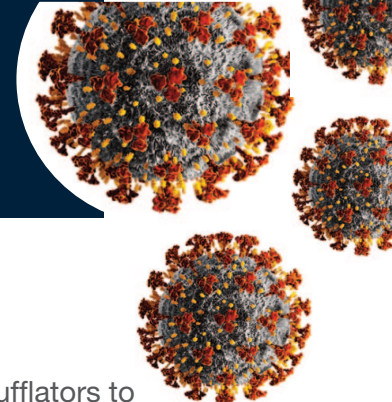


COVID-19 Laparoscopic Recommendations



Following the outbreak of COVID-19, surgical societies released the following statements:

- Make use of a closed smoke evacuation/filtration system with Ultra Low Particulate Air Filtration (ULPA) capability (AAGL)
- Laparoscopic suction may be used to remove surgical plume and desufflate the abdominal cavity (AAGL)
- Do not vent pneumoperitoneum into the room (AAGL)
- Minimize leakage of CO₂ from the trocars (Annals of Surgery)
- Avoid using two way pneumoperitoneum insufflators to prevent pathogens colonization of circulating aerosols in pneumoperitoneum circuit of the insufflator (Annals of Surgery)
- For laparoscopic procedures, use of devices to filter released CO₂ for aerosolized particles should be strongly considered (SAGES)
- Keep intraoperative pneumoperitoneum pressure and CO₂ ventilation at the lowest possible levels without compromising the surgical field exposure (Annals of Surgery)
- Employ electro-surgical and ultrasonic devices in a manner that minimizes production of plume, with low power setting and avoidance of long desiccation times (AAGL)

LEXION

Breaking Down Laparoscopic Recommendations

What "One Way Insufflator" and "Closed Smoke Evacuation" really mean.

One Way Insufflators flow gas unidirectionally from the insufflator, to the patient, and out of the OR via another source.



Closed Smoke Evacuation does not vent pneumoperitoneum via insufflator, trocar or desufflation.

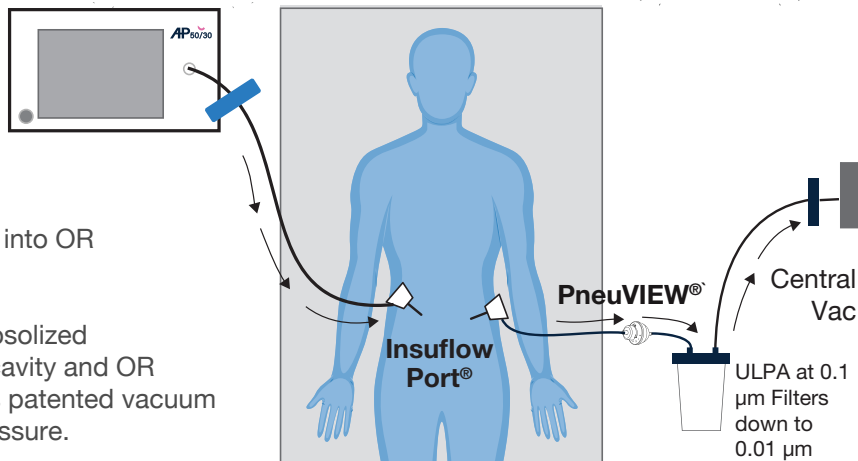


One Way Closed Continuous System

The AP 50/30 Insufflator partnered with InsuflowPort® and PneuVIEW® ensures continuous flow of CO₂ from the insufflator, through the patient and out of the OR via wall suction.

InsuflowPort®'s two seals minimize abdominal gas leakage into OR regardless of instrument or scope present.

PneuVIEW® smoke eliminator actively evacuates CO₂, aerosolized particulates, droplets, and hazardous gases from surgical cavity and OR throughout procedure. Safely desufflate with PneuVIEW®'s patented vacuum break which eliminates risk of negative intra-abdominal pressure.



Breaking Down Laparoscopic Recommendations

What "Two Way Insufflator" and "Open Smoke Evacuation" really mean.

Two Way insufflators flow gas bidirectionally between insufflator and patient.



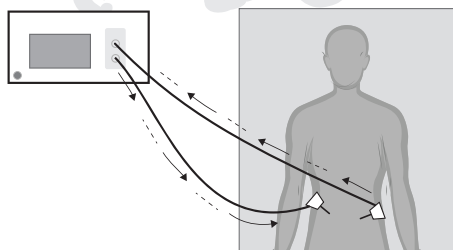
Open Smoke Evacuation vents pneumoperitoneum via insufflator, trocar and/or desufflation.



Which System is in Your OR?

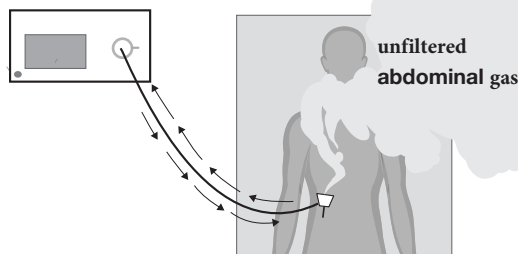
Two Way Open System Recirculating Insufflator With Rear Gas Outlet

Smoke particulates are removed but toxic gas exits rear outlet of insufflator into OR exposing staff to harmful carcinogenic gases and increased CO₂ Levels.



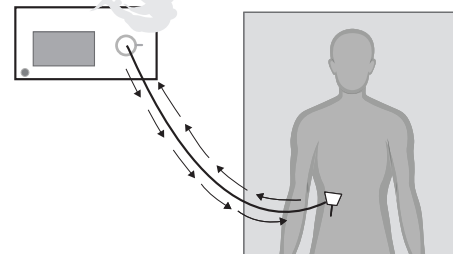
Two Way Open System Recirculating Insufflator with Valveless Trocar

Unfiltered intra-abdominal gas is expelled from top of valveless trocar exposing OR staff to harmful aerosols and gases. Valveless trocar also pulls room air into patient.



Two Way Closed System Recirculating Insufflator with Bifurcated Tubing

Desufflation vents CO₂ into OR without additional smoke evacuation product. Smoke particulates are removed but toxic gases can build up intra-abdominally through recirculation.



The LEXION System Meets All Recommendations



Real Time Intelligent Insufflator

- One Way Insufflator eliminates chance of cross contamination
- Utilizes real-time intra-cavitary pressure and flow sensing technology to deliver optimum pneumo throughout the entire surgery
- Maintains a constant pressure reading regardless of leaks or spikes
- Offers Standard/High Flow, Pediatric, Bariatric, Vessel Harvesting and TAMIS Modes



Continuous Smoke Elimination Device

- Closed smoke evacuation continuously removes and filters harmful contaminants safely out of OR
- Viral Filtration Efficiency 99.999999%
- Bacterial Filtration Efficiency 99.999999%
- ULPA filtration down to .01 micron
- Quiet operation that's adjustable from the sterile field
- Compatible with all existing smoke evacuation sources



Gas Conditioning Trocar

- The only CO₂ Gas Conditioning Port that delivers 95°F/95%RH CO₂ gas
- Improves and maintains superior visibility
- Protects patients from the harmful effects of dry/cold standard CO₂ gas or heated/dry CO₂
- Dedicated CO₂ channel for uninterrupted flow regardless of instrument or scope present
- Available in 5mm, 8mm, 10mm, 12mm, and bariatric sizes

LEXION

545 Atwater Circle, St. Paul, MN 55103
877-953-9466 or 855-688-FLOW
www.lexionmedical.com

Derrek W Smith - 786-512-1705 or
DSMITH@LEXIONMEDICAL.COM

PneuVIEW® XE ©2019 LEXION Medical
InsuflowPort® ©2019 LEXION Medical
Insuflow® ©2019 LEXION Medical