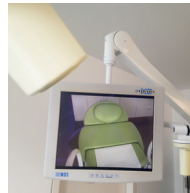


We want to make your stay in our medical office as pleasant as possible. Our goal is to present you with excellent diagnostics and therapy in a relaxed atmosphere. In the following we want to introduce our medical office:

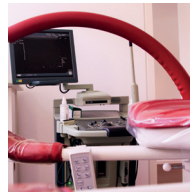
1. CAMERA SYSTEM

In some high-tech operating areas as well as in the main examination room, there are camera systems to ensure better documentation. The system exists of the camera, the image processor, a jib-arm with light and a 21" flat screen. With this equipment, we can easily and accurately explain our patients the diagnosis and disease. A comprehensive understanding is extremely important for therapeutic success. Furthermore, accurate documentation can be done before and after a surgical procedure to follow the progression of results.



2. EXAMINATION CHAIR

Through our comfortable examination chair, we ensure an optimal positioning of the patient during an examination or therapeutic treatment. The patient sits down on the chair, which is then tilted to a 90° angle, the seating surface is then moved down. Only the anal region has to be undressed, the pants or skirt do not have to be removed. This way, a sense of dignity is maintained.



3. ENDOSONOGRAPHY (ultrasonic examination of the rectum):

Through the sonography of the rectum, tumors, fistulas and abscesses can be identified precisely. This examination is extremely important for therapeutic decision-making. Our medical office is the only one in Düsseldorf providing this service.



CPZ-DÜSSELDORF

Schadow-Arkaden
Schadowstraße 11b
40212 Düsseldorf

Tel.: 02 11 - 39 33 66
Fax: 02 11 - 30 05 40 1

info@cpz-duesseldorf.de
www.cpz-duesseldorf.de

Office Hours:

Mon + Tue + Thu 8.00 - 13.00 and 15.00 - 18.00
Wed + Fri 8.00 - 16.00
and by arrangement

Public transport:

All underground lines, station Heinrich-Heine-Allee or station Schadowstraße

By car:

Please use the car park in the Schadowarkaden. The entrance to the medical office is between Anson's and the Parfümerie Schnitzler.

Cooperating hospitals:

Evangelisches Huyssenstift, Kliniken Essen Mitte
Henricistraße 92, 45136 Essen

Evangelisches Krankenhaus Düsseldorf
Kirchfeldstraße 40, 40217 Düsseldorf



Coloproktologisches Zentrum Düsseldorf Center of Coloproctology Düsseldorf

Schadow-Arkaden
Schadowstraße 11b
40212 Düsseldorf

Tel.: 02 11 - 39 33 66
Fax: 02 11 - 30 05 40 1
info@cpz-duesseldorf.de
www.cpz-duesseldorf.de

WELCOME!

WHAT IS „COLOPROCTOLOGY“?

„Coloproctology“ is a field in medicine, dealing with disorders of the colon, rectum and anus. A coloproctologist is a doctor, who has specific knowledge in this domain.

Most people have a natural shyness towards talking about problems and complaints of the anus, especially the loss of the voluntary closure of the anus which is often kept a secret. These taboos are already expressed in the language we use. When one talks about digestion one may actually mean defecation. Predominantly, digestion takes place in the stomach as well as in the small intestine. The body absorbs nutrients during digestion. Defecation is the final part of digestion during which waste material (stool) is expelled through the anus to the outside of the body.

While common, hemorrhoids are not the cause of all complaints of the anus, such as bleedings, lumps or pain. Only a complete and careful examination can determine the cause of the problem.

With a harmonious, respectful and relaxed atmosphere, we want you to have a pleasant stay in our medical office.



Dr. (IR) Faramarz Pakravan Dr. med. Christian Helmes PD Dr. Ingo Alldinger

Our experienced team of doctors is specialized in coloproctological issues and has successfully passed the verification of the 'European Board of Surgery Qualification (EBSQ)' for coloproctology and the verification of the professional association of German coloproctologists (BCD).

More detailed information is available on our website. We are pleased to promptly answer your questions via e-mail.

PERFORMANCE SPECTRUM

A EXAMINATIONS

The following examinations are performed by us with the most modern equipment and on demand, under supervision of an anesthetist:

- / Rectal examination (palpation of the anal canal)
- / Proctoscopy (Inspection of the anal canal)
- / Rectoscopy (Inspection of the rectum)
- / Sphincter manometry (pressure measurement of the sphincter muscle)
- / Anorectal endosonography (ultrasonic examination of the anal canal and rectum)
- / Abdominal sonography (ultrasonic examination of the belly)

B COLONOSCOPY

In our medical office, we perform over 2000 endoscopies per year. Colonoscopy is a test that looks at the lining of the colon and rectum to ensure it is free from any problems. In most cases, the colonoscopy is done with light anesthesia under supervision of an anesthetist. If requested, the colonoscopy can also be performed without anesthesia.

C SURGERIES

As longtime experienced surgical coloproctologists, we perform modern surgery procedures according to the latest international standards for each disease.

Hemorrhoids:

We are proud that of the more than 2000 patients, who introduce themselves in our medical office each year, we only perform surgery on less than 10% to gain complete freedom from symptoms. Applied are methods such as the Stapler-hemorrhoidopexy by Longo, the Stapled Trans Anal Rectum Resection (S.T.A.R.R.) or the especially gentle open hemorrhoidopexy, developed by Dr. Pakravan himself.

Rectal prolapse:

In the case of a complete rectal prolapse, a more invasive abdominal procedure can be prevented by our new surgery methods such as the Transtar surgery or the Perineal Stapled Prolapse resection (PSP). During these minimally invasive procedures, the rectal prolapse is resected completely from the anus with a stapler.

Anal abscess / -fistula:

In more than 200 cases per year, we perform surgeries including occlusion and the application of an eco-design or a synthetic bio-absorbable fistula plug to prevent injuries of the sphincter muscles.

Fissure:

This diagnosis is, in addition to hemorrhoid problems, one of the most common proctologic complaints. Conservative therapy is effective in treating 90% of fissures. Surgery is necessary only 10% of the time.

Incontinence:

Although conservative therapy without surgery is prioritized, we do perform surgical procedures, based upon the cause of the incontinence, such as the sacral nerve stimulation (SNS). SNS is the stimulation of the nerves that control the sphincter muscles and therefore bowel control through the implantation of a neurotransmitter. This procedure has been successfully and regularly performed by us since 2006.

Inflammatory bowel diseases:

Especially in the case of an anal attack of Crohn's disease, specific surgeries are performed. However, the complete activity of the disease is observed and taken into consideration before surgery is indicated.

All other proctologic surgery methods such as tailbone fistulas (i.e. Pit Picking), condylomata or anal tumors can be performed either ambulant or, if indicated, stationary.

