

EXPOSURE

SurgiQuest Quarterly Newsletter

Volume 1, Issue 1, January 2014



Fast Becoming the New Standard of Care in Bariatric Surgery!

During the last week of November, 66 AirSeal® Bariatric procedures were performed at HAMAD MEDICAL CORPORATION HOSPITAL in Doha, Qatar by the HMC bariatric surgical team and visiting surgeon, Dr. Helmut Billy from Ventura, California. From an anesthesia perspective, Bariatric patients are often the most difficult to manage due to the many co-morbidities often possessed by the obese patient population. Observable benefits associated with the AirSeal Platform, such as stable pneumoperitoneum, continuous smoke evacuation, less CO₂ absorption, improved operating efficiencies and less time

under anesthesia, have made the AirSeal System ideal for this patient group. Dr. Billy, who started his residency in anesthesia before switching to his surgical specialty, stated, "The AirSeal platform seems to offer a more gentle approach to insufflation which should make anesthesia ventilatory management easier. Also, during surgery, I noticed a more compliant inflated abdomen, facilitating hand instrument maneuverability without compromising visibility."

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Less Pain

Late breaking data from Dr. Benifla at Trousseau Hospital in Paris demonstrated that operating with AirSeal at 7mm Hg in laparoscopic gynecology reduces both post-operative shoulder pain and medication use as well as intra-operative peak airway pressure and end-tidal CO₂.

See page 2 for further details.

Clinical Advantage

Preliminary IAP data from prospective randomized trial of AirSeal® vs. Conventional Insufflation in Laparoscopic Renal Surgery at University of California Irvine M.C. demonstrated unparalleled intraoperative stability.

See page 3 for further details.

Training Partnerships

AirSeal iFS units and disposables are now available for use in both da Vinci® EndoWrist® and Single-Site™ robotic training initiatives at Intuitive Surgical's state-of-the art facilities in Sunnyvale, CA, Norcross, GA and several key training centers in Europe.

Excellent Patient Results Drive Adoption

Over 100,000 AirSeal Procedures Performed to date
SurgiQuest products are currently SOLD in 28 Countries across the world
SurgiQuest has achieved 100% Sales Growth year over year



SURGIQUEST
Laparoscopy Without Limits



Letter from the CEO



Kurt Azarbarzin
CEO & Founder

It gives me great pleasure to introduce you to our inaugural issue of EXPOSURE, SurgiQuest's Quarterly Newsletter. As the CEO, I am constantly receiving update requests from customers, investors, industry partners and others on how we are doing as a company. This newsletter represents my desire to give each of you the latest news, quarter by quarter and express my sincerest gratitude for your support in helping get us to where we are today.

Surgeons and hospitals around the world are telling us that AirSeal® has become an essential tool for minimally invasive surgery by significantly reducing patient discomfort, operating room time, and hospital costs. Surgeons are reporting that AirSeal is enabling them to operate at lower intraabdominal pressures than ever before and anesthesiologists are finding that key ventilation parameters, including peak airway pressure and End-Tidal CO₂, are

lower than with conventional insufflation. Coupled with the unparalleled performance data of the AirSeal System, we are experiencing adoption I haven't seen since the early days of laparoscopic cholecystectomy.

Our ongoing commitment to surgeons, hospitals and patients is our most valuable asset, visible in our products and our people. Doing our job well means making minimally invasive surgery easier, safer and more cost-effective than ever before. In the next year, we will be building significant infrastructure, both internally and in the field, to support our projected growth and profit objectives.

I hope you enjoy this issue of EXPOSURE, the first of many exciting updates to come, and welcome your feedback on how we can make it better each quarter.

Late Breaking Data - Less Pain

Less Pain Medication, Improved Anesthesia Parameters, and Earlier Hospital Discharge?

Until recently, claims that the AirSeal® System enables less patient post-operative pain have been largely anecdotal. During this year's **42nd AAGL Global Congress on Minimally Invasive Gynecology**, held in November, 2013 at the Gaylord National Resort and Convention Center just outside Washington D.C., Professor Jean-Louis BENIFLA from Hôpital Armand TROUSSEAU Paris, France presented his abstract, **Laparoscopic Surgery at Low (7 mmHg) Pressure with AirSeal System**. The abstract showed for the first time how the AirSeal Platform reduces patient pain, medication use, peak airway pressure, and end tidal CO₂, and identified that AirSeal can be instrumental in reducing the patient's length of hospital stay.

Benign gynecologic laparoscopic surgery was performed at 7 mmHg intra-abdominal pressure with the AirSeal System which could not be duplicated with conventional insufflators due to loss of pneumoperitoneum; therefore, pressure with the conventional insufflator cohort was set at the standard 15 mmHg for half of the enrollees of the pilot study. "The AirSeal Technology is simply fantastique!" continued

Professor BENIFLA, "I believe that it will be instrumental to make outpatient hysterectomies a world-wide reality."

	AirSeal® 7 mmHg	Standard 15 mmHg	p- value
Max Peak Airway Pressure			
Median (range)	18 (14-35)	24 (17-31)	< 0.0001
End tidal CO₂ max			
Median (range)	36 (31-41)	40 (33-46)	< 0.0001
Max Systolic Blood Pressure			
Median (range)	115 (96-138)	129 (105-160)	0.002

	AirSeal® 7 mmHg	Standard 15 mmHg	p- value
NRS shoulder pain at H4 Médiane (Min-Max)	0.8 (0-7)	2.1 (0-8)	0.004
NRS shoulder pain at H8 Médiane (Min-Max)	0.7 (0-7)	2.6 (0-10)	0.002
NRS shoulder pain at H24 Médiane (Min-Max)	0.5 (0-6)	1.5 (0-6)	0.004
Consumption of morphine (%)	3/30 (10 %)	10/30 (33.3%)	0.028
Feel to be discharged?	14/30 (46.7%)	7/30 (23.3%)	0.058



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Clinician's Corner - From Skeptic to Champion



Jaime Landman, MD

Professor of Urology and Radiology
Chairman, Department of Urology
University of California
Irvine School of Medicine

Three years ago, I had the privilege of joining the faculty at the University of California, Irvine. While I had been doing complex renal surgery almost exclusively for over a decade, I still wanted to prove myself at UCI with a challenging laparoscopic partial nephrectomy as my first case. The surgical team, with whom I share a great deal of trust, started the procedure off well. However, I soon found myself struggling. We had a standard insufflator that was either

malfunctioning or unable to keep up. The field was collapsing and none of the standard techniques seemed to work. The complex partial nephrectomy was certainly not going well, and the patient's safety was at risk.

One of our fine fellows suggested that we use the SurgiQuest AirSeal® System. I was initially hesitant to the suggestion. After performing thousands of cases, I have become very specific on the laparoscopic equipment that I use; I only try out new equipment in the lab setting before I would consider using it in the operating theater. However, as things were deteriorating, I acquiesced to trying the new system. Within seconds it seemed that my fortunes had changed. The field was no longer oozy and the anatomy became visible again as the smoke cleared away. I was able to clamp the vessels, excise the tumor, and reconstruct a renal defect in a reasonable amount of time. The patient did very well. While this may not have been the most auspicious start to my use of the AirSeal System, it certainly made a huge impression on me. With this experience, I immediately understood and appreciated the value of the AirSeal System. Indeed, after hundreds of cases and a significant amount of data collected in our current research studies, I am now confident that the AirSeal system will soon become the new standard of care. I will

not perform laparoscopic procedures without it.

As an academic physician, I've had the great privilege of being involved in some superb research. One such research study is to compare the AirSeal with standard insufflation. While the study is ongoing, the interim analysis has already revealed dramatic advantages of the AirSeal device.

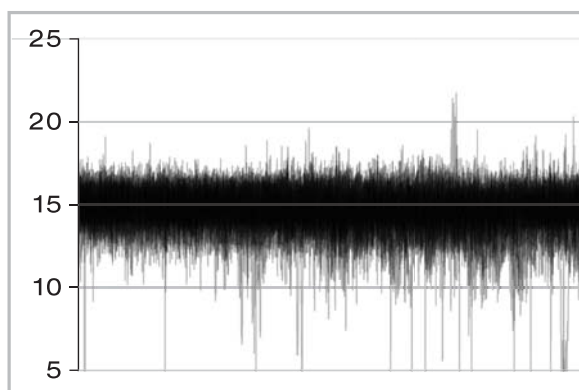
AirSeal maintains a stable pneumoperitoneum which achieves a level of safety and efficiency that had never been available to surgeons before.

While a standard insufflator operates outside of the 12 mm to 18 mm range 26% of the time, AirSeal operates outside of this range only 1.3% of the time. Further, it is even more impressive that AirSeal can maintain a stable operative field even during challenging situations such as a leaky trocar, an incision that is not closed entirely, or major defects in the field. Additionally, the ability to remove small specimens quickly and efficiently is another major advantage.

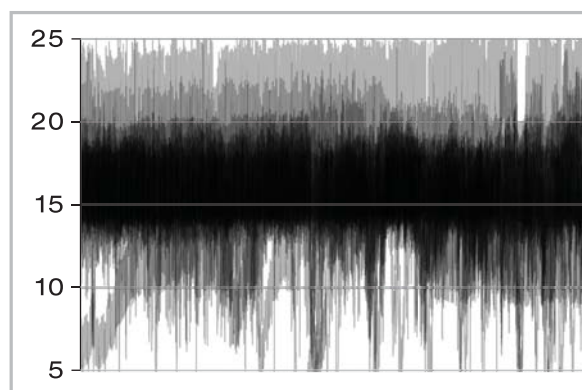
Overall, I can sincerely say that AirSeal is now a standard part of our armamentarium for all laparoscopic and robotic procedures at the University of California, Irvine. It is hard to predict where the greatest innovations will come from in the future, but it is clear to me that AirSeal is such an innovation that is here today.

Intra-abdominal Pressure (mmHg)

AIRSEAL®



Conventional Insufflation



Real-time measurement of intra-abdominal pressure (set to 15 mmHg) demonstrated significantly greater stability with AirSeal Insufflation versus Conventional Insufflation.



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Standard for Bariatric surgery - continued from front page

More and more astute bariatric surgeons routinely use the AirSeal® System to enhance patient outcomes. Just to name a few, the following world renowned bariatric surgeons use the AirSeal System to operate on metabolic challenged patients from all corners of the globe and have taken a leadership role to offer their patients only the very best:*

Dr. Marco Anselmino, Azienda Ospedaliero-Universitaria Pisana, Pisa, Italy
Dr. Gilles Chassot, Cinque des Grenettes, Switzerland
Dr. Michel Gagner, Bariatric and Metabolic Surgery Clinique, Montreal, Canada
Dr. Bijan Ghavami, Clinique La Source Lausanne, Switzerland
Dr. Jean-Marc Heinicke, Cinque Generale Beaulieu, Geneva, Switzerland
Dr. Kelvin Higa, Fresno Heart Hospital, Fresno, California
Dr. Jacques Himpens, University of Brussels, Brussels, Belgium
Dr. David Kerrigan, Countess of Chester Hospital, Chester, UK
Dr. Volker Lange, Schlosspark-Klinik, Berlin, Germany
Dr. Jean-Marie Mégevand, Hôpital de la Tour, Geneva, Switzerland
Dr. Dean Mikami, Ohio State University Medical Center, Columbus, Ohio
Dr. Brad Needleman, Ohio State University Medical Center Columbus, Ohio
Dr. Ninh Nguyen, University of California Irvine, Irvine, California
Dr. Phil Schauer, Cleveland Clinic, Cleveland, Ohio
Dr. Stephen Scott, Des Peres Hospital, St. Louis, Missouri
Dr. Martin Thurnheer, eSwiss Medical & Surgical Center, St. Gallen, Switzerland
Dr. Ihsan Inan, Cinique Generale Beaulieu, Geneva, Switzerland
Dr. Rudolf Weiner, Center for Minimally Invasive Surgery, Frankfurt, Germany

* Clinical references available upon request.

Recent Product Launches:

Bullseye connection mechanism for AirSeal Access System

8mm AirSeal Access Port

5mm AirSeal Access Port



If you have suggestions about something you'd like to see in future newsletters, please send us an email at exposure@surgiquest.com and we will do our best to accommodate your request.



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