

OB/Mobius[®]

Maximize C-section exposure, safety and efficiency with the OB/Mobius self-retaining elastic abdominal retractor



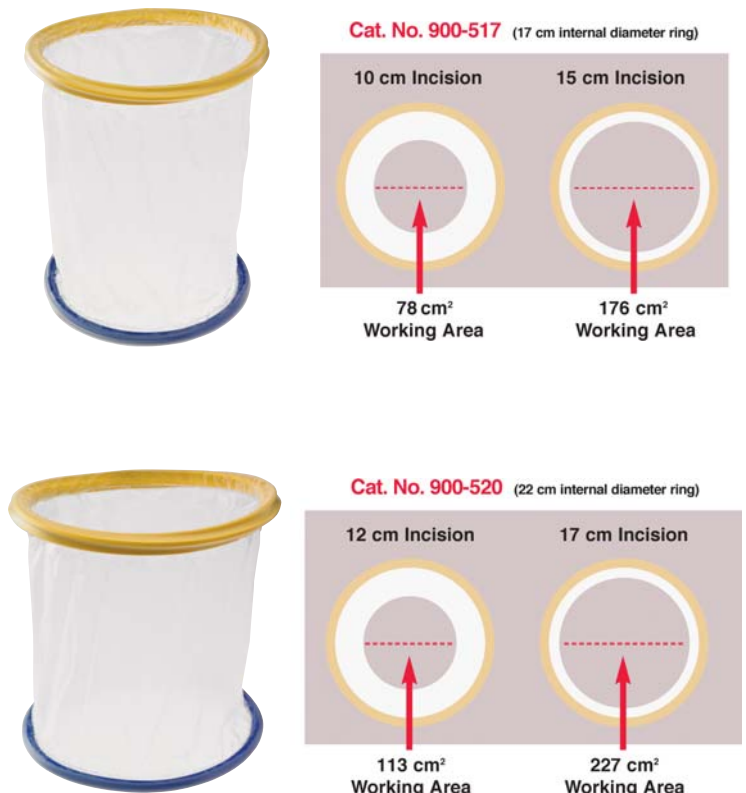
Improved C-section safety, efficiency and speed are just some of the benefits of the OB/Mobius.

Once inserted using a simple roll down technique, the OB/Mobius self-retaining retractor provides 360 degrees of radial retraction: maximizing working area and providing significantly greater exposure than traditional retractors.

OB/Mobius comes in two sizes optimal for C-section incisions. Each size distributes retraction force evenly without excess pressure around the incision, creating unobstructed access to the uterus. From delivery to close of the uterus, this device maximizes working area, minimizes trauma, reduces risk of wound infection, blood loss and allows for a cleaner procedure and faster patient recovery.

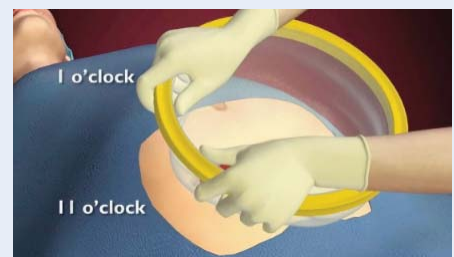
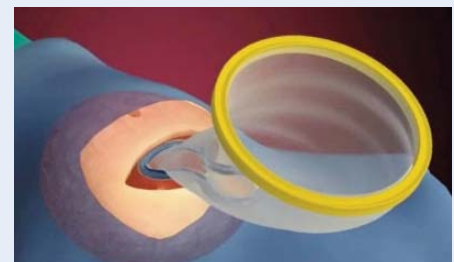
Smaller diameter Mobius retractors are also available for other laparotomy and minilaparotomy procedures including hysterectomy, cystectomy, and others.

For more information please visit www.coopersurgical.com/mobius



Simple Roll-down Technique:

1. Collapse the lower blue ring and insert into the abdomen (First towards the head, then towards the feet). Gently pull the yellow ring to ensure insertion and perform a quick digital exam to check for trapped tissue.
2. Position hands at 11 and 1 o'clock using assistant as the 12 o'clock position.
3. Roll the ring outwards first with the left hand, followed by the right. Slide fingers simultaneously down the ring to complete a Mobius flip. Repeat 2-3 times until desired exposure is achieved.



A better retractor means better visualization.

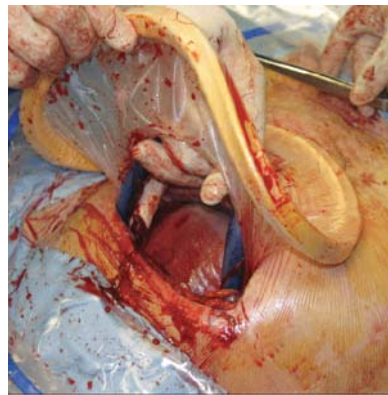
Our patented outer ring provides better flexibility and form.

Better Flexibility

- Outer ring lies flush against patient's skin without excessive pressure reducing pain.
- Outer ring lies flush against patient's skin without interfering with surgeon's wrists.
- Provides better diversion of fluids to the collection pouch without pooling for a cleaner procedure.

Better Form

- One-piece, molded outer ring construction rolls outward providing maximum hands-free exposure even in obese patients.
- Molds gently to the patient's abdomen for secure low profile retraction that won't slip.
- Only 2-3 outward rolldowns required to achieve optimal exposure.
- Tear resistant, non-stretch sleeve provides superior tissue retraction.
- Bottom ring maintains shape, preserving exposure throughout procedure.



Easy to place.
Easy to use.
Easy to remove.

Benefits of the Mobius:

- Maximizes exposure through radial retraction for enhanced visibility
- Presents unobstructed surgical field unencumbered by traditional stainless steel retractors
- Ideal for obese patients (including BMI > 30 lbs.)
- Allows *in situ* suturing of uterus, for reduced patient pain and faster recovery time
- Gentle retraction through dispersed tension promotes patient postoperative comfort
- Easy to place and remove with simple technique
- Channels fluid to the collection pouch for a rapid, clean procedure
- Minimizes need for bladder blade
- Protects wound edges minimizing contamination^{1,2}
- Alleviates need for additional surgical staff

OB/Mobius®

PRODUCT NUMBER / DESCRIPTION:		
900-517	Mobius, Medium-Large inner diameter 17 cm	Optimal incision size 9-15 cm
900-520	Mobius, Large inner diameter 20 cm	Optimal incision size 12-17 cm

Also available in smaller sizes for minilaparotomies

OR/Mobius®

PRODUCT NUMBER / DESCRIPTION:		
900-508	Mobius, Mini inner diameter 8 cm	Optimal incision size 2-6 cm
900-500	Mobius, Small inner diameter 11 cm	Optimal incision size 4-9 cm
900-515	Mobius, Medium inner diameter 15 cm	Optimal incision size 8-14 cm

Mobius is latex-free, made of 100% medical grade polyurethane.
It is supplied sterile, one retractor per pouch. 5/box

References:

- ¹ Minimally Invasive Cesarean: Improving an Innovative Technique. Pelosi & Pelosi, OBG Management, July 2004
- ² The Use of the Mobius® Self-Retaining Retractor in Cesarean Deliveries—A Retrospective Case. Finck, MD & C Della Badia, Poster, AAGL 33rd Annual Meeting, Nov. 2004

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727.548.4462 | 888.548.4462 | I-MA.com | 11733 66th St. N #113 | Largo, FL 33773