CUSTOMER SUCCESS STORY

A Lost Fragment, Found in Minutes

How a leading Upper Midwest academic medical center avoided open conversion

INSTITUTION Large Academic Medical Center, Upper Midwest **SPECIALTY** Hepatobiliary | Laparoscopic

THE CASE

Broken instrument tip during laparoscopy

During a laparoscopic duodenojejunostomy, a Carter-Thomason device tip fractured while the team was closing a port. The metallic fragment dropped between loops of small bowel and could not be visualized. Facing a possible conversion to open laparotomy, the scrub nurse retrieved the Melzi Sharps Finder. The team narrowed the fragment's location to a 3-inch radius within 2–3 minutes and extracted it laparoscopically within 5 minutes — with no visceral injury.



Melzi Sharps Finder — long-shaft model (5 mm trocar)

OUTCOMES THAT MATTER

Saved Time
Located in 2–3 min vs. waiting 20+ for X-ray

Patient Safety
Avoided laparotomy and visceral injury

Risk Avoided
Sidestepped a potential RSI litigation event

OR Team Trust
Built confidence across surgery and nursing

IN THEIR WORDS

> We were very rapidly able to localize and extract the needle without any visceral injury and without the need for a laparotomy. We would not have found it otherwise. It was of tremendous help.

ATTENDING SURGEON
Minimally Invasive Surgery

> Within about 2–3 minutes we narrowed the location to a 3-inch radius, and the fragment was extracted within 5 minutes after that. The circulating nurse grabbed the device — no formal training needed.

SCRUB NURSE
Operating Room

80+
HOSPITALS

Trusted in operating rooms nationwide

Including Ochsner Health, Northside Hospital, Emory, Duke, NYU Langone, University of California San Francisco, and Hackensack Health.

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Patient names and identifying details withheld for privacy.

PRODUCT GUIDE

Inside the Melzi Sharps Finder

Built for the OR. Ready when you need it most.

POSITIONING Designed by surgeons. Loved by nurses.

APPROACH Open | Laparoscopic | Robotic

PRODUCT HIGHLIGHTS

Engineered for emergencies. Sterile, simple, ready.

45-Min Battery
Pull the activation tab; one-time runtime ready out of the pouch.

Audio + Visual Cues
Beep and indicator strengthen as the device closes on a target.

One-Time Sterile Use
Single-procedure device, sterile-packaged for immediate OR use.

Designed by Surgeons
Refined with direct input from surgical staff and OR nurses.

Multi-Approach Ready
5 mm trocar compatible; supports open, laparoscopic, and robotic.

Two Shaft Options
Long shaft for minimally invasive; short shaft for open surgery.

HOW TO USE

Three steps from pouch to patient.

01 PREPARE
Clear the surgical area of metal items (trocars, retractors, instruments). Aim for a large grapefruit-sized clear space.

02 ACTIVATE
Pull the tab. Audio and visual feedback begin. Test with a known needle to gauge detection distance. Start sensitivity at MEDIUM.

03 SEARCH
Begin at the area last manipulated. If not found, sweep the abdomen systematically using the sequence below.

SYSTEMATIC SWEEP SEQUENCE

Foreign bodies may shift with gravity — factor in patient positioning.

1. **Upper-right** (behind liver)
2. **Stomach** (pass behind)
3. **Upper-left** (perisplenic)
4. **Paracolic** (L & R gutters)
5. **Bowel** (before manip.)
6. **Pelvis** (final sweep)

CATALOG IDs

Long Shaft FG70003-5P
Short Shaft FG70350-5P

Refer to IFU for complete Instructions for Use.

Scan to watch tutorials

Step-by-step training videos and in-OR case footage on the official **Melzi YouTube channel**

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