

COVID-19 Insufflation Recommendations

STANDARD INSUFFLATION

Step 1:

Use a suction assisted filtered smoke evacuator connected to a conventional trocar throughout the procedure to reduce risk of gas leakage through trocars.



Step 2:

Ensure all stopcocks are closed prior to and after insertion.
Ensure skin incisions are as small as possible to minimize leakage.



Step 3:

Reduce pressure as low as possible without compromising surgical exposure.



Step 4:

During MIS hysterectomy, care should be taken to minimize gas escape during colpotomy with a vaginal occluder or filtered smoke evacuation devices.



Step 5:

During desufflation, use of a suction/irrigation system with inline filtration or a suction-assisted smoke evacuation device.



Step 6:

If specimen removal is indicated, delay specimen removal until desufflation is complete. Use of a locking grasper or specimen bag may limit fluid release during extraction.



SMOKE EVACUATION MODE (CLOSED LOOP)

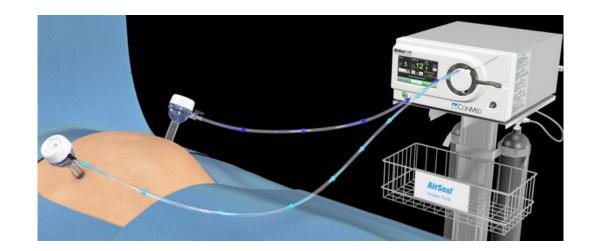
Step 1:

Ensure all stopcocks are closed prior to and after the insertion. Ensure skin incisions are as small as possible to minimize leakage.



Step 2:

Only open stopcocks once they have been securely connected to insufflation or evacuation tubing.



Step 3:

During desufflation, slowly reduce the set pressure to lowest possible setting (5mmHg) and press "STOP".



Step 4:

Use of a suction/irrigation system with in-line filtration or a suction-assisted smoke evacuation device is recommended to remove remaining cavity gas.



▶ AIRSEAL[®] MODE¹

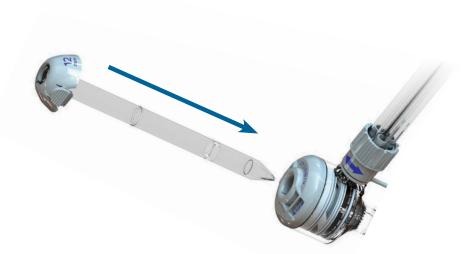
Step 1:

Use a suction assisted smoke evacuator connected to a conventional trocar during and at the end of the procedure to filter surgical smoke and abdominal gas. Not recommended for pediatric patients.



Step 2:

During desufflation, place the obturator back into AirSeal® Access Port or place a gloved thumb over the top of the Access Port.



Step 3:

Slowly reduce the set pressure to lowest possible setting (5mmHg) and press "STOP".



Step 4:

Use of a suction/irrigation system with inline filtration or a suction-assisted smoke evacuation device is recommended to remove remaining cavity gas.



^{1.} If AirSeal Mode is indicated for patients, we recommend augmenting AirSeal Mode with a suction-assisted smoke evacuation system. This should enhance cavity gas evacuation and activate AirSeal Mode's entrainment feature which will reduce the likelihood of cavity gas escaping through the AirSeal Access Port. If using a suction-assisted smoke evacuation system, we recommend setting Smoke Evacuation to LOW on the AirSeal System's graphical user interface (touchscreen) to avoid competition between the smoke evacuation systems During entrainment, filtered gas from the pressure barrier jets is used to maintain pressure. In addition, unfiltered room air may also be introduced to the cavity during entrainment.