EXPOSURE
SurgiQuest Quarterly Newsletter
Volume 2, Issue 2, June 2015

Global Colorectal Leaders Converge at Consensus Dinner during ASCRS

More than 1,500 surgeons from around the world attended at the annual meeting of the American Society of Colon and Rectal Surgeons (ASCRS) this June in Boston, Massachusetts.

In the opening session, Professor Antonio Lacy from Barcelona, Spain, delivered the Norman D. Nigro, MD, Research Lecture entitled, *The Evolution of Minimally Invasive Surgery for Colorectal Cancer: Past, Present and Future*. Dr. Lacy, who is recognized as the world leader in Transanal Endoscopic Surgery and who has performed the largest series of Transanal Total Mesorectal Excision (TaTME) procedures, is a strong advocate for the AirSeal® System.

Also, during this year's meeting, SurgiQuest hosted a luminary dinner meeting to discuss the future of TaTME with more than a dozen global thought leaders in colorectal surgery, including: *Antonio Lacy (Spain), Chris Cunningham (UK), Andrew Stevenson (Australia), Andre D'Hoore (Belgium), Joep Knol (Belgium), Antonino Spinelli (Italy), Matt Albert (Florida), Steve Wexner (Florida), Pat Sylla (New York), Peter Marcello (Massachusetts), Justin Maykel (Massachusetts), John Monson (New York), Elena Vikis (Vancouver), Elisabeth McLemore (California), and Mark Whiteford (Oregon).*

Dinner discussion was moderated by Dr. Peter Marcello from the Lahey Clinic. Discussion included consensus gathering pertaining to the ASCRS and the global colorectal surgeon community's training needs in order to make TAMIS and TaTME the standards of care. As part of the lively dinner conversation, Dr. Marcello asked the surgeons to discuss the best available technologies in imaging, transanal access, hand instrumentation, and insufflation. Throughout the discussion, the AirSeal System was highlighted as the best option for abdominal and rectal insufflation.

Additionally, all colorectal leaders who have performed the largest series of TaTME procedures presented their approach to the group and unanimously proposed that the simultaneous, two-team (transabdominal and transanal) approach, using one AirSeal System above and one below, was best to optimize patient results. Two well-established experts in the field, Dr. Chris Cunningham and Dr. Joep Knol, each produced an enthralling video demonstrating the comparative differences between operating with a conventional insufflator and the AirSeal System. Dr. Cunningham's team went on to state that the AirSeal System "allows for fewer mistakes to be made, and aids in far more rapid, efficient and ergonomically superior dissection" in TaTME procedures. Drs. Antonio Lacy, Chris Cunningham, Steve Wexner and John Monson all stated that after their early and extremely positive experiences with the AirSeal System in TaTME procedures, they now use it in performing all laparoscopic abdominal procedures as well.

CIL Congress

The AirSeal System was highlighted on multiple occasions during the Challenges in Laparoscopic and Robotics (CIL) Congress 2015. Live procedures were performed in front of the entire congress using the AirSeal® technology, which wowed the audience once again with its ability to provide a clear operative field and maintain a stable working space.
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Physician's Corner

Matt Albert, MD, FACS, FASCRS, founder of the TAMIS technique, discusses the many challenges of performing Transanal Minimally Invasive procedures. He also comments on the many benefits of the AirSeal System to facilitate the TAMIS procedure by stabilizing the operative field in the crowded anatomical space, as well as improving visualization and saving time.
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- As of June 30, 2015, AirSeal is deployed in nearly 450 institutions in the United States and we believe AirSeal has been used in over 300,000 surgical procedures world-wide since 2009, including more than 53,000 procedures in this most recent quarter.
- We have moved! Effective July 16th, 2015, we are fully operational at our new corporate headquarters at 488 Wheelers Farms Road, Milford, CT 06461.

SURGIQUEST

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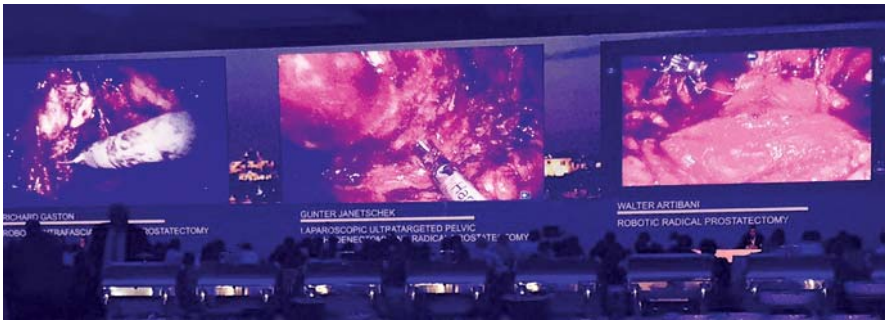
Challenges in Laparoscopy and Robotics 2015



Istanbul, Turkey, is the only major city in the world that spreads over two continents, Asia and Europe, which are separated by the beautiful Bosphorus Strait. In June, Istanbul hosted the 12th annual Challenges in Laparoscopy and Robotics (CIL) Congress. CIL distinguished itself again as the pre-eminent live surgery congress by transmitting an eclectic collection of the most difficult and complex urological procedures performed by a collection of prominent urologists. Viewing these challenging procedures on three, side-by-side, 20 foot screens, a global audience of 800 enthusiastic surgeons was invariably thinking, "How would I handle this case if I had this patient in front of me?" This is precisely why CIL has been a significant educational opportunity for the global urology community since the 2004 inaugural congress in Rome, Italy. The upcoming CIL 2016 will take place in Lisbon, Portugal.

During this year's congress, Professor Vito Pansadoro, CIL Founder and Principal Program Chairman, asked each surgeon during the live transmissions if they were using the "SurgiQuest®." In case after case, renowned surgeons commented on the superior visualization and stable operative working space enabled only by the AirSeal® System. Perceived by his colleagues to have the "best laparoscopic hands in Europe," world-famous Dr. Richard Gaston of Bordeaux exclaimed during his live surgery that, "the 'FANTASTIQUE' AirSeal System will soon replace all old-fashioned insufflators."

Participants from all corners of the world stayed glued to their seats, engaging with the operating surgeons to the very end of the program, validating CIL as the premiere live surgery event. Driven in part by commentary from the surgeons and in part from their own experience, unilateral agreement from the meeting is that the AirSeal System continues down the path to becoming the standard of care in both laparoscopic and robotic surgery.

The notable group of international urologists who performed live surgeries for this year's event included:

Vito Pansadoro, President, Laparoscopy Center Vincenzo Pansadoro Foundation, Rome, Italy
CIL Program Director

Walter Artibani, Professor and Chairman of Department of Urology, University of Padua, Italy
Aldo Bocciardi, Chief of Urology Department, Niguarda Hospital Cà Granda, Milan, Italy
Renaud Bollens, Professor and Chairman, G.H.I.C.L (Groupe Hospitalier de l'Institut Catholique de Lille), Lille, France
Alberto Breda, Director Transplant Unit, Fundaciò Puigvert, Barcelona, Spain
Tibet Erdogru, Head of the Department of Urology, Minimally Invasive & Robotic Surgery Center, Memorial Atasehir Hospital, Istanbul, Turkey
Richard Gaston, Clinique Saint Augustin, Bordeaux, France
Inderbir Gill, Professor, Keck School of Medicine of University of Southern California, Los Angeles, CA, USA
Alexander Haese, Professor of Urology, Head of Robotic Urologic Surgery, Martini-Clinic Prostate Cancer Center, University Clinic Eppendorf, Hamburg, Germany
Günter Janetschek, Professor of Urology, Medical University Salzburg, Salzburg, Austria
Jihad Kaouk, Director, Center for Robotic and Image Guided Surgery, Cleveland Clinic, Cleveland, OH, USA
Alex Mottrie, Department of Urology O.L.V.- Clinic Aalst, Belgium
Vipul Patel, Medical Director of Urologic Oncology, Florida Hospital Medical Director of Global Robotics Institute, Associate Professor of Urology, University of Central Florida, FL, USA
Jens Rassweiler, Head of Department of Urology, SLK Kliniken Heilbronn University of Heidelberg, Heidelberg, Germany
Bernardo Rocco, Urology Department, IRCCS Cà Granda Ospedale Maggiore Policlinico Foundation, University of Milan, Italy
Jens Uwe Stolzenburg, Professor and Chairman Department of Urology, Head of International Training Center of Urologic Laparoscopy, University of Leipzig, Leipzig, Germany
Peter Wiklund, Professor in Urology and Consultant, Department of Urology, Karolinska University Hospital, Stockholm, Sweden
Xu Zhang, Chinese PLA General Hospital, Beijing, China

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Physician's Corner - Interview with an Expert

Matthew Albert, MD FACS, FASCRS

Matthew Albert, MD, is the Program Director of the Colorectal Fellowship at Florida Hospital in Orlando, Florida. In the last 10 years, Dr. Albert has performed over 2,000 laparoscopic and robotic colorectal procedures, but is perhaps best known for inventing TAMIS (Transanal Minimally Invasive Surgery) in 2009. In addition, he designed the first disposable advanced transanal platform for the purpose of endoluminal surgery which has transformed the current practice of colon and rectal surgery. Dr. Albert and his team at Florida Hospital have written over 25 peer-reviewed publications and 10 book chapters and have lectured in 6 continents on TAMIS and Transanal TME(TaTME) in the last 3 years. Currently, TAMIS is performed in over 60 countries worldwide.

SQ: Exactly what is TAMIS and what are the most important benefits?

Local removal of early rectal cancers and benign polyps has been performed transanally using traditional anorectal retractors for 50 years; however, it has been a challenging procedure due to difficult access to the tumor in a poorly illuminated, collapsed rectum. As a result, this technique has been amenable to the last 6-8 cm of the rectum only. TAMIS utilizes a flexible disposable platform with a three trocar access, a laparoscope and initially a traditional insufflator to operate within an illuminated, distended rectum as high as 20 centimeters. Using this technique, a full thickness excision of the tumor and rectal wall can be performed with demonstrated outcome improvement, including less tumor fragmentation, greater margin negativity and lower recurrence rates. Perhaps its greatest value is in avoiding the very high morbidity of removing the rectum entirely. Low anterior resections performed even laparoscopically or robotically have a high risk of complications including anastomotic leak, permanent gastrointestinal functional changes, sexual and urologic dysfunction and permanent colostomy.

SQ: What have been the major challenges in performing TAMIS?

Essentially, TAMIS is single access surgery within the fairly low volume of the rectal lumen, hence all of the current limitations of single access surgery are magnified compared to the abdominal approach. Excessive smoke and inability to maintain pneumorectum can prohibit successful removal of rectal tumors and have been a great source of frustration and difficulty for surgeons adopting this technique. Smoke evacuation ports built into transanal devices have failed to solve this vexing problem. Suctioning of smoke can be only performed in short bursts to prevent complete collapse of the colon. Waiting for the smoke to dissipate is time consuming and inefficient. Maintenance of pneumorectum is often even more challenging and requires insufflator pressures as high as 20 mm of Hg. Still, transient collapse producing a billowing effect on the rectum, due to the intermittent pressure sensing and cycling of traditional insufflators, is common and exaggerated in obese patients.

Additionally, in 5-10% of cases, the peritoneal cavity is inadvertently entered through the rectum, often resulting in complete luminal collapse and temporary conversion to an abdominal approach to repair the defect. The AirSeal® System maintains a stable pneumorectum and reduces the billowing, while removing smoke. With the AirSeal System, all the issues mentioned above with a standard insufflator are eliminated.

SQ: How is Transanal TME (Transanal Total Mesorectal Excision) different from traditional rectal resection? Why do you perform this operation, and what are the major obstacles?

Removal of the rectum and entire surrounding intact mesorectum, which contains the tumor and lymph nodes, is critical to the successful surgical cure of rectal cancer. Traditionally, total mesorectal excision (TME) is approached through the abdomen from "above" using open, laparoscopic and robotic techniques. Despite improvements in surgical technique, many challenges to the precise dissection of the lower rectum, in addition to stapling and rectal division, and operating in the obese, narrow, male patient have yet to be overcome. TaTME

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Physician's Corner... *(Continued from page 3)*

utilizes a "bottom up" approach, where the appropriate distal margin is identified first with division of the rectum transanally and the rectal lumen closed. After placement of a TAMIS platform, total mesorectal excision is performed in reverse fashion. However, operating in a very small volume "peri-rectal space" causes extreme billowing and smoke with traditional insufflators. In recent publications, as well as in our own experiences, TaTME has been shown to improve outcomes compared to laparoscopic TME.

SQ: Since you began using the AirSeal® System, have you seen any benefits for use in other laparoscopic colorectal procedures?

My initial experience with the AirSeal System was solely directed at overcoming the problems encountered with TAMIS and TaTME. However, the immediate benefits provided an instantaneous solution to stabilizing my working space, as well as improving my visualization, which were obviously translatable to other procedures. When placing a pelvic drain, or extracting the colon transanally or through an abdominal incision, incidental leakage and loss of pneumoperitoneum is often encountered with conventional insufflators and yet eliminated entirely with the AirSeal System. Moreover, the elimination of excessive smoke with the AirSeal System during robotic rectal dissection permits constant visualization and improves surgical time and efficiency. In addition, the ability to continuously work at precise constant pressure has enhanced our ability to operate from a laparoscopic and transanal approach simultaneously to shorten operative times in TaTME. I now operate with the AirSeal System in all my laparoscopic and robotic procedures.

See the AirSeal System in Action

Upcoming Conferences and Courses:

TaTME Course EU – Hospital Clinic, Barcelona, Spain	*July 6 - 7, 2015 and July 13 - 14, 2015*
5th Annual Robotic Gynecologic Surgery Conference – Four Seasons Hotel, Baltimore, MD	*August 21 - 22, 2015*
IFSO-International Federation for the Surgery of Obesity –Hofburg Imperial Palace, Vienna, Austria	*August 26 - 29, 2015*
Florida Urological Society Meeting – Loews Portofino Bay, Orlando, FL	*September 3 - 6, 2015*
MD Anderson Robotics Conference in GYN – MD Anderson, Houston, TX	*September 4 - 5, 2015*
ERUS-European Robotic Urology Symposium – Euskalduna Conference Centre, Bilbao, Spain	*September 15 - 17, 2015*
TaTME Course EU – Hospital Clinic, Barcelona, Spain	*September 21 - 22, 2015*
Germany Society for Urology (DGU) – Congress Center Hamburg, Hamburg, Germany	*September 23 - 26, 2015*
Pacific Northwest Urology Robotics Symposium – Seattle Science Foundation, Seattle, WA	*September 25 - 26, 2015*
35th ESSO Congress in partnership with BASO – Messe Wien Exhibition & Congress Centre, Vienna, Austria	*September 25 - 29, 2015*
TaTME Course EU – Hospital Clinic, Barcelona, Spain	*September 28 - 29, 2015*
Updates in Endometriosis – NYU, New York, NY	*October 2 - 3, 2015*
Robotic Gynecologic Surgery: Patient Safety and Advanced Techniques – The Hotel Commonwealth, Boston, MA	*October 3 - 4, 2015*

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, Turkey • ORSI, Belgium

SurigQuest's New Headquarters

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