

Global Health Research Group

Surgical Technologies





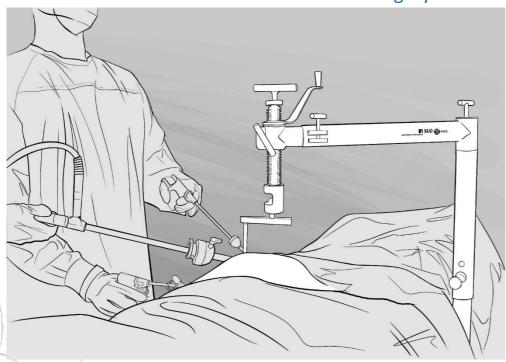








Retractor for Abdominal Insufflation-less Surgery



A system bringing modern surgical care to all

RAIS is a surgical lift system, designed to enable laparoscopic surgery in rural or low-resource healthcare facilities. Currently over 5 billion people worldwide lack access to surgery: the RAIS system has been developed in response, by a multidisciplinary team in the UK and India, to improve global access to surgery.

RAIS works by mechanically lifting the abdominal wall, creating a space in the abdominal cavity to conduct laparoscopic surgery. The technique, called GILLS (Gas Insufflation-Less Laparoscopic Surgery) removes the need for general anaesthetic, CO2 gas and expensive instrumentation which are inaccessible to rural healthcare facilities.

RAIS provides a cost-effective, modern and standards compliant system to enable GILLS and improve patient treatment across the globe.

A critical need for safe access to surgery

Surgery is fundamental to modern healthcare, capable of treating nearly one-third of global disease.

V1.0

- Unfortunately, **two-thirds of the world's population** have no access to safe and affordable surgery (over 5 billion worldwide)
- These people typically live in low-to-middle income countries they lack access to surgical care due to limitations in

RAIS: Website

training, infrastructure and equipment.

Addressing the challenge

- A new technique, Gas Insufflation-Less Laparoscopic Surgery (GILLS) has been developed in India
- It allows laparoscopic (keyhole) surgery to be performed in low-resource settings.
- GILLS brings advantages of laparoscopic surgery
 - Shorter hospital stay
 - o Faster recovery time
 - o Ability to visualise the abdominal organs without open surgery
 - o Fewer complications, especially surgical site infections.
 - Less scarring

RAIS - a new system to bring GILLS to all

- RAIS provides an innovative and modern solution for surgeons to deliver GILLS
- Developed by a multidisciplinary collaboration across the UK and India [show project partner logos]
- RAIS has been closely designed and evaluated with surgical experts working in low resource areas
- The system is designed to be more intuitive to set up, easy to dissemble to fit in an autoclave, lighter weight and rugged for transportation, improved surgical usability, surgeon-controlled lift and cost effective to manufacture.

Portability

- Designed to be transported in a compact case
- Packaged system weighs <10kg and fits airline hand-luggage

Surgical Performance

- o Achieves comparable views to laparoscopic surgery in target procedures
- Compatible with a range of body sizes

Usability

- o Intuitive and fast configuration of the system
- Adjustment controlled by surgeon (without need for assistant) 0

Compatibility

- Secure attachment to both standard operating tables and rail-less beds
- Designed for sterilisation via flash/standard autoclave
- A system compatible with a range of autoclaves



Robust and easy to maintain







RAIS – making crucial surgery available to all

GILLS enables critical surgical procedures, termed 'Bellwether Procedures', routinely used for:

- diagnostic laparoscopic procedures
- single-quadrant resection, such as appendicectomy, cholecystectomy, salpingectomy, tubal ligation, oophorectomy and myomectomy
- more complex procedures can be performed with appropriate expertise and hospital set-up to ensure patient safety

GILLS is an essential element of the **WHO Compendium of Innovative Health Technologies**. https://www.who.int/publications/i/item/9789240032507

The RAIS device is now featured in the **Open Manual of Surgery in Resource-Limited Settings** https://www.vumc.org/global-surgical-atlas/sites/default/files/public files/PDF/Gasless%20Laparoscopy.pdf

Videos

UK National Institute of Health Research (NIHR) Case-Study on Gasless Surgery: https://www.youtube.com/watch?v=33Y21g75lBs

Videos of RAIS in use – Youtube Channel https://www.youtube.com/channel/UCgYHZy1Y3cFSWXOIBbv5RJw



Project Team

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- Maulana Azad Medical College, New Delhi, India: Anurag Mishra, Department of Surgery, Lovenish Bains, Department of Surgery.
- Medical Aid International, Mr Tim Beacon.
- Ortho Life Systems, New Delhi, India: Sundeep Singh Sawhney, Tamandeep Singh Kochhar.
- Pd-m International Ltd, Thirsk, UK: Philippa Bridges, Richard Hall.
- University of Leeds and Leeds Teaching Hospitals Trust, UK: Noel Aruparayil, Cheryl Harris
- University of Leeds, UK: Pete Culmer, Millie Marriott Webb (School of Mechanical Engineering)

Publications

Five billion people can't afford surgery – a team of innovators could soon change this https://theconversation.com/five-billion-people-cant-afford-surgery-a-team-of-innovators-could-soon-change-this-185081

India Economic Times: Leeds University calls for developing medical devices specifically for LMICs

https://health.economictimes.indiatimes.com/news/industry/leeds-university-calls-for-developing-medical-devices-specifically-for-lmics/92416920?redirect=1

The RAIS Device for Global Surgery: Using a Participatory Design Approach to Navigate the Translational Pathway to Clinical Use

Webb MM, Bridges P, Aruparayil N, Chugh C, Beacon T, Singh T, Sawhney SS, Bains L, Hall R, Jayne D, Gnanaraj J. The RAIS

Device for Global Surgery: Using a Participatory Design Approach to Navigate the Translational Pathway to Clinical Use. IEEE Journal of Translational Engineering in Health and Medicine. 2022 May 23;10:1-2. https://ieeexplore.ieee.org/document/9780179

Cost-effectiveness of gasless laparoscopy as a means to increase provision of minimally invasive surgery for abdominal conditions in rural North-East India

Dawkins, B., Aruparayil, N., Ensor, T., Gnanaraj, J., Brown, J., Jayne, D. and Shinkins, B., 2022. Cost-effectiveness of gasless laparoscopy as a means to increase provision of minimally invasive surgery for abdominal conditions in rural North-East India. PloS one, 17(8), p.e0271559.

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Training programme in gasless laparoscopy for rural surgeons of India (TARGET study)-Observational feasibility study. Aruparayil, N., Gnanaraj, J., Maiti, S., Chauhan, M., Quyn, A., Mishra, A., Bains, L., Mathew, G., Harris, C., Cundill, B. and Fellows, A., 2021. Training programme in gasless laparoscopy for rural surgeons of India (TARGET study)-Observational feasibility study. International journal of surgery open, 35, p.100399.

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https://www.sciencedirect.com/science/article/pii/S1072751520320986

Webb, M.M., Bridges, P., Aruparayil, N., Mishra, A., Bains, L., Hall, R., Gnanaraj, J. and Culmer, P., 2021. Designing devices for global surgery: evaluation of participatory and frugal design methods. IJS Global Health, 4(1), p.e50. https://journals.lww.com/ijsgh/Fulltext/2021/01010/Designing devices for global surgery evaluation.7.aspx?context=LatestArticles

Images



Configuration of the RAIS device to create a surgical operative space (JSS Medical College, India)



Inserting surgical ports to facilitate a gas-insufflation-less laparoscopic procedure (Martin Luther Christian University, India)



A surgical procedure using the RAIS device (Martin Luther Christian University, India)



Dr. Elijah Mawura doing the first GILLS Cholecystectomy in Kenya with the RAIS device (PECA Hospital, Chogoria Kenya)





Dr. Jerome doing GILLS (St. Francis Hospital at Mutolere in Uganda)

