

POSITION GUIDE

FOR ROBOTIC CAMERA CONTROL

SOLOASSIST™



INTRODUCTION

Laparoscopic techniques have become the standard for many procedures. Perfect imaging is the basis for safe and effective surgical action. Therefore the stable holding and flexible positioning of the endoscope is of great importance.

The SOLOASSIST supports this in a unique way. In order to obtain the best possible result, it is necessary to position the SOLOASSIST on the operating table in such a way that:

- The situs can be completely viewed.
- Neither the surgeon, nor assistants are obstructed.
- The direct view to the monitor is not hidden.
- No collisions occur between the SOLOASSIST and the surgeon's instruments.

Thanks to the high flexibility of the SOLOASSIST, in most cases it is possible to guarantee the above mentioned points.

This document helps you to find the ideal position of the SOLOASSIST for different procedures. The shown examples are only suggestions. In practice, every user has a slightly different setup, e.g. regarding the trocar positions.

Before the first operation, the positioning of the SOLOASSIST should be discussed with the surgeon. The aim is not for the surgeon to adapt to the device, but for the SOLOASSIST to be positioned in such a way that the surgeon can work with his usual procedure.

ATTENTION! The trocar positions shown in this guide are for illustration purposes only and do not represent a recommendation. The positioning of the trocars is the sole responsibility of the surgeon.

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SYSTEM OVERVIEW



BRIEF SETUP INSTRUCTION

Fasten the SOLOASSIST II to the OP table.



Connect the cable of the control and the power supply to the jacks.



Cover the robotic arm with a STERILE COVER.



Save the TROCAR POINT.

Press the UNLOCK BUTTON, hold it while you lead the TRACER PIN to the point of entry of the trocar. Then press the button "TP" to save the TROCAR POINT.



Mount the ENDOSCOPE CLAMP and the TENSION SLEEVE to the endoscope.



Attach the endoscope to the SOLOASSISTII.



Attach the JOYSTICK to a surgical instrument.



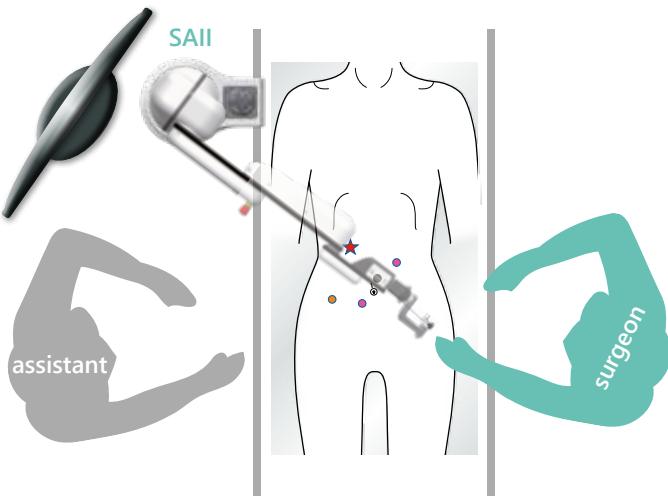
PLEASE NOTE: THIS BRIEF INSTRUCTION DOES NOT REPLACE THE CAREFUL READING OF THE OPERATION MANUAL.

CAUTION: ONLY INTRODUCED STAFF IS AUTHORIZED TO HANDLE THE SOLOASSISTII.

TRY TO INDICATE THE FOLLOWING

- Position of patient
- Operation port position
- Position of assistant and surgeon
- Support port position
- Position of patient arms (adjacent, extended)
- Target organ
- Position of first and second assistant
- Endoscope
- Camera port
- Assistants instrument

CW: CLOCKWISE
CCW: COUNTER CLOCKWISE
SOLOASSIST II



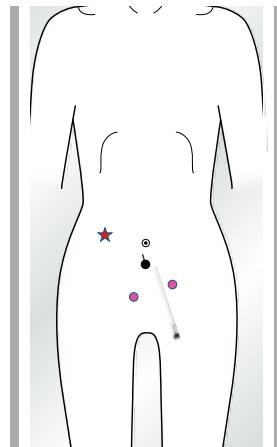
HOW TO GET THE RIGHT POSITION

The following basic rules makes it easy to find a suitable position for the SOLOASSIST. This position may be optimized according to the experience gained during the first interventions.

- Place the SOLOASSIST opposite to the surgeon in a position that a line is formed from the surgeon via the trocar to the device.
- Choose joint position to get a right angle between scope and universal joint.

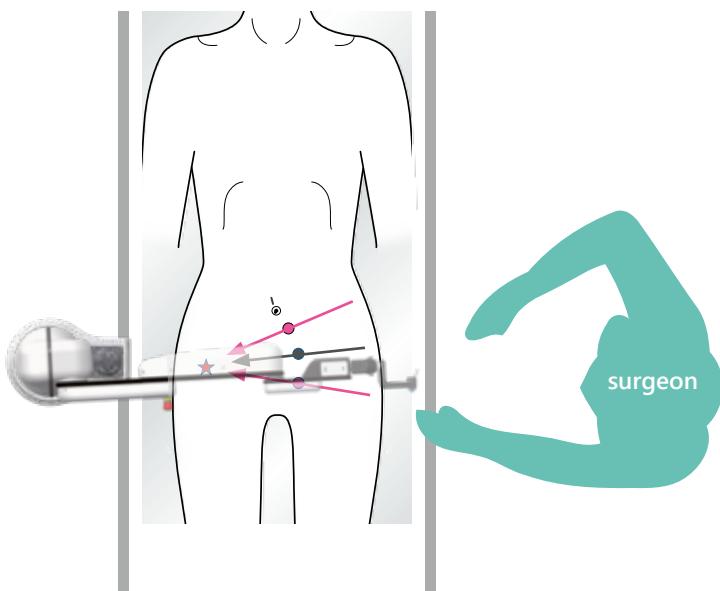
How to change the joint position

1. Pull the joint head forward.
2. Turn the pivot joint into the desired position.
3. Let the joint head lock in again.



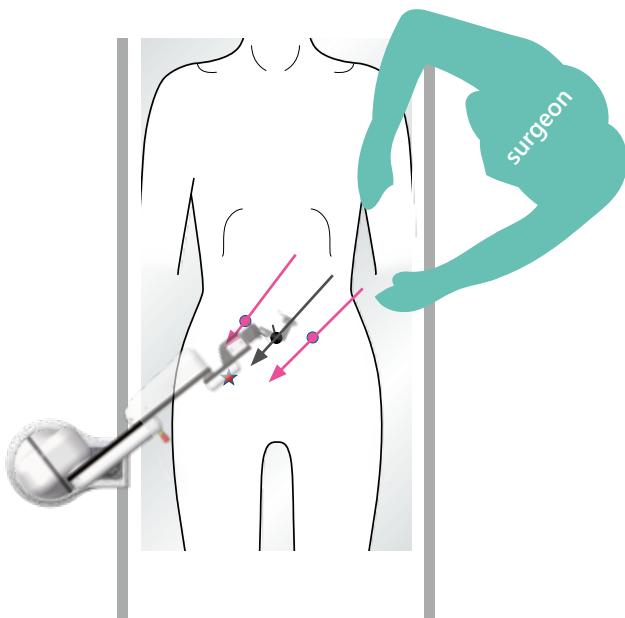
LAPAROSCOPIC APPENDECTOMY

Body position	Supine	Assistant position	-
Number of ports	3	SAll position	Lower right
Scope port	Lower left	Universal joint	0°
Surgeon position	Left	Personal note	



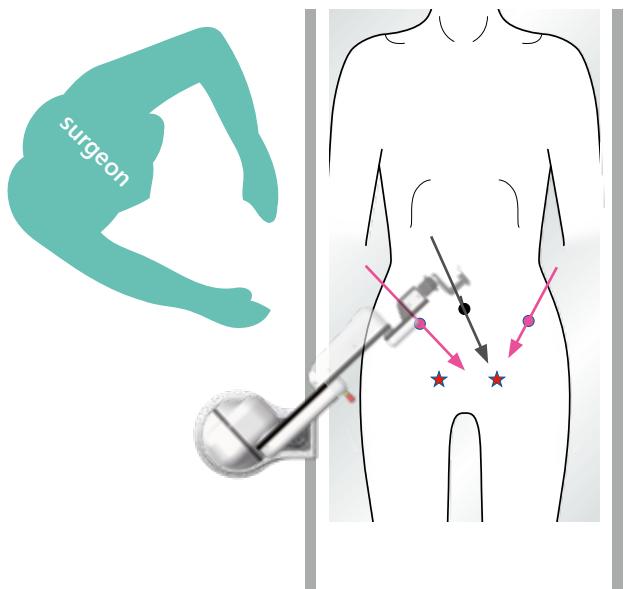
LAPAROSCOPIC INGUINAL HERNIA REPAIR

Body position	Supine	Assistant position	-
Number of ports	3	SAll position	Lower opposite side
Scope port	Umbilicus	Universal joint	45° CW right side hernia 45° CCW left side hernia
Surgeon position	Opposite to affected side	Personal note	



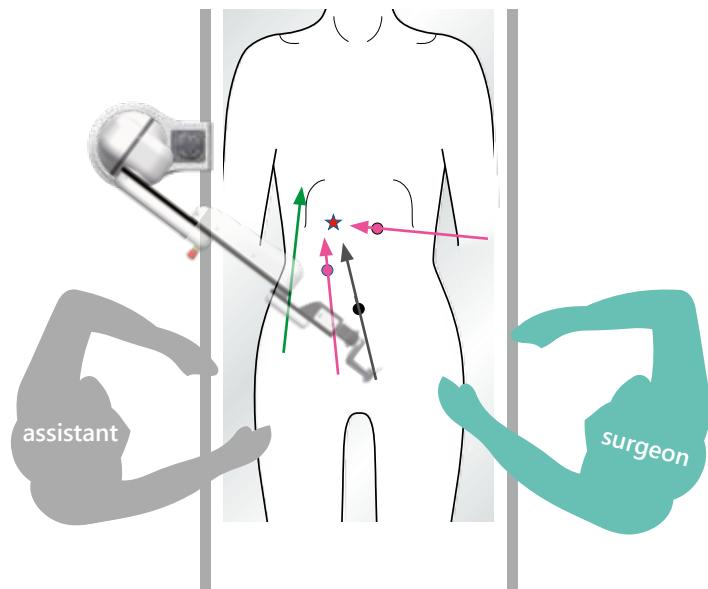
LAPAROSCOPIC INGUINAL HERNIA REPAIR (BILATERAL)

Body position	Supine	Assistant position	-
Number of ports	3	SAll position	Lower opposite to first side
Scope port	Umbilicus	Universal joint	45° CW
Surgeon position	Opposite to first side	Personal note	



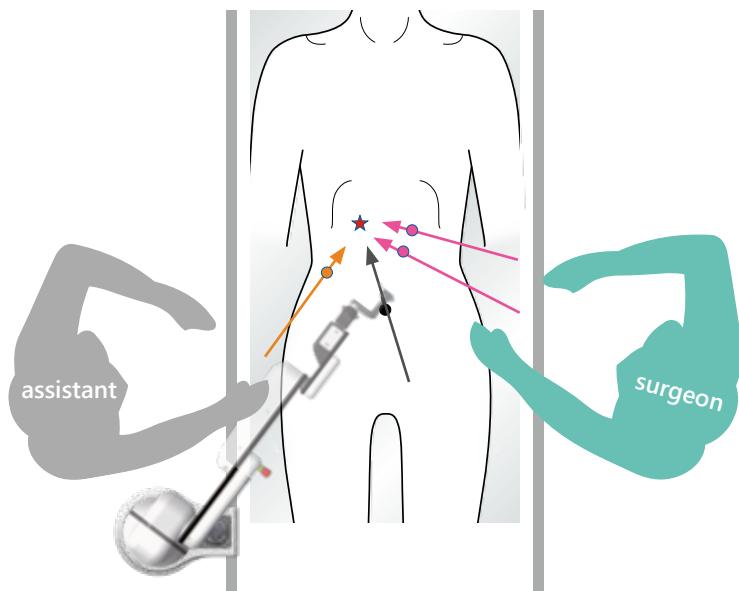
LAPAROSCOPIC CHOLECYSTECTOMY

Body position	Supine	Assistant position	Right
Number of ports	4	SAll position	Upper right
Scope port	Umbilicus	Universal joint	45° CW
Surgeon position	Left	Personal note	



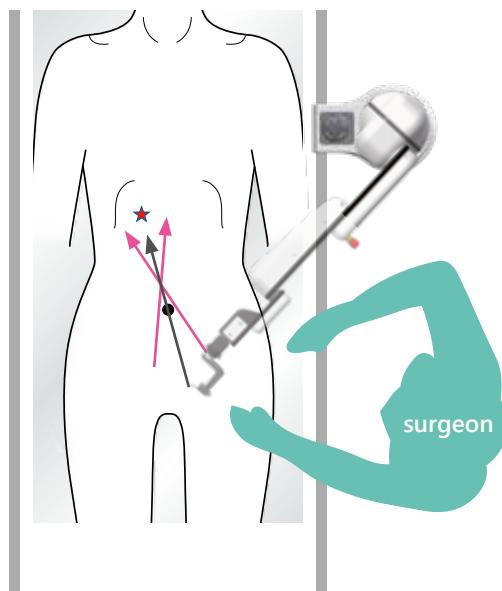
LAPAROSCOPIC CHOLECYSTECTOMY (ALTERNATIVE)

Body position	Supine	Assistant position	Right
Number of ports	4	SAll position	Lower right
Scope port	Umbilicus	Universal joint	90° CW
Surgeon position	Left	Personal note	



LAPAROSCOPIC CHOLECYSTECTOMY (SINGLE INCISION)

Body position	Supine	Assistant position	-
Number of ports	1	SAll position	Upper left
Scope port	Umbilicus	Universal joint	135° CW
Surgeon position	Left	Personal note	

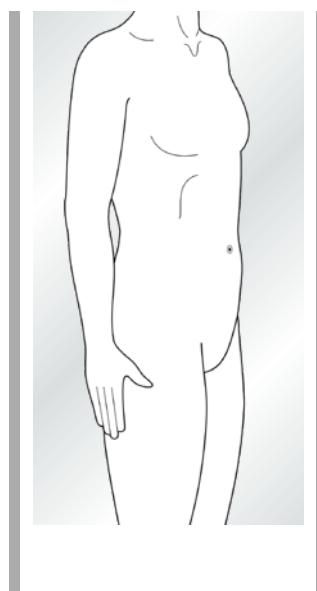
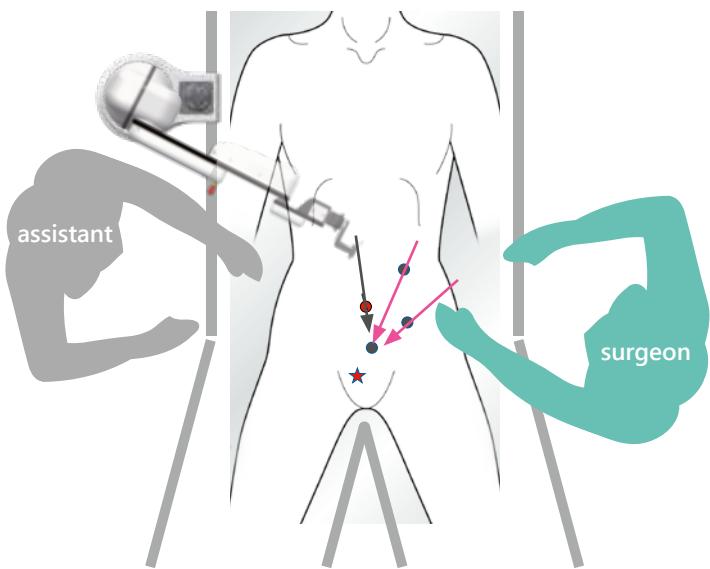


LAPAROSCOPIC HYSTERECTOMY

YOUR PROCEDURE

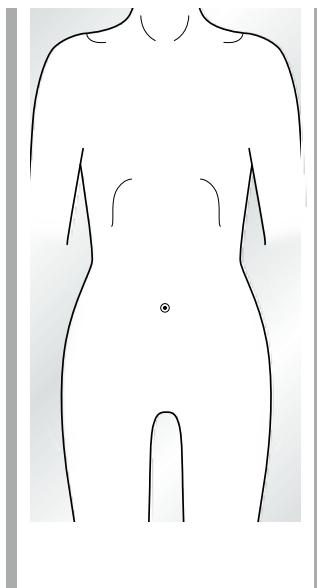
Body position	Lithotomy	Assistant position	Right
Number of ports	4	SAll position	Upper right
Scope port	Umbilicus	Universal joint	45° CCW
Surgeon position	Left	Personal note	

Body position		Assistant position	
Number of ports		SAll position	
Scope port		Universal joint	
Surgeon position		Personal note	



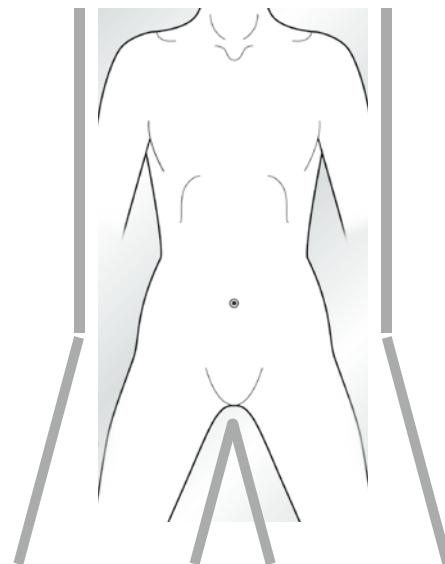
YOUR PROCEDURE

Body position		Assistant position	
Number of ports		SAll position	
Scope port		Universal joint	
Surgeon position		Personal note	



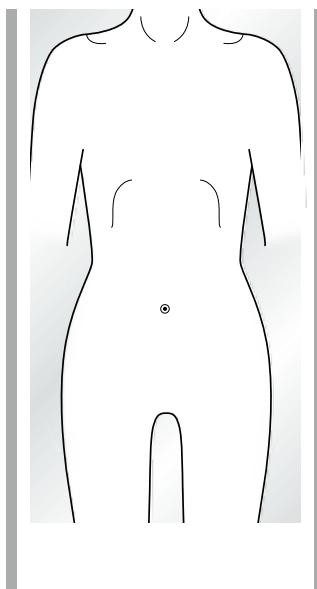
YOUR PROCEDURE

Body position		Assistant position	
Number of ports		SAll position	
Scope port		Universal joint	
Surgeon position		Personal note	



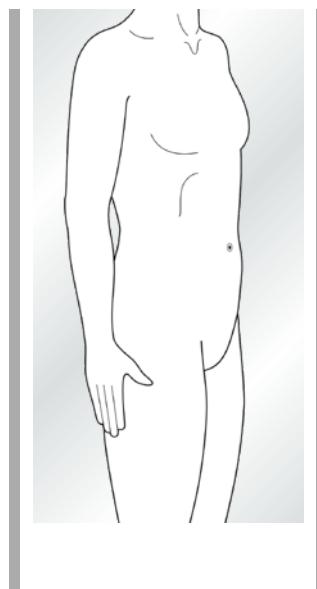
YOUR PROCEDURE

Body position		Assistant position	
Number of ports		SAll position	
Scope port		Universal joint	
Surgeon position		Personal note	



YOUR PROCEDURE

Body position		Assistant position	
Number of ports		SAll position	
Scope port		Universal joint	
Surgeon position		Personal note	





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