

# The Keller Funnel™: Does it Hold Up to its Claims?

James C. Grotting, MD; William J. Vinyard, MD, Birmingham, AL  
Southeastern Society of Plastic & Reconstructive Surgeons  
June 12-14, 2010; Palm Beach, Florida

## Background

The Keller Funnel™ is a relatively new product that makes claims that it:

1. Employs no-touch delivery technique
2. Decreases surgery time and physician fatigue
3. Limits local stress on implant shell which may lead to rupture
4. May reduce incision lengths
5. May lessen trauma to patient tissue

**OBJECTIVE:** To test this device and report our clinical experience to determine if the claims are valid.

**METHODS:** The Keller Funnel™ was offered to each of our breast augmentation patients requesting silicone gel implants with the explanation of the product claims and additional costs. The device was used according to the instructional video provided on the manufacturer's website. Our experience was noted with the use of this device and compared with the manufacturer's claims.

**RESULTS:** 12 patients underwent BA with the use of the Keller Funnel™ over a 6 month period (July 2009-December 2010). The technique requires a short learning curve. Our experience is compared with the manufacturer's claims in Table 1:

**Table 1**

Product Claim	Our Experience
Employs no-touch delivery technique	Agree; unless you need to modify the pocket or position of implant
Decreases surgery time & physician fatigue	Agree: once the short learning curve is achieved
Limits local stress on implant shell	Unable to verify claim with our experience
May reduce incision lengths	Agree: incision lengths may be shortened to 3.0 cm

May lessen trauma to patient tissue	Agree: much less retraction is required to place the implant into the pocket
-------------------------------------	--

## Conclusions

The use of the Keller Funnel™ appears to help reduce the potential of biofilm by allowing a true “no-touch” technique. However, the technique requires a short learning curve for implant insertion. The pocket dissection should be completed prior to implant placement to resist from touching the implant. The incision lengths and surgery time can be shortened and the implants can be placed with less fatigue and patient trauma. Our clinical experience does not provide objective data regarding local stress on implant shell but the manufacturer has reported data supporting this claim.