



SUMMARY OF COMMERCIALY AVAILABLE PNEUMOPERITONEUM SMOKE EVACUATION SYSTEMS

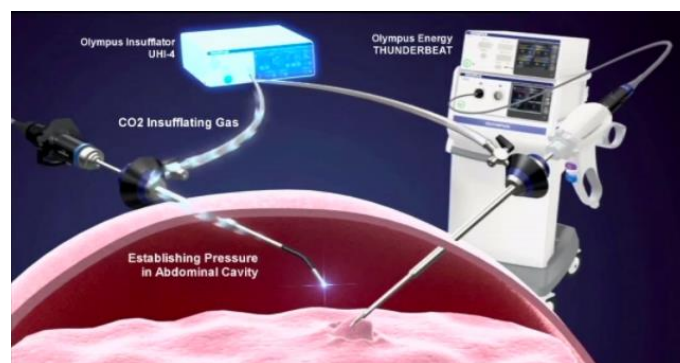
1. UHI-4, Olympus

No filter on their smoke evacuator.

Olympus recommends:

While there is no filter on the UHI-4 to capture released surgical smoke below are some potential options to address this request:

1. Connect the UHI-4 smoke evacuation tubing to the smoke evacuation filter portion of the Neptune.
2. Connect a Buffalo Filter BILF-150 between wall suction and UHI-4 smoke evacuation tubing. Customer must contact Buffalo Filter to purchase this filter
3. Connect UHI-4 smoke evacuation tubing to our OR-VAC (Buffalo Filter) surgical smoke evacuator.
4. Utilize the OR-VAC (Buffalo Filter) for laparoscopic smoke evacuation.





2. MEGADYNE MEGAVAC PLUS, Ethicon

There are 3 megadyne models. Only the Megadyne MegaVac Plus will accommodate laparoscopic smoke evacuation and it does not require special tubing. For open cases, it requires a Megadyne bovie pencil that comes with a smoke evacuator.



3. PNEUMOCLEAR, Stryker, Inc.

Requires its own tubing. Insufflation tubing goes to one port. Desufflation tubing attaches to a separate port. There is a desufflation mode that the circulating nurse can activate.





4. RAPIDVAC™, Medtronic, Inc.

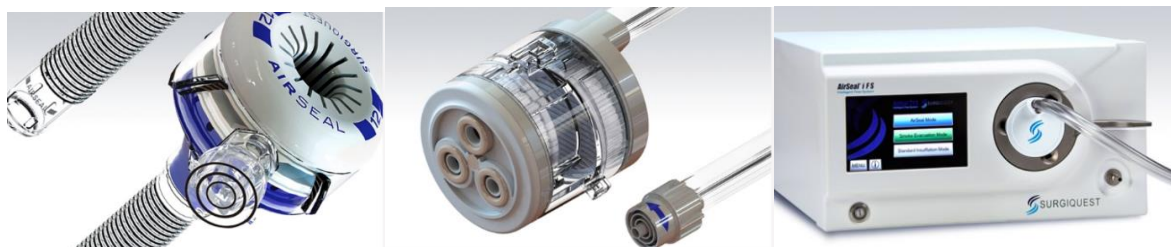
Also requires its own tubing for lap cases and its own bovie pencils with the smoke evacuator tubing.



5. AIRSEAL®, ConMed

Requires its own tubing.

In the air seal mode, which is designed to prevent over inflation of the abdomen by the pneumoperitoneum, the released air is vented through an open side port and thus is NOT filtered. As such, a viral load can be emitted through this port. This release can be overcome by connecting another smoke evacuator with a ULFA filter to another port or by using a suction irrigator through a separate port. The suction from this port can be connected to a ULFA filter.





6. S-PILOT (UP500S1) Karl Storz

The tube squeeze valve S-PILOT® UP 501 with integrated SCB module is used to clamp off or release a suction tube connected to a vacuum reservoir. The underpressure is generated by a suction pump or via the central vacuum supply of the hospital. The tube squeeze valve can be operated either directly or indirectly. When operated directly, the footswitch 20 0141 30 is connected to the footswitch socket on the S-PILOT®. When the footswitch is actuated, the valve opens for the duration of actuation. The valve closes when the activation signal stops. The tube squeeze valve can also be opened and closed using the button 2 on the S-PILOT® (e.g., by unsterile OR staff). When operated indirectly, the tube squeeze valve is activated via a device connected to the S-PILOT®. The devices are connected to each other either via the S-PILOT® footswitch socket, the KARL STORZ-SCB interface or via a connecting cable (UP 004/UP 005).



7. BBRAUN PG150

This device allows the delivery of CO up to 50 L/min and it has a smoke evacuation system. The device is equipped with a vacuum pump, which has the function of aspirating the fumes. It is supported by a set of disposable tubes and a filtering cassette for the evacuation of the fumes.

