



AirSeal[®]
Clinical Publications & Summary Statements

Gynecology

Summary Statements:

- 3 Gynecology studies with over 600 patients demonstrate AirSeal®'s ability to improve patient outcomes through advanced insufflation technology. It enables surgeons to operate safely at a lower IAP, resulting in improved ventilatory metrics and reduced post-op pain, all which contribute to a shorter LOS. ^{9, 10, 12}
- Over 600 patients across 3 Gynecology studies have experienced an overall reduction in cost of care with AirSeal® due to its ability to maintain clear visualization and a stable low pneumoperitoneum pressure during adverse intraoperative conditions (such as colpotomy). When compared to conventional insufflation, these features drive cost savings by promoting procedural efficiency and reducing post-operative pain and length of stay. ^{9, 10, 12,}
- Operating with AirSeal® at low IAP resulted in a clinically relevant reduction in post-operative pain for over 600 patients across 3 Gynecology studies. This is due to its valve-free technology and ability to maintain a stable pneumoperitoneum compared to conventional insufflators. ^{9, 10, 12}

Author	Journal	Publication Type	Focus of Study	Study Design	# of Subjects	Key Metrics	Key Findings
Benifla	Journal of Gynecology Obstetrics and Human Reproduction	Prospective, Randomized	Laparoscopic Gynecology	AirSeal® at 7mmHg vs. SI at 15mmHg	60 Patients (30 AirSeal®, 30 SI)	Post-op Pain, Ventilation Metrics, LOS	Patients in the AirSeal® group: 1. Experienced both a lower incidence and severity of post-operative pain 2. Had lower maximal peak airway pressure 3. Had lower maximal etCO2 4. Had a lower maximal systolic blood pressure 5. Twice as many patients in the AirSeal® group were discharged on the day of surgery (46.7% vs. 23.3%)

Author	Journal	Publication Type	Focus of Study	Study Design	# of Subjects	Key Metrics	Key Findings
Huang	Journal of Robotic Surgery	Prospective, Consecutive	Robotic Gynecology	AirSeal® at 8, 10, & 12mmHg vs. SI at 15mmHg	598 Patients (99 SI at 15mmHg, 100 AirSeal® at 12mmHg, 99 AirSeal® at 10mmHg, 300 AirSeal® at 8mmHg)	Post-op Pain, LOS, Ventilation Metrics	<ol style="list-style-type: none"> 1. Each reduction in intraabdominal pressure corresponded to a significant decrease in initial pain scores and LOS 2. Patients in the AirSeal® 8 & 10mmHg groups had significantly shorter lengths of stay compared to the high-pressure groups (12 & 15mmHg) 3. Each reduction in intraabdominal pressure corresponded to a significant decrease in Peak Inspiratory Pressures (PIP) 4. Each reduction in intraabdominal pressure corresponded to a significant decrease in Tidal Volume (TV)
Buda	Journal of Healthcare	Multicenter, Retrospective	Laparoscopic Hysterectomy, BSO, Sentinel Node Biopsy	AirSeal® at 8-10mmHg vs. SI at 12-14mmHg	152 Patients (84 AirSeal®, 68 SI)	Ventilation Metrics, Post-op Pain, LOS	<p>AirSeal® patients showed:</p> <ol style="list-style-type: none"> 1. Lower incidence of post-operative shoulder pain 2. Lower severity of global pain at 4, 8, and 24 hours 3. Significantly lower etCO2 4. Significantly lower Peak Airway Pressure 5. Significantly lower Systolic Blood Pressure 6. Significantly faster recovery 7. 98% of patients were discharged within 2 days vs. 75% of patients in the standard group
Boualaoui	Clinics in Surgery	Retrospective, Single-center	Lap/Robotic Sacrocolpopexy	AirSeal® vs. Standard Insufflation	34 Patients (17 AirSeal® at 7mmHg vs. 17 Standard Insufflation at 12mmHg)	Operating Time, LOS, Post-op Pain	<p>The AirSeal® group showed:</p> <ol style="list-style-type: none"> 1. A statistically significant difference in the mean operating time (110 minutes in the AirSeal® group vs. 121 minutes in the Standard Insufflation group) 2. Trend towards shorter LOS 3. Trend towards lower post-op pain

Clinical publications and summary statements presented herein are based on information supplied by CONMED. Lawmed is the UK distributor.

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