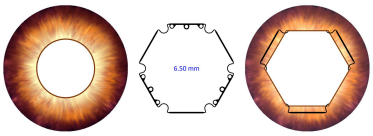
B-HEX®, B-HEX® 2.0 & B-OCTA™ 8.00

Usage Guide With Curated Video Links

Updated as of Mar 30, 2026 **US FDA Regd.**

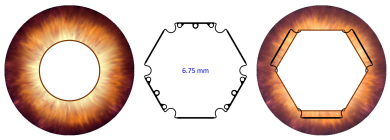
Overview

The globally patented and trademarked **'B-HEX®', 'B-HEX® 2.0' & 'B-OCTA™ 8.00' Pupil Expanders** (Formerly **Bhattacharjee Rings**) used with the **'B-HEX® 23 G Forceps'**, mechanically dilate the pupil transiently to allow the surgeon a good view for safe cataract surgery. The hair-thin (75 - 125 micron) devices are very gentle on the iris. Be it **PHACO** or **MSICS** Surgery, there is a **Pupil Expander for Every Surgeon & Every Situation**.



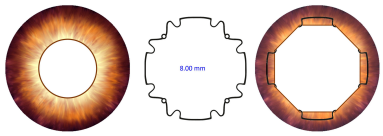
Easy for Surgeons

The soft flexible devices are easily inserted, engaged and removed using the 'B-HEX 23G Forceps'.



Safe for Patients

The hair-thin devices are very gentle on the iris and do not obstruct the Phaco probe, Instruments or IOL Injector.



Affordable for All

At a fraction of the cost of other rings, these are very affordable for Patients & Healthcare systems.

B-HEX & B-OCTA are different!

The resiliently flexible devices are one tenth the thickness of other devices. The ergonomically designed 'B-HEX 23G Forceps' allows complete control at the site of action under direct visualization. The B-OCTA is the only pupil expander specifically designed for MSICS. The Extra Large XL 8.00 mm resting diameter and the ability to expand further to 8.75 mm on demand during nucleus prolapse, makes it uniquely suited for MSICS.

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Med Invent Devices Pvt. Ltd.

Invented by One !

Suven Bhattacharjee

Developed by All !

Their unwavering support and teaching has enabled eye surgeons perform safer surgery with better outcomes in Cataract with Small Pupil.

Ajoy Paul

Anagha Heroor

Anant Vir Jain

Anujeet Paul

Arup Bhaumik

Ashesh Gala

Ayan Mohanta

David Chang

Debdulal Chakraborty

Deepak Megur

Deepak Edward

J S Titiyal

John Davis Akkara

Kamal B Kapur

Kasu Prasad Reddy

Madhuri Dixit

Mathew Kurian

Michael Henry

Mihir Patel

Minu M Mathen

Naveen M

Neto Rosatelli

Nidhi Patwardhan

Nilesh Kumar

Partha Biswas

Pradip Mohanta

Raju Sampangi

Rishi Swarup

Sabyasachi Sengupta

Salim Pathan

Shalabh Sinha

Soosan Jacob

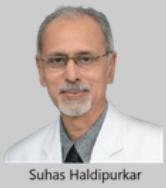
Sourabh Patwardhan

Sri Ganesh

Sudeep Das

Sufiyan Ahmad

Sugato Paul



Suhas Haldipurkar

Sunil Thangaraj

Vijayalakshmi

Vineet Ratra

Zain Khatib

Device Selection At a Glance

For **PHACO**	For **PHACO**	For **PHACO**	For **MSICS**
Elastic Pupils	Elastic or Rigid Pupils	Hard Cataracts, IFIS	Large Nucleus Prolapse
Thinnest & Easiest	Thicker & Larger	XL Pupil Expansion	XL Pupil Expansion
B-HEX® 6.50 mm	**B-HEX® 2.0** 6.75 mm	**B-OCTA™** 8.00 mm	**B-OCTA™** 8.00 mm

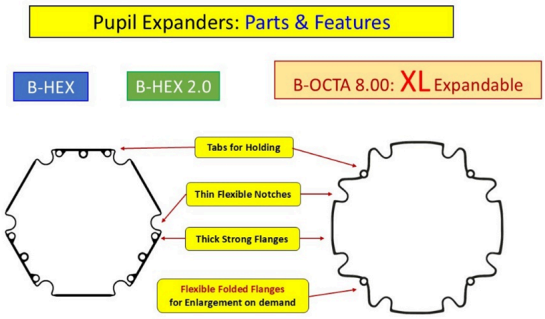
Device Stocking Guidance & Tips

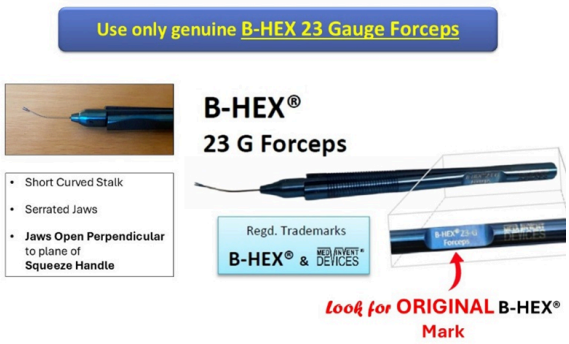
PHACO ONLY Surgeon:	**PHACO & MSICS Surgeon:**	**MSICS ONLY Surgeon:**
Stock **More B-HEX 2.0**, Few B-HEX, Few B-OCTA	Stock **More B-HEX 2.0 & B-OCTA**, Few B-HEX	Stock **B-OCTA Only**

Absolute Rules Follow Religiously

Watch relevant videos before first use B-HEX & B-HEX 2.0 Videos Page B-OCTA Videos Page

- Identify ELASTIC vs RIGID pupil immediately after paracentesis.
- Keep AC slightly under-filled to allow anterior iris bowing.
- Inject viscoelastic under iris at least once before tucking flanges.
- Mature Intumescent Cataracts - Inject viscoelastic under iris before every flange tuck.
- Use only genuine 'B-HEX® 23 G forceps'. Made of Titanium & Autoclavable
- DO NOT reuse B-HEX/ B-OCTA. Altered Shape/ Strength leads to Underperformance!





Essential Instrument	**B-HEX® 23 G Forceps** (Use Genuine only)

- Titanium, reusable, non-sterile forceps. Autoclave/ ETO sterilize before use
- Short curved stalk; jaws open **perpendicular** to squeeze handle
- Designed for precise flange control at the **site of action**

Care of B-HEX 23G Forceps. Video

Do not use vitreoretinal forceps. Their long shaft makes them unsafe, unwieldy and damage-prone in the anterior chamber.

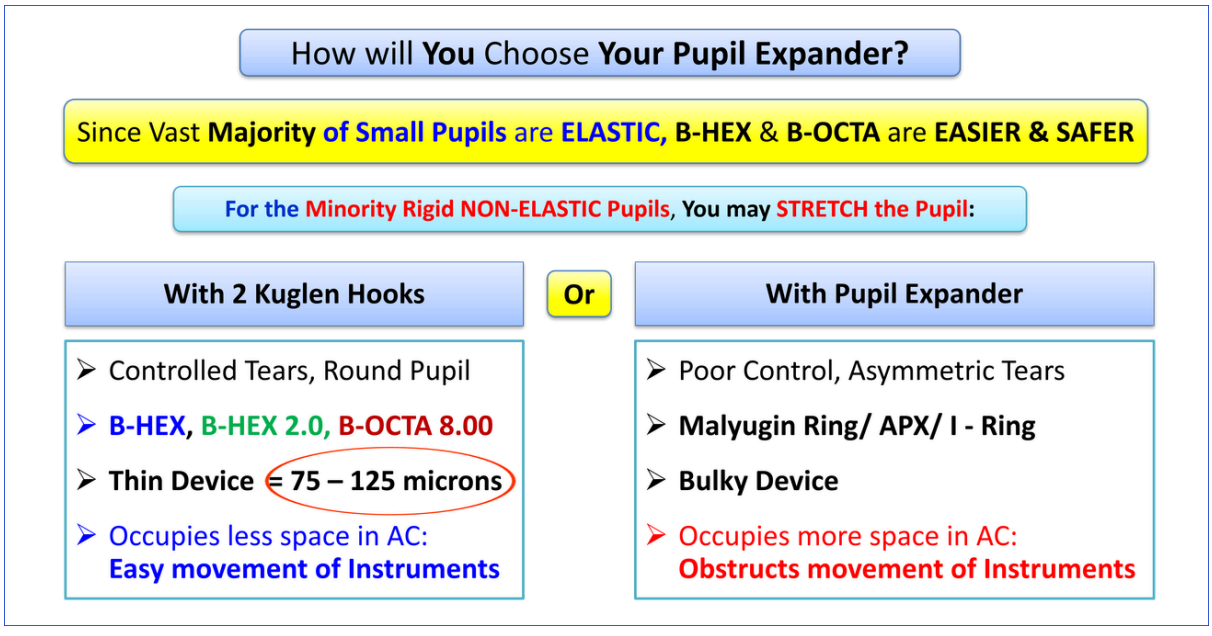
Identify	**ELASTIC** from **RIGID** Pupil

Elastic Pupil: Expands momentarily with BSS/ RL inflation of AC and snaps back. Rubber-band behaviour.

Rigid Pupil: Minimal enlargement, fibrotic and tearable. String-like behaviour.

If RIGID and < 4 mm → Perform **bimanual stretch** before engaging expander.

Distinguish Rigid from Elastic Pupil. Video



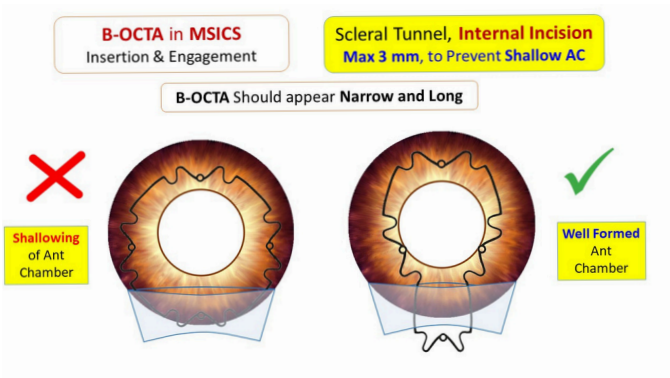
Pre-Stretching is Required for Small minority of Rigid Pupils

Elastic Vs Rigid Pupil B-HEX Rigid Pupil with PXF B-HEX RIGID Pupil

Preparation Incisions

For Phaco: Make Side-Port & Main Incision as usual

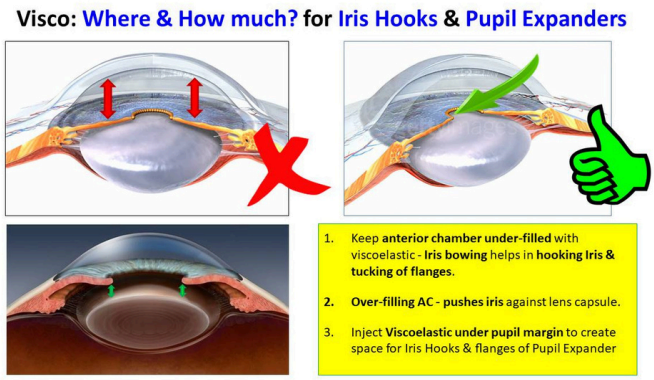
For MSICS: Open Internal Lip of Tunnel **only to 3 mm** till B-OCTA is fully engaged - prevents AC from shallowing during insertion & tucking.



Stepwise Incision enlargement in MSICS

Preparation Anterior Chamber

- Keep AC slightly under-filled to allow anterior iris bowing.
- Inject viscoelastic under iris to create space.
- For Mature Intumescent Cataracts, Inject viscoelastic under iris before every flange tuck.



Preparation Removing Device from Housing

For B-HEX: Advance ring **without removing the Lid.** A drop of HPMC may be placed on the visible flange.

For B-OCTA: Twist anticlockwise and **remove the transparent lid** of the housing.

Preparation Synechiolysis

Synechiolysis, B-HEX , Synechiolysis, B-HEX ,

Preparation — Rigid Pupil ≤ 4 mm : Stretch bimanually

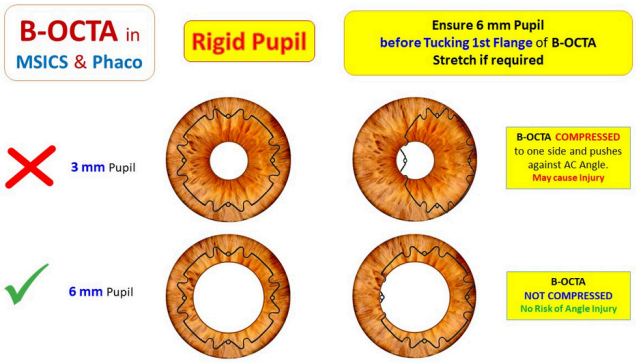
- The thin profile B-HEX & B-OCTA are not strong enough to tear the fibrotic rigid pupil.
- If a Rigid pupil is not stretched prior to the engagement of B-HEX/ B-OCTA:
  - Either, tucking flanges is difficult. Device moves to a side after 1st flange is tucked
  - Or, the B-HEX/ B-OCTA buckles resulting in a smaller expanded pupil.
- Rigid Pupil ≤ 4 mm: Convert to expandable; Bimanual stretch with 2 Kuglen or Y hooks
- **Stretch to: 5 mm** for B-HEX & B-HEX 2.0, **6 mm** for B-OCTA. Do Not Overstretch
- Fibrotic membrane at pupil margin may be dissected and removed with a Microforceps
- Bimanual Tucking of Flange: While holding the flange with the forceps, a Kuglen hook from opposite side is used to retract the pupil and facilitate tucking of the flange.

Pupil Stretch

Pupillary Membrane Removal

Bimanual Tucking B-HEX

B-OCTA 4th Flange Difficulty



Preparation — Trypan Blue Staining of Capsule

- Inject Trypan Blue before using any viscoelastic with or without Air in Anterior Chamber
- Inject the dye under the Iris and over the visible capsule.
- Wash off dye from under Iris and AC with RL/ BSS making sure all the dye behind the Iris has been removed. This ensures Trypan Blue doesn't repeatedly emerge from under the Iris obscuring the field during capsulorhexis.
- Inject viscoelastic under the Iris and a little in AC over Iris.
- Now, insert and engage the Pupil Expander.
- If Staining is inadequate: Apply Trypan Blue in a 'Painting manner' under Viscoelastic.

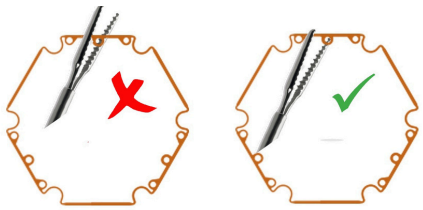
Trypan Blue Staining in B-HEX Surgery

Preparation — Using the B–HEX Forceps

Enter with closed Jaws. **Open** just before holding flange

Hold Tab of Flange with **Tips of Jaws**

If held with the middle, the tips of jaws may negotiate the pupil margin, while the flange on sides of the jaws may get stuck. Important when used after Capsulorhexis



Technique **Insertion** of B-HEX or B-OCTA

- A 1.5 mm incision is adequate for inserting the B-HEX or B-OCTA
- Grasp the leading flange with B-HEX Forceps keeping the shaft anterior to the device
- Advance device into AC till opposite angle. Release device. Withdraw forceps
- The entire device may or may not be in the AC in a single pass depending on the size of the device and the size of the eye (WTW).
- If required, grasp the trailing flange with the forceps and insert it into the AC
- Ensure that the entire device is in the AC before starting to tuck the flanges

5 Steps for B-HEX (Megur) , B-HEX Steps (Kapur) , B-OCTA Steps (Megur)

Technique **Tucking Flanges** of B-HEX or B-OCTA

- Do Not tuck the leading flange while advancing the device into the AC
- Do Not start tucking flanges till the entire device is inside the AC and on the Iris
- Before tucking, **plan the incision** & **the hand** to be used **for Forceps entry** to tuck each flange. You may prefer to leave the last flange for the dominant hand
- **Place OVD under the iris** to lift off the pupil margin.
- Hold the tab of the flange and draw it centrally to clear the pupil margin
- Use gentle **pronation** and **supination** of the forearm to **engage the notch on either side** of the flange, **one notch at a time**.
- After a flange is tucked, without releasing, lift and push the flange radially away from the centre to the periphery. This makes the other flanges more accessible for tucking.
- **Two Flanges may be tucked using the same incision** without removing the Forceps
- **Safe Tucking of Flanges:**
  - **Mature/ Hypermature cataracts:** Visco under Iris before every flange is tucked
  - Hold Tab with tips of the B-HEX Forceps Jaws - Safety & tucking advantage
  - While tucking, engage notch and lift flange anteriorly - least trauma to the capsule.
  - Do Not forcefully rub or drag flange and forceps jaws over the anterior capsule.

Capsule Tear during Flange Tuck

- **Difficulty in tucking last flange:** When a rigid pupil has not been adequately stretched prior to engagement of the device. R**emedy: Bimanually stretch the unengaged part of the pupil** with 2 Kuglen hooks.

Pupil Stretch in Partially engaged B-HEX-Video 1 , Video 2

- **Poor Visibility of last flange:** Dense arcus senilis, small eye or unstretched rigid pupil may result in the last flange being obscured. **Remedy:**
  - **Push the engaged flange(s)** with a Kuglen hook to the periphery so that the unengaged flange(s) move centrally
  - Use a bimanual technique to either retract the Iris or push the last flange centrally with a Kuglen hook

Bimanual Tucking B-HEX , B-OCTA 4th Flange Tucking Difficulty

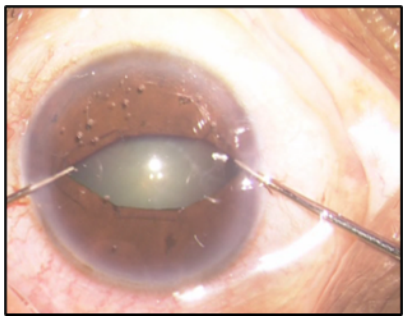
Situation	**Buckled B-HEX or B-OCTA** – Safe Stretching

Buckled B-HEX or B-OCTA: Due to compressive force of a rigid pupil when the device is fully tucked without adequate pre-stretching. Results in a smaller than expected pupil expansion.

Remedy: Stretch 'Pupil - B-HEX complex'

B-HEX Fully Engaged – Pupil Stretch 1

B-HEX Fully Engaged – Pupil Stretch 2



To avoid damage to Partially/ Fully engaged B-HEX/ B-OCTA while Stretching:

- Apply the Kuglen hook/ Y Hook at **diametrically opposite Notch-Flange Junctions** or the available **Free Pupil Margin**
- **Do not over-stretch** beyond the overall circumference of the device. The device will either get deformed or break.
- Remember, the Pupil can be stretched but the B-HEX or B-OCTA cannot be stretched.

Situation	Tuck one Flange, other Flange disengages

- When a flange was only **partially tucked**, it gets disengaged when the next flange is being drawn centrally for tucking.
  - **Remedy:** Confirm that the flange is securely engaged at the notches on both sides every time a flange is tucked under the Iris.

Partial Tuck - Disengagement

- **Also happens** if the device is used in a **larger pupil to start** with or when the **pupil dilates** during the surgery.
  - **Remedy: Stroke Iris with a second instrument** to make the pupil smaller

Situation	Adjacent flanges under the Iris – **Act Immediately!**

- **Immediately grasp the next flange anterior to the iris** with the B-HEX Forceps and draw it centrally. This untucks the hitherto tucked flange(s).
- Proceeding with tucking other flanges at this stage can worsen the situation as shown in the videos below. See **Prevention & Remedy:**

Adjacent **First 2 Flanges** gone under Iris - Prevention & Remedy

Adjacent **Last 2 Flanges** gone under Iris - Analysis & Remedy

- **Entire B-HEX/ B-OCTA ring slips under the iris: How to retrieve?**
  - Draw pupil margin to one paracentesis with a Kuglen hook
  - Grasp visible flange with forceps, untuck and anteriorize the whole ring

Situation	Eye Ball rotates out of the Operating Field

Fixate the globe with a side port instrument: This prevents the eye from rotating out of the field during movements caused by the insertion and removal of the B-HEX Forceps.

Situation	Prominent nasal bridge or deep-set eye

- This may lead to difficult access to the paracentesis
- Rotating the eye in the direction opposite to the paracentesis either manually or by asking the patient to turn the eye, helps in gaining access.

Situation	Adherent Leucoma

Because the B-HEX & B-OCTA are thin planar devices, one flange can be tucked under the Iris where it is adherent to the cornea and the rest of the device will remain safely away from the cornea.

B-HEX (1st Gen) in Adherent Leucoma

Alternately the Iris may be released from the Cornea and then the B-HEX may be used.

B-HEX in Adherent Leucoma

Situation	**Hard Cataract** Phaco: B-HEX, B-HEX 2.0 or B-OCTA?

When using the B-HEX, **Chop the Hard nucleus into small quadrants** and a 5.5 mm pupil expansion will be quite adequate.

The **B-HEX** provides a **5.5 mm pupil** with the **assurance that it will not get any smaller**

Hard Cataract, B-HEX - Phaco , PXF, Hard Cataract, B-HEX - Phaco

If required, the **B-HEX 2.0** provides a slightly **larger expanded pupil** (5.75 - 6.0 mm)

And the 8.00 mm **B-HEX OCTA** provides a **much larger expanded pupil** (7.25 mm)

Hard Mature, Intumescent Cataract, B-OCTA - Phaco

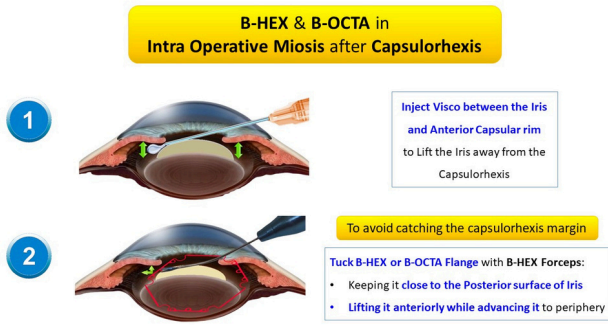
Situation	**Toric IOL** & Pupil Expander

Adequate pupil expansion is mandatory for visualization and alignment of the Toric marks on the IOL. A **pupil expander may be used at any stage of the surgery** to ensure safer and better outcomes

B-HEX 2.0 for Toric IOL , B-HEX after Phaco & before Toric IOL Implantation

Situation — **Intraoperative Miosis** after Capsulorhexis

- Inject OVD between the anterior capsular rim and Iris to create space
- Tuck flanges and lift anteriorly and advance to periphery
- **No resistance**: Instant confirmation that capsulorhexis is not engaged.
- **If resistance:** Capsulorhexis is engaged: withdraw flange, re-tuck



Why are B-HEX & B-OCTA Safer than other devices After Capsulorhexis?

Looking through the microscope, **for the B-HEX & B-OCTA**, **the gaps or notches that engage the pupil margin are directly visible** from a top view. Whereas, the gaps in the 'scrolls' or 'pockets' of 'other pupil rings' are on the sides of the device and are not directly visible and are difficult to engage to pupil margin.

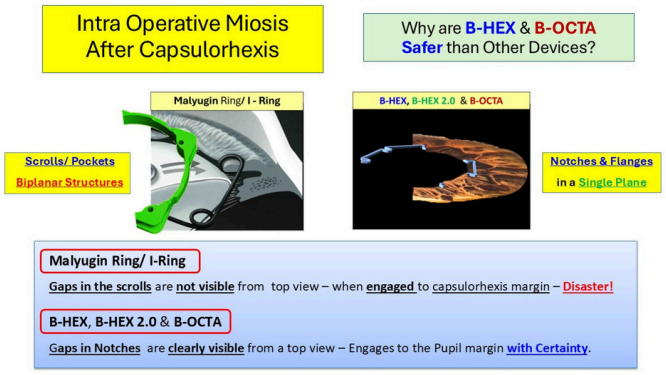
IntraOp Miosis , B-HEX

IntraOp Miosis, B-HEX

IntraOp Miosis, B-OCTA

IntraOp Miosis, B-OCTA

FLACS - IntraOp Miosis



Situation — **IFIS** (Intraoperative Floppy Iris Syndrome)

B-HEX & B-OCTA provide a **constant pupil size** for adequate visualization and safe phacoemulsification. Though it depends on the severity of IFIS, **Iris prolapse can be minimised by using the larger B-OCTA**

B-HEX for IFIS , B-HEX for IFIS , B-HEX for IFIS , B-OCTA for IFIS

The B-HEX & B-OCTA with a low vertical profile allows a lot of room for instrument movement despite a floppy billowing iris. **Removal through a 1 mm side-port incision** can be invaluable when the Iris is prolapsing from the main and side-port incisions.

Technique	**Phaco surgery** in the presence of B-HEX or B-OCTA

The B-HEX & B-OCTA are thin and flush with the Iris. Their presence in the AC is hardly felt. Keep Capsulorhexis margins within the expanded pupil and Phaco technique as usual.
For Hard cataracts, if using B-HEX or B-HEX 2.0, ensure nucleus is chopped into small fragments which can be easily delivered out of the capsular bag and emulsified.

Situation	Phaco Tip pushes and Untucks flange

Prevention: Deepen the AC by injecting visco before inserting the Phaco probe.
Remedy: remove the Phaco tip and reengage the untucked flange using the B-HEX Forceps. Though **it may be possible to 'get away'** with the pupil expansion provided by only 2 tucked flanges (for B-HEX & B-HEX 2.0) or 3 tucked flanges (for B-OCTA), it is recommended that all alternate flanges remain tucked at all times.

Technique	**IOL Implantation** with B-HEX or B-OCTA

Place the trailing haptic into the capsular bag in a single pass without contacting the 'Ring-pupil margin complex'.

Single motion IOL Delivery in presence of B-HEX

Situation	**Trailing haptic** not delivered in Bag

CAUTION: Pushing the trailing haptic against 'ring-pupil margin complex' may dislodge the B-HEX or B-HEX 2.0 into the retro-iris space or capsular bag.

Push the trailing haptic in the IOL plane causing flexion of the opposite (leading) haptic-optic junction against the equator of the bag. This creates room for the trailing haptic to pass without contacting the 'Ring - pupil margin complex'. The devices are so thin and flush with the iris that they does not come in the way of the trailing haptic as it is dialled into the bag.

Trailing Haptic 1 , Trailing Haptic 2 , Trailing Haptic 3

Situation	**B-HEX Entangled with IOL & Dislodged in Bag**

CAUTION: Since the B-HEX ring is not holding or pinching the pupil margin, it is possible to dislodge it into the retro-iris space or capsular bag while manipulating the trailing haptic.

Remedy: Visualize the ring, hook it with a Kuglen hook and **cut it and draw it out of the eye**.

B-HEX Entangled with IOL & Dislodged in Bag - Cut & Remove

Technique — **B-OCTA** for **MSICS** (Manual Small Incision Cataract Surgery)

- **Stepwise Enlargement of internal lip of incision for B-OCTA**: See Page 5.
- **Open Internal Lip of Tunnel only to 3 mm** till B-OCTA is fully engaged. This prevents AC from shallowing during insertion & tucking.
- Use the wide pupil expansion provided the B-OCTA to create a large capsulorhexis or capsulotomy
- **To prolapse the nucleus into anterior chamber**, use a **Bimanual Cartwheeling technique** with two Sinskey hooks. This ensures that the B-OCTA is not dislodged.
- The 8.00 mm B-OCTA is **further expandable to 8.75 mm** by straightening of the curved flanges during prolapse of the nucleus into the anterior chamber.
- Use the wide pupil expansion provided the B-OCTA to aspirate the cortex thoroughly and then safely implant the IOL of your choice

B-OCTA for SICS 1 , B-OCTA for SICS 2 , B-OCTA for SICS 3 ,

B-OCTA for SICS 4 , B-OCTA for SICS 5

Technique — **B-HEX** in Glaucoma **Tube Shunt**

The thin B-HEX can be easily maneuvered around the Tube shunt to obtain an expanded pupil and perform a safe Phaco surgery.

B-HEX in Tube Shunt

Technique — **B-HEX** in **Vitreo-Retinal Surgery**

- Place **Infusion port first** in combined **Phaco-Vitrectomy**.
- Insertion, engagement and removal of B-HEX are the same as in Cataract Surgery.
- Hydrate Corneal entries well at completion of Phaco and prior to starting VR procedure
- Proceed with VR surgery as per plan.
- Complete all VR procedures before removing the B-HEX.
- **During removal** of the B-HEX, inject viscoelastic, reduce the infusion pressure to around 12 - 15 mm Hg to prevent forward displacement of the lens iris diaphragm.
- Side-port for removal should not be more than 1mm size to prevent AC collapse.
- Remove with a B-HEX 23 G forceps only.
- Check IOP after removal of B-HEX.
- Ensure adequate fill of Silicon oil / gas at completion

B-HEX in Phaco Vitrectomy

B-HEX in Retinal Surgery

Technique — **Removal** of B-HEX or B-OCTA

Since the B-HEX & B-OCTA are very light and float in BSS, it is **easiest and safest to remove it in the presence of viscoelastic.**

- **Main Incision Removal:**
  - **Easiest Technique - Disengage 2 notches**
    - Pass the B-HEX Forceps through the main incision to grasp the flange anterior to iris and closest to the incision.
    - Move this flange centrally to disengage the two notches at both its ends.
    - **Draw the ring out without attempting to disengage the other notches.**
    - Trailing notches disengage spontaneously and the other flanges are untucked too
  - **Alternative Technique:** The **ring may be fully disengaged** by untucking all flanges and then drawn out of the eye
- **Side-Port Removal**:
  - **Grasp a flange Notch junction** anterior to the Iris and close to the side-port with B-HEX Forceps
  - Move flange centrally to disengage the two notches on either side of the flange
  - Ensure the two notches on either side of the flange are completely disengaged
  - Draw the ring out slowly
  - Trailing notches disengage spontaneously and the other flanges are untucked too
- **Hydro Explantation:** The abovementioned techniques may be used with Irrigation too
  - **Must keep the following in mind**
  - Reduce the infusion to minimum (Just enough to keep AC formed) so that there is no turbulence as the B-HEX is disengaged from the Iris.
  - A flange should be firmly grasped with the Forceps while the B-HEX is being disengaged.
  - Otherwise, if the ring is free floating in the anterior chamber, it can spin and move around uncontrollably.
  - Attempting to remove the ring under irrigation **can lead to iris prolapse through the main incision, especially in IFIS.**

B-HEX Removal, Main & Side Port incisions

Fully disengage B-HEX & Remove , B-HEX Removal Various Techniques

Situation — **Iris Prolapse** during Removal of B-HEX or B-OCTA

If the notches on both ends of the flange are not completely disengaged, it will hook the Iris causing it to prolapse.

Removing Partially disengaged B-HEX – Iris Prolapse

Maintenance — Care of 'B-HEX 23G Forceps'

1. **Autoclavable Cap:** The reusable Titanium B-HEX 23 G Forceps comes either with an autoclavable plastic truncated cone shaped cap or a metal cylindrical cap. **The White Teflon cap is autoclavable.**
2. **Capping:** The **narrow end** of the Funnel like plastic cap is **slid first over the jaws and shaft of the forceps** . Reversing the cap will make it loose fitting and the forceps will slip through and get damaged.
3. **Cleaning:** Damage due to residual viscoelastic which gets caked inside the tubular stalk is common. After use, the forceps is to be **dipped in demineralized or distilled water for 15 minutes** followed by repeated squeezing of the handle so that any residual viscoelastic is removed. It may be cleaned in an ultrasonic bath too. Dry the forceps well before sterilization.
4. **Storing:** The titanium **forceps is to be placed with the cap in the Sterilizing tray** with silicon mat separate from other metal instruments. Ensure that there is no movement or rubbing against other instruments.
5. **Educating & Training Staff:** You must watch the following **YouTube video** and **share** it with **every staff/ team member who touches the forceps.**

Care of B-HEX 23 G Forceps

Maintenance — Capping of 'B-HEX 23G Forceps'

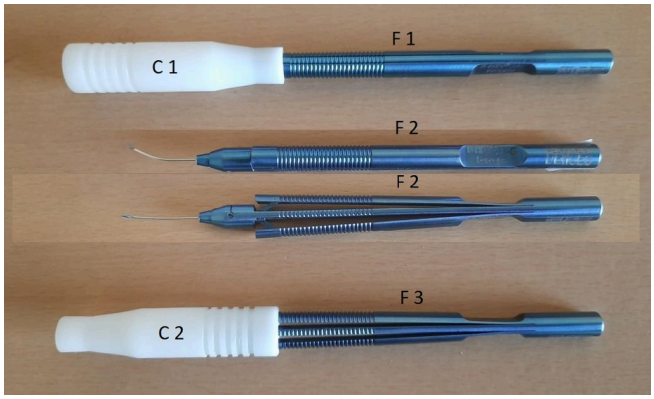
C 1: Correct way to Cap

F 1: Correctly capped forceps

F 2: Forceps **Rotated view** showing curved Shaft

F 2: Forceps **Straight view** **Curved Shaft appears Straight**

C 2: WRONG way to Cap



- Handle is squeezed to close the jaws and the **narrow end of the plastic cap is slid first** over the jaws and tubular shaft
- Handle and the Jaws remain closed preventing damage during capping and storage
- The wider part of the part of the cap accommodates the curved tube and delicate jaws
- **There is NO STRAIGHT B-HEX Forceps.** There is only one design
- **F2** shows **2 views of the same Forceps** to indicate the curve in the tubular shaft

C 2 is the WRONG way to Cap because:

- It covers the jaws but **fits loosely** and leaves the squeeze handle and jaws open (F 3)
- The **Jaws get damaged** by rubbing against the narrow part of the Cap **(F 2 & F 3)**

Learn & Teach	B–HEX, B–HEX 2.0 & B–OCTA

Watch videos, share experiences and join discussions on:

- Small Pupil & IFIS
- Iris Hooks
- B-HEX, B-HEX 2.0 & B-OCTA
- Other Pupil Expansion Devices

Click here to Join B-HEX B-OCTA Learning Group

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Purchase	**B–HEX, B–HEX 2.0, B–OCTA & B–HEX Forceps**

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