



SURGEON EFFICIENCY AND FOCUS
 Searching for the foot pedal is time-consuming & distracting. Activating bipolar by hand keeps the surgeon's focus in the surgical field & uses dexterity of hand versus clumsiness of foot.

SAFER FOR OR STAFF
 Having the OR staff reposition the foot pedal is time-consuming, distracting & places the clinician on the floor & out of the sterile field potentially exposed to blood-borne pathogens. Our survey data suggests that this occurs an average of 2.4x per surgery.

SAVES OR COSTS
 Less time searching for the pedal or having the nurse reposition means less OR time at \$100/minute.

MINIMIZES ACCIDENTAL ACTIVATION OF WRONG PEDAL
 Removing the need for a foot pedal to activate bipolar forceps minimizes the chance of stepping on the C-arm foot pedals or other foot pedals under the OR table.

REDUCES NUMBER OF CONTAMINATION SOURCES
 Elimination of the bipolar forceps foot pedal removes one more piece that harbors potential blood loss born pathogens.

SAFER FOR PATIENTS
 Monopolar electrocautery carries increased risk in patients with pacemakers, CNS stimulators, and other implants.

REDUCES SURGEON & STAFF FATIGUE
 Bipolar forceps can be used dozens of times in a single surgery, and looking for the foot pedal every time contributes surgeon fatigue.

REDUCES BLOOD LOSS
 Less time searching for the foot pedal to activate electrocautery means less blood loss.

Quality & Safety

- Why "switch" to BiPAD[®]**
1. Faster than foot pedal.
 2. Reduces blood loss.
 3. Saves OR cost.
 4. Seamless conversion.