



TABLE À MAIN **UNIVERSELLE** **UNIVERSAL HAND TABLE**

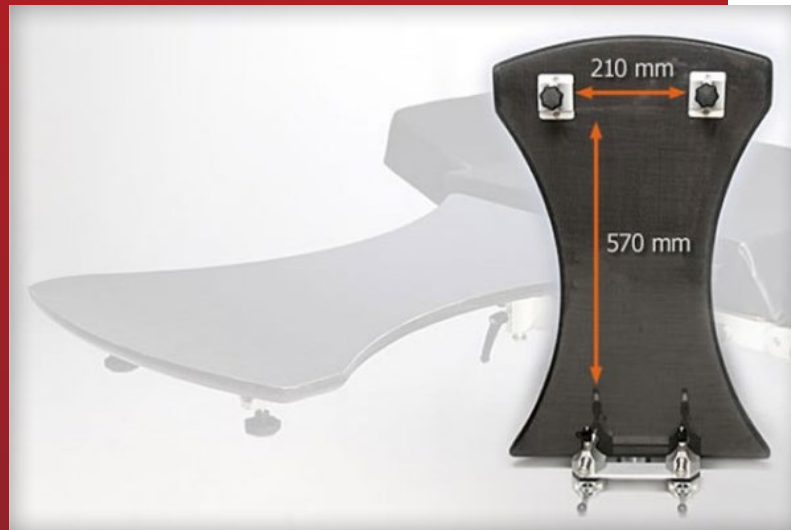
The choice of efficiency and cost effectiveness

The universal hand table is a simple and specific tool to save time and effort in hand and foot surgery. This solution is also much cheaper than the sum of the equipment it replaces.

All the reasons why **the current tools are poorly adapted and costly**

Extremity surgery is a recent specialty that has developed on the basis of existing habits.

Even today, **the routine organisation of extremity operations did not get rid of unnecessary burdens of installation that only the habit makes them persist.**



The hand-held shelf is the current reference in terms of installation

Portable and (therefore) insufficient

It is about removable accessories depending on the presence of lateral rails on the surgical bed. In order to do not be impossible to carry, hand shelves cannot afford being too large. In fact, **their work surface gets reduced, and the place of instruments then imposes an additional table.**

By habit, the surgical bed is called "surgical table."

Over the last few decades, these supports have been subjected to major modernisation efforts (electrical assistance, modularity of each element, heavy load resistant, beautiful finishing). **Nonetheless, all these beautiful innovations are without object in surgery of the extremities.** Furthermore, **comfort is often Spartan** as it is normally provided for a deep sleep medicated, what it is not the case for this surgery where local anaesthesia is the rule.

Why buy a real surgical table only to lengthen a patient?

For nothing! This is historically explained by the definition of the tools for the surgery of the axis of the body. In extremities surgery: a single stretcher is enough! However, **this routine is effectively perpetuated by the sellers of the sector** whose main market is the sale of surgical tables: first step towards the technically unavoidable purchase of multiple adaptable accessories.

Unfortunately, there is an endless list of additional accessories that are always needed

Arm carrier, sterile drape holder, garbage cans, mirror holder, axial traction device, spike magnets, limb holder for the whitewash... They must, each, be handled in a specific way. **As much equipment, storage, installation effort and additional risks.**

Why take the patient twice at every gesture?

It's useless. As a result of the presence of the surgical table in the centre of the room, the transfer from its stretcher to the surgical table (and reverse at the end of the gesture) has, in fact, no need to be in a surgery of the extremities.

Manual Tedious Locking

Multiple handling and locking **take time.** At each change of side: **all must be started all over again.**

Two sterile drapes instead of one

Most often, each element is draped sterile in a separate manner: the instrument table itself must as well be covered with a sterile drape, **which makes two sterile drapes thrown at each gesture.**

The classic couple surgical bed/hand shelf is sufficient for an ordinary eclectic orthopaedic activity.

However, **this mode of installation is, in fact, inadequate for the surgery specifically and even becomes a limiting element when the rhythm gets accelerated.**

The Choice of **efficiency** and **profitability**

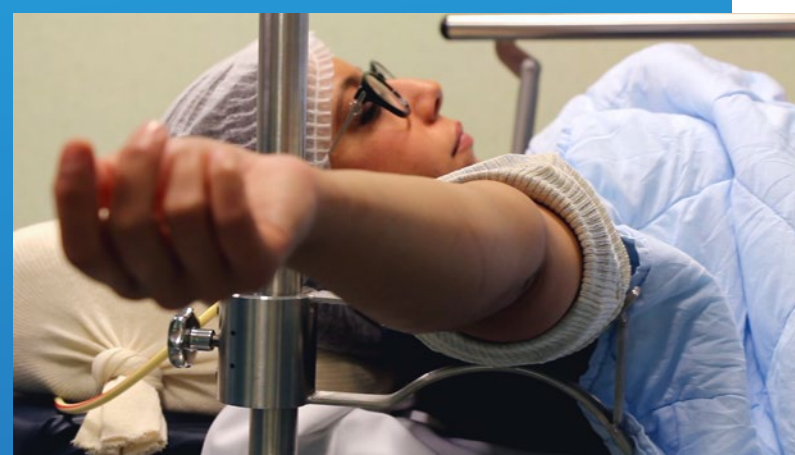
The universal hand table starts from scratch by focusing on the essential: the operated area around which the equipment and operators must be organized.

The Power of Consultation

The universal hand table has been designed by those who use it: block "short" outpatient services professionals: all of them directly concerned with the patient's journey and installation. Surgeons, anaesthetists, pharmacists, hygienists, ergonomists, biomedical engineers, nurses, caregivers, medics, each illuminated the design of the universal hand table from his/her point of view. Five prototypes and tests in a dozen different blocks resulted in the current result. With an innovative design, the universal hand table is golden and already designed in order to anticipate the evolution of the practice towards the Fast Track, the "Walant" (= gesture outside the traditional block under local anaesthesia), and even office surgery (out the operating room).

Operate the patient from now on by leaving him on its stretcher

The patient is already on his stretcher as soon as he is taken in charge by the outpatient clinic. It is logical to leave him there to be operated on. Once the intervention is completed, he is taken to the outpatient services: nobody took him at any.



Better logistics flow

That the patient remains on the same rolling support, makes ergonomics of the personnel and allows the simplest possible management of the flow of the outpatient program by the block team itself. Being the best informed one, it is this team that manages the rhythm.

She thus has to wait no longer for the team of stretcherbearers being busy elsewhere.

Simply pushing the stretcher does not require much strength. This effort is required by this team on the time she largely gains by the speed of installation. The stretcherbearers are freed from this room.

Comfort of the stretcher and shame

Incomparable is the comfort of a stretcher transport, whose specifications explicitly foresee the extended conscious and prolonged position. The patient does not need to discover anything other than the operated extremity. He then better supports the temperatures of the operating suites while preserving its privacy.

WHAT EARNINGS?

At the outset, the choice of the universal hand table, the site avoids the purchase of a surgical table and its accessories, and more...

Cost of staff

The universal hand table was tested in real conditions on teams not knowing the product: within 48 hours, productivity gain on installation is already 40% and rises to 60% in 7 days. The average installation time goes from 17 minutes to 7 minutes.

That is to say a complete hour on a program of 6 patients, without additional human resources and with the Gratifying impression that the program "goes ahead."

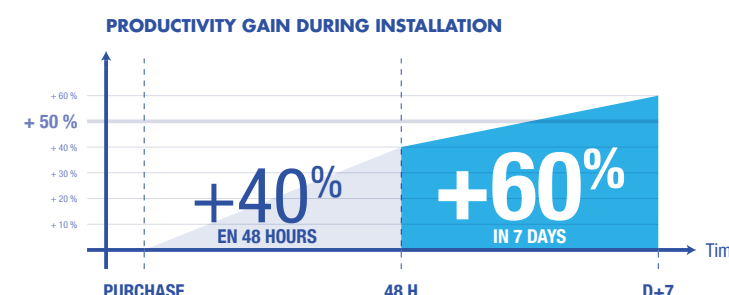


With the universal hand table, you save one per half a day!

Cost of stretcher

Taking patients before and after surgery requires the simultaneous presence of some people. On a surgical program of short gestures, this demand for stretcherbearers can be difficult to manage.

Through the use of the universal hand table, this embarrassment disappears. The stretcherbearer is freed from this room.



Work-related accidents and diseases cost

The opinion of a firm of ergonomists made it possible to be particularly attentive to the security of use of the universal hand table: since there is no free accessory, work-related accidents related to falling objects are close to zero. Two magnets capturing the cutting tools help preventing "accidents of exposure to blood". Nobody carries anything left, neither the patient nor heavy accessories.

Repetitive multiple locking gestures are no longer made. These gains are an important step towards reducing the number of complications recognised in Related-to-work Diseases (such as "back pain," "chronic tendonitis" - pain that is often attributed to professional activity).

Cost of Consumables

The vast tray of the universal hand table is selfsufficient. A sterile drape on an auxiliary table is saved at each operation. The purchase of a disposable sterile magnetised needle box, if any, is no longer necessary. Blowing heating and its disposable sheets are no longer needed.

Cost of the Storage Space

"Blocks are always too small". The use of a picked-up material, integrating its own storage, like the universal hand table, reduces bulk and frees up space in existing premises.

The Universal Hand Table?

A recognised medical innovation

Designed by those who use it, recognised as a medical innovation 2016 already adopted by well-known teams, the universal hand table remains faithful to its fundamentals.



ECOLOGICAL IMPACT

Our values:

Transport packaging is not disposable but systematically recovered.

Then they do not clutter the blocks.

This imperative - which contradicts the seller's strictly understood interests is a guarantee of buyers' satisfaction and of the low environmental impact of its dissemination.

It is an inverse choice to the current tendency to the ever more disposable, breakable and irreparable, often poorly made up under the concept of sustainable.

Partnerships:



French Society of Hand Surgery



The entire design and production are supervised by **Coutier Industrie** in France.

This entity has specialised for more than 50 years in the precision metal industry (more than 400 patents of inventions).

The universal hand table is designed and produced in France.



A MEDICAL INNOVATION
The universal hand table was awarded the label FRENCH TECH INNOVATION 2016.

A system already adopted and used by many healthcare facilities

Launched in 2016, the universal hand table has been already adopted by major private or public centres:

| CENTERS | ADRESS | UNIT / USERS |
|--|--------------------------------|---|
| CHU Dijon | 21000 DIJON | Dr Alain TCHURUKDIJIAN |
| CHU Lille | 59000 LILLE | Dr Emmanuel CAMUS |
| Clinique Ambroise Paré | 57100 THIONVILLE | Dr BRETON BOURGEOIS, Dr Hervé LAMARRE |
| Centre médico chirurgical Bizet | 75116 PARIS | Professeur MATHOULIN et collaborateurs (Dr Mathilde GRAS) |
| Clinique de la Côte d'Emeraude | 35400 SAINT-MALO | Dr Éric BOUKOBZA |
| Clinique de l'Union | 31243 SAINT-JEAN | Dr DE CHEVEIGNÉ, Dr Pierre CROUTZET, Dr Benjamin FERREIRA, Dr Alexa GASTON-NOUVEL, Dr Iskander DJERBI |
| Clinique Jules Verne | 44300 NANTES | Dr Edward DE KEATING, Dr Benoît LE GLÉDIC |
| Clinique Victor Pauchet | 80090 AMIENS | Dr Thierry AIHONNOU, Dr Vladimir ROTARY |
| Hôpital Belle-Isle | 57000 METZ | Dr Philippe FAIVRE |
| Hopital Privé des Côtes d'Armor | 22190 PLERIN | Dr Ronan LANNOU, Dr Florence MALLARD, Dr Benoît RENAUD |
| Pôle Santé Oréliance | 45770 SARAN | Dr Stéphane LOY, Dr Fabien DELETANG, Dr Jérôme SEGRET, Dr Jean Luc RETAILLAUD, Dr Guillaume GUEGUEN, Dr Carl WAPLER, Dr Johan GUILLOU |
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| Pôle Santé Léonard de Vinci | 37170 CHAMBRAY-LÈS-TOURS | Dr Julien HÉRARD, Dr Quentin TRIBOT LASPIÈRE, Dr Fabrice NIQUET, Dr Yves PERROT, Dr Philippe ASQUIER, Dr Jérémie PERLÈS, Dr Jean-Baptiste NERON |
| Centre Hospitalier Félix Guyon (CHU de La Réunion) | 97400 SAINT-DENIS (La Réunion) | Dr Farouk DARGAÏ, Dr Elodie PAYET, Dr Gérard HOEL, Dr Bruno NURBEL, Dr Jaffar-Bandjee ZAINOULHOUSSEN |
| Hôpital de Versailles – Les Franciscaines | 78000 VERSAILLES | Dr Vanessa COSTIL, Dr Thomas APARD |
| Centre Hospitalier de Sens | 89108 SENS | Dr José Luiz PELAEZ |
| Les Hôpitaux Universitaires de Strasbourg | 67091 STRASBOURG | Pr Philippe LIVERNEAUX, Dr Sybille FACCA, Dr Stéphanie GOUZOU, Dr Laela EL AMIRI, Dr Agnieszka LEBouc POLAK, Dr Antoine MARTINS, Dr Christophe MUCCIOLI, Dr Marie-Cécile SAPA |
| Institut de la main et du membre supérieur (IMMS) | 13008 MARSEILLE | Dr Aurélio INIESTA, Dr Philippe SAMSON, Dr Jean-Luc PELLAT, Dr Benoît POEUF, Dr André GAY |
| Clinikum Penzberg | 82377 PENZBERG, Allemagne | Dr Eva-Maria BAUR, Dr Gaby FROMBERG |

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