



## Education Questions:

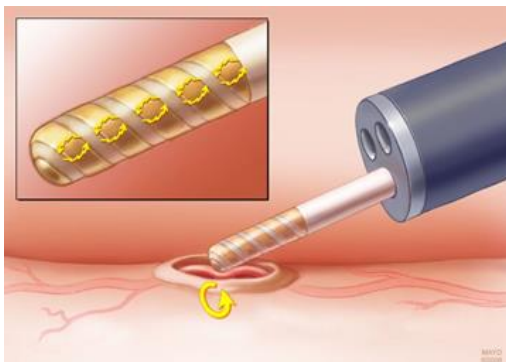
### Q. How do I test my Bipolar Probe?

**A.** Endoscopic bipolar probes contain both outgoing and return energy electrodes within the accessory and therefore can complete the electrosurgical circuit without the aid of a dispersive pad (grounding pad). The current travels through a small area of tissue with the aid of the tissue's natural ions.

To test, put a few drops of saline (plain water will not have enough ions) on a clean flat surface such as a glass slide.

Attach the bipolar probe to the electrosurgery generator in the usual fashion. Submerge the probe tip in the small pool of saline. Activate the generator output.

If you see bubbling and boiling of the saline, you know the probe is working. If it does not seem to be effectively delivering energy, be sure to check for a tight connection at the bipolar probe/generator port before finally determining that the probe is faulty.



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### Q. How can I make Active Cords last longer?

**A.** A monopolar active cord is the reusable cable used to attach snares, sphinctertomes, Coagrasper™ and TouchSoft® contact coagulators, hot biopsy forceps, needle knives and other 'hot accessories' to the monopolar output port of your electrosurgery generator.

They are commonly cleaned by using a disinfectant wipe with a stroking motion from the accessory end back to the generator connection. The connection to the generator is usually left in place. This is a quick and efficient way to manage the cleaning of these items but there is a caution. The outer material of active cords is 'stretchier' than the inner conductive wires. Harsh pulling can cause the inner wires to fray away from the connectors. Since this damage is inside the cord it is invisible and you may not realize that the active cord has been damaged. Use care and be gentle to increase active cord life.

## Education Question (continued)...

**Q. What do I need to know about the new 'Dermal' piercing trend?**

**A.** Multiple peer reviewed publications have stressed that jewelry that is not in the current path from the treatment site to the dispersive (grounding) pad is not an electrosurgical risk. These non-concerning jewelry placements would include wedding rings or earrings. (Note that all or most jewelry should be removed before patients present for medical treatment, but the reasons are more for fear of loss, theft, tearing or swelling than for electrosurgery current concerns.) However, a new piercing style called, 'dermal piercing' or 'flat surface piercing' is becoming more popular. These piercings are sometimes placed in areas of the body that could be in the current path during common endoscopic procedures. The example at the right shows two metal ornaments pierced into the flank area which is a common placement site for dispersive pad placement, and/or is very close to a likely current path for multiple gut therapies with a dispersive pad placed on the upper thigh. While no patient burns are known to have been reported due to this cause, it is good to be informed and prepared. More information on this topic can be found in *Nelson G, Morris M. Electrosurgery in the Gastrointestinal Suite; Knowledge is Power. Gastroenterology Nursing 2015;38:430-39*

(Example of a Dermal Piercing located on the lower back)



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Have you heard? The long awaited update to: *Electrosurgery in the Gastrointestinal Suite* has been published in the Nov/Dec 2015 issue of *Gastroenterology Nursing*

Wise Ida says:



**"Strive not to be a success, but rather to be of value."**  
-Albert Einstein