## Recommendations for patient preparation

### 1. Place the patient in an electrically insulated position

- Place the patient on an electrically insulated pad in dry condition.
- Make sure that the arm supports are covered with insulating covering.
- Remove body jewelry (piercings, rings, chains, watches, bracelets, removable dental prostheses); taping over jewelry is not sufficient.
- Position arms and legs so that they are insulated from the body by positioning them at an angle or by interposition of cloths; avoid skin-to-skin contact if there are skin folds or breast folds (by interposition of dry gauze).
- The patient must not touch any electrically conducting objects (IV stands, tubes).
- Dry any liquids underneath the patient during the intervention. Change NE as soon as liquids get underneath the NE.

### 2. Select a suitable neutral electrode (NE)

- Check NE and cable for external damage before application. If damaged, do not use the product!
- Only split NEs are monitored by the safety system.
- Do not use non-split NEs for adults.
- For infants, use appropriate NE.
- We recommend the NESSY® Q, which can be positioned in any direction.

### 3. Select the position for the neutral electrode (NE)

- The NE can be positioned e.g. on the thigh, the upper arm or the side of the abdomen.
- Attach the NE as close as possible to the procedural field, with a minimum distance of 15 cm.
- The monopolar current should not be conducted via the body's electrical „bottlenecks“ (e.g. elbow, knee).
- Position the NE over electrically well conducting tissue (muscle tissue).
- Do not attach the NE on fatty tissue, on bones/joints, on skin folds or on the head.
- If possible, attach the NE on healthy tissue. Avoid scars, hemorrhages, tattoos.
- The patient should not lie on the NE, on cables or on the cable connection.
- When repositioning the patient, ensure that the NE and the cable do not become detached and do not lie underneath the patient.
4. Patients with active or passive implants

☑ Active implants can be damaged by electrosurgical currents.
☑ For patients with a cardiac pacemaker or other conductive implants, use bipolar instruments wherever possible. The bipolar technique reduces electrical interference from cardiac pacemakers or units connected to the patient (ECG, EEG).
☑ For the monopolar technique, place the neutral electrode such that no current flows via the implant, the probe or the heart muscle.
☑ The neutral electrode should be positioned as close as possible to the procedural field but at least 15 cm from the implant.
☑ Divert the current path away from the implant by positioning the neutral electrode appropriately.
☑ Choose low settings wherever possible.
☑ Only activate for short periods and with sufficient pauses to allow the current path to cool down and thus prevent the current from heating the implant.
☑ Monitor the active implant before, during and after the intervention for any potential malfunction.
☑ Consult a cardiologist prior to the intervention and observe the recommendations of the implant manufacturer.

5. Prepare the surface for adhesion

☑ Shave the NE application site.
☑ The NE application site must be dry and free of grease.

6. Attach the neutral electrode correctly

☑ Do not trim the NE.
☑ Always align a NE without equipotential ring with the long side facing the procedural field.
☑ Apply the NE over its entire surface without forming any creases; avoid air bubbles.
☑ The contact surfaces must not overlap when applying the device.
☑ Insert the contact stud of the NE completely into the connection plug of the cable.
☑ Do not reapply an already attached NE again.
☑ In the case of patients with an antithrombosis stocking, the NE can be attached under the stocking. Connector and cable exposed.
☑ Use self-adhesive NEs only once and without contact gel.
☑ After the intervention: Remove NE as soon as possible, after 24 hours at the latest.

7. Avoid ignition of flammable substances

☑ Disinfectants must not be allowed to flow down underneath the patient.
☑ Do not cover the patient before the disinfectant has dried and the combustible gas has dissipated.
☑ Avoid inflammable and combustion-supporting gases in the procedural field (e.g. anesthetic or endogenous gases).