

STEPHEN COHEN: My name is Stephen Cohen. I'm a colorectal surgeon from Atlanta, Georgia. I am in practice with eight other board certified colon and rectal surgeons. Our expertise really encompasses all aspects of the field of colon and rectal surgery. That includes colonoscopy, diseases of the colon and rectum, such as inflammatory bowel disease, diverticulitis, colorectal cancer, the functional disorders of the GI tract, as well as all of the rectal diseases, such as hemorrhoids, fissures, fistulas, and abscesses.

This is going to be an open colectomy using the THUNDERBEAT. This is a patient with chronic diverticulitis. She has had three attacks of diverticulitis and is now presenting for a low anterior resection. I am using the THUNDERBEAT here for sealing and cutting the mesentery.

After the bowel is freed up from the lateral sidewall, I now have to resect the sigmoid colon with the diverticulitis. The mesorectum has a lot of small blood vessels. I am using the THUNDERBEAT to clamp and seal and cut the mesorectum. It is evident the speed of the THUNDERBEAT allows me to come across this quite quickly, but it gives me good satisfaction and reliability that I am not leaving any bleeding blood vessels behind. The combination of the ultrasonic and bipolar technology allows me the accuracy to come across these blood vessels with speed, yet precision.

The branches of the inferior mesentery artery need to be sealed and cut. I am using the THUNDERBEAT instrument to safely and accurately seal and cut this part of the mesentery. If you come across a larger blood vessel, up to seven millimeters as I will point out here, that is a very large blood vessel.

There is a nice feature on the THUNDERBEAT that allows me to seal, hold it for a few seconds, and then cut and seal with the second button. This gives me the assurance that when I'm using the THUNDERBEAT instrument that I'm not going to leave any bleeding behind. The THUNDERBEAT can be used for vessels up to seven millimeters quite reliably, safely.

And you can see here on the mesentery, these are some very large blood vessels pulsating. And there is no evidence of any bleeding, no evidence of any problems by using the THUNDERBEAT. Coming across now the mesentery of the bowel, these can also be very large blood vessels. But again, the THUNDERBEAT very reliably allows me to seal and cut

these blood vessels safely as well as quickly.

I need to fully mobilize the proximal bowel in order to create a tension free, well-vascularized anastomosis. Any location where you're coming across blood vessels rather than clamping and tying them, the THUNDERBEAT gives you the precision necessary to seal and cut these blood vessels. Here is the mesentery that's much closer to the bowel. There's very little lateral thermal spread that can occur by the use of the THUNDERBEAT. So even if you were performing this laparoscopically, you can rely on the safety of the THUNDERBEAT.