ConMed

AirSeal® System

The World's only intelligent and integrated access system for laparoscopic and robotic surgery, representing a revolutionary transformation of conventional insufflation, trocar, and filtered tubing systems.

AirSeal® iFS

The AirSeal iFS is the World's first "3-in-1" insufflation management system and features unmatched capabilities in providing a stable pneumoperitoneum, constant smoke evacuation, and valve-free access.
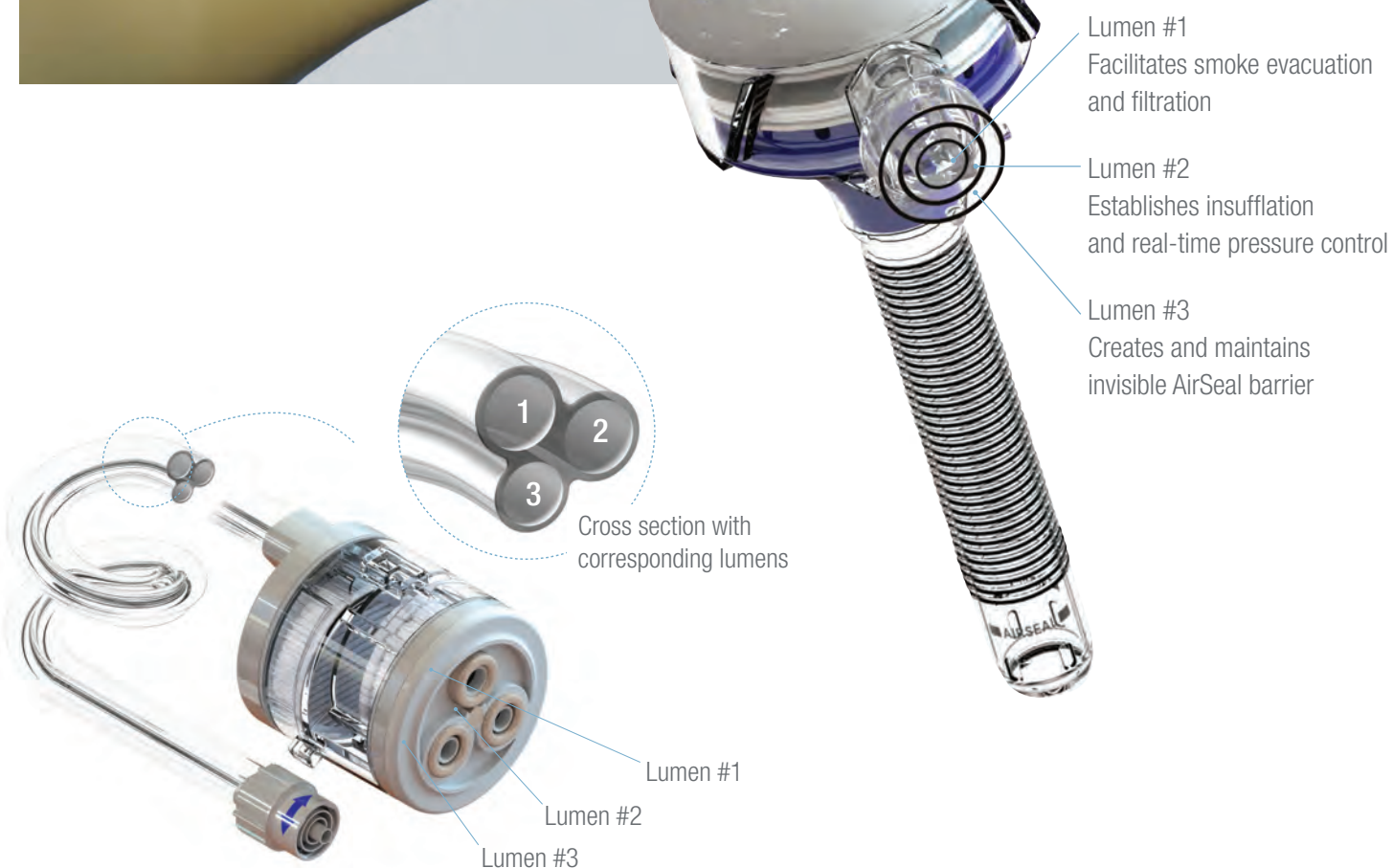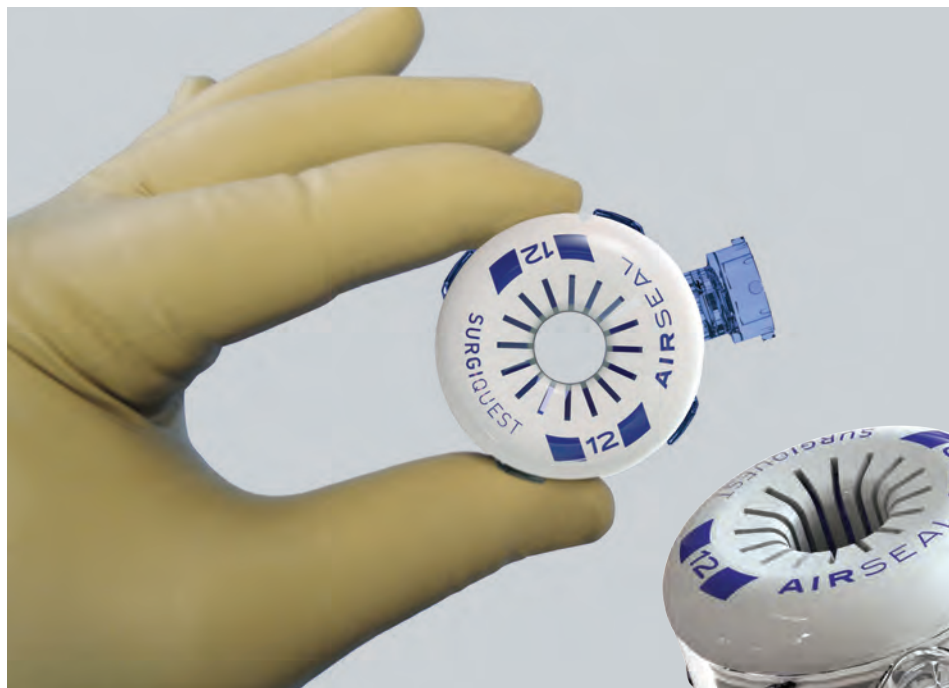

The AirSeal iFS offers three distinct modes of operation, including:

	Stable Pneumoperitoneum	Constant Smoke Evacuation	High Flow Insufflation
AirSeal Mode	■	■	■
Smoke Evacuation Mode		■	■
Standard Insufflation Mode			■

AirSeal® Access Ports

- Valve-free access to abdominal cavity

- Intact specimen removal

- Unimpeded introduction and removal of clips, needles, sutures, and mesh

Lumen #1
Facilitates smoke evacuation
and filtration

Lumen #2
Establishes insufflation
and real-time pressure control

Lumen #3
Creates and maintains
invisible AirSeal barrier

Cross section with
corresponding lumens

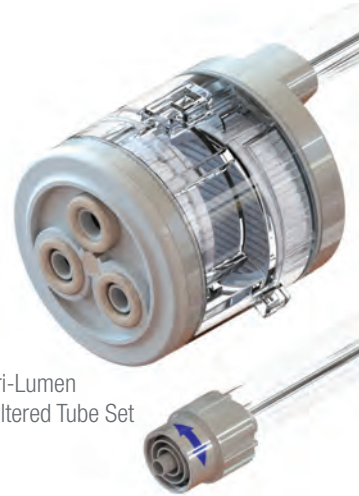Lumen #1

Lumen #2

Lumen #3

AirSeal® Filtered Tube Sets

The AirSeal iFS is capable of operating in three distinct modes, each of which uses a specific filtered tube set to maximize system performance.

Tri-Lumen
Filtered Tube Set

AirSeal Mode

Tri-Lumen Filtered Tube Set

- Optimizes gas flow to provide stable pneumoperitoneum

- Facilitates smoke evacuation and filtration with 0.01μ ULPA filter

- Use with AirSeal Access Port

Smoke Evacuation Mode

Bifurcated, Dual-Lumen Filtered Tube Set

- Provides high flow insufflation

- Facilitates smoke evacuation and filtration with 0.01μ ULPA filter

- Use with two conventional trocars

Bifurcated,
Dual-Lumen
Filtered Tube Set

Standard Insufflation Mode

Single-Lumen Filtered Tube Set

- Provides high flow insufflation

- Use with conventional trocars

Single-Lumen
Filtered Tube Set

Perfect for Robotic and Laparoscopic Surgery

By providing stable pneumoperitoneum, constant smoke evacuation, and valve-free access to the abdominal cavity, the AirSeal® System has been demonstrated to reduce procedure time, resulting in increased operating efficiency.[1]

SURGEON	PATIENT	HOSPITAL
PROCEDURAL PERFORMANCE	**CLINICAL PERFORMANCE**	**FISCAL PERFORMANCE**
Stable Pneumoperitoneum	Improved Pulmonary Compliance[6]	Reduced Operative Time[1]
Constant Smoke Evacuation*	Reduced Narcotic Use[6]	Increased Operating Efficiency[1]
Valve-Free Access	Reduced Operative Time[1]	Reduced PACU Time[7]

*Except when in standard insufflation mode.

Robotic Surgery

Laparoscopic Surgery

Low Impact™ Laparoscopy

Multiple peer-reviewed studies and meta-analyses conclude that Low Pressure Laparoscopy[2,3,4,5] offers significant clinical benefits. This includes reduced analgesic use and length of stay, which can lower healthcare costs, thereby improving hospital profitability. Data also shows that Low Pressure Laparoscopy was previously difficult to accomplish due to the limitations associated with conventional insufflation.[4]

AirSeal System's unique ability to maintain stable pneumoperitoneum and constantly evacuate smoke enables surgeons to operate at lower pressures without compromising exposure. The AirSeal System facilitates Low Impact™ Laparoscopy with well-established clinical benefits for the patients and financial benefits for the hospitals.

References:

[1] George AK, Wimhofer R, Viola KV, Pernegger M, Costamoling W, Kavoussi LR, Loidl W. World J Urol. 2015 Mar 1.

[2] Joshipura VP, Haribhakti SP, Patel NR, et al. A prospective randomized, controlled study comparing low pressure versus high pressure pneumoperitoneum during laparoscopic cholecystectomy. Surg Laparosc Endosc Percutan Tech. 2009 Jun;19(3):234-40.

[3] Yasir, M. Mehta KS, Banday VH, et al. Evaluation of post-operative shoulder tip pain in low pressure versus standard pressure pneumoperitoneum during laparoscopic cholecystectomy. Surgeon. 2012 Apr;10(2):71-4.

[4] Hua J, Gong J,Yao L, et al. Low-pressure versus standard-pressure pneumoperitoneum for laparoscopic cholecystectomy: a systematic review and meta-analysis. Am J Surg. 2014 Jul;208(1):143-50.
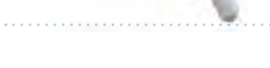
[5] Gurusamy KS, Samraj K, Davidson BR. Low pressure versus standard pressure pneumoperitoneum in laparoscopic cholecystectomy. Cochrane Database Syst Rev. 2009 Apr 15;(2):CD006930.

[6] Sroussi, J, Rigouzzo A, Elies A, et al. Laparoscopic Surgery at low (7mm) pressure with AirSeal® System. Presented at 2013 AAGL Meeting. Publication Pending.

[7] Ramshaw, B., Low Impact Laparoscopic Ventral Hernia Surgery using AirSeal System. 2015 White Paper.

Ordering Information

	Description	Unit of Measure	Qty Per Box	Catalog Number
	AirSeal iFS Intelligent Flow System 120V	Unit	1	AS-iFS1
	AirSeal iFS Intelligent Flow System 230V	Unit	1	AS-iFS2
	AirSeal Cart for use with iFS	Unit	1	AS-iCART
	Tri-Lumen Filtered Tube Set for use with iFS AirSeal Mode	Box	6	ASM-EVAC
	Bifurcated Smoke Evac Filtered Tube Set for use with iFS Smoke Evacuation Mode	Box	6	SEM-EVAC
	Single Lumen Filtered Tube Set for use with iFS Standard Insufflation Mode	Box	10	SIM-TUB
	5mm Access Port and Low Profile Obturator with Bladeless Optical Tip, 100mm Length	Box	6	iAS5-100LP
	5mm Access Port and Low Profile Obturator with Bladeless Optical Tip, 120mm Length	Box	6	iAS5-120LP
	5mm Smooth Access Port with Blunt Tip, 150mm Length (for use with single site surgical platforms)	Box	6	iASB5-150
	8mm Access Port and Low Profile Obturator, with Bladeless Optical Tip 100mm Length	Box	6	iAS8-100LP
	8mm Access Port and Low Profile Obturator, with Bladeless Optical Tip 120mm Length	Box	6	iAS8-120LP
	12mm Access Port and Palm Grip Obturator, with Bladeless Optical Tip, 100mm Length	Box	6	iAS12-100LPi
	12mm Access Port and Obturator, with Blunt Tip, 100mm Length	Box	6	iASB12-100
	12mm Access Port and Palm Grip Obturator, with Bladeless Optical Tip, 120mm Length	Box	6	iAS12-120LPi
	12mm Access Port and Obturator, with Blunt Tip, 120mm Length	Box	6	iASB12-120
	12mm Access Port and Obturator with Bladeless Optical Tip, 150mm Length	Box	6	iAS12-150

Customer Service: 1-877-509-3947 (Option 1)
8:00 a.m. – 6:30 p.m. (EST)
Fax: 1-877-509-3950

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