



Why It Matters, Cont'd.

Professional organizations, including the Association of periOperative Registered Nurses (AORN), the National Institute for Occupational Safety and Health (NIOSH), and Occupational Safety and Health Administration (OSHA) recognize surgical smoke as an occupational health concern and recommend strategies to reduce exposure.

Research has shown that surgical smoke consists of approximately:

- 95% water.
- 5% particulate matter, cellular debris, toxic gas, volatile organic compound (VOC).

The Clean Air Initiative

At Everis, we launched the Clean Air Initiative to evaluate whether the lower temperature technology of the Shaw Scalpel® could reduce surgical smoke generation compared to conventional monopolar electrosurgery.

Testing was performed under standardized laboratory conditions, with independent air analysis conducted by SGS Galson, an ISO/IEC 17025-accredited laboratory.

Methods

- Controlled laboratory environment
- Standardized tissue specimens
- Identical incision depth and cutting speed
- Independent air sampling
- SGS laboratory analysis

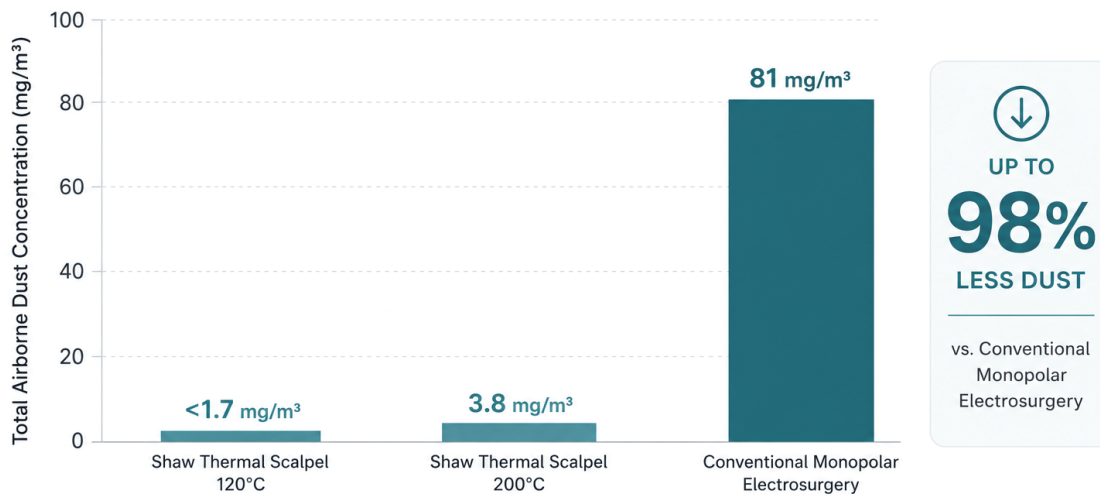
Results

Laboratory testing demonstrated substantially lower airborne dust generation with the Shaw Scalpel® compared to conventional monopolar electrosurgery under the tested laboratory conditions. Total airborne dust was measured using a modified NIOSH 0500 gravimetric method. At 120°C and 200°C, while intermittently utilizing the Max Temp (300°C) button throughout the test, the Shaw Scalpel® measured below the laboratory's limit of quantitation.



Results, Cont'd.

Total Airborne Dust Generated — Laboratory Comparison



Why Shaw Scalpel®?

The Shaw Scalpel® is designed to reduce surgical smoke at its source by minimizing tissue vaporization, achieved by controlling thermal energy at substantially lower operating temperatures (70°C to 300°C) than conventional monopolar electrosurgery. By reducing airborne particulate at its source, the Shaw Scalpel® may help create a cleaner surgical environment while supporting healthcare professionals, hospitals, and patients.

Healthcare Professionals Impact

- Improved visualization
- Less smoke and plume around operative field
- Fewer smoke interruptions
- Reduced exposure to particulate

Hospital Impact

- Supports smoke-free operating room initiatives
- Complements existing smoke evacuation systems
- Aligns with evolving state legislation
- Creates a stronger smoke management strategy

Patient Impact

- Cleaner procedural environment
- Reduced airborne contaminants during surgery

40 Years of Clinical History Meets Leading Edge Technology



Start the Clean Air Conversation

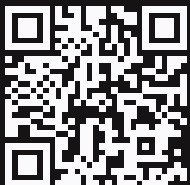
Ask your healthcare team:

- How is surgical smoke currently managed in your operating rooms?
- Is smoke evacuation used consistently during procedures?
- Could reducing smoke generation at its source strengthen your current smoke management strategy?

References

1. Everis Medical. Clean Air Initiative Laboratory Testing. SGS Galson Analytical Report, February 2026.
2. Ulmer BC. The Hazards of Surgical Smoke. AORN Journal. 2008.
3. NIOSH. Control of Smoke From Laser/Electric Surgical Procedures.
4. OSHA. General Duty Clause and workplace safety guidance related to surgical smoke.

® indicates U.S. trademark registration. All trademarks and/or images are the property of their respective owners or holders.



For more detailed product information, including the Instructions for Use, which contains the indication statement, contraindications, precautions, and potential complications, visit www.everismedical.com.

Everis

555 East Eliza St, Ste. A
Schoolcraft, MI 49087 USA
t: 888 902 2239
www.everismedical.com

DOC-16600 Rev 2
Copyright © 2026 Everis

Everis™