

# EXPOSURE

SurgiQuest Quarterly Newsletter

Volume 1, Issue 3, September 2014



Giovanni Gravagno, European Manager and Dr. Luigi Angrisani, IFSO Society President

## Outstanding Performance in Worldwide Live Surgery

Over 3,000 participants from all corners of the world came together at recent major international Bariatric, Urologic and Gynecologic surgical conferences to discuss the latest advances within these specialties and to observe live cases. The surgical procedures were performed using the enabling AirSeal® Platform by key opinion leaders within their respective disciplines.

**International Federation of Surgery of Obesity and Metabolic Disorders (IFSO) 19th World Congress, August 26-30, Montreal, Canada**

Professor David NOCCA from the University of Montpellier, France experienced a significant “bleeder” during a complex, live gastric sleeve procedure. From Montpellier, he explained to the global audience that, “The AirSeal System has made the difference in preventing this laparoscopic procedure from converting to open surgery.” While attending the conference the following day, he enthusiastically explained how this difficult case “should make anyone a believer in the AirSeal System!” The next day, Dr. Laurent BIERHO broadcasted from Hôpital Laval, Quebec City. Throughout each case, he commented on the AirSeal System’s unparalleled ability to maintain pneumoperitoneum and evacuate smoke throughout the procedures, even when aggressive suction was applied.

**European Association of Urology (EAU) Robotic Urology Section (ERUS) 11th Congress, September 17-19, Amsterdam, Netherlands**

The ethos of ERUS has always been to present high quality, live urologic robotic surgery with practical instruction to a global surgeon audience.

Whenever a question pertaining to reasons for their use of the AirSeal System was presented, these leaders readily cited their experience of improved patient outcomes, increased hospital efficiencies and enhanced ease of performing urologic surgery without annoying disruptions.

The ERUS 2014 list of astute moderators, panelist and expert surgeons consisted of the “who’s who” of urology who are routine AirSeal System users. The list included:

T. AHLERING, Orange (US)	A. MOTTRIE, Aalst (BE)
W. ALKHUHAIR, Riyadh (SA)	D. MURPHY, Melbourne (AU)
W. ARTIBANI, Verona (IT)	V. PANSADORO, Rome (IT)
S. BHAYANI, St. Louis (US)	V. PATEL, Celebration (US)
P. DASGUPTA, London (GB)	D. PUSHKAR, Moscow (RU)
J. DAVIS, Houston (US)	C. H. ROCHAT, Geneva (CH)
M. DESAI, Los Angeles (US)	R. SHIROKI, Nagoya (JP)
M. S. KHAN, London (GB)	P. WIKLUND, Stockholm (SE)
A. R. KURAL, Istanbul (TR)	T. WILSON, Duarte (US)

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## Special New Product Edition

*The AirSeal® System benefits now available to robotic, single incision procedures. Dr. Terri Pustilnik comments on her experience with the new product, “When first performing robotic, single incision procedures it was virtually impossible to do because smoke impaired my visual field so badly, but, AirSeal completely corrected that obstacle. I tell people don’t even bother doing single site without The AirSeal System!”*

See page 2 for further details.

## Interview with an Expert

*Dr. Dwight Im discusses his experience in adopting robotics into his practice, overcoming challenges in robotic surgery and his new journey in Single-Site® Surgery.*

See page 3 for further details.

- Over 160,000 AirSeal System procedures have been performed to date.
- SurgiQuest products are now SOLD in 44 countries across the world.
- To support the significant demand for its products, SurgiQuest has DOUBLED the size of its domestic sales organization to cover the growing demand for the AirSeal System.
- The AirSeal iFS has recently received approval for distribution in China.



**SURGIQUEST**  
Laparoscopy Without Limits



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## New Product Launch

### Bringing the Value of the AirSeal® Platform to Robotic Single Incision Surgery

Available now, the newest AirSeal Access Port is specifically designed to address the unique challenges associated with robotic, single incision surgery.

Requested by and customized for the many surgeons who perform robotic, single incision surgery, the new AirSeal 5mm Access Port features a non-serrated, smooth cannula design with a distal and proximal anchoring component to secure the port within the da Vinci Single-Site® gel device throughout the procedure. The enhanced 150mm length is designed to provide adequate space for robotic arms to function with a wider range of motion. This innovative design delivers the AirSeal System's well-known benefits of stable pneumoperitoneum and continuous smoke evacuation to cutting edge robotic, single incision procedures.

#### What Surgeons Are Saying:

**Dr. Ricardo Estape**  
*Baptist Hospital of Miami*

"We have been using the new, special AirSeal 5 mm Access Port for several months now with Single-Site® surgery. It has completely eliminated our camera fogging problem and continues to provide the superior insufflation management we expect from AirSeal technology particularly during the proximal vaginal opening and instrument exchange. Placement is easy and very straightforward with the anchoring features. The longer cannula has certainly allowed for less bumping of the instruments."

### AirSeal 5mm Smooth Access Port w/ Blunt Tip, 150mm

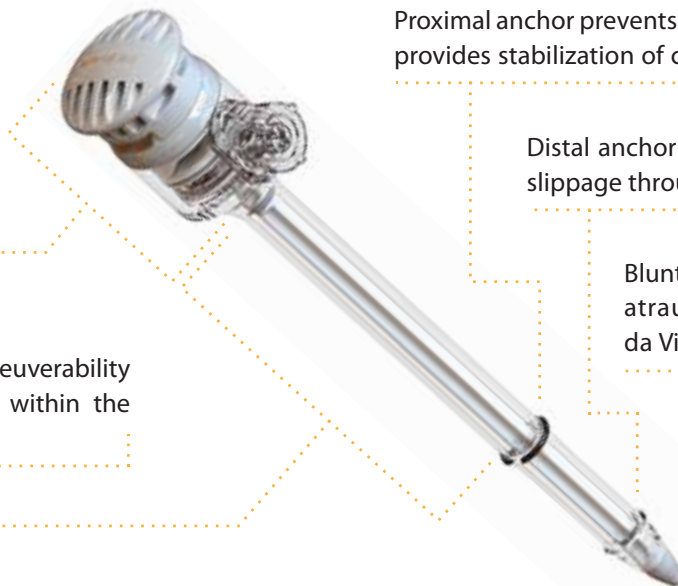
Integrates with the AirSeal iFS to deliver stable pneumoperitoneum and continuous smoke evacuation, even in extreme working conditions

Extended proximal length improves maneuverability for both robotic arms and instruments within the assistant port

Proximal anchor prevents over-insertion and provides stabilization of cannula in the port

Distal anchor prevents cannula slippage throughout procedure

Blunt-tipped obturator enables atraumatic insertion into the da Vinci Single-Site Port

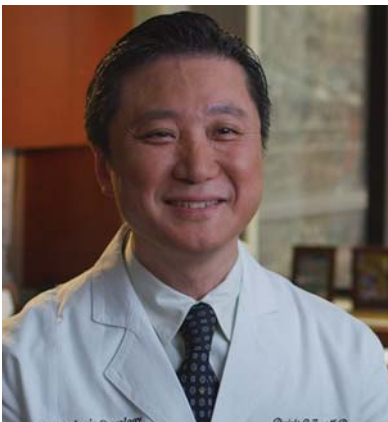


Patent Pending



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## Clinician's Corner - Interview with an Expert



### **Dr. Dwight Im, M.D. FACOG**

*Director of The Gynecologic Oncology Center, Director of The National Institute of Robotic Surgery, Mercy Medical Center Baltimore, MD*

*Dr. Im is board certified by the National Board of Medical Examiners and the American Board of Obstetrics and Gynecology. He has made numerous professional presentations on topics such as cervical and ovarian cancer, fallopian tube cancer, vaginal lesions, even breast cancer. Dr. Im has had many clinical articles and chapters published on such subjects as ultrasonic surgical techniques, primary lymphoma of the ovary and other issues relative to reproductive cancers. His interests include pelvic surgery and treating HPV.*

**SQ:** First, I'd like to thank you for your time today, Dr. Im. As one of the busiest robotic surgeons in the world, I know how precious every minute is to you. On the topic of robotic surgery, can you tell me a little about how you got started on the da Vinci® Surgical System?

**DI:** I was a late adopter of robotic surgery. I had been performing complex laparoscopic surgeries and frankly, wasn't sure robotic surgery would add much to my capabilities. Since adopting robotics in 2009, however, I've had an "all in" attitude and realized that I can do even more complex procedures on heavier and/or sicker patients than ever before. Since 2009, I have performed more than 2,000 robotic procedures and am doing more and more every year.

**SQ:** What are some of the challenges you still face in robotics?

**DI:** From early on in surgical residency, we all hear that surgery is all about exposure. In robotic surgery, maintaining exposure is all about maintaining pneumoperitoneum. When you lose your operative space, you lose your orientation, which can be hazardous in some surgical situations like identifying a key structure or controlling a bleeder. This is even more challenging in Single-Site® surgery since there are currently fewer degrees of freedom with the instruments so maintaining exposure is even more critical.

**SQ:** How has AirSeal made a difference for you in robotic surgery?

**DI:** Since incorporating AirSeal into my procedures in 2013, I have been able to operate without the fear of losing pneumoperitoneum, even when the vaginal cuff is wide open after colpotomy. In addition, AirSeal helps me get the most out of the 3D camera on the da Vinci System by keeping my visual field free of smoke and fluids that can sometimes obstruct key structures. AirSeal's built-in smoke evacuation works quite well but the fact that my assistant can use suction without losing pneumoperitoneum makes it even better, especially in Single-Site procedures where smoke evacuation occurs close to the camera. By using suction deeper in the cavity to clear away from the operative field, I rarely have to deal with camera cleaning delays caused by fluid build-up on the lens.

**SQ:** How has Single-Site surgery changed your medical practice?

**DI:** If you are going to be a minimally invasive surgeon, you have to go "all in." Operating through a single incision is less invasive than multiple incisions and with new technologies around the corner, I believe that a surgeon should do the least minimally invasive operation possible. That means making fewer incisions, operating at lower pressures, and minimizing the length of recovery whenever possible, all of which improve patient outcomes. I recently looked at my first 100 Single-Site procedures and compared them to my first 100 multi-port da Vinci procedures and found that there was no statistical difference between the two treatment modalities in operating time, outcome and complications. The patients did have less pain with the Single-Site procedures.



*Continued from page 1*

## **European Society for Gynaecologic Endoscopy (ESGE) September 24-27, 23rd European Congress, Brussels, Belgium**

The first-ever, live surgery was performed at ESGE and featured The AirSeal System. Professor Steven WEYERS from Ghent University Hospital performed a total hysterectomy in front of an amazed audience. The moderator, Professor Herman DEPYPERE, commented that he never had seen such a clear and consistent operating environment. Professor WEYERS discussed the anesthesia benefits resulting from stable pneumoperitoneum and the automatic smoke evacuation which created a "crystal clear" surgical view.

## **See AirSeal® System in Action**

### **Upcoming Conferences, Courses and Live Webcast:**

<b>Chesapeake Colorectal Society Annual Fall Meeting</b> – Residence Inn, National Harbor, MD	<i>October 1st</i>
<b>Abdominal Wall Reconstruction Course</b> – OSU, Columbus, OH	<i>October 3rd</i>
<b>UCLA Advanced Robotic Techniques in GYN Surgery</b> – Los Angeles, CA	<i>October 24th - 25th</i>
<b>ACS</b> – San Francisco, CA	<i>October 26th - 30th</i>
<b>AORN Western MA</b> – Castle of the Knights, Chicopee, MA	<i>November 1st</i>
<b>ASMBS</b> – Boston, MA	<i>November 4th - 6th</i>
<b>AAGL</b> – Vancouver, British Columbia	<i>November 17th - 21st</i>
<b>Society of Gynecologic Surgeons (SGS) Course in Advanced Surgery</b> – Celebration, FL	<i>December 3rd - 5th</i>
<b>Surgical, Pharmacological and Technological Advances in Urology</b> – New York, NY	<i>December 11th - 13th</i>

### **Training Sites:**

Intuitive Surgical, Sunnyvale, CA • Intuitive Surgical, Norcross, GA • IRCAD, France • Nicholson Center, Celebration, FL  
• Methodist MITIE Lab, Houston, TX • Surgical Innovation and Robotics Institute at Memorial Hermann (SIRI), Houston, TX • C.A.S.E. (Center of Advanced Simulation Education) at Acibadem University, Istanbul • ORSI, Belgium

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



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