

EXPOSURE

SurgiQuest Quarterly Newsletter

Volume 1, Issue 4, December 2014

AirSeal® System Fills Laparoscopic Morcellation Void



CEANA NEZHAT, MD, FACOG, FACS

Dr. Nezhat is the Immediate Past President of the AAGL and the Director at Large of the Society of Reproductive Surgeons. He is the founder and Symposium Chair for the World Symposium on Endometriosis. Dr. Nezhat has co-authored several text-books and over 100 book chapters and articles. He has received numerous awards for his teaching and educational activities. Dr. Nezhat served as Vice Chair and Chair of the Department of Obstetrics & Gynecology and is currently the Program Director of Minimally Invasive Surgery at Northside Hospital in Atlanta.

On November 24th, 2014, the FDA issued a warning advising against the use of laparoscopic power morcellators in women undergoing myomectomy or hysterectomy for the treatment of fibroids to minimize the potential of spreading cancerous cells.

This has drastically changed the standards of practice for many laparoscopic gynecologists, leaving a significant void in the method of minimally invasive extraction of fibroid tissue. To address this void, advanced surgeons are beginning to adopt the use of the AirSeal System trans-abdominally and extracting the fibroid filled specimen bag vaginally.

In the December issue of *OBG Management*, world renowned surgeon, Dr. Ceana Nezhat, presents a novel approach for performing laparoscopic myomectomies through a posterior colpotomy, using a modified transvaginal approach for tissue extraction. Dr. Nezhat suggests that this may be a safe and efficient alternative to morcellation in minimally invasive gynecologic procedures.

Using a multi-puncture technique with a 5 mm laparoscope and 5 mm accessory ports to evaluate the abdomen and pelvis, Dr. Nezhat positions the 12 mm AirSeal Access Port transvaginally to maintain pneumoperitoneum.

Because the AirSeal Access Port does NOT have any mechanical valves, it facilitates the introduction of sutures, needles, and the specimen-retrieval bag. Dr. Nezhat further states in the article, "The Access Port also provides excellent smoke evacuation and optimal visualization during the myomectomy. The technology assists in maintaining pneumoperitoneum at a constant pressure despite the size of the opening."

After resecting the specimen and placing it in the bag, Dr. Nezhat closes the uterine incision and removes the specimen bag through the vagina. In cases where the bag and contained tissue are too large to fit through the AirSeal Access Port, he deactivates the AirSeal System and removes the AirSeal

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The 43rd Annual AAGL Global Congress

The AirSeal System took center stage during the live cadaveric surgical tutorials and hands-on lab events at this year's AAGL in Vancouver, B.C.

(see page 2 for further details.)

The AirSeal Patient's Perspective

Robin Hembry discusses contrasting personal experiences as a laparoscopic patient on two separate occasions. He compares the drastic post-operative differences with and without the benefits of the AirSeal System.

(see page 3 for further details.)

- To date, more than 200,000 procedures have been performed with the AirSeal System
- SurgiQuest products are now sold in 44 countries across the world
- SurgiQuest, Inc. Awarded "Most Promising Life Sciences Company of the Year" by the Connecticut Innovation Summit Council



SURGIQUEST
Laparoscopy Without Limits



AirSeal System Fills Laparoscopic Morcellation Void *continued from page 1*

Access Port. Then, with the opening of bag exteriorized through the vagina, he further dissects the tissue into smaller segments. Once the pieces are small enough, they are then removed with the bag through the posterior colpotomy.

Dr. Nezhat, an early adopter and a long time user of the AirSeal platform, then goes on to say that one of the “greatest benefits of this technique is the unimpeded and safe removal of the specimens” when performing this minimally invasive procedure. The 5 mm abdominal incisions are both “cosmetically inconspicuous” and associated with a lower “risk of port-site hernia”. Moreover, the posterior colpotomy is also associated with “reduced pain and does not increase the rate of dyspareunia or infection; it also does not cause pelvic adhesions.” AirSeal System makes this technique possible and is unequivocally poised to improve the surgical outcome for patients undergoing laparoscopic procedures.

A copy of this article can be found at: www.obgmanagement.com and in OBG Management, Dec. 2014, Vol. 26, No. 12, Pg. 30-34

AirSeal System Featured Prominently at the 43rd Annual AAGL Global Congress



Thousands of Gynecologists from around the globe gathered in Vancouver, B.C. to attend the 43rd Annual Congress of the American Association of Gynecologic Laparoscopists (AAGL). This year's event featured a record number of cadaveric surgical tutorials and hands-on labs, academic content focused on some of the biggest challenges and controversies faced by surgeons in 2014, and a showdown of surgical techniques in the first ever *Stainless Steel Surgeon* event.

Postgraduate courses on days one and two were heavily focused upon hands on learning featuring live cadaveric demonstrations with intermittent lectures and supporting skills labs each afternoon. During these sessions, the AirSeal System was consistently used in the robotic teaching courses and the entire audience took note of the System's unique ability to maintain stable pneumoperitoneum while rapidly evacuating smoke. Throughout the event notable leaders in GYN surgery highlighted AirSeal Technology as the standard of care.

The *Stainless Steel Surgeon*, featured three different

hysterectomy approaches (vaginal, laparoscopic, and robotic) performed in front of the AAGL audience and judged by a panel of experts. During the robotic hysterectomy, Dr. Pitter highlighted the capabilities of the AirSeal System in terms of its ability to keep the field free of surgical smoke and maintain pneumoperitoneum even with a wide-open vaginal cuff. Dr. Arnold Advincula, Scientific Program Chair and Incoming 2015 President, moderated the event and crowned the winner at this inaugural event.

During the congress portion of the event, Dr. Jeremy Sroussi of Hospital Trousseau, Paris, France, presented a study comparing the use of the AirSeal System at 7 mmHg versus the use of a conventional insufflator at 15 mmHg of intra-abdominal pressure in gynecologic laparoscopy. In this study, the use of AirSeal was associated with a significant reduction in both shoulder pain and the use of opioids. In addition, nearly twice as many patients in the AirSeal arm felt they could be discharged the same day as those in the conventional insufflation arm of the study.



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Patient's Purview



ROBIN HEMBRY

Robin Hembry is the CEO and Co-Founder of Overseas Medicine, a patient referral company in the Gulf States region.

Mr. Hembry is also the founder of Hembry Medical Consulting, and serves as its Managing Director. He has over 30 years experience as a medical device industry professional, and has a strong background in international marketing and sales.

After working in the medical device industry for over 30 years, Mr. Robin Hembry has been technically involved in thousands of laparoscopic applications and has an excellent grasp of procedural knowledge and relevant technologies. His perspective changed completely when he became a patient and underwent laparoscopic surgery.

"I had 2 previous laparoscopic surgeries with drastically different results. The first resulted in a lot of complications and I spent more than 2 weeks in the hospital. I had massive amounts of acute shoulder pain, neck pain and headaches for two to three weeks post operatively, and residual pain for several months after. As a business owner, this really impeded on both my work and quality of life.

My second laparoscopic surgery was to be a bilateral inguinal hernia repair. I heard a lot about the AirSeal System from friends and colleagues, along with respected members of the surgical community. From what I learned, I hoped that this technology might help improve upon my previous surgical experience. I reached out to SurgiQuest. To make a long story short, a few days later, Mr. Carlos Babini, an executive of SurgiQuest, facilitated the availability of the AirSeal System at a local hospital near my house in Germany. During the procedure, Mr. Babini convinced the surgeon to operate at a lower intra-abdominal pressure of 8-10 mmHg as well as to use low impact micro-laparoscopic, 3 mm hand instruments.

The case lasted for an hour and half; I was told it was a challenging case. After the procedure, much to my surprise, I had NO post-operative pain. As you can imagine, much to the amazement of the physicians and the nursing staff at the hospital, I did not take any type of pain medication post-surgery. At approximately 4 hours post-surgery, I got out of bed, took a shower and walked out of the hospital to have dinner with my surgeon and Mr. Babini. Then, I flew to the Middle East for a business trip the next day. I owe my speedy and painless recovery to the SurgiQuest's AirSeal System.

After my experience with the AirSeal System and seeing how great I felt after the surgery along with how quickly I was able to get back to work, I was convinced of all the remarkable benefits associated with the system. Even though I don't distribute the product, I support the sales of the AirSeal System with my associates in Qatar. As I spend a tremendous time in surgery as part of my role, I see how incredibly effective this technology is for patients on a daily basis. The amazing feedback I get from the anesthesiologist, the surgical team, and the patients all confirm that the AirSeal technology significantly reduces post-op pain and medication use. Therefore, I believe that the AirSeal System is well on its way to becoming the standard of care for all laparoscopic surgeries worldwide."

For the video of Robin's Testimonial, please visit our website at <http://www.surgiquest.com/airseal-testimonials.html>



What's New

SurgiQuest, Inc. Awarded "Most Promising Life Sciences Company of the Year" by the Connecticut Innovation Summit Council

SurgiQuest, Inc. participated in the 8th annual Connecticut Innovation Summit hosted by the Connecticut Technology Council in November, 2014. Among the attendees were over 450 entrepreneurs, investors, and service providers as well as representatives from 87 *Tech Companies to Watch*.

SurgiQuest was awarded "Most Promising Life Sciences Company of the Year" largely due to its ongoing success, potential for growth, and impact on the labor pool of the Life Sciences market. The company's flagship product, the AirSeal® System, improves patient outcomes, perioperative efficiency, reduces cost, and increases hospital profitability.

Kurt Azarbarzin, founder and CEO comments, "It's a great honor to receive this award. SurgiQuest was founded in Connecticut and still remains a part of its Life Science community 8 years later. We've been fortunate enough to experience tremendous growth in the recent years which has not only positively impacted patients' lives globally but also further fuels the local economy by bringing more jobs to our community."

See AirSeal System in Action

Upcoming Conferences and Courses:

SES AUA Residents Course – Wyndham Grand Orlando Bonnet Creek & the Florida Hospital Nicholson Center, Orlando, FL	<i>January 24 - 25, 2015</i>
Ohio State University CMIS Advancing Minimally Invasive Surgery 2015 – Marriott Harbor Beach, Fort Lauderdale, FL	<i>February 5 - 7, 2015</i>
Advanced Colorectal and Abdominal Wall Reconstruction Course – Podlich Family Conference Center at UCI Medical Center, Irvine, CA	<i>February 6, 2015</i>
Cleveland Clinic 26th Annual Jagelman / 36th Annual Turnbull International Colorectal Disease Symposium – Marriott Harbor Beach, Fort Lauderdale, FL	<i>February 10 - 15, 2015</i>
Cleveland Clinic 14th Annual Surgery of the Foregut Symposium – Biltmore Hotel, Coral Gables, FL	<i>February 15 - 19, 2015</i>
Society of Robotic Surgery Annual Meeting – Rosen Shingle Creek, Orlando, FL	<i>February 19 - 21, 2015</i>
MISS – Red Rock Hotel, Las Vegas, NV	<i>February 25 - 28, 2015</i>
Robotic Prostatectomy and Partial Nephrectomy: 7th Annual High Impact Intermediate Course – Bellagio Hotel, Las Vegas, NV	<i>March 7, 2015</i>
AUA: Southeastern Section Annual Meeting – Westin Savannah Harbor Golf Resort & Spa, Savannah, GA	<i>March 19 - 22, 2015</i>
EAU – Madrid, Spain	<i>March 20 - 24, 2015</i>
The Society of Gynecologic Oncology's 2015 Annual Meeting on Women's Cancer – Hilton Chicago on South Michigan Avenue, Chicago, IL	<i>March 28 - 31, 2015</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, Turkey • 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 and we will do our best to accommodate your request.



Visit our website at

www.surgiquest.com

333 Quarry Road

Milford, CT 06460

Main Headquarters:

PH: 877-799-1979 (US)

PH: 203-799-2400 (INT'L)

FX : 203-799-2401

Customer Service:

6:00 AM - 8:00 PM (CST)

PH: 877-509-3947

FX: 877-509-3950