Crystal Vision: The most sophisticated surgical smoke evacuation and filtration system.

The Crystal Vision employs a unique design that pulls air through a narrow opening at very high speeds causing the air to spin and form a powerful air vortex around the ESU electrode. Smoke particles expelled from the surgical site are captured in the air barrier created by the vortex before they escape.

Thus, instead of trying to catch and pull back particles that are traveling away from the smoke nozzle, the Crystal Vision's design enables surgeons to create an invisible barrier through which smoke particles cannot escape into the OR.

- Removes up to 100% of surgical smoke;
- Made with a quiet, reliable, (brushless) high quality rotary vein pump motor;
- Automatically operates in open and laparscopic mode;
- Capture velocity between 1,400 and 1,700 feet per minute at the nozzle, the highest of any smoke evacuator on the market;
- Designed, engineered and manufactured for a long life span;
- Automatically works with all surgical cutting devices, including ultrasonic devices, ESU monopolar and bipolar, and lasers in both modes open and laparscopic;
- Indicator alerts OR staff when the ULPA filter with built-in fluid trap is not capturing at 100% and needs to be changed.



Crystal Vision's unique design automatically operates in both laparoscopic and open procedure modes.



The Crystal vision uses the **ONLY** Hydrophobic ULPA filter with built-in fluid trap on the market.

In laparoscopic mode, Pneumoperitoneal pressure is continuously monitored

- If the intra-abdominal pressure reaches 27 mmHg the unit's indicator will soundly alert. If the intra-abdominal pressure reaches 30 mmHg, the unit will automatically activate to reduce pressure to a safe level.
- The Crystal Vision evacuator pump stops automatically if tissue is accidentally suctioned, preventing tissue damage.
- At the end of the procedure, the smoke evacuator can be used to remove all CO2 Gas from the patient's abdomen.
- Crystal Vision has a unique low flow range that is easily adjusted to match the in-flow rate of the insufflator, helping to maintain pneumoperitoneal pressure.

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