect (Fig. 3) or through a submental incision allowing for quick elevation of the respective skin flaps.

The shorter Trepsat Dissectors are ideal for use in Lower Blepharoplasties through trans conjunctival route. These shorter Trepsat Dissectors are very useful in lower eyelid surgery, separating gently the septum orbitate from orbicularis oculi muscle (Fig. 6).

Some surgeons may prefer to continue their usual technique of scalpel or scissor assisted dissection and then insert the Trepsat dissectors to further expand the initial openings (Fig. 2, 4). Discontinuous undermining can also be performed using the smaller Trepsat dissectors or ASSI.55362, The Conrad Separator, to free the tissue in the neck and cheek without fully undermining the areas, allowing for retention of additional blood supply. Injection of dilute tumescent anesthetic solution prior to dissection helps to more easily identify correct tissue plane separation and lessen bleeding.



Fig. 1



Fig. 2

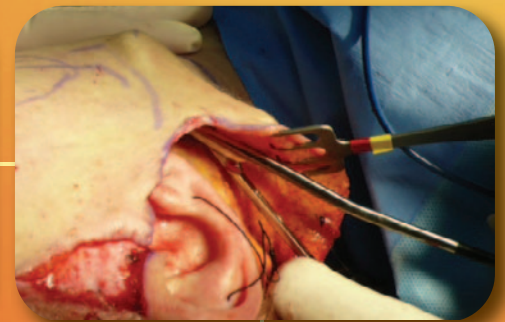


Fig. 3



Fig. 4



Fig. 5

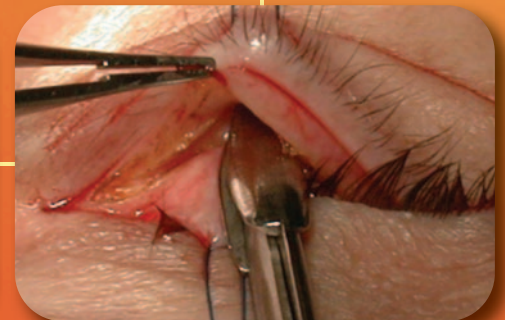


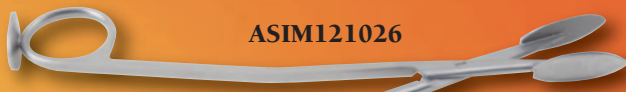
Fig. 6

The procedures illustrated were performed by Newton Dee Moscoe III, M.D., F.A.C.S., Austin, Texas and Frank Trepsat, M.D., Genolier, Switzerland

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ASIM121026

ASIM121026
18cm Dissecting blades, straight
15mm



ASIM121426

ASIM121426
18cm Dissecting blades, straight
5mm



ASIM121526

ASIM121526
18cm Dissecting blades, straight
14mm

ASIM122526
22cm Dissecting blades, straight
14mm



ASIM121626

ASIM121626
18cm Dissecting blades, straight
25mm



ASIM121726

ASIM121726
15.5cm Dissecting blades, straight
5mm



ASIM121826

ASIM121826
18cm Dissecting blades, straight
5mm



ASIM121926

ASIM121926
18cm Dissecting blades, straight
8mm

