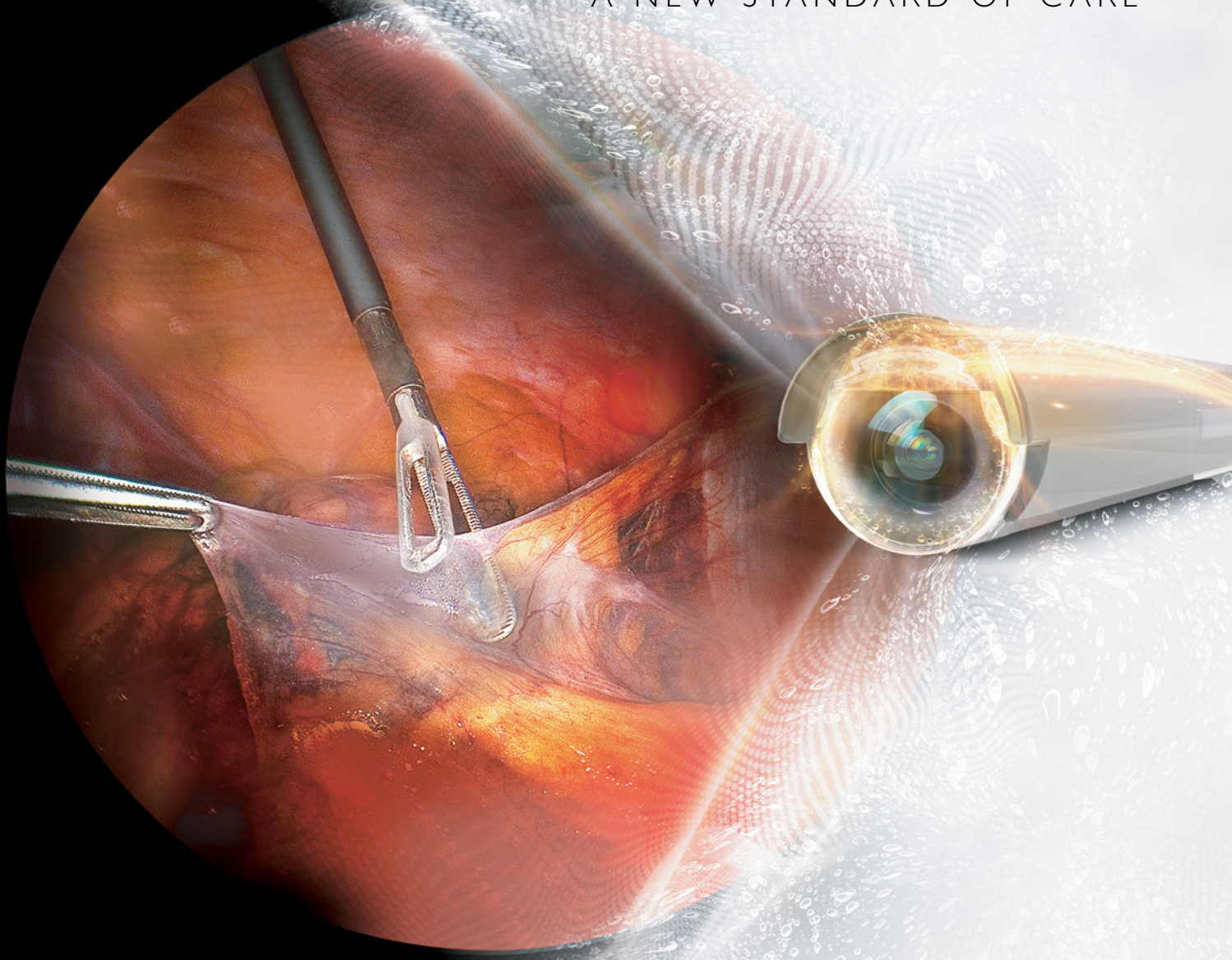
OpClear®

CONTINUOUSVISION

A NEW STANDARD OF CARE



CLARITY
of the surgical site with
intelligent CO_2 flow
at the lens tip

CONTROL
of visual obstructions
with on demand
in-situ lens wash

CONTINUITY
of surgical procedures
minimising scope
removal events

Impaired laparoscopic vision

Impaired laparoscopic vision has been documented as an ongoing frustration in many peer reviewed journals, primarily due to the time required to clean the lens and the disruption caused to surgical flow.[1,2,3] The true impact of impaired vision is only now being understood following a publication by Kings College London on the impact of visual obstructions across 25 procedures in 4 surgical disciplines (colorectal, paediatric, hepatic, general)[4]

Disruption to surgical flow

64 hours of operating time was observed showing

37%

of time was spent with impaired vision from blood or particles on the lens

This equated to

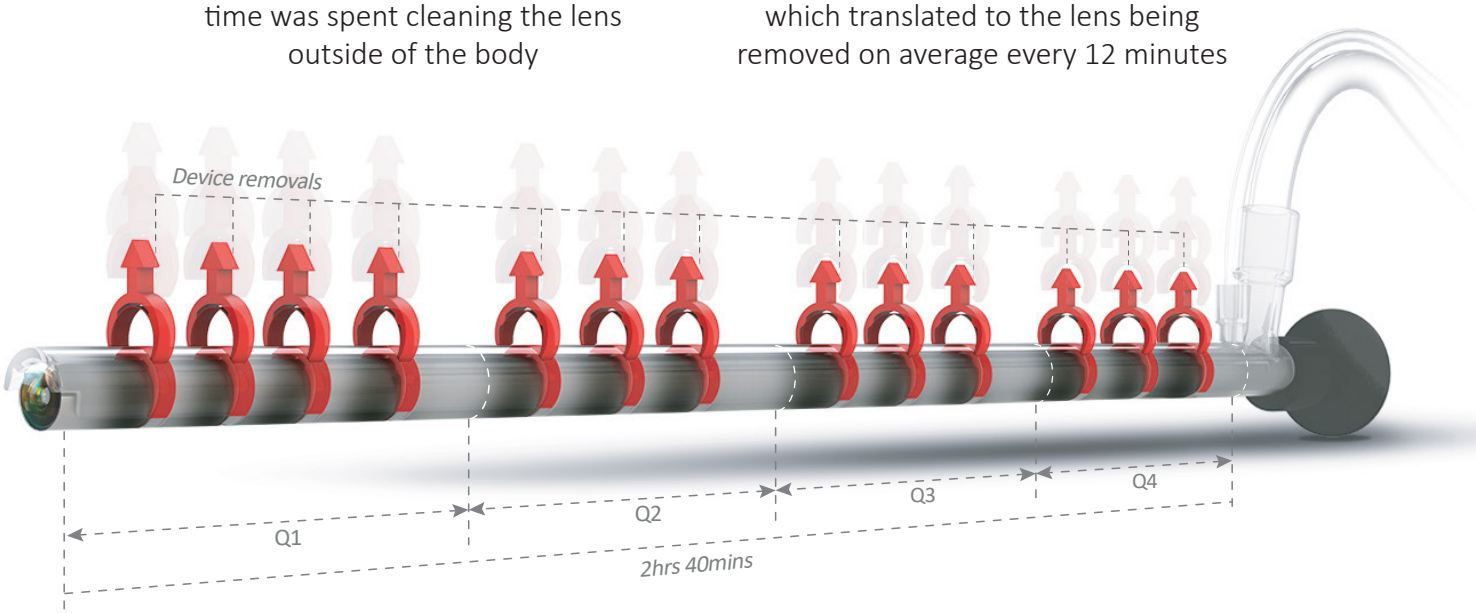
59

minutes

Removal of lens every 12 minutes[6]

The study reported 7% of procedural time was spent cleaning the lens outside of the body

This comprised of 13 lens removal events which translated to the lens being removed on average every 12 minutes



The OpClear® platform

Protects the laparoscope's lens from visual obstructions

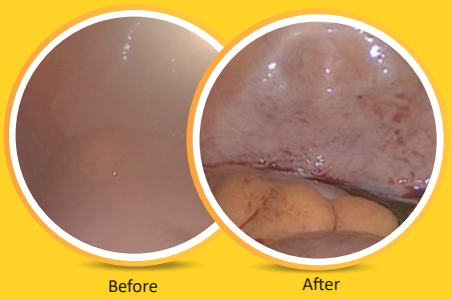
Minimises scope removals and interruption from lens cleaning events[5]

Reduces procedure duration and operating costs[6,7,8]

Maintains a procedural flow associated with fewer surgical errors[9,10]

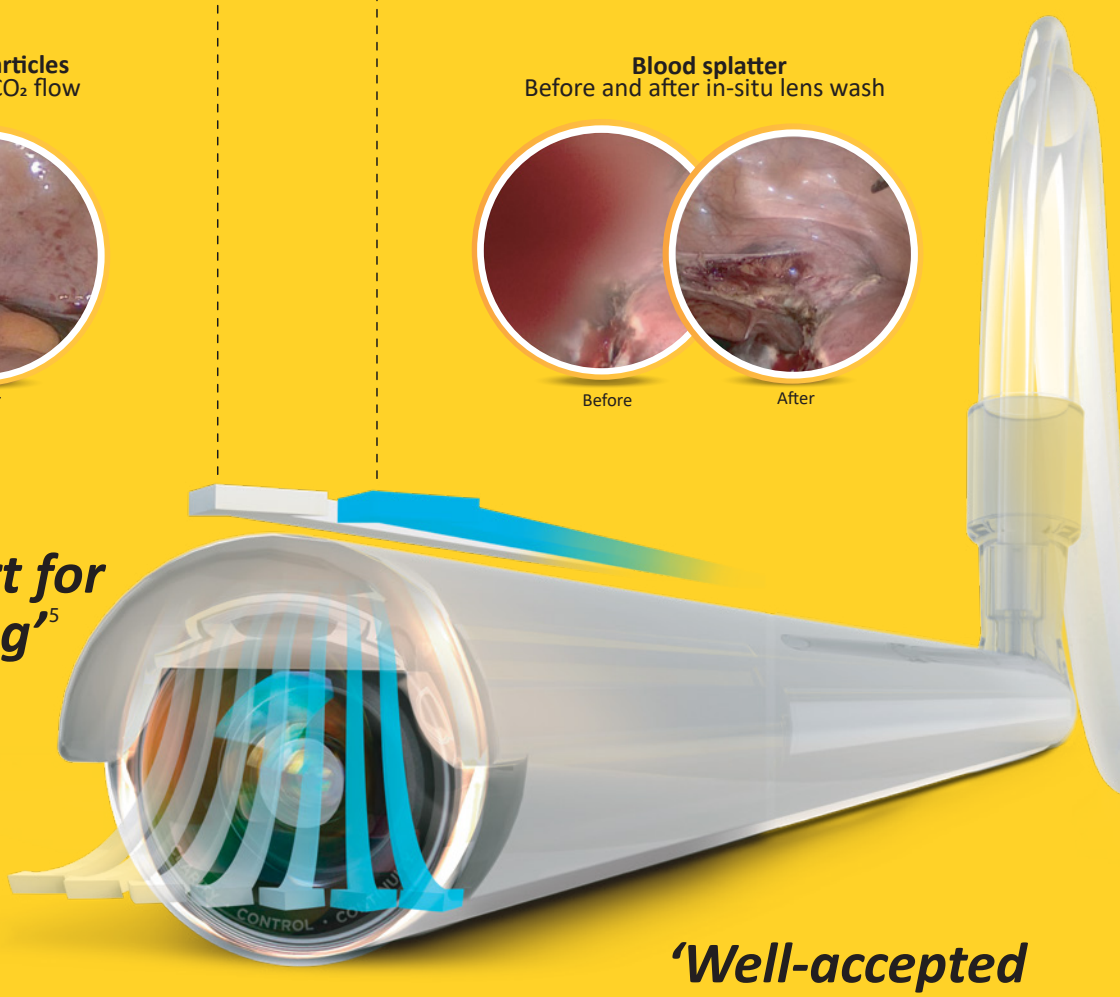
Intelligent CO_2 flow
at the tip of the laparoscope protects the lens from condensation and small particles within the abdominal cavity

Condensation and small particles
Before and after intelligent CO_2 flow



In-situ on demand CO_2 and saline lens wash
rapidly clears larger visual obstructions such as blood or particles from energy plumes to provide continuous vision throughout each procedure

Blood splatter
Before and after in-situ lens wash



'Excellent support for surgical training'[5]

'Well-accepted by theatre staff'[5]

OpClear® reduces operating costs[7,8]

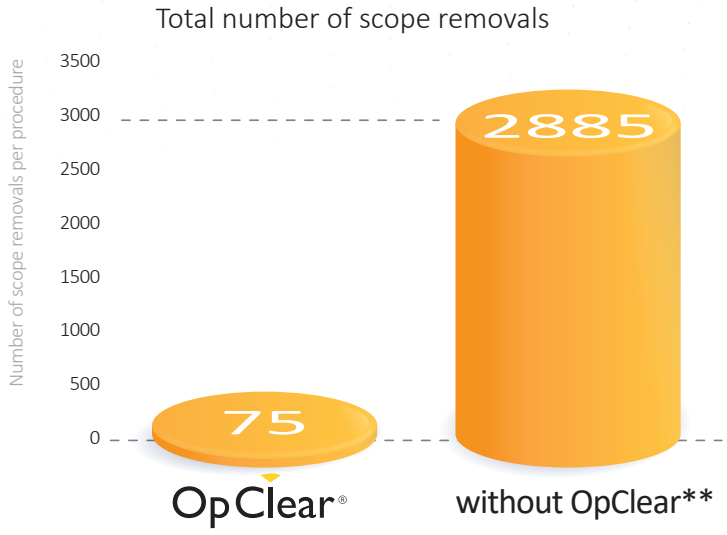
In 348 cases OpClear saved

2810
cleaning events

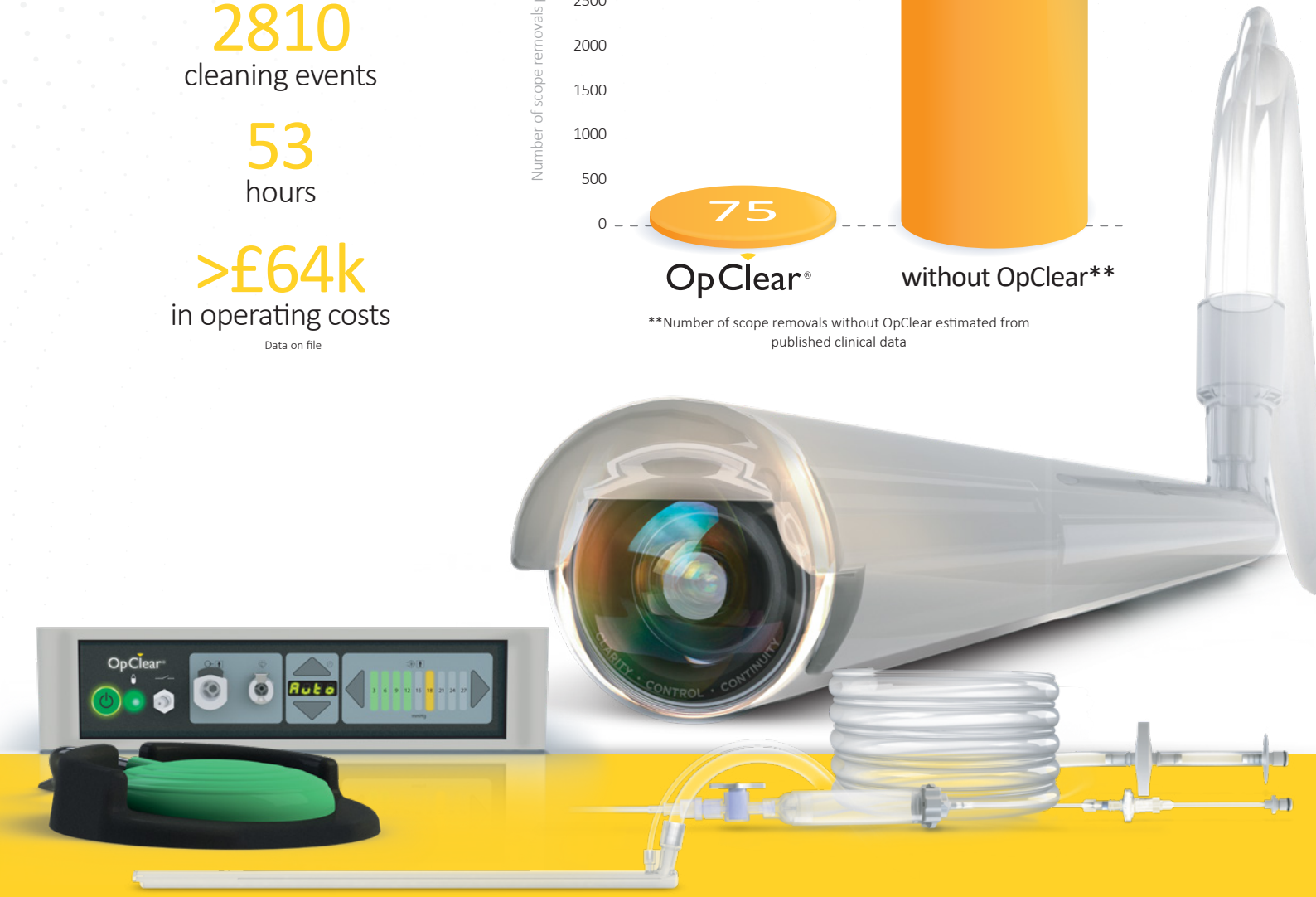
53
hours

>£64k
in operating costs

Data on file



**Number of scope removals without OpClear estimated from published clinical data



Procedures completed with OpClear® reported a 97% reduction in scope removal events[7]

Contact us to schedule an evaluation

www.ciphersurgical.com
@Cipher_Surgical @ciphersurgical

The Venture Centre
Sir William Lyons Road
Coventry, CV4 7EZ
United Kingdom
+44 (0) 2477 170 700
info@ciphersurgical.com

CONTINUOUSVISION
A NEW STANDARD OF CARE

CIPHER SURGICAL

SM-MK-UK-ID-3, Rev 3

References: 1. Song T, Lee DH. A randomized Comparison of laparoscopic lens defogging using Anti-fog solution, warm saline, and chlorhexidine solution (CLEAR). Surg Endosc. 2019 May 28. Epub ahead of print 2. Macia I, Gossot D. Maintaining a clear vision during long-lasting throacoscopic procedures. Interactive CardioVascular and Thoracic Surgery, 2010 Nov;11(5):522-524 3. Cassera M, Goers T, Spaun G. Efficacy of Using a Novel Endoscopic Lens Cleaning Device: A Prospective Randomised Controlled Trial. Surg Innov. 2011 Jun;18(2):150-5 4. Yong N, Grange P, Eldred-Evans D. Impact of laparoscopic lens contamination in operating theatres: A study on the Frequency and Duration of Lens Contamination and Community Utilized Techniques to Maintain Clear Vision Surg Laparosc Endosc Percutan Tech. 2016 Aug;26(4):286-9 5. Ellis J, Field M, Hamsho A, Inston N, Mellor S, Ready A. The use of intraperitoneal laparoscopic cleaning device to enhance operative visibility during laparoscopic donor nephrectomy. Poster presentation at ESOT 2019 6. Ahmed J, Ives S, Hedley C, Bidmead J. An intra-abdominal lens-cleaning device reduces operative duration in laparoscopic excision surgery for DIE: initial results of an in-service evaluation study. Presented at BSGE AGM 2019 7. Data on file at Cipher Surgical 8. Institution for Innovation and Improvement. Improving quality and efficiency in the operating theatre [Internet]. Coventry: NHS; Available from: http://harmfreecare.org/wp-content/files_mf/Improving-quality-and-efficiency-in-the-operating-theatre.pdf 9. Wiegmann D, ElBardissi A, Dearani G, Daly R, Sundt T. Disruptions in surgical flow and their relationship to surgical errors: An exploratory investigation. Surgery. 2007 Nov;142(5):658-65. 10. Silver D, Kaye A, Cornett E, Fox C, Slakey D. Disruption of surgical flow: Perceptions and implications. JACS. 2017 Oct;225(4) Supplement 2: Page e108

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