

GelPOINT[®]

ADVANCED ACCESS PLATFORM



CONTENTS:

A SOLUTION FOR SINGLE SITE SURGERY

THE GELPOINT® ADVANCED ACCESS PLATFORM

CLINICAL INFORMATION

ORDERING INFORMATION



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THE GeIPOINT® ADVANCED ACCESS PLATFORM

Single site surgery is an evolving modality within various laparoscopic surgical specialties. Scientific studies continue to evaluate the outcomes of single site surgery compared to standard laparoscopy.

While improved cosmesis is generally accepted as a significant benefit of single incision surgery, there are many technical challenges to this advanced approach. The GeIPOINT advanced access platform overcomes these obstacles and enables the single site method for a wide range of procedural applications.



SINGLE SITE SOLUTION

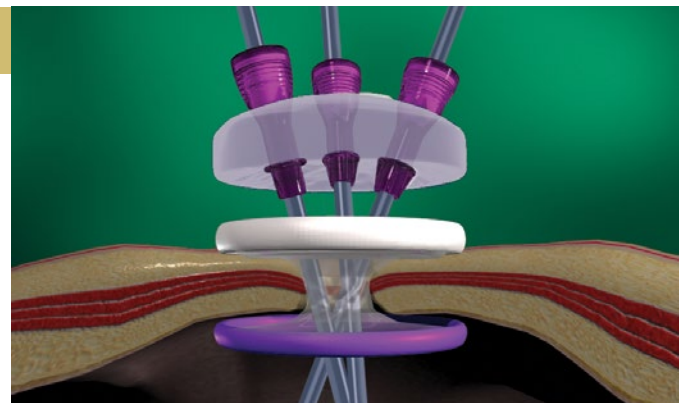
GelSeal® CAP

- Provides a flexible fulcrum for improved instrument articulation
- Maintains pneumoperitoneum, ensuring continuous visualisation
- Allows for reorientation of port placement as needed
- Cap removes easily for extracorporeal anastomosis and specimen retrieval



LOW-PROFILE SLEEVES

- Float above incision for maximised working diameter, enhancing triangulation
- Provide improved working distance to surgical site
- Accept 5mm to 12mm instruments

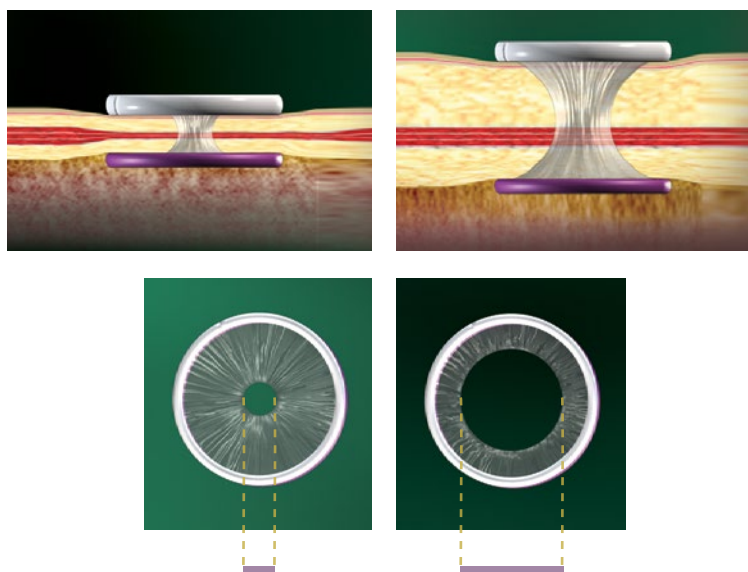


ALEXIS® WOUND PROTECTOR/RETRACTOR

- Accommodates incision sizes from 1.5cm to 7cm for a variety of procedural applications
- Adjusts to accommodate varying abdominal wall thicknesses for increased patient applications
- Superior retraction of incision site facilitates extracorporeal anastomosis and specimen retrieval
- Alexis wound protector/retractor provides 360° of atraumatic retraction and protection¹⁻² for enhanced exposure, access and cosmetic results



ACCOMMODATES VARYING ABDOMINAL WALL THICKNESSES & INCISION SIZES

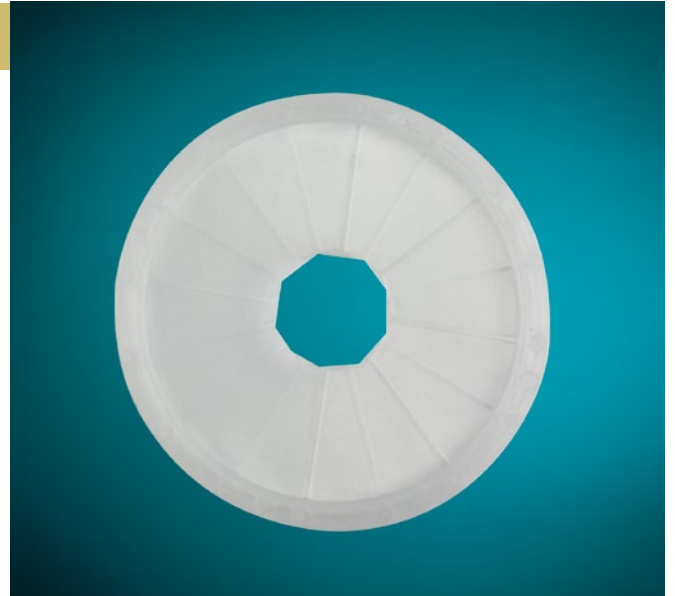


1. Reid K., B.Med., et al. Barrier Wound Protection Decreases Surgical Site Infection in Open Elective Colorectal Surgery: A Randomized Clinical Trial. Dis Colon Rectum. 2010 Oct; 53(10): 1374-1380.
2. Horiuchi T., MD. PhD., et al. Randomized Controlled Investigation of the Anti-Infective Properties of the Alexis Retractor/Protector of Incision Sites. J Trauma. 2007 Jan; 62(1): 212-215.

SINGLE SITE SOLUTION

INSTRUMENT SHIELD

- Facilitates guidance of instruments through small incision
- Provides added protection of abdominal wall
- Improves access for multiple instruments



SMOKE EVACUATION PORT

- Incorporated into GelSeal® cap for added convenience
- Provides superior visibility
- Features quick release capability





**THE FOLLOWING CLINICAL PAPERS SUPPORT THE USE
OF THE GELPOINT® ADVANCED ACCESS PLATFORM
FOR SINGLE SITE SURGERY ►►►**

GELPOINT® SINGLE SITE CHOLECYSTECTOMY

Surg Endosc (2010) 24:2078–2079
DOI 10.1007/s00464-010-1009-y

Single-Incision Multiport Laparoendoscopic Cholecystectomy

Bruce M. Molinelli · Athanasios Petrotos

Published online: 10 April 2010
© Springer Science+Business Media, LLC 2010

"We have since found that the GelPOINT system allows for much more freedom of movement through the same small skin incision."

"The fulcrum of the instruments is more external... four ports can be placed comfortably through the Gelpoint platform."



A NOVEL APPROACH FOR SINGLE INCISION LAPAROSCOPIC CHOLECYSTECTOMY

Filippo Filicori, MD, David A Nissan, Xavier M Keutgen MD, Thomas J Fahey III MD, FACS, Rasa Zarnegar MD, FACS, Division of Endocrine Surgery, Department of Surgery, Weill Cornell Medical College, New York, NY

Introduction

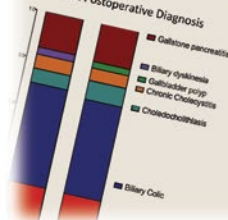
Single incision laparoscopic cholecystectomy (SILC) has been proposed as a valid alternative to conventional laparoscopic cholecystectomy with improved cosmetic results. Previously described approaches implement devices that allow the insertion of 2 trocars in addition to the camera through the single port, which also leads to the placement of an accessory port for gallbladder resection. We report the outcomes of a new surgical technique using the GelPOINT® port (Applied Medical, Rancho Santa Margarita, CA) for SILC, which allows 3 trocars and the camera to be inserted through the device. We hypothesize that this technique reduces the rate of accessory ports, has a shorter learning curve and fewer conversions compared to other single port techniques for cholecystectomy.

Design, Setting, and Participants

This is a prospective study of 31 patients that underwent SILC at a tertiary referral center from January 2010 to January 2011. SILC patients were matched, by surgical diagnosis and BMI, with 31 patients treated with conventional laparoscopy.

| | LC N=33 | SILC N=31 | P Value |
|-------------------|-----------------|-----------------|---------|
| Age | 54.27 ± 3.393 | 37.06 ± 2.419 | 0.0001 |
| Female | 30.30 ± 8.124 | 9.677 ± 3.398 | 0.0410 |
| Estimated Surgery | 0.4688 ± 0.1269 | 0.5806 ± 0.1207 | 0.2558 |
| LOS | 2.312 ± 0.1044 | 1.793 ± 0.09123 | 0.0041 |

Figure 1: Postoperative Diagnosis

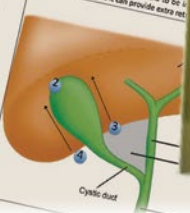


Intervention

All patients in the SILC group had a camera and three 2 mm trocars.



Procedure: In previously described SILC approaches, the camera and two trocars are placed through different single port devices. In order to provide retraction to the abdominal wall, or an accessory port, which allows 3 trocars and a camera to be inserted through the device. For example it can provide extra retraction.

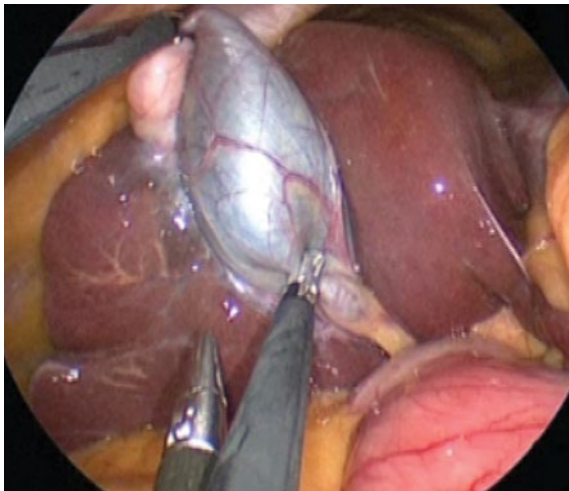


"We report a new approach to SILC with placement of 4 trocars through a GelPoint® device which results in a single surgical scar in the umbilical orifice. This procedure has a short learning curve, similar operating times, and decreased blood loss, compared to traditional laparoscopic cholecystectomy."

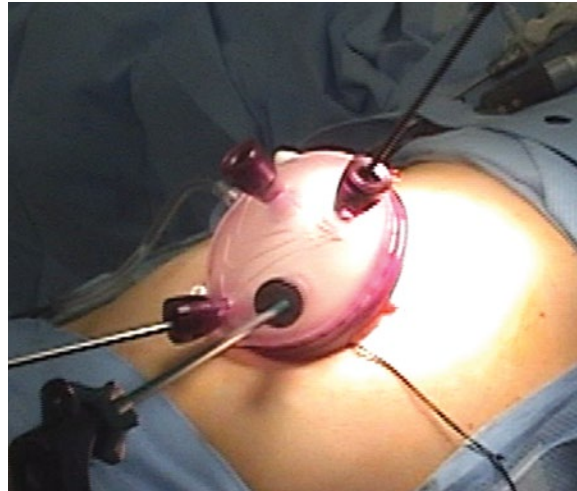
Bruce M. Molinelli, et al. Single-Incision Multiport Laparoendoscopic (SIMPLE) Cholecystectomy Surg Endosc. April 2010, 24: 2078-2079.

Zarnegar R., MD., et al. A Novel Approach for Single Incision Cholecystectomy. SAGES Poster Session 2011.

GELPOINT® SINGLE SITE CHOLECYSTECTOMY



MAXIMISED TRIANGULATION



SUPERIOR INSTRUMENT ARTICULATION

- GelSeal® cap provides flexible fulcrum for improved instrument triangulation and visualisation of critical view.
- Sleeves float above incision to minimise instrument clashing and maximise internal working diameter.
- Sleeves accommodate 5mm to 12mm instrumentation.
- GelSeal cap removes easily to facilitate gall bladder retrieval.

GELPOINT® SINGLE SITE GYN PROCEDURES

SGS PAPERS

Laparoendoscopic single-site surgery (LESS) in gynecology: a multi-institutional evaluation

Amanda Nickles Fader, MD; Luis Rojas-Español, MD; Okechukwu Ibeanu, MD;
Francis C. Grumbine, MD; Pedro F. Escobar, MD

OBJECTIVE: The study objectives were to determine the surgical outcomes of a large series of gynecology patients treated with laparoendoscopic single-site surgery (LESS).

STUDY DESIGN: This was a retrospective, multi-institutional analysis of gynecology patients treated with LESS in 2009. Patients underwent surgery via a single 1.5- to 2.5-cm umbilical incision with a multichannel single port.

RESULTS: A total of 74 women underwent LESS. Procedures were performed for benign pelvic masses (n = 39), endometriosis (n = 9), endometrial (n = 15) and ovarian (n = 6) cancers, and gynecologic malignancies (n = 5). Median patient age and body mass index were 47 years and 28, respectively. A Pearson product-moment correlation coefficient was computed and demonstrated a significant relationship between the operating time and number of cases (r = -0.71; n = 26; P < .002). Operative times were decreased with experience (r = -0.71; n = 26; P < .002).

Cite this article as: Nickles Fader A, Rojas-Español L, Ibeanu O, Grumbine F, Escobar P. Am J Obstet Gynecol 2010;203:501.e1-6.

Laparoendoscopic single-site surgery (LESS), also known as single-port surgery, is a novel, rapidly advancing minimally invasive technique. LESS is an

attempt to achieve the benefits of laparoscopy while minimizing the morbidity associated with multiple incisions. Recent data suggest that LESS is a promising surgical innovation that results in improved cosmesis for patients, and in a shorter convalescence period and decreased postoperative analgesia requirements when compared to patients treated with conventional laparoscopic approaches.

Laparoscopy has become the standard treatment for many gynecologic conditions. In the last 2 decades, numerous studies have demonstrated that laparoscopic approaches to various benign and cancerous gynecologic diseases result in shorter hospital stays, improved quality of life, and improved surgical outcomes when compared to abdominal staging.⁷⁻¹² There are few reports in the literature regarding LESS for gynecologic conditions other than for benign pelvic masses.

From the Section of Gynecologic Oncology, Department of Obstetrics and Gynecology (Drs Fader, Ibeanu, and Grumbine), Greater Baltimore Medical Center, and the Johns Hopkins Medical Institutions (Drs Fader and Ibeanu), Baltimore, MD; Avera Women's Center For Gynecologic Cancer (Dr Rojas-Español), Avera Cancer Institute, 10th Center, Sioux Falls, SD; and the Department of Gynecologic Oncology, Department of Obstetrics and Gynecology, Women's Health Institute (Dr Escobar), Cleveland Clinic, Cleveland, OH.

Presented orally at the 36th Annual Scientific Meeting of the Society of Gynecologic Oncology, Tucson, AZ, April 12-14, 2010. Received for publication, July 12, 2010; revised May 4, 2010; accepted for publication, June 14, 2010.

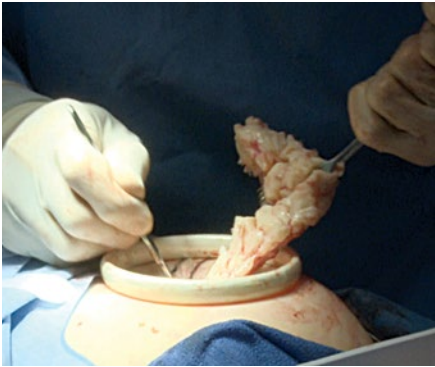
Dr F. Escobar, MD, Section of Gynecologic Oncology, Department of Obstetrics and Gynecology and Women's Health Institute, Cleveland Clinic, 9500 Euclid Avenue, Cleveland, OH 44195.

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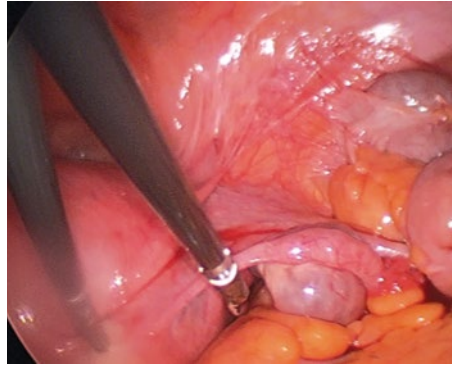
"LESS is feasible, safe, and reproducible in gynecology patients with benign and cancerous conditions. Operative times are reasonable and can be decreased with experience."

Amanda Nickles Fader et al. Laparoendoscopic Single-Site Surgery (LESS) in Gynecology: A Multi-Institutional Evaluation. Am J Obstet Gynecol. Nov 2010; 203:501.e1-6.

GELPOINT® SINGLE SITE GYN PROCEDURES



LARGE SPECIMEN RETRIEVAL



SUPERIOR TRIANGULATION



ENHANCED COSMESIS

- GelSeal® cap removes easily to facilitate retrieval of uterus and other large specimens.
- GelSeal cap provides flexible fulcrum for improved instrument articulation and triangulation when operating low in the pelvis.
- Sleeves float above incision to maximise internal working diameter and reduce port clashing.
- Alexis® wound protector/retractor accommodates small incision sizes for enhanced patient cosmesis.

Initial Experience
Elena Gimenez,* David B. Leeseer,† James Sandip Kapur and Joseph J. Del Pizzo
*Graduate Department of Urology (EG, JSW, J. Del Pizzo), New York, New York

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Elena Gimenez,* David B. Leeser,† James Sandip Kapur and Joseph J. Del Pizzo
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Presbyterian-Weill Cornell Medical College, New York, New York

Purpose: We present our initial experience in single site donor nephrectomy.

Purpose: We present our experience with laparoscopic single site donor nephrectomy.

Materials and Methods: We prospectively compared the use of the GelPOINT™ device in 38 patients with a single site donor nephrectomy through a 4 to 5 cm periumbilical incision. We analyzed the time to right angle attachment for the light cord to maintain warm ischemia time, open time, visual analog pain score, time to recipient discharge home, and recipient creatinine at discharge. Of the 38 patients, 20 were left and 18 were right donor nephrectomies.

Results: A total of 38 left and 1 right complete laparoendoscopic single site donor

"In this series the GelPOINT provided greater space for triangulation and, thus, decreased instrument clashing."

"It also allows easy, rapid modification of port configuration during the procedure, which aids in improving dissection and retraction ergonomics."

Shih-Chieh Jeff Chueh[†], Bashir B. Sanjivani[†]
J. Stephen Jones[†]

*Glickman Urological and Kidney Institute
Western Reserve University, Cleveland, O.
Accepted for publication 26 May 1997

Study Type - Therapy (case series)
Level of Evidence 4

To retrospectively review our experience with respect to evaluating the feasibility and safety of retroperitoneoscopic single-site surgery (LESS) for endometriosis, we performed a retrospective analysis of 10 patients who had undergone laparoscopic single-site surgery (LESS) for endometriosis. We present the technical details of the procedure.

total, eight retroperitoneoscopic LESS
stomies (in seven patients) were
performed for a variety of indications in a
centre.
The LESS apparatus (Applied Medical,
Santa Margarita, CA, USA) was used
on a platform through a flank
incision (5 cm).

For a bendable grasper and flexible
splers, all instruments used

conventional straight instruments.

- Perioperative data obtained for all patients: demographic data, operative records, length of stay, complications, and patient satisfaction.

RESULTS

- All retroperitoneoscopic nephrectomy procedures at our institution were completed successfully, without any complications. No extra work was required for any case.
- Median (range) operating time was 87–198 min and median (range) blood loss was 50 (10–200) cm³. Median (range) length of hospital stay was 3–10 days.
- The median narcotic used was 34 mg of parental morphine sulphate equivalent. The median (range) visual analogue scale score at discharge was 1.5 (0–3).

KEYWORDS

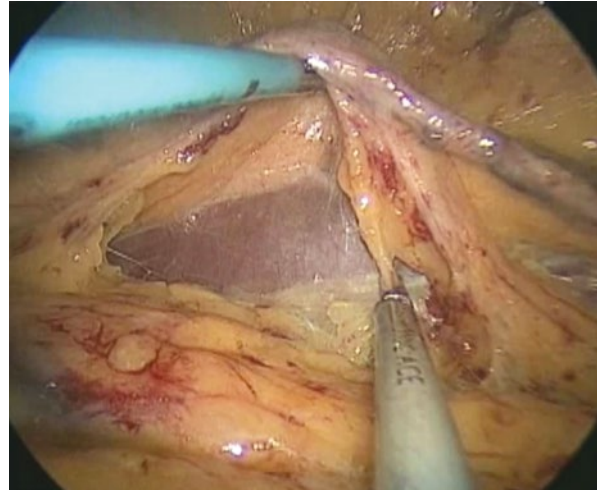
"In summary, retroperitoneoscopic LESS nephrectomy by using GelPOINT as an access platform is feasible and safe, and provides adequate flexibility and spacing of port placements, as well as acceptable operative outcomes."

BJU Int. 2011 Dec;108(11):1879-85. doi: 10.1111/j.1464-410X.2011.10120.x.
Epub 2011 Mar 28. Feasibility and safety of retroperitoneoscopic laparoendoscopic
single-site nephrectomy: technique and early outcomes. Chueh SC, Sankari
BR, Chung SD, Jones JS.

GELPOINT® SINGLE SITE NEPHRECTOMY



LARGE SPECIMEN RETRIEVAL



SUPERIOR INSTRUMENT TRIANGULATION

- GelSeal® cap removes easily to facilitate kidney retrieval.
- Alexis® wound protector/retractor accommodates 1.5cm to 7cm incision sizes for enhanced urologic procedural applications.
- Sleeves float above incision to maximise internal working diameter and improve triangulation.
- 12mm sleeve accepts larger instrumentation to facilitate insertion of stapler and/or retrieval system.

GELPOINT® SINGLE SITE COLECTOMY

Single incision laparoscopic total abdominal colectomy with ileorectal anastomosis for synchronous colon cancer

O. Bardakcioglu · S. Ahmed

Received: 9 December 2009 / Accepted: 7 May 2010
© Springer-Verlag 2010

Abstract Single incision laparoscopy is currently performed mostly for basic laparoscopic procedures in single abdominal quadrants. The aim of this case report is to show that single incision laparoscopic techniques can be utilized for complex abdominal laparoscopic procedures with a large target organ and a single incision involving all quadrants of the abdomen. A single incision laparoscopic total abdominal colectomy with ileorectal anastomosis for synchronous colon cancer was performed.

"All retraction could be adequately achieved using a single instrument through the GelPoint device and patient positioning. The advantage of the GelPoint device as compared to other single port access devices is that a variable incision size from 2-4 cm can be used depending on the size of the extracted colon."

J Gastrointest Surg (2011) 15:1247–1251
DOI 10.1007/s11605-011-1440-y

HOW I DO IT

Single Incision ("Scarless") Laparoscopic Total Abdominal Colectomy with End Ileostomy for Ulcerative Colitis

Alessandro Fichera · Marco Zoccali · Roberto Gullo

Received: 8 October 2010 / Accepted: 27 January 2011 / Published online: 1 February 2011
© 2011 The Society for Surgery of the Alimentary Tract

Abstract

Introduction Total abdominal colectomy with ileal pouch–anal anastomosis (TPA) for medically uncontrolled ulcerative colitis. A three-stage approach in a single setting, laparoscopic surgery has shown to be safe, offering a minimally invasive approach to the restorative proctocolectomy. In this article, we describe our experience with the restorative proctocolectomy. In this article, we describe our experience with the restorative proctocolectomy.

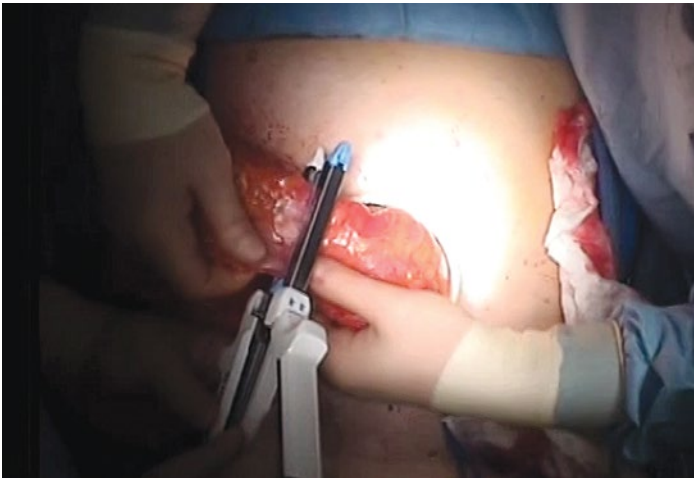
Methods The single-access device is inserted through a single incision preoperatively. The procedure is performed with conventional laparoscopic techniques. Trocars introduced in the single-access device gel platform. The patient is placed in Trendelenburg position and the lateral tilting of the table. The ileum is proceeding clockwise to the rectosigmoid junction. The ileum is mobilized and the right colon is mobilized in the medial position. The transverse mesocolon and the greater omentum are taken sharply, and the attachments of descending colon are taken sharply, and the inferior mesenteric vessels are visualized. After switching to a 5-mm laparoscope, the sigmoid colon is divided and the terminal ileum is divided.

"In all cases, a GelPoint® Advanced Access Platform (Applied Medical, Rancho Santa Margarita, CA) was employed as sole access to the abdominal cavity. Its GelSeal® cap provides additional outer working space and the ability to achieve tissue triangulation even with the standard laparoscopic instrumentation that we routinely use."

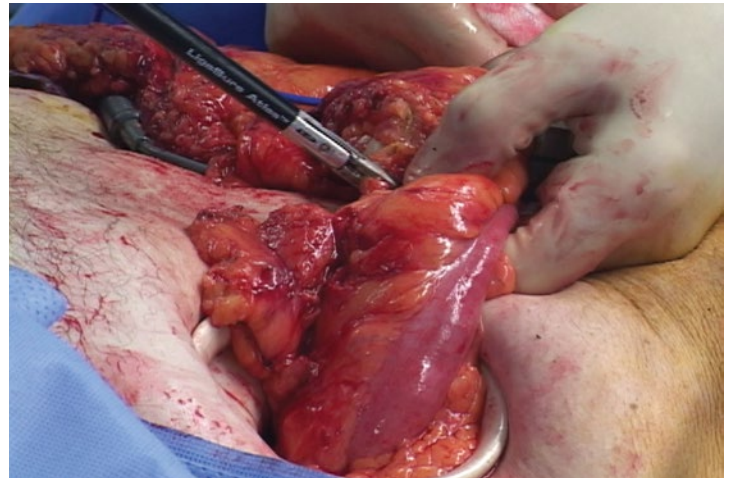
O. Bardakcioglu, S. Ahmed. Single incision laparoscopic total abdominal colectomy with ileorectal anastomosis for synchronous colon cancer. Tech Colo. May 2010, Volume 14, Number 3, 257-261, DOI: 10.1007/s10151-010-0589-9

Fichera A., MD., et al. Single Incision ("Scarless") Laparoscopic Total Abdominal Colectomy with End Ileostomy for Ulcerative Colitis. J Gastrointest Surg. 2011 Jul;15(7):1247-51. Epub 2011 Feb 19.

GELPOINT® SINGLE SITE COLECTOMY



FACILITATES EXTRACORPOREAL ANASTOMOSIS



ACCOMMODATES LARGE SPECIMENS

- Alexis® wound protector/retractor reduces superficial site infection following colorectal surgeries. ¹
- Accommodates incision sizes up to 7cm for larger specimen retrieval.
- 12mm sleeve accepts insertion of stapler and/or retrieval system.

Order #: CNGL2

GelPOINT® Advanced Access Platform

CONTENTS:

- (1) GelSeal® cap
- (1) Alexis® wound protector/retractor with removal tether (accommodates 1.5cm to 7cm incision sizes)
- (3) 10mm sleeves
- (1) 12mm sleeve
- (1) Introducer for sleeves
- (1) Instrument shield (optional use)

