



SHAW
SCALPEL

Everis™



THE SHAW SCALPEL SYSTEM

The only surgical scalpel that
seals vessels as it cuts

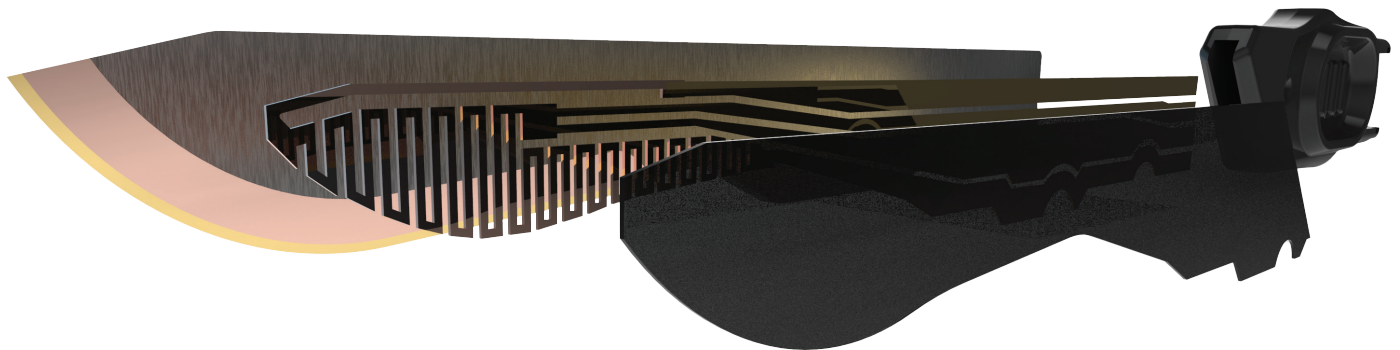
FINE DISSECTION. NERVE PRESERVATION. TISSUE INTEGRITY.

THE SHAW SCALPEL is the only surgical instrument that uses thermal energy (heat) to seal blood vessels as they are incised.

This thermal blade is a hybrid between the traditional steel scalpel and the monopolar cautery, blending the advantages sought from both traditional tools, but notably, without the consequences from electric monopolar cautery.

- Advanced circuitry printed on the blade surface enables precise anatomical dissection with immediate hemostasis.
- This minimizes the risk of nerve injury and tissue necrosis associated with traditional electrocautery.
- The patient is completely insulated from any electric current.
- Unlike other advanced energy devices, there is no muscle excitation or tissue desiccation.
- The surgeon receives the tactile feedback of a traditional steel scalpel sufficient to distinguish tissue types.

The Shaw Scalpel provides surgeons with the utmost precision, visualization and control - everything they need for achieving the best patient outcomes possible.





PROVEN TECHNOLOGY. EXTRAORDINARY OUTCOMES.

Used in over a million
procedures over the last
40 years

40 years of clinical literature support the proprietary use of thermal technology to achieve extraordinary patient outcomes.

Studies note that wound healing both tensile and histologically are not statistically different from those created with the traditional steel scalpel at 6 weeks post-op¹, with the added benefit of drier surgical fields, reduced transfusion rates, unparalleled neural protection, and reduced operative time.

1. Wound Healing and the Shaw Scalpel Dr. Donna Millay, Ted Cook, Robert Brummett, Edward Nelson, Patricia O'Neill Archives of Otolaryngology Head and Neck Surgery – Volume 113 1987



MAKE A DIFFERENCE DURING AND AFTER YOUR PROCEDURES

“

As an experienced head and neck cancer surgeon, I have used the Hemostatix Thermal Scalpel extensively for the past 30 years. It has become an indispensable part of my surgical technique. This instrument minimizes blood loss for the patient, maximizes my surgical efficiency and preserves visibility (very little char) during dissection. It has a very limited radius of energy dispersion (like the bipolar cautery) which is essential for working in the crowded anatomy of the neck where there are so many important nerves, vessels, and other structures in close proximity.”

- Donald B. Kamerer Jr., MD

BENEFITS PATIENTS

- No thermal tissue spread and damage as compared to bovie ESU products – excised tissue is preserved and viable for pathological analysis
- Controls bleeding instantly during surgical dissection, minimizing blood loss during surgery, and thus, dependance on blood bank products
- Can be used around sensitive anatomy (nerves, muscle tissue)
- Patient is insulated from electric current - no need for grounding for use
- Safe for patients with Cardiac Implantable Electronic Devices (CIEDs) and Cochlear implants



BENEFITS MEMBERS OF THE SURGICAL TEAM

- Lower fire risk than traditional ESU products with thermal energy versus spark electricity
- Reduced instrument exchange between steel scalpel and ESU (bovie) products
- Preserve tissue during surgical dissection while applying immediate hemostasis
- Tactile feedback allows for precise surgical dissection around sensitive anatomy
- Drier surgical field may reduce dissection time required to address patient abnormality
- No interference with neuro monitoring
- Reduced need for blood bank products
- Intuitive controller walks through the setup process



BENEFITS **THE HOSPITAL**

- Low capital outlay/acquisition cost for technology adoption
- Applicable to every surgical specialty in the OR
- Portable – placed on an IV pole mount, cart, or other equipment for easy transport





The Shaw Scalpel

A Scalpel that Cauterizes



| ATTRIBUTE | SURGICAL DEVICE | | | | |
|---|-----------------|---|---------------|---|-------------|
| | Shaw Scalpel | Monopolar Electrosurgery ^{1, 2, 3} | Steel Scalpel | Ultrasonic Incision ^{1, 2, 3, 5} | PlasmaBlade |
| COST | | | | | |
| Cost | \$\$ | \$ | \$ | \$\$\$ | \$\$\$ |
| SAFETY | | | | | |
| No collateral electrical injury to tissue | ✓ | | ✓ | ✓ | |
| Eliminates electrical stimulation of tissue | ✓ | | ✓ | ✓ | |
| Avoids interference with pacemakers and implantable devices | ✓ | | ✓ | ✓ | |
| Eliminates grounding pad | ✓ | | ✓ | ✓ | |
| HEMOSTASIS EFFECTIVENESS | | | | | |
| Enables surgeon to set maximum temperature | ✓ | | | | |
| Minimizes collateral thermal damage to vital structures | ✓ | | ✓ | ✓ | ✓ |
| Seals most blood vessels as they are incised | ✓ | ✓ | | | ✓ |
| Enables application of tamponade to seal larger vessels | ✓ | | | ✓ | |
| Minimizes depth of necrosis at surface of incision | ✓ | | ✓ | ✓ | ✓ |
| CUTTING EFFECTIVENESS | | | | | |
| Provides scalpel tactile feedback to distinguish tissue types | ✓ | | ✓ | | |
| Provides tissue incision equivalent to cold scalpel | ✓ | | ✓ | | |
| Incises with low-drag in all tissue types | ✓ | ✓ | ✓ | | ✓ |
| Reduces operating time to both cut and coagulate tissue | ✓ | ✓ | | | ✓ |
| Eliminates tip-to-tissue air gap adjustment during incision | ✓ | | ✓ | ✓ | ✓ |

FOOTNOTES

1. Hashimoto, M., et.al., Viability of Airborne Tumor Cells during Excision by Ultrasonic Device. Hindawi Surgery Research and Practice 2017; 4907576:1-5
2. Barrett, W., et.al., Surgical Smoke—A Review of the Literature. Surgical Endoscopy 2003; 17:979-987
3. Sawchuck, W., et.al., Infectious Papillomavirus in the Vapor of Warts Treated with Carbon Dioxide Laser or Electrocoagulation: Detection and Protection. Journal of American Academy of Dermatology 1989; 21:41-49
4. Baggish, M., et.al., Presence of Human Immunodeficiency Virus DNA in Laser Smoke. Lasers in Surgical Medicine 1991;11:197-203
5. Johnson, G., et.al., Human Immunodeficiency Virus-1 (HIV-1) in Vapors of Surgical Power Instruments. Journal of Medical Virology 1991; 33:47-50
6. Fletcher, J., et.al., Dissemination of Melanoma Cells within Electrosurgery Plume. American Journal of Surgery 1999; 178:57-59



ORDERING INFORMATION

PRODUCT ORDERING INFORMATION

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| 70130006 | SG6 Controller |
| 70139050 | Scalpel Handle for SG6 Controller (1) |
| 70239050 | Scalpel Handle for SG6 Controller (6) |
| 70235810 | #10 Scalpel Blade for SG6 (10 per box) |
| 70235812 | #12 Scalpel Blade for SG6 (10 per box) |
| 70235815 | #15 Scalpel Blade for SG6 (10 per box) |



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