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for people who care

the innovation
behind your work.

DB2C HEART
BIOPSY FORCEPS

- ⑩ **DB2C** started its activity **in 1993** in Mery Sur Cher (Vierzon, France) developing and manufacturing laparoscopic instrumentation, in an area with an important know-how in machining stainless steels.
- ⑩ Continuous cooperation with Doctors and **their hand made instruments** allowed in a short time DB2C to gain in France an excellent reputation.
- ⑩ **At the end of '90** DB2C developed a Cardiac Biopsy forceps on request of **Prof. Cabrol, la Pitié-Salpêtrière, Paris**. The first heart biopsy performed by Prof. Cabrol, has been realized with a DB2C heart biopsy forceps.
- ⑩ **Ab medica** in 2009, acquired DB2C.

DB2C FACTORY & TEAM



All the activities of DB2C are realized through a Team of 33 people

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CARDIAC BIOPSY FORCEPS



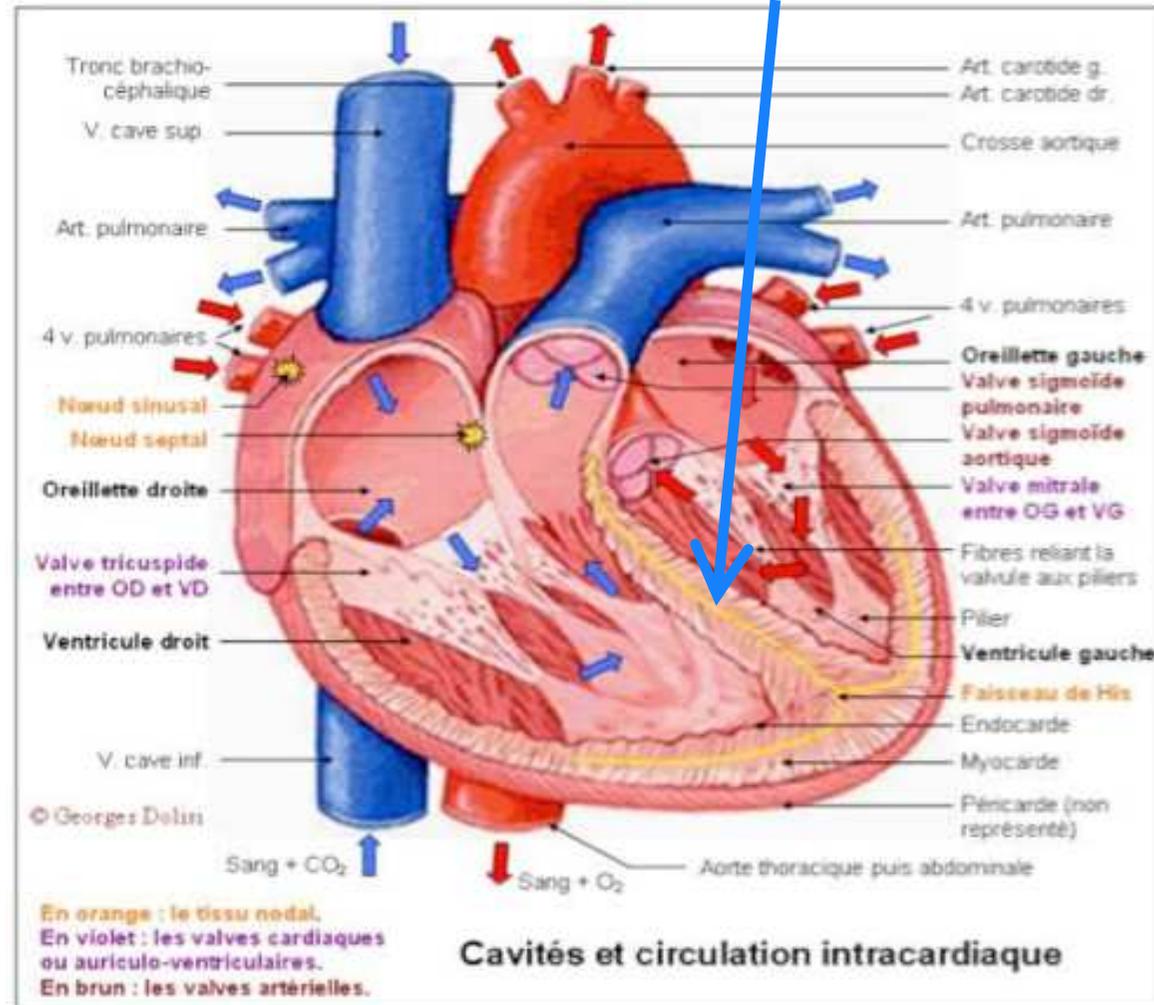
CLASS III DEVICE

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HEART: THE BIOPSY SITE

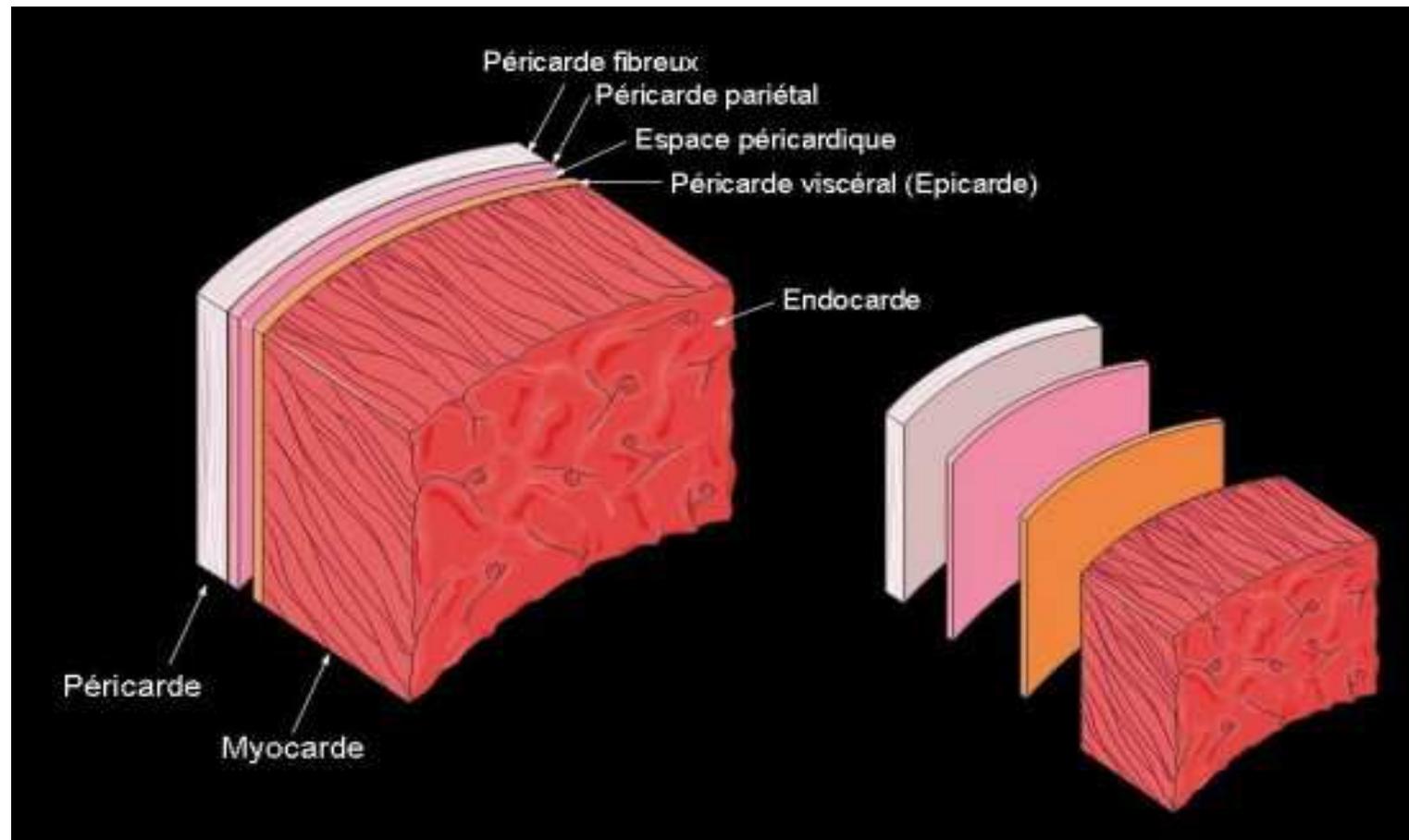
BIOPSY SITE



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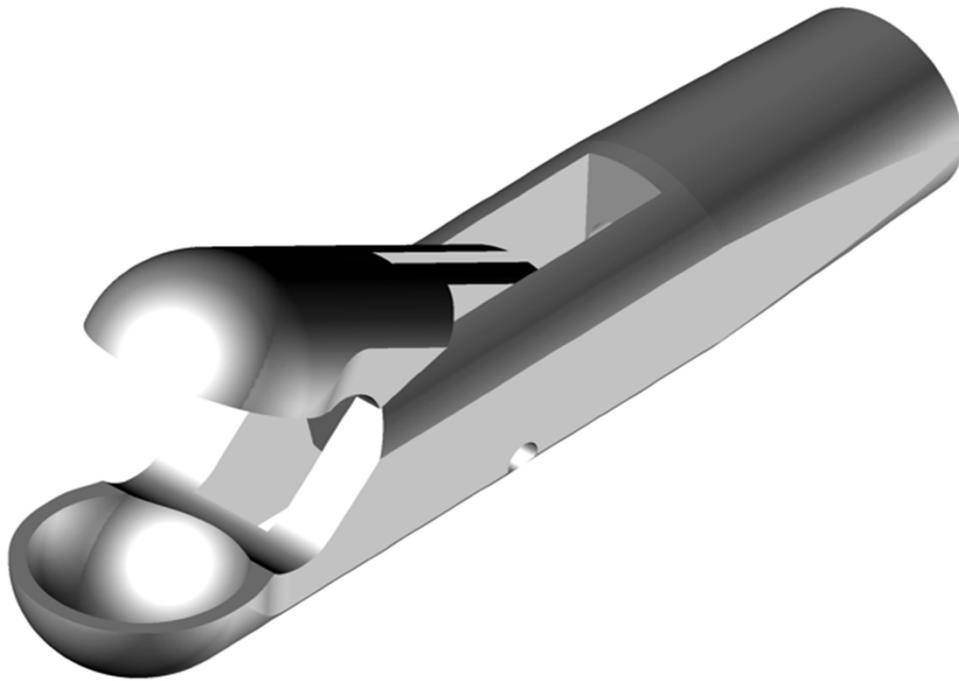
- MAIN INDICATION ARE HEART TRANSPLANTED PATIENTS, TO ADAPT IMMUNOSUPPRESSOR THERAPIES THAT ARE USED TO PREVENT REJECT.
- THE SITE OF THE BIOPSY IS THE INTERVENTRICULAR SEPTUM.
- INFLAMATIONS/INFECTIONS START IN THE MYOCARDIUM
- AN OTHER INDICATION OF HEART BIOPSY ARE FOR MYOCARDITE DIAGNOSIS

HEART: MYOCARDIUM & ENDOCARDIUM



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Key factor for the quality of biopsy is the sharpness of the active end



MANUFACTURING STEPS

FIRST STEP, common to competitors and DB2C
Serial machining of the active ends



CNC machining

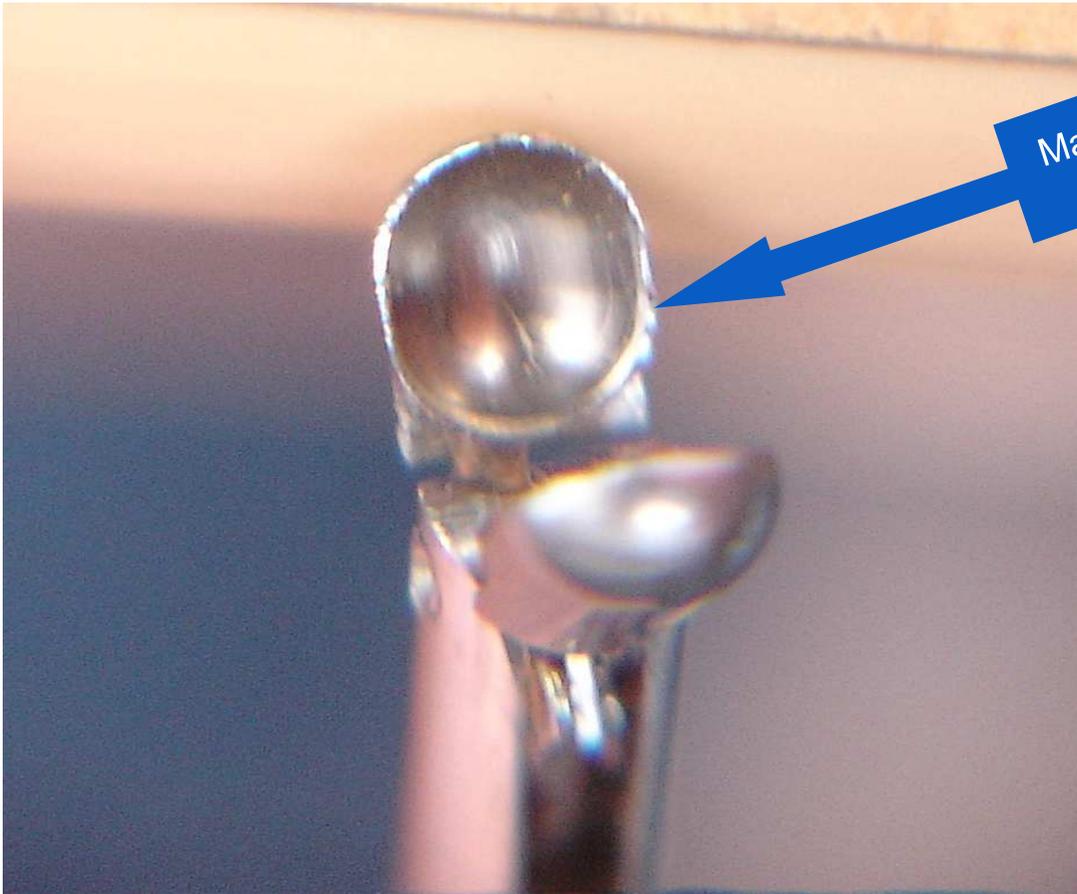
Serial product

Edge of the « spoon »
very thick, not sharpened

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SECOND STEP, Competitors
Sharpening of active end by machine



Machine tool radius
clearly visible

Serial sharpening

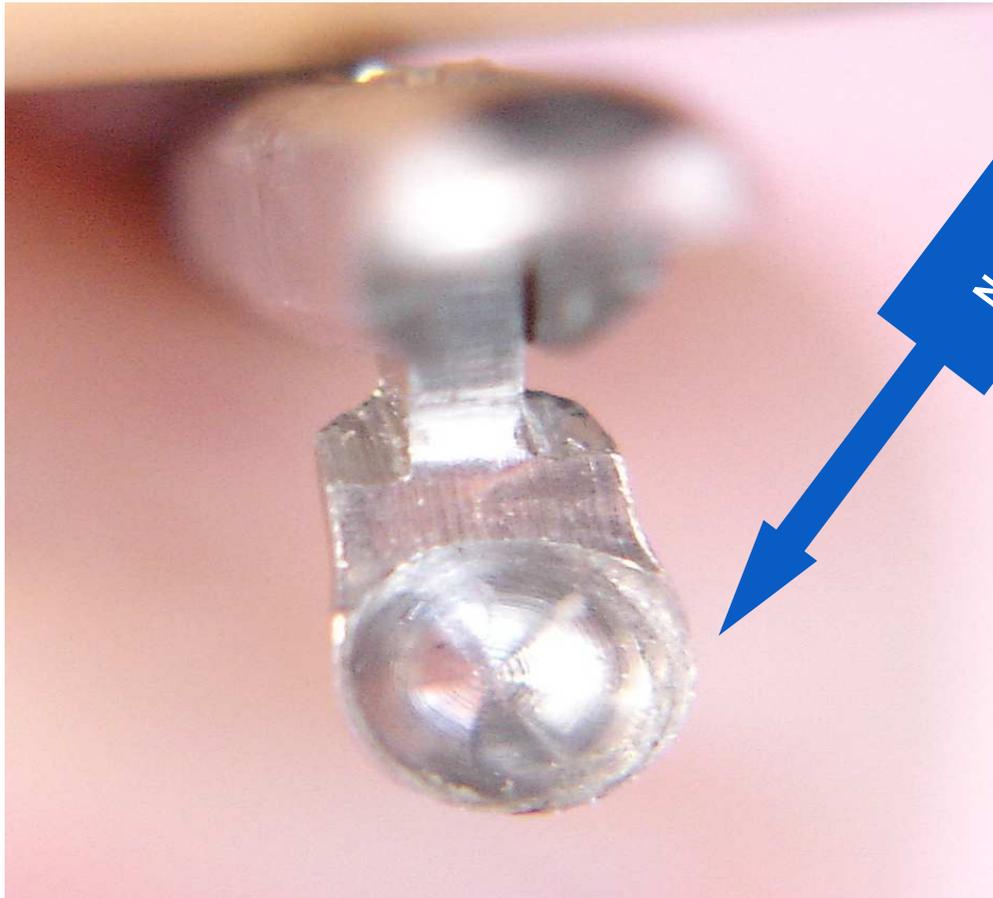
Edge of the « spoon »
is still thick, the radius
is clearly visible

Competitors Biopsy Forceps

MANUFACTURING STEPS

SECOND STEP, DB2C

Sharpening under microscope magnification



No visible radius

Manual Sharpening,
under microscope
magnification

Edge of the « spoon »
is "razor's" like, non
visible radius

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HEART BIOPSY FORCEPS ATELIER



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ALL ACTIVE ENDS SHARPENED BY HAND



In DB2C every Biopsy forceps active end is sharpened by hand under microscope magnification

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THE DIFFERENCE

COMPETITORS

DB2C HAND SHARPENING KNOW HOW



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CARDIAC BIOPSY FORCEPS

Blue handle – 2.3 mm external diameter

REFERENCE	LENGTH (cm)	EXTERNAL DIAMETER	RECOMMENDED MIN INNER DIAMETER (inches)	RECOMMENDED INTRODUCER	VOLUME (mm ³)	COATING
CAR23050	50	6,9 F	0,091"	7 F	6,5	WITHOUT
CAR23110	110	6,9 F	0,091"	7 F	6,5	WITHOUT
CAR23950	50 1 MOBILE JAW	6,9 F	0,091"	7 F	6,5	WITHOUT
CAR23051	50	6,9 F	0,091"	7 F	6,5	WITH
CAR23111	110	6,9 F	0,091"	7 F	6,5	WITH

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CARDIAC BIOPSY FORCEPS

Green handle – 1.8 mm external diameter

REFERENCE	LENGTH (cm)	EXTERNAL DIAMETER	RECOMMENDED MIN INNER DIAMETER (inches)	RECOMMENDED INTRODUCER	VOLUME (mm ³)	COATING
CAR18050	50	5,4 F	0,071"	6 F	2,2	WITHOUT
CAR18110	110	5,4 F	0,071"	6 F	2,2	WITHOUT

Black handle – 2.9 mm external diameter

REFERENCE	LENGTH (cm)	EXTERNAL DIAMETER	RECOMMENDED MIN INNER DIAMETER (inches)	RECOMMENDED INTRODUCER	VOLUME (mm ³)	COATING
CAR09011	46,5 1 MOBILE JAW	8,7 F	0,115"	9 F	7,7	WITH

TWO DIFFERENT LENGTHS

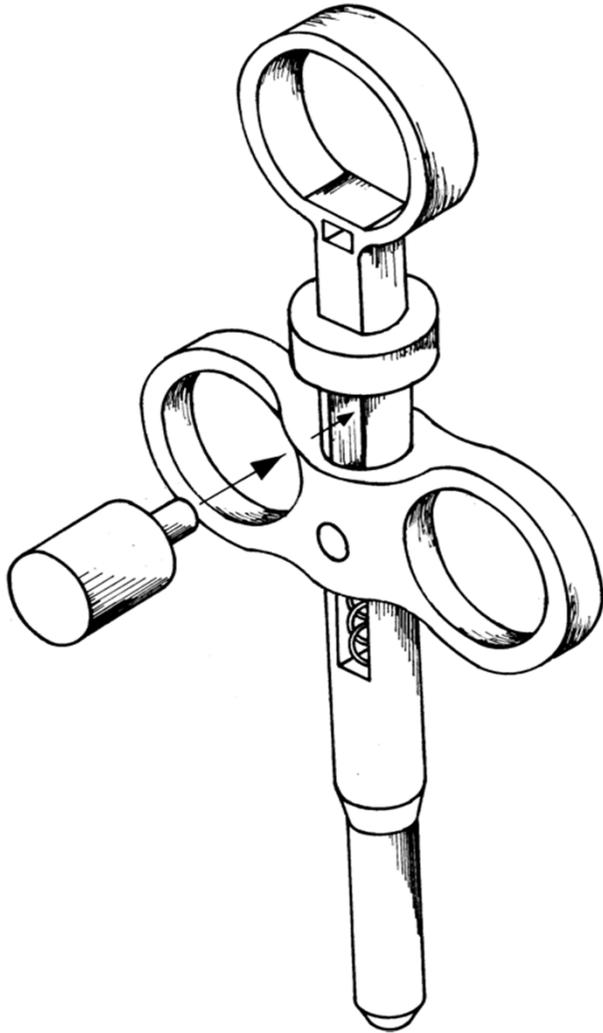
Two different lengths, with or without coating

⑩ 50 CM FOR JUGULAR APPROACH

⑩ 110 CM FOR FEMORAL APPROACH

The sheath (coating) is in TEFLON®

ONE OPERATOR



Plot included in the package allows to keep the jaws opened

➔ **One Operator is enough**

-DB2C MICROSCOPIC SHARPENING TECHNIQUE OF JAWS:

=SAFETY FOR THE PATIENT

=QUALITY OF THE BIOPSY

=BETTER CUT (MORE CHANCE TO GET MYOCARDIUM ALSO).

-3 DIFFERENT DIAMETERS, 2 LENGTHS, WITH OR WITHOUT COATING:

= EASY TO USE IN EVERY CONDITION

=ADAPTATION TO THE PATIENT



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THANK YOU

DB₂C
CHIRURGICAL CONCEPT