

PAJUNK®

Quincke Cannula



Quincke Cannula



Quincke-Type
1890



Whitacre
1951



Levy
1957



Sprotte
1979

Quincke Cannula

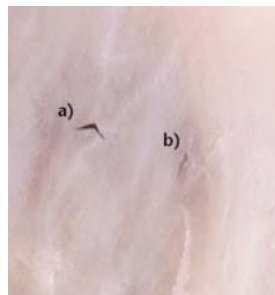
The development of spinal anesthesia started in 1850 with the first Quincke-type spinal cannula. In the course of the last century, the materials, diameters and the tip geometry of the spinal cannulae have been revised and changed again and again.

The sharpened tip of the Quincke cannula causes numerous side effects.

The Pencil-Point tip of the Whitacre cannula proved to be too blunt, the geometric design of the circular cone is unsuitable for the dura-puncture, the lateral, round orifice is too small for the definite identification of the cerebrospinal fluid space. In the seventies, spinal anesthesia was only a remnant, bearing an only marginal existence. Almost a whole generation only had knowledge of this technique from literature sources.



The multiple-layered texture of the spinal dura is penetrated by a Quincke (a) and by a SPROTTE®-cannula (b).



The permanent cut caused by the Quincke cannula (a) may be seen by subsequently applying compressive and tractive force to the dura tissue (a). When a SPROTTE®-cannula is used, the multiple-layered texture of the dura closes completely again afterwards (b).

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Size	Without introducer		PU
	Item no.	Item no.	
27G x 90mm		1149-7B090	25
27G x 90mm	1149-3B090		25
25G x 90mm		1149-3C090	25
25G x 90mm	1149-7C090		25
27G x 120mm	1149-3B120		10
25G x 120mm	1149-3C120		10
22G x 152mm	1149-3E152		10