



POLYSleeve™

Friction and infection minimizing
insertion sleeve for breast implants
according to Dr. med. Richard Dolsky



Implants made by POLYTECH – QUALITY made in Germany



POLYTECH
health & aesthetics 

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Dr. med Richard Dolsky devised a technique using a synthetic sleeve which provides for a friction-minimized insertion of implants. The sleeve lowers the friction factor of the implant shell to that of a smooth implant.

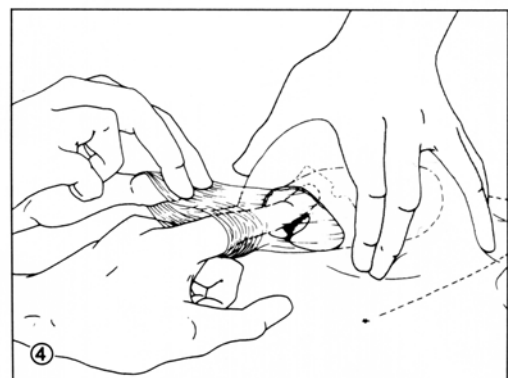
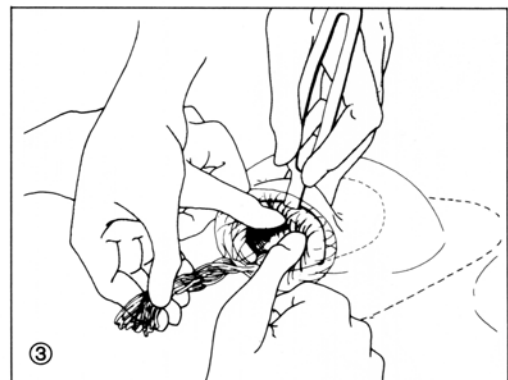
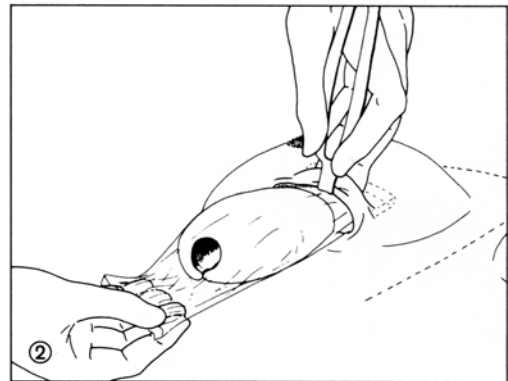
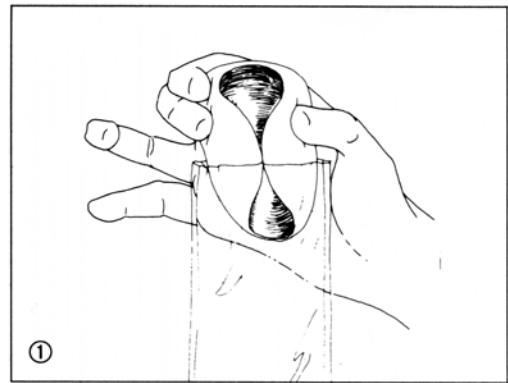
In 1986, POLYTECH Health & Aesthetic has followed this line of thinking and developed the POLYSleeve™. In addition to minimizing the surface friction, using the sleeve distinctly reduces the risk of infection as the implant does not come into contact with the patient's skin. The sleeve may be used with implants covered in Microthane® micropolyurethane foam but is also applicable for implants with the textured surfaces POLYtxt® and Mesmo®sensitive.

Attention: All POLYTECH Health & Aesthetics breast implants with the surfaces Microthane®, POLYtxt® and Mesmo®sensitive are delivered including a sterile, individually packed polyethylene POLYSleeve™, 16.5 cm wide and 0.03 cm thick. Additional sleeves may be delivered on request (Order n° 72002, 10 -pack).

Instructions for Use

1. The implant and the POLYSleeve™ are lubricated with sterile saline solution, and the implant is placed in the sleeve. The proximal end of the sleeve is folded over the top of the implant. The distal end is then twisted until the sleeve tightly encloses the implant. The twisted end is then locked into position with a clamp. For easier positioning during axillary implantation, the anatomically shaped implant types Replicon®/Optimam®/Opticon® should be marked with a reference line on the left or right side, depending on the insertion site. Based on the 6 o'clock marker on the shell, this marker should be placed at 5 or 7 o'clock. This technique ensures the exact positioning of anatomical implants.
2. The incision is opened with a retractor and the proximal, folded end of the POLYSleeve™ is placed in the incision. Then the implant covered in the sleeve is introduced into the prepared site.
3. After having inserted the sleeved implant completely, the clamp is removed. Implant and POLYSleeve™ should be controlled for correct positioning and it should be verified that the implant has no folds. While the implant is still in the sleeve, a correction of its position can be performed easily.
4. The open-ended POLYSleeve™ is now retracted while the middle and ring finger – inserted through the open, distal end – hold the implant in place. After the removal of the sleeve it should be checked again whether the implant is correctly positioned and its contour crease-free. The incision may then be closed.

Using this implantation technique, small to medium-sized implants with a Microthane® surface or textured surfaces may be inserted periareolarly and transaxillary. The inframammary access permits implantation of larger implants.



Reference:
Dr. med. Richard Dolsky
Plastic and Reconstructive Surgery,
March 1984