

## Spencer Jones Promoted to Chief Executive Officer of Lapovations

Company promotes Jones to CEO to drive strategic partnerships, innovation, and sales growth.



creating a platform of innovative products to improve laparoscopy, is excited to announce the promotion of Spencer Jones from his dual role as Chief Technology Officer & VP of Sales to Chief Executive Officer. Jones replaces Jared Greer, who has accepted a role as Chief Executive Officer at Bladder & Bowel Institute, the world's leading provider of advanced therapy for bladder and bowel control issues. Greer will remain as Chairman of the Board for Lapovations while stepping away from involvement in day-to-day operations.

A clinical innovator and registered nurse by trade, Jones founded the Fayetteville, AR medical device company Lineus Medical in 2015 and, as Chief Technology Officer, led the company's innovation and clinical efforts. During that time, Lineus took SafeBreak® Vascular from idea to FDA clearance, securing multiple U.S. and international patents along the way.

Jones began working with Lapovations in 2020, first serving as Director of Research & Development before being promoted to Chief Technology Officer & VP of Sales in 2022.

Commenting on the transition to CEO, Greer noted, "Spencer's expertise, coupled with his dedication to innovative medical solutions, makes him the perfect candidate to steer Lapovations into its next chapter. His experience with both Lapovations and Lineus Medical exemplifies his commitment and capability to elevate patient care. I am confident in Spencer's leadership and his ability to drive growth and innovation for Lapovations."

Jones expressed his gratitude and enthusiasm for the new role, "Leading Lapovations is both an honor and a challenge I eagerly accept. Building on our legacy of innovation and patient-focused solutions remains a top priority, and I'm excited to execute the strategic initiatives we're planning. Jared's leadership has set a strong foundation, and I am excited to drive our mission forward."

"Spencer's leadership style, combined with his clinical innovation background, will be crucial for our future endeavors," remarked Chief Operating Officer Nhiem Cao, "I'm excited about his transition to CEO and look forward to our continued collaboration as we push Lapovations to greater heights."

Lapovations' flagship product AbGrab® is a revolutionary surgical assist device that allows surgeons to lift the abdominal wall more reliably and less invasively at the beginning of laparoscopy, or minimally invasive surgery of the abdomen. AbGrab®, launched in Q4 of 2022, has sales representatives in 19 states across the US and is exploring international distribution.

Though often the shortest part of a laparoscopic procedure, laparoscopic abdominal entry accounts for ~50% of serious laparoscopic complications and litigations related to laparoscopy[1],[2]. To reduce this risk, surgeons will lift the abdominal wall before entry, but current lifting techniques can be unreliable or invasive. AbGrab® uses suction to provide a more reliable, less invasive way to elevate the abdominal wall.

## **About Lapovations**

Lapovations, LLC is a medical device company creating a platform of innovative products to improve laparoscopy or minimally invasive surgery of the abdomen. The company's first product, AbGrab®, is a novel device that uses suction to lift the abdominal wall at the start of the procedure. AbGrab® is more reliable and less invasive than current lifting methods. For more information contact:

[mediarelations@lapovations.com](mailto:mediarelations@lapovations.com) or visit [www.lapovations.com](http://www.lapovations.com)

1. Thepsuwan, J., Huang, K., Wilamarta, M., Adlan, A., Manvelyan, V. and Lee, C., 2013. Principles of

safe abdominal entry in laparoscopic gynecologic surgery. *Gynecology and Minimally Invasive Therapy*, 2(4), pp.105-109 [Accessed 1 September 2021].

2. Jansen, F., Kolkman, W., Bakkum, E., de Kroon, C., Trimbos-Kemper, T. and Trimbos, J., 2004. Complications of laparoscopy: An inquiry about closed- versus open-entry technique. *American Journal of Obstetrics and Gynecology*, 190(3), pp.634-638 [Accessed 1 September 2021].



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