Microwave Assisted Formal Right Hepatectomy*
Steven Trocha, M.D., Greenville, SC

**Blood loss:**
170 cc includes right hepactomy, non-anatomic resection, and target ablation

**Follow-up:**
100% of target tissue ablated

**Advantage:**
Successful pre-transection coagulation enabled minimal blood loss & a dry surgical field

**Case study highlights:**

1. Dr. Trocha makes sure probes are inserted at least 1mm beyond the solid green area of the probes.
2. Two ablation probes used to create a plane of ablated tissue prior to transection.
3. Microwave energy delivered in 20 second bursts at 65W per probe.
4. After first pass of microwave ablation, Dr. Trocha transects through parenchyma with a scalpel.

15 minutes of active ablation
Microwave Assisted Formal Right Hepatectomy continued...

5 Second pass of microwave energy applied deeper into the liver parenchyma.

6 Procedure completed in combination with ECHELON FLEX™ ENDOPATH® Stapler for larger vascular structures.

7 Visualization of liver specimen transection plane.

8 Assessing transection plane on liver remnant.

Results: “As we transected across, we were able to maintain a fairly bloodless field by combining pre-transection microwave coagulation and vascular stapling for larger venous structures.”

— Steven Trocha, MD, Greenville, SC

DISCLAIMER:
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The NEUWAVE™ Microwave Ablation System is cleared for the ablation (coagulation) of soft tissue in percutaneous, open surgical and in conjunction with laparoscopic surgical settings. The NEUWAVE™ Microwave Ablation System is not cleared for treatment of any specific disease or condition. The NEUWAVE™ Microwave Ablation System is not indicated for use in cardiac procedures. The system is designed for facility use and should only be used under the orders of a clinician. Clinicians should exercise their independent medical judgment in use of the system.

*One hospital’s experience. Results may vary.

Steven Trocha, M.D., is a paid consultant of NeuWave Medical, Inc.
Laparoscopic Approach for 2cm Left Renal Mass*
John Lyne, M.D., Pittsburgh, PA

Lesion:
2cm X 2cm mass, upper pole, left kidney

Approach:
Procedure was performed laparoscopically, under general anesthesia in the operating room.

Result:
Technical success. No immediate complications were noted post procedure.

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1. Pre-op MRI showing 2cmx2cm renal lesion on upper left kidney.
2. Partially exophytic lesion visualized after tissue dissection.
3. PR20 ablation probe placed using intra-operative ultrasound.
4. Ablation #1 performed at 65W for 5 minutes.

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Case study highlights:

10 minutes of active ablation
**Laparoscopic Approach for 2cm Left Renal Mass continued…**

5  Probe repositioned and the lesion was ablated for an additional 3 minutes.

6  Lastly, the base of the lesion was ablated for a total of 2 minutes.

7  Topical hemostatic agent applied.

8  Ablation zone visualized and confirmed on intra-operative ultrasound.

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