

ORDER INFORMATION

▶ OVAL

BLOM SINGER® NASAL SEPTAL OVAL	11 x 13 mm, 2 mm thick	REF SP2112
BLOM SINGER® NASAL SEPTAL OVAL	11 x 13 mm, 3 mm thick	REF SP2113
BLOM SINGER® NASAL SEPTAL OVAL	13 x 17 mm, 2 mm thick	REF SP2132
BLOM SINGER® NASAL SEPTAL OVAL	13 x 17 mm, 3 mm thick	REF SP2133
BLOM SINGER® NASAL SEPTAL OVAL	15 x 21 mm, 2 mm thick	REF SP2152
BLOM SINGER® NASAL SEPTAL OVAL	15 x 21 mm, 3 mm thick	REF SP2153

▶ ROUND

BLOM SINGER® NASAL SEPTAL ROUND	Ø 5 mm, 2 mm thick	REF SP1052
BLOM SINGER® NASAL SEPTAL ROUND	Ø 5 mm, 3 mm thick	REF SP1053
BLOM SINGER® NASAL SEPTAL ROUND	Ø 7 mm, 2 mm thick	REF SP1072
BLOM SINGER® NASAL SEPTAL ROUND	Ø 7 mm, 3 mm thick	REF SP1073
BLOM SINGER® NASAL SEPTAL ROUND	Ø 10 mm, 2 mm thick	REF SP1102
BLOM SINGER® NASAL SEPTAL ROUND	Ø 10 mm, 3 mm thick	REF SP1103

FAHL

BLOM-SINGER®

NASAL SEPTAL PERFORATION PROSTHESIS



MAGNETIC NASAL SEPTUM PROSTHESIS

FOR INDIVIDUAL ADAPTATION

FAHL

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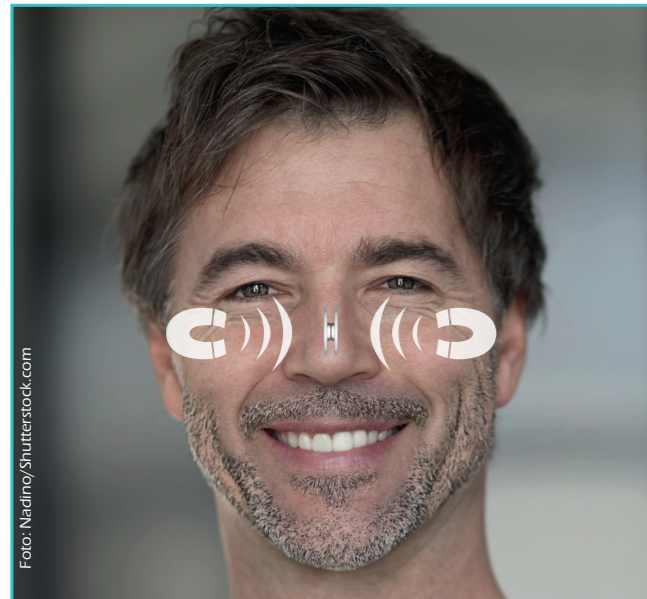
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* Andreas Fahl Medizintechnik-Vertrieb GmbH is exclusive sales partner for Blom-Singer® products in some countries in Europe.
For more information see our web site www.fahl.de.

REF 90113-EN+ Fb 2537/01 DOK FL Blom Singer Nasal Septal Perforation Prosthesis EN 06/2019

BLOM-SINGER® NASAL SEPTAL PERFORATION PROSTHESIS

A defect in the nasal septum (septum perforation) can have various causes. Although some patients are symptom-free despite a septal perforation, in other patients, for example, this causes frequent nosebleeds, whistling noises during nasal breathing, and a dry nose with the formation of crusts and deposits. The Blom-Singer® NASAL SEPTAL PERFORATION PROSTHESIS was developed to improve the quality of life of these patients.



Blom-Singer® NASAL SEPTAL PERFORATION PROSTHESIS

The magnetic nasal septum prosthesis consists of 2 components each with a double flange. The neodymium magnets offer strong, reliable hold and are securely covered by precisely shaped medical silicone. Since both flanges have the same shape and the same diameter, the mobility of the prosthesis is minimised and the best possible adaptation to the nasal septal perforation is achieved. Thus the Blom-Singer® NASAL SEPTAL PERFORATION PROSTHESIS provides a pleasant wearing comfort and reduces the accumulation of secretion residues and bleeding.

EASY PLACEMENT

Studies have shown that patients who use a two-piece magnetic nasal septum prosthesis experience no discomfort when using, changing or removing the product. In addition, the test persons reported a precise and tight fit of the prosthesis.¹ A non-magnetic instrument, e.g. forceps or a vascular clamp, is required for inserting the very soft prosthesis. Indication for a Blom-Singer® NASAL SEPTAL PERFORATION PROSTHESIS is a non-surgical closure of nasal septal perforations in a hospital environment or a physician's office. An often complex and costly adjustment of the prosthesis can thus be avoided, as can surgical side effects.

COMFORTABLE FIT

The comfortable seat of the prosthesis avoids giving the patient an unpleasant foreign body feeling. If the size or shape of the septal defect changes over time, the size of the Blom-Singer® NASAL SEPTAL PERFORATION PROSTHESIS may have to be changed under circumstances and this can be done without any problems.

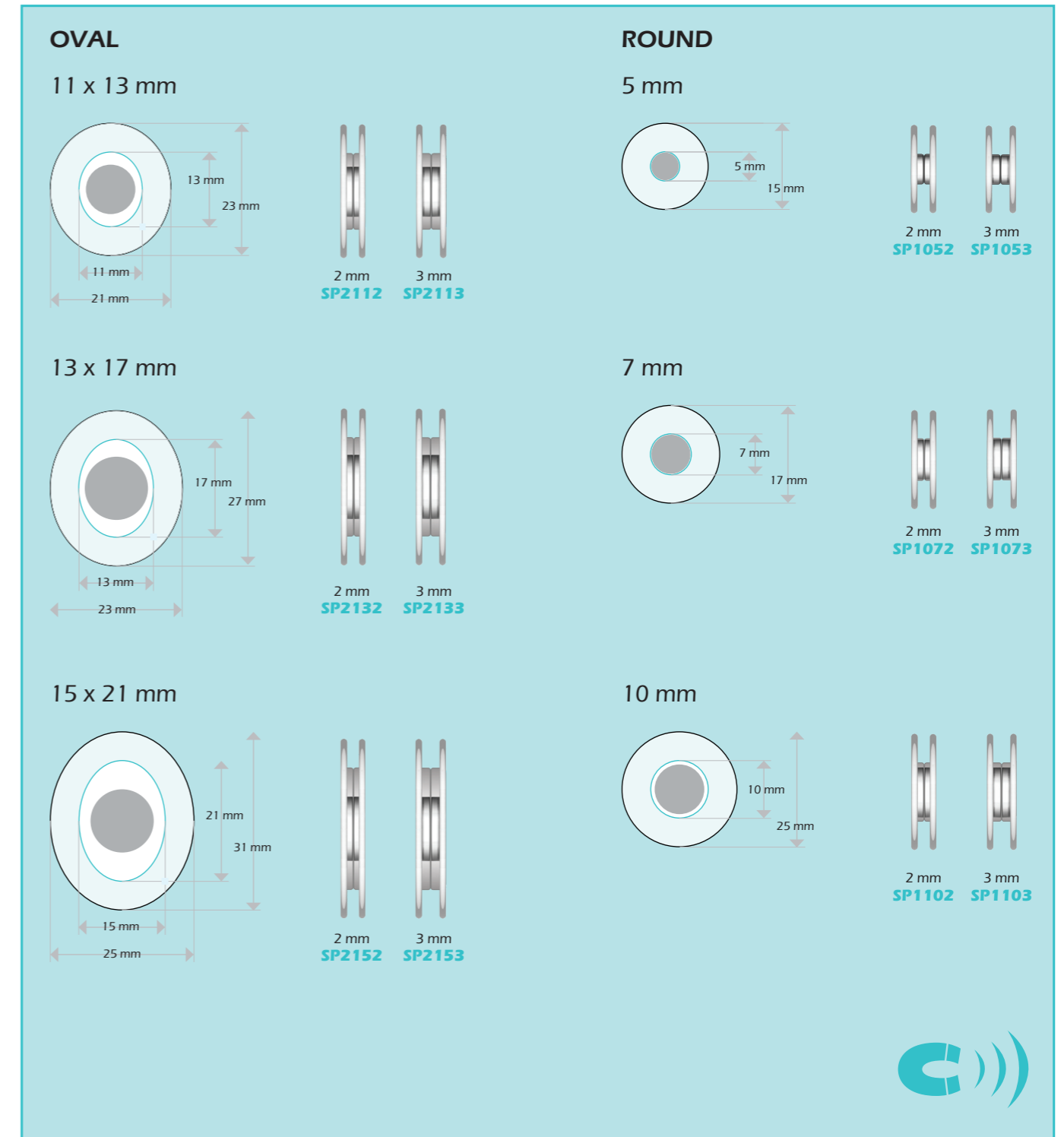
UNCOMPLICATED CLEANING

Cleaning of the nasal septum prosthesis by professionals is possible both in-situ and outside the body. The removed prosthesis is cleaned after medical examination with water and mild soap. An in-situ Blom-Singer® NASAL SEPTAL PERFORATION PROSTHESIS can be professionally cleaned with a 0.9% saline moistened cotton swab around and beside the flange.

BLOM-SINGER® NASAL SEPTAL PERFORATION PROSTHESIS

INDIVIDUAL ADAPTATION

The Blom-Singer® NASAL SEPTAL PERFORATION PROSTHESIS offers several round and oval shapes, sizes and thicknesses to ensure that the prosthesis can be fitted in the best possible way, individually and easily. The ideal fit minimises the mobility of the prosthesis and thus prevents bleeding and encrustation in the area of the defect. Furthermore an individual trimming of the flange is possible.



Illustrations in original size

¹ Teschner M, et al. Eur Arch Otorhinolaryngol. 2012 March; 269 (3): 861-5