GelPOINT®
Advanced Access Platforms
GelSeal® Cap

Offers a pseudoabdomen platform for excellent triangulation of standard laparoscopic instrumentation.

Facilitates extracorporeal resection and specimen retrieval.

Incorporates insufflation and smoke evacuation capabilities.

Provides a flexible fulcrum for improved instrument articulation.

Maintains pneumoperitoneum for continuous access and visualization.

Self-Retaining Sleeves

“Float” above the incision to maximize the internal working diameter.

Accommodate a variety of instrument widths.

Allow for ample freedom of movement as a result of their low-profile design.

Alexis® O Wound Protector-Retractor

Adjusts to various abdominal wall thicknesses and to incision lengths from 1.5cm to 7cm (GelPOINT) or 1.5cm to 4cm (GelPOINT Mini).

Offers 360 degrees of atraumatic retraction and protection\textsuperscript{1-2} for enhanced exposure, access and cosmetic results.

Allows clear visualization of the wound margins.


GelPOINT and GelPOINT Mini Procedural Applications

The GelPOINT and GelPOINT Mini platforms accommodate a wide spectrum of procedures:

- Cholecystectomy
- Hysterectomy
- Colectomy
- Nephrectomy
- Hernia repair
- Appendectomy
- Oophorectomy
- Gastric sleeve
### GelPOINT Advanced Access Platform

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**Components**

- (1) GelSeal cap
- (1) Alexis O wound protector-retractor: Accommodates 1.5–7 cm incision sizes
- (3) 10 mm sleeves: Accommodate 5–10 mm instrumentation
- (1) 12 mm sleeve: Accommodates 5–12 mm instrumentation
- (1) Obturator for sleeves
- (1) Instrument shield: Optional for added protection

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### GelPOINT Mini Advanced Access Platform

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**Components**

- (1) GelSeal cap
- (1) Alexis O wound protector-retractor: Accommodates 1.5–4 cm incision sizes
- (3) 10 mm sleeves: Accommodate 5–10 mm instrumentation
- (1) 12 mm sleeve: Accommodates 5–12 mm instrumentation
- (1) Obturator for sleeves

Visit [appliedmedical.com/gelpoint](appliedmedical.com/gelpoint) for more information.

Devices listed may not be approved in all markets. Please contact your Field Implementation team member for more information on availability.

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Clinical Bibliography

The clinical papers and posters cited below reference the use of the GelPOINT advanced access platforms for single-site and reduced-port surgery.

COLECTOMY

“We have since gained experience with the GelPOINT device and found it more advantageous for colorectal procedures. Its high outer profile allows use of four or even five trocars with varying degrees of separation to limit clashing and allowing for ample counter traction when needed. In addition, a built in wound protector not only prevents direct contact between the specimen and the abdominal wall, but also secures the port in patients with a high BMI or thick abdominal wall.”


“In all cases, a GelPOINT Advanced Access Platform (Applied Medical, Rancho Santa Margarita, CA) was employed as sole access to the abdominal cavity. Its GelSeal cap provides additional outer working space and the ability to achieve tissue triangulation even with the standard laparoscopic instrumentation that we routinely use.”


HYSTERECTOMY

“Conclusion: LESS (laparoendoscopic single-site surgery) is feasible, safe, and reproducible in gynecology patients with benign and cancerous conditions. Operative times are reasonable and can be decreased with experience.”


SLEEVE GASTRECTOMY

“SILSG (single incision laparoscopic sleeve gastrectomy) has been associated with certain potential advantages, such as improved cosmesis, lower postoperative pain, and fewer wound complications.”

“In all studies assessing the cosmetic outcome, patients who underwent SILSG (single incision laparoscopic sleeve gastrectomy) were significantly more satisfied than those in the LSG (laparoscopic sleeve gastrectomy) group.”


“We initially used SILS® (Covidien) but converted to GelPOINT (Applied Medical), which is currently our standard single-port device for all transumbilical procedures.”

“The presented technique uses the transumbilical approach as the primary means of intra-abdominal access with a 5-mm assistance trocar. Although this technique does not correspond to pure SILS (single-incision laparoscopic surgery), this technique achieves all of the cosmetic advantages of the single-incision approach and adds better instrument triangulation as well as very good visualization and exposure.”

CHOLECYSTECTOMY

“We report a new approach to SILC (single-incision laparoscopic cholecystectomy) with placement of 4 trocars through a GelPOINT device which results in a single surgical scar in the umbilical orifice. This procedure has a short learning curve, similar operating times, and decreased blood loss, compared to traditional laparoscopic cholecystectomy.”


NEPHRECTOMY

“We have found that the advanced access platform (GelPOINT Mini) facilitates triangulation and that flexible instrumentation was not necessary. . . . LESS (laparoendoscopic single-site surgery) nephrectomy is feasible from infants to adolescents and can be taught to senior trainees with existing conventional laparoscopic experience.”


“Conclusions: Our initial experience with laparoendoscopic single site donor nephrectomy is encouraging. This approach to kidney donation without an extra-umbilical incision could become particularly relevant to minimize morbidity in young, healthy organ donors.”

“The use of a specialized umbilical multichannel port may confer specific advantages to the surgeon. In this series the GelPOINT provided greater space for triangulation and, thus, decreased instrument clashing. It also allows easy, rapid modification of port configuration during the procedure, which aids in improving dissection and retraction ergonomics. In this series no extra-umbilical incisions were needed.”


SURGICAL SIMULATION

“Overall, the TriPort may be more challenging for novices to use in learning the LESS (laparoendoscopic single-site surgery) procedure than either the SILS port or the GelPOINT system. The GelPOINT system may offer the most consistent platform for LESS performance and novice skill acquisition.”