



# **GYNECOLOGY PROCEDURES**

Procedural set up guide for use with AXIUS 8mm Needle Driver

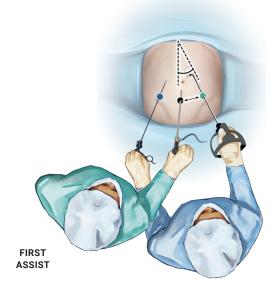
Recommended AXIUS shaft length: MEDIUM

### **CLINICAL & USER ADVANTAGES**

- ▶ Simplifies complex suturing in the confined working space of the pelvis:
  - Enables access for vaginal cuff closure and uterosacral ligament suspension
  - Predictable needle driving motion for uterine wall closure
  - Enables suturing in complex fibroid locations that are challenging without articulation
- Improved quality of suturing and surgeon ergonomics compared to traditional laparoscopic needle drivers<sup>1</sup>

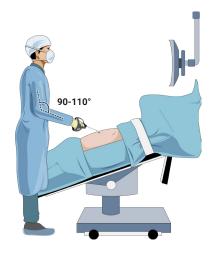
# GENERAL PRINCIPLES FOR ALL AXIUS PROCEDURES

- Surgeon to always use AXIUS in their dominant hand
- ▶ To avoid external collisions:
  - Reduce cross-over of AXIUS shaft with camera:
    - · If AXIUS used in surgeon's right hand, first assist stands on left of surgeon
    - If AXIUS used in surgeon's left hand, first assist stands on right of surgeon
  - Space trocars appropriately (approximately 8cm distance) to reduce collisions
- Triangulation is required to maintain good vision of needle:
  - Avoid placement of AXIUS trocar in same line of camera view
  - Always approach tissue from an angle



SURGEON

# **ERGONOMIC CONSIDERATIONS**FOR PATIENT & TABLE SET-UP



- Secure patient in lithotomy position with their arms tucked to optimize space for AXIUS
- ► **Tilt the table** into steep Trendelenberg position (the further the better) for a more horizontal AXIUS shaft approach
- Adjust the operating table height during AXIUS use to maintain an elbow bend of 90-110°. Use a step to raise the surgeon up if needed
- Lower anesthesia drapes to allow space for surgeon to stand at patient's head or shoulder (see next page)
- "Dance with the device" Continue to adjust feet and body position throughout procedure to keep forearm in line with AXIUS shaft and upper arm next to body

SCAN QR CODE TO VIEW GYNECOLOGY PROCEDURE VIDEOS



### TROCAR PLACEMENT RULES

Standing at the patient's head or at the patient's right shoulder is the optimal position when using AXIUS for a gynecology procedure. This provides the most ergonomic approach and enables efficient use of articulation when suturing in the pelvis.

Do not stand on the patient's left when using AXIUS in right hand – articulation is challenging and uncomfortable from this angle.

Below trocar placements show surgeon using AXIUS in right hand. Mirror placements and surgeon position for left handed use of AXIUS.

Needle choice: When suturing tough tissue, such as vaginal cuff closure, a taper cut (V-34) needle is recommended.

## FOR ALL APPROACHES

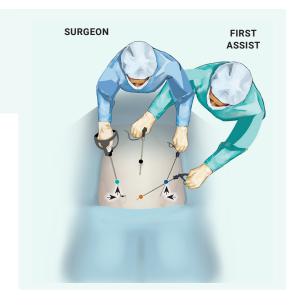
- AXIUS trocar (GREEN 8mm+) placed low and lateral on patient's right side. Do not use a midline or left lateral trocar.
- ▶ Camera trocar (BLACK) placed at or superior of umbilicus.
- First assist's secondary trocar (ORANGE) placed in a midline suprapubic position or lateral and inferior to the camera trocar.
- First assist stands high at the patient's left shoulder for optimal camera angle.
- > Pre-plan with anesthesia to allow space for the surgeon and first assist to stand far enough back.

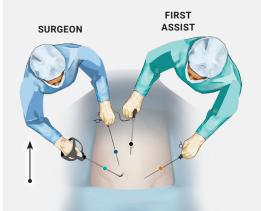
#### **STANDING AT PATIENT'S HEAD (optimal)**

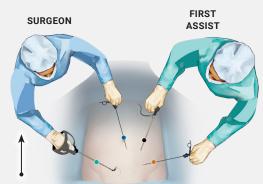
- AXIUS trocar placed approximately 2-3 cm superior and medial to the anterior superior iliac spine.
- Surgeon's secondary trocar (BLUE) mirrors the AXIUS trocar position on the right side.

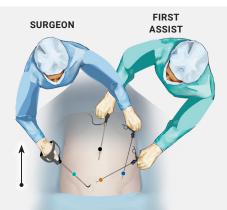
#### **STANDING ON PATIENT'S RIGHT** (alternative)

- AXIUS trocar placed closer to iliac crest.
- Surgeon should stand high at patient's shoulder for optimal approach.
- Surgeon and first assist secondary trocars and camera trocar can be used interchangeably depending on surgeon preference.
  - Using adjacent trocars reduces crossover with first assist and improves ergonomics, although reduced triangulation may reduce ease of access to surgical site.









#### **CONSULT OPERATING INSTRUCTIONS**



The information provided is to improve customer comfort while using the AXIUS 8mm Needle Driver. This is not intended to replace the Instructions for Use (IFU). The document is in no way intended to instruct on surgical techniques, nor does it relate to the safety and/or performance of the device. The instructions, indicated use, contraindications, warnings and precautions are provided in the IFU.