**KOL™ – Innovation for Low Colorectal Anastomosis with Transanal Control**

<table>
<thead>
<tr>
<th>Product Code</th>
<th>Anvil Diameter</th>
<th>Colour Code</th>
<th>Staple Quantity</th>
<th>Blade Diameter</th>
<th>Staple Height</th>
<th>Closed Staple Height</th>
<th>Housing Length / Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>CSC29-KOL</td>
<td>29mm</td>
<td>Blue</td>
<td>24</td>
<td>20.5mm</td>
<td>5.0mm</td>
<td>1.0~2.5mm</td>
<td>4cm/12.6cm³</td>
</tr>
<tr>
<td>CSC33-KOL</td>
<td>33mm</td>
<td>Green</td>
<td>32</td>
<td>24.8mm</td>
<td>5.0mm</td>
<td>1.0~2.5mm</td>
<td>4cm/17.8cm³</td>
</tr>
</tbody>
</table>

**Transanal Accessories**

Reference:
- Patel C. Colorectal Dis 2006; 9:72-79.

**Intraluminal Stapler for Single Use**

Code: CSC29-KOL / CSC33-KOL
**KOL™ Innovation for Low Colorectal Anastomosis with Transanal Control**

**KOL™ Features and Benefits**

- **Bigger Anvil Housing**
  - Allow better purse string knot formation
  - Allow more tissue inside the recess for better anastomosis formation

- **Four Traction Holes**
  - Allow to pull the staple line and the tissue into the housing

- **Double Specimen Housing**
  - 12.6 cm² to accommodate the staple line and the desired amount of tissue to be resected

- **Just-Fit™ & Uni-link™**
  - Enhance direct firing force transition and guarantee parallel tissue compression & staple formation

- Automatic Safety Lock (ASL™) to prevent mis-firing
- New surface finish to enable improved handling and control of the device
- Individual Serial Number designed to meet superior quality & safety control

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**Existing Clinical Problems**

- **Leak rate:** 2.7 – 20%
- Double-stapling colorectal anastomosis increases the incidence of anastomosis leak and strictures, because the two staple lines crossing each other create stapled corners (“dog ears”). Both situations lead to potential ischemic areas
- **Staple malformation**

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**Technique of True Transanal End-to-End Anastomosis**

**Surgical Step 1:** Direct visual inspection to assess the distal oncologic margin

1. Insert and fix the anal dilator; Transanally assess the distal oncologic margin

**Surgical Step 2:** Transect the distal rectum

**Surgical Step 3:** Transanally suture the distal staple line

1. Firstly catch the left end of the staple line
2. Suture another three to four points until the right end of the staple line
3. Separate the sutures into left and right two groups; Pull the two groups of sutures and observe

**Surgical Step 4:** Fire the stapler

1. Pull the two groups of sutures into the right and left traction holes separately
2. Close the stapler into the green zone, while pulling the staple line into the housing; Fire the stapler completely

**Surgical Step 5:** Transanally check the specimen and the anastomosis

1. Check the anastomosis transanally; Check the specimen to make sure the complete resection of the distal staple line

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**Clinical Benefits of a True Transanal End-to-End Anastomosis**

- **Direct visual inspection and transanally assess the distal oncologic margin**
- **Remove the distal staple line to ensure the better blood supply for the anastomosis**
- **Clear transanal assessment for the anastomosis**
- **Allow transanal test and treatment of any anastomotic defects**