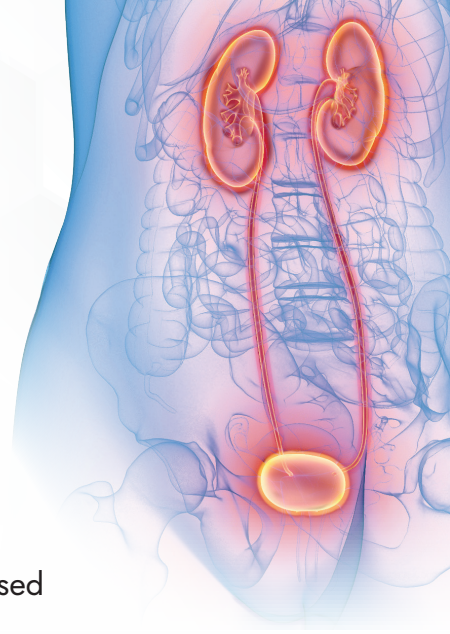


# Argon Beam Coagulation in Urology



Whether considering Warm Ischemia Time (WIT) or On-Clamp Time, kidney procedures are always a battle against the clock. That's why surgeons choose Argon Beam Coagulation (ABC<sup>®</sup>) to provide rapid, effective hemostasis<sup>3</sup> that reduces procedure time.<sup>2</sup> ABC<sup>®</sup> provides a low depth of coagulation and decreased thermal damage to tissue,<sup>2,4,†</sup> all while reducing intraoperative blood loss.<sup>1,2,†</sup>

### Improving patient outcomes,

ABC<sup>®</sup> has been shown to:

- Achieve the oncology trifecta in 78.2% of patients<sup>1</sup>
  - Negative margins
  - WIT ≤ 25 min
  - No perioperative complications
- Reduce risk of tumor recurrence<sup>1†</sup>
- Result in significantly less eGFR decrease, p=0.006<sup>1†</sup>

### Benefiting surgeon technique,

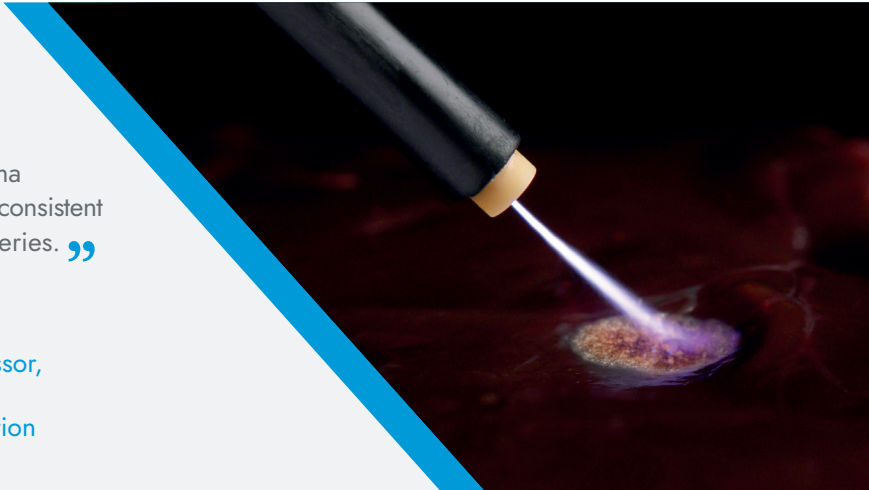
ABC<sup>®</sup> has been shown to:

- Result in a significantly shorter WIT on average, p=0.03<sup>1†</sup>
- Be associated with patients who had ≤25min WIT<sup>1</sup>
- Lead to more off-clamp procedures<sup>1</sup>
- Reduce the chance of re-bleeding<sup>3†</sup>
- Reduce need for additional hemostatic agents<sup>2,3†</sup>

“I use ABC<sup>®</sup> in all my kidney transplants, in particular for achieving hemostasis on the kidney capsule and in the retroperitoneum. Due to the shallow nature of coagulation, it tends to cause less cellular injury to the kidney parenchyma compared to monopolar electrocautery. It provides quick and consistent hemostasis and saves me significant time during these surgeries.”



– **Kunal Yadav, MD, FACS**  
Transplant Surgeon and Assistant Professor,  
Director of Pancreas Transplantation,  
Department of Urology and Transplantation



## Integrating ABC<sup>®</sup> Technology into Your Practice

Primary Applicable Procedures	Surgical Approach	Recommended ABC <sup>®</sup> Settings
<ul style="list-style-type: none"> <li>• Partial Nephrectomy</li> <li>• Radical Nephrectomy</li> <li>• Kidney Transplant</li> <li>• Donor Nephrectomy</li> <li>• Tumor Debulking or Cytoreduction</li> </ul>	Open	Mode: ABC <sup>®</sup> Open Power: 70W <sup>1</sup>
	Laparoscopic	Mode: ABC <sup>®</sup> Lap Power: 70W <sup>1</sup>



This is all made possible by the HelixAR™ ABC® System, the latest advanced energy generator for CONMED's proprietary energy algorithm: ABC® Technology.



## READY TO TRANSFORM YOUR PRACTICE AND THE LIVES OF YOUR PATIENTS?

Contact your local CONMED rep to schedule a trial of the HelixAR™ ABC® System.

### ORDERING & PRODUCT INFORMATION

DESCRIPTION	CATALOG NUMBER
<b>HelixAR™ ABC® System</b>	
HelixAR System, ABC Generator and Cart	60-8800-SET
HelixAR System, ABC Generator and Cart, with Monopolar and Bipolar Footswitch	60-8800-SYS
<b>Argon Gas</b>	
Tanks D Size with 33 Cubic Feet (934.46 liters) capacity 99.998% Pure Argon Gas included	136050
Empty D Size with 33 Cubic Feet (934.46 liters) capacity	136051
<b>Open ABC® Handpieces</b>	
3" (7.6cm) Bend-A-Beam® Handpiece with 10' (3.05m) Cord. Single Use, Sterile 10/case	134003
6" (15.2cm) Bend-A-Beam® Handpiece with 10' (3.05m) Cord. Single Use, Sterile 10/case	134006
9" (22.8cm) Bend-A-Beam® Handpiece with 10' (3.05m) Cord. Single Use, Sterile 10/case	134009
Triple Option Handpiece with 10' (3.05m) cord Single Use, Sterile 10/case	130321
<b>Laparoscopic ABC® Probes</b>	
28cm x 5mm Hand Control ABC® Probe with 10' (3.05m) Cord Single Use, Sterile 10/case	160656
36cm x 5mm Hand Control ABC® Probe with 10' (3.05m) Cord. Single Use, Sterile 10/case	160636
44cm x 5mm Hand Control ABC® Probe with 10' (3.05m) Cord. Single Use, Sterile 10/case	160644
28cm x 5mm Foot Control ABC® Probe with 10' (3.05m) Cord Single Use, Sterile 10/case	130342
28cm x 10mm Foot Control ABC® Probe with 10' (3.05m) Cord Single Use, Sterile 10/case	160655

† When compared to conventional techniques.  
‡ Based on the opinion of attending surgical staff.

#### REFERENCES

1. Tarim K, Kilic M, Koseoglu E, Canda AE, Kordan Y, Balbay MD, Acar O, Esen T. (2021). Feasibility, safety and efficacy of argon beam coagulation in robot-assisted partial nephrectomy for solid renal masses ≤ 7 cm in size. J Robot Surg. 671-677.
2. Hernandez AD, Smith JA Jr, Jeppson KG, Terreros DA. (1990). A controlled study of the argon beam coagulator for partial nephrectomy. J Urol. 1062-1065.
3. Dunham C, Cornwell EI, Brathwaite C, & Militello P (1989). Experience with the argon beam coagulator in critically injured patients. Panam J Trauma, 1, 81-85.
4. Based on CONMED internal ex-vivo protocol: "ABC vs Spray Coag - Thermal and Tissue Effect Comparison Engineering Memo #801-21958."

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