~1.2 million clinical professionals are exposed to surgical smoke in Europe.

SURGICAL SMOKE IS OFTEN UNDERESTIMATED.

These expert associations warn against surgical smoke:
- AORN, EORNA, OSHA, JCAHO, NIOSH, TRGS

Denmark
- Protective law: evacuation as close as possible to the source

Great Britain, Australia, New Zealand
- Guidance for protection of the surgical team
Electrosurgery is an integral part in every operating room – SURGICAL SMOKE IS NOT A SAFE WORKING ENVIRONMENT WITH THE IES 3 SMOKE EVACUATION SYSTEM.
THE ACTIVE CARBON BARRIER IN THE FILTER OF THE IES 3 REMOVES ODORS.

58.3% OF CLINICAL PROFESSIONALS ARE BOTHERED BY THE SMELL.
VAPORIZED TISSUE

1g = 3 to 6 CIGARETTES

98.6% OF SMOKE ELIMINATED

WITH EVACUATION 1CM DIRECTLY ABOVE THE SOURCE.

IRRITATION OF AIRWAYS
Operation room ventilation systems are ineffective. And face masks are insufficient.

90% of the smoke particles are of nano-size.

Aerosol

The ULPA-15 filter removes 99.99995% of the 0.1µm particles in the operating room.
CHEMICAL SUBSTANCES detected in the urine of a patient who had undergone laparoscopy without smoke evacuation.

Surgical smoke contains toxic, mutagenic substances.

Smoke evacuation protects surgical team + patient.
PARTICLE SIZES

- **0.65 µm**
  - Ultrasound surgery

- **0.3 µm**
  - Laser surgery

- **0.1 µm**
  - Electrosurgery

PROTECTION AGAINST CONTAMINATION WITH NANOPARTICLES

A SAFE WORK ENVIRONMENT WITH THE IES 3 SMOKE EVACUATION SYSTEM.
HAZARD DETECTED.
RISK AVERTED.

SMOKE.ERBE-MED.COM