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**BIPAD: GETTING STARTED: HOSPITAL PURCHASING**

**Overview:**

The BiPAD device is meant to be highly adaptable for every surgical specialty and situation. If the situation calls for bipolar electrocautery, BiPAD sterile cords can fill the need. The surgeon has the option of not installing the actuator assembly in which case the BiPAD cord has an equivalent form factor to the BiPAD cord.

**What is BiPAD?**

The first thing to understand Is that the BiPAD device is actually a sterile cord that replaces the bipolar cord you currently use. The only difference is that our cord provides a hand switch for bipolar forceps electrocautery in a manner similar to the hand switch found on the monopolar or Bovie® pencil.

**QUALITY INITIATIVE:**The BiPAD cord was borne out of concern for nursing staff having to crawl on the floor under the operating table during surgery to reposition the foot pedal. This is eliminated with BiPAD. BiPAD also eliminates the delay caused by the surgeon having to find the foot pedal before each activation thereby reducing blood loss and burden on the surgeon.

**Why is BiPAD better?**

1. Easier and faster to setup than a standard cord - no foot pedal setup required.
2. No need to crawl under the operating table during surgery tor move the foot pedal.
3. No need to setup the foot pedal or apply a protective covering.
4. No need to replace or repair the foot pedal.
5. Increased ease of OR cleanup after a case - the entire BiPAD cord and hand switch is disposable.
6. No need to stop surgery to replace a broken foot pedal.
7. The hand switch means that the surgeon can always turn on bipolar electrocautery, no need to stop to find the foot pedal.
8. BiPAD means one fewer foot pedal under the operating table and this might translate into decreased frequency of erroneous activation of the wrong foot pedal.

**Ease of setup - Two Steps to Setup of the BiPAD cord:**

1. Plug the BiPAD into the electrocautery generator.
2. Attach the forceps taking into consideration the handedness of the surgeon. For right handed surgeons the forceps should be attached such that the BiPAD hand switch is on the right side. For left handed surgeons, the forceps should be attached such that the BiPAD hand switch is on the left side.
3. Done!

**BiPAD IS designed with surgeons who do not like change:**

1. Staff can provide the surgeon with the hand switch and the foot pedal at first.
2. The scrub can revert the BiPAD forceps cord into a conventional bipolar cord by simply removing the actuator assembly and providing the surgeon with the bipolar electrocautery foot pedal.
3. The scrub nurse can also revert the BiPAD to a nearly standard cord by simply removing the external arm - simply slide it all the way out.
4. In order to ease the transition to hand activation, the BiPAD cord allows for activation by the hand switch and/or by the foot pedal.
5. The length of the BiPAD external arm can be changed by sliding it up or down. Or it can be completely removed if the surgeon feels it is necessary to accommodate an unusual situation.
6. Removability of the actuator assembly and the actuator arm is provided to give the surgeon comfort in knowing that this new way of switching bipolar forceps current will work for whatever situation they encounter as well or better than a conventional bipolar cord.