



GeIPOINT™

Advanced Access Platforms

GelPOINT

Advanced Access Platforms

GelSeal™ Cap

Provides a flexible fulcrum for excellent triangulation and articulation of standard laparoscopic instruments.

Facilitates extracorporeal resection and specimen retrieval.

Incorporates insufflation and smoke evacuation capabilities.

Maintains pneumoperitoneum for continuous access and visualization.



Self-Retaining Sleeves

“Float” above the incision to maximize the internal working diameter.

Accommodate a variety of instrument widths.

Allow for ample freedom of movement as a result of their low-profile design.



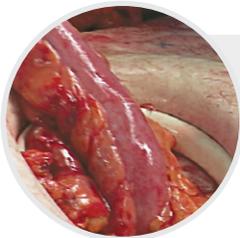
Alexis™ O Wound Protector-Retractor

Adjusts to various abdominal wall thicknesses and patient sizes and to incision lengths from 1.5cm to 7cm (GelPOINT platform) or 1.5cm to 4cm (GelPOINT Mini platform).

Offers 360 degrees of atraumatic retraction and protection¹⁻² for excellent exposure, access and cosmetic results.

Allows clear visualization of the wound margins.





GelPOINT advanced access platforms accommodate a wide spectrum of procedures:

Adnexectomy
Appendectomy
Cholecystectomy
Colectomy

Gastric sleeve
Hernia repair
Hysterectomy
Nephrectomy

Nipple-sparing mastectomy*
Thymectomy*

* The GelPOINT Mini platform is indicated for this procedure.



GelPOINT Advanced Access Platform

Reorder No.	Sheath Length	Qty/Box
CNGL2	20cm	1

Components

(1) GelSeal cap		
(1) Alexis O wound protector-retractor	Accommodates 1.5–7cm incision sizes	
(3) 10mm sleeves	Accommodate 5–10mm instrumentation	
(1) 12mm sleeve	Accommodates 5–12mm instrumentation	
(1) Obturator for sleeves		
(1) Instrument shield	Optional for added protection	



GelPOINT Mini Advanced Access Platform

Reorder No.	Sheath Length	Qty/Box
CNGL3	16cm	1

Components

(1) GelSeal cap		
(1) Alexis O wound protector-retractor	Accommodates 1.5–4cm incision sizes	
(3) 10mm sleeves	Accommodate 5–10mm instrumentation	
(1) 12mm sleeve	Accommodates 5–12mm instrumentation	
(1) Obturator for sleeves		



1. Reid K, Pockney P, Draganic B, Smith SR. Barrier wound protection decreases surgical site infection in open elective colorectal surgery: a randomized clinical trial. *Dis Colon Rectum*. 2010;53(10):1374-1380. doi:10.1007/DCR.0b013e3181ed3f7e

2. Horiuchi T, Tanishima H, Tamagawa K, et al. Randomized, controlled investigation of the anti-infective properties of the Alexis retractor/protector of incision sites. *J Trauma*. 2007;62(1):212-215. doi:10.1097/01.ta.0000196704.78785.ae

The GelPOINT advanced access platform enables single-site and reduced-port surgery in patients undergoing laparoscopic surgery. [Malaysia: Registered under Act 737, GB54504346717]

The GelPOINT Mini advanced access platform enables single-site and reduced-port surgery in patients undergoing laparoscopic or endoscopic surgery. [Malaysia: Registered under Act 737, GB54504346717]

Devices listed must be administered by a healthcare professional. Please contact your Applied Medical representative for more information on availability. This information is intended for dissemination exclusively to healthcare professionals and is not intended to replace labeling and Instructions for Use (IFU). Please refer to the IFU for the indications, contraindications, warnings, precautions, instructions and other information.

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Clinical Evidence

The clinical papers and posters cited below reference the use of GelPOINT advanced access platforms for single-site and reduced-port surgery.

NIPPLE-SPARING MASTECTOMY

"Conclusion: Endoscopic nipple-sparing mastectomy does not affect oncological outcomes in up to 52 months mean follow-up when compared with conventional nipple-sparing mastectomy and provides better cosmetic satisfaction, with a reduced risk of necrosis after single-incision endoscopic nipple-sparing mastectomy."

"Other advantages of E-NSM, consistently reported in the literature, included significantly shorter incision sizes, hidden or invisible scars, minimized tissue trauma, and general improvements in cosmetic and/or QoL outcomes, including psychological, sexual and physical wellbeing."

Carroll A, Robles C, Lai HW, et al. Oncological, surgical, and cosmetic outcomes of endoscopic versus conventional nipple-sparing mastectomy: meta-analysis. *BJO Open*. 2025;9(3):zraf011. doi:10.1093/bjsoopen/zraf011

COLECTOMY

"We have since gained experience with the GelPOINT device and found it more advantageous for colorectal procedures. Its high outer profile allows use of four or even five trocars with varying degrees of separation to limit clashing and allowing for ample counter traction when needed. In addition, a built in wound protector not only prevents direct contact between the specimen and the abdominal wall, but also secures the port in patients with a high BMI or thick abdominal wall."

Ramos-Valadez DI, Patel CB, Ragupathi M, Bokhari MB, Pickron TB, Haas EM. Single-incision laparoscopic colectomy: outcomes of an emerging minimally invasive technique. *Int J Colorectal Dis*. 2011;26(6):761-767. doi:10.1007/s00384-011-1185-9

"In all cases, a GelPOINT Advanced Access Platform (Applied Medical, Rancho Santa Margarita, CA) was employed as sole access to the abdominal cavity. Its GelSeal cap provides additional outer working space and the ability to achieve tissue triangulation even with the standard laparoscopic instrumentation that we routinely use."

Fichera A, Zoccali M, Gullo R. Single incision ("scarless") laparoscopic total abdominal colectomy with end ileostomy for ulcerative colitis. *J Gastrointest Surg*. 2011;15(7):1247-1251. doi:10.1007/s11605-011-1440-y

HYSTERECTOMY

"Conclusion: LESS (laparoendoscopic single-site surgery) is feasible, safe, and reproducible in gynecology patients with benign and cancerous conditions. Operative times are reasonable and can be decreased with experience."

Fader AN, Rojas-Espallat L, Ibeanu O, Grumbine FC, Escobar PF. Laparoendoscopic single-site surgery (LESS) in gynecology: a multi-institutional evaluation. *Am J Obstet Gynecol*. 2010;203(5):501.e1-501.e5016. doi:10.1016/j.ajog.2010.06.028

SLEEVE GASTRECTOMY

"SILSG (single incision laparoscopic sleeve gastrectomy) has been associated with certain potential advantages, such as improved cosmesis, lower postoperative pain, and fewer wound complications."

"In all studies assessing the cosmetic outcome, patients who underwent SILSG (single incision laparoscopic sleeve gastrectomy) were significantly more satisfied than those in the LSG (laparoscopic sleeve gastrectomy) group."

Magouliotis DE, Tasiopoulou VS, Svokos AA, Svokos KA, Sioka E, Zacharoulis D. Single incision versus conventional laparoscopic sleeve gastrectomy for morbid obesity: a meta-analysis. *J Laparoendosc Adv Surg Tech A*. 2018;28(6):690-699. doi:10.1089/lap.2017.0245

"We initially used SILS® (Covidien) but converted to GelPOINT (Applied Medical), which is currently our standard single-port device for all transumbilical procedures."

"The presented technique uses the transumbilical approach as the primary means of intra-abdominal access with a 5-mm assistance trocar. Although this technique does not correspond to pure SILS (single-incision laparoscopic surgery), this technique achieves all of the cosmetic advantages of the single-incision approach and adds better instrument triangulation as well as very good visualization and exposure."

Farias C, Fernández JI, Ovalle C, et al. Transumbilical sleeve gastrectomy with an accessory lateral port: surgical results in 237 patients and 1-year follow-up. *Obes Surg*. 2013;23(3):325-331. doi:10.1007/s11695-012-0812-z

CHOLECYSTECTOMY

"We report a new approach to SILC (single-incision laparoscopic cholecystectomy) with placement of 4 trocars through a GelPOINT device which results in a single surgical scar in the umbilical orifice. This procedure has a short learning curve, similar operating times, and decreased blood loss, compared to traditional laparoscopic cholecystectomy."

Filicori F, Nissan DA, Keutgen XM, et al. A novel approach for single site incision laparoscopic cholecystectomy. Poster presented at: Society of American Gastrointestinal and Endoscopic Surgeons Annual Meeting; March 30-April 2, 2011; San Antonio, TX

NEPHRECTOMY

"We have found that the advanced access platform (GelPOINT Mini) facilitates triangulation and that flexible instrumentation was not necessary. . . . LESS (laparoendoscopic single-site surgery) nephrectomy is feasible from infants to adolescents and can be taught to senior trainees with existing conventional laparoscopic experience."

Featherstone NC, De Win G, Undre S, Cherian A. Single incision prone retroperitoneoscopic paediatric nephrectomy. *J Pediatr Urol*. 2015;11(5):283-284. doi:10.1016/j.jpurol.2015.04.010

"Conclusions: Our initial experience with laparoendoscopic single site donor nephrectomy is encouraging. This approach to kidney donation without an extra-umbilical incision could become particularly relevant to minimize morbidity in young, healthy organ donors."

"The use of a specialized umbilical multichannel port may confer specific advantages to the surgeon. In this series the GelPOINT provided greater space for triangulation and, thus, decreased instrument clashing. It also allows easy, rapid modification of port configuration during the procedure, which aids in improving dissection and retraction ergonomics. In this series no extra-umbilical incisions were needed."

Gimenez E, Leeser DB, Wysock JS, Charlton M, Kapur S, Del Pizzo JJ. Laparoendoscopic single site live donor nephrectomy: initial experience. *J Urol*. 2010;184(5):2049-2053. doi:10.1016/j.juro.2010.06.138

SURGICAL SIMULATION

"Overall, the TriPort may be more challenging for novices to use in learning the LESS (laparoendoscopic single-site surgery) procedure than either the SILS port or the GelPOINT system. The GelPOINT system may offer the most consistent platform for LESS performance and novice skill acquisition."

Brown-Clerk B, de Laveaga AE, LaGrange CA, Wirth LM, Lowndes BR, Hallbeck MS. Laparoendoscopic single-site (LESS) surgery versus conventional laparoscopic surgery: comparison of surgical port performance in a surgical simulator with novices. *Surg Endosc*. 2011;25(7):2210-2218. doi:10.1007/s00464-010-1524-x