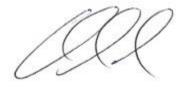


RAJIV K SINGAL MD FRCSC ENDOUROLOGY, UROLOGIC CANCER & ROBOTICS SURGERY SURGEON IN CHIEF, MICHAEL GARRON HOSPITAL ASSOCIATE PROFESSOR, DEPARTMENT OF SURGERY UNIVERSITY OF TORONTO

September 11, 2020

I am writing a note to speak to my experience with using Endoluxe in the operating room. I am a urologic surgeon in Toronto. So much of what we do in surgery involves the use of direct video guided systems that allow us to do surgical procedures using endoscopes. While there has been a gradual transition to digital technology over the years, some limitations remain. It can be expensive and not easily transportable to smaller clinical settings. Minor diagnostic procedures sometimes need to be repeated if data and images cannot be easily transferred upon patient referral to larger centres.

I have had a fairly extensive experience using Endoluxe in resource challenged settings. I have used the novel light source and imaging technology in rural Jamaica as well as Zomba, Malawi. I found image quality to be excellent and reproducible. It was reliable and easy to deploy. It is light and portable. For these reasons, I think Endoluxe has the potential for a significant adoption globally in these environments. I suspect given the further improvements in the technology since my last efforts that the user experience have further improved. I look forward to my next surgical trip to Africa and I hope to bring Endoluxe with me again.



R.K. Singal M.D., F.R.C.S. (C) Surgeon in Chief, Michael Garron Hospital Associate Professor, Faculty of Medicine, University of Toronto



