NCC Management

The LICOX[®] System

Brain Tissue Oxygen Monitoring System



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Overview

- General presentation
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- Troubleshootings & Maintenance
- Reminder
- Literature

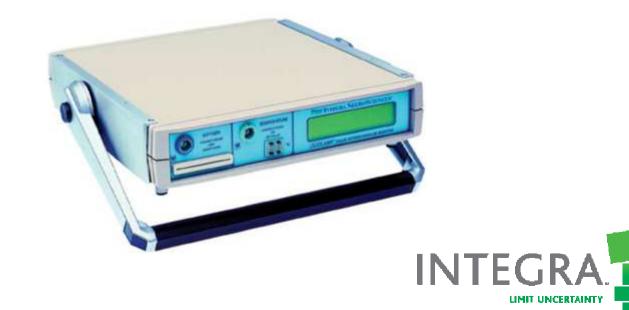


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General Presentation

The LICOX[®] System

General Presentation



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What is the LICOX[®] system ?

- Measures interstitial brain tissue oxygenation pressure (*P_{bt}O₂ in mmHg*) and brain tissue temperature (*°C*).
- Oxygen probe inserted approximately 35mm below the dura into the white matter of the brain.
- P_{bt}O₂ used in conjunction with current ICP/CPP monitoring methods.





Who needs the LICOX[®] system ?

- Patients at risk for developing cerebral hypoxia or ischemia such as:
 - Head trauma patients
 - Aneurysm patients
 - Subarachnoid hemorrhage (SAH)
 - Stroke patients

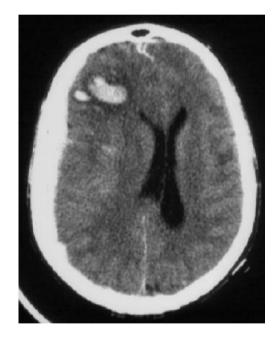


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When is the LICOX[®] system placed?

- Within the first 24-48 hours of injury
 - The sooner cerebral hypoxia is detected, the better secondary injury can be prevented
- Generally, when an ICP catheter is required, a LICOX[®] probe should be considered





Where is the LICOX[®] system placed?

- Placement is up to physician discretion.
- The idea is to prevent **secondary** injury by ensuring living tissue is receiving adequate amount of oxygen.
- LICOX[®] probe can be placed in either the injured side or noninjured side of brain
- Should not be placed directly into a lesion



How to interpret the data?

- Normal: 25-35mmHg
- Risk of bad clinical outcome*:
 R O < 15mmHa for 20 minutos
 - $P_{bt}O_2 < 15$ mmHg for 30 minutes
 - \circ P_{bt}O₂ < 10mmHg for 10 minutes
- $P_{bt}O_2 < 5mmHg$ High mortality*
- P_{bt}O₂ < 2mmHg Neuronal death*

* Bardt T, Unterberg A, et al. Monitoring of brain tissue PO2 in traumatic brain injury: effect of cerebral hypoxia on outcome. *Acta Neurochirurgica.1998;71(Suppl):153-156.*



How is patient outcome affected?

- It has been found that:
 - Head injured patients who undergo aggressive therapy to maintain ICP/CPP at normal levels still experience periods of severe brain hypoxia*
 - Interventions previously thought to improve tissue oxygenation may improve ICP and CPP but actually decrease P_{bt}O₂**

* Bardt T, Unterberg A, et al. Monitoring of brain tissue PO2 in traumatic brain injury: effect of cerebral hypoxia on outcome. *Acta Neurochirurgica*.1998;71(Suppl):153-156.

** Zauner A, Doppenberg E, et al. Extended neuromonitoring: new therapeutic opportunities? *Neurological Research.* 1998;20(Suppl 1):85-90.



How is patient outcome affected?

- The P_{bt}O₂ number can provide:
 - Notification of hypoxic episodes
 - Independent predictors of unfavorable outcome and death*
 - Treatments to maintain P_{bt}O₂ correspond to more favorable patient outcomes**

* Zauner A, Doppenberg E, et al. Extended neuromonitoring: new therapeutic opportunities? *Neurological Research.* 1998;20(Suppl 1):85-90.

** Valadka A, Gopinath S, et al. Relationship of brain tissue PO2 to outcome after severe head injury. *Critical Care Medicine. 1998;26(9):1576-1581.*



The LICOX[®] CMP Monitor

LICOX[®] System: Product description

The LICOX[®] CMP Monitor





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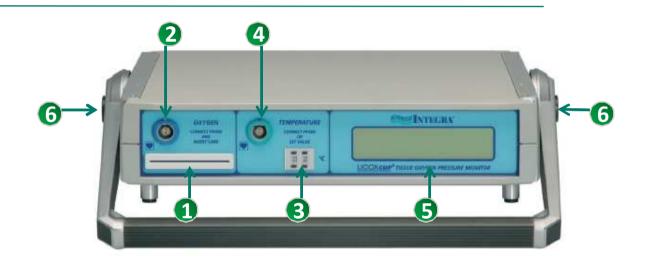
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LICOX Monitor Features

- The CMP monitor displays a digital oxygen and temperature reading
- The Licox CMP monitor has no alarm system, therefore the low P_{bt}O₂ alarm is managed through a connection to the bedside monitor
- The LICOX[®] CMP Monitor can be:
 - $\circ~$ used as a stand alone monitor with : $\mathsf{P}_{bt}\mathsf{O}_2$ & Temperature displays OR
 - o connected to bedside monitors with: P_{bt}O₂ display only (via LICOX Monitor Link LML1)



LICOX[®] CMP monitor: Front Panel



- Smart card slot
 P_{bt}O₂ probe port
 Temperature dial
- Smart card slot
 Temperature probe port
- **2** P_{bt}O₂ probe port **5** Screen (*oxygen & temperature reading*)
- **3** Temperature dial **6** Handle release bolt



LICOX[®] CMP monitor: Rear Panel



- 1 On/Off switch
- **2** Power connector
- Oxygen analog output
- **4** Temperature analog output
- **5** RS232 Data port
- **6** Fuse housing
- **7** Ground switch

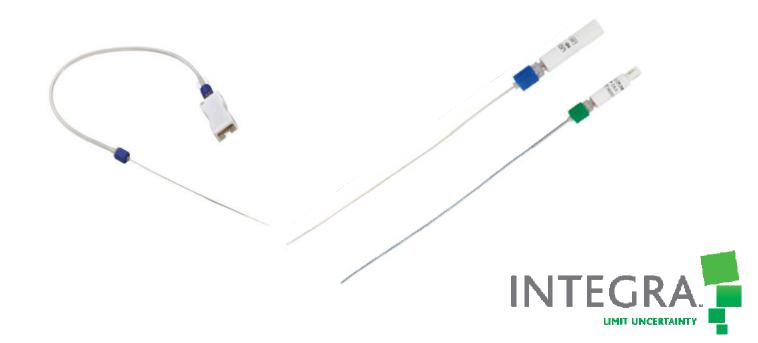


The LICOX[®] Probes & Kits

LICOX[®] System: Product description

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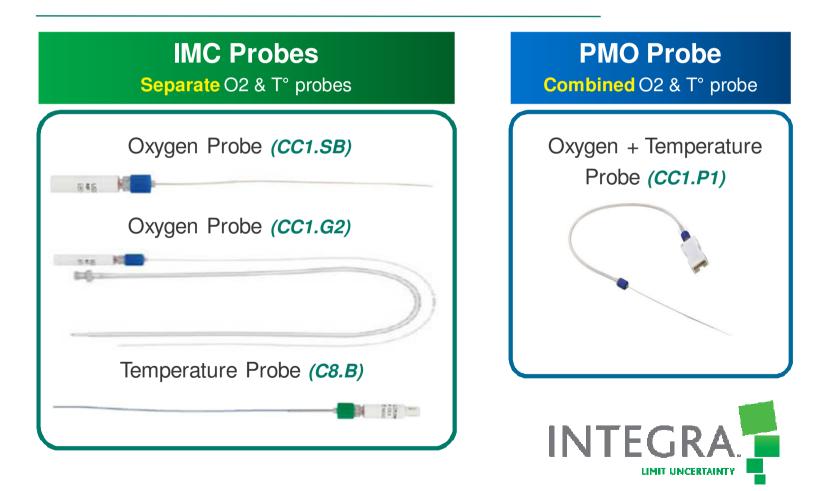
The LICOX[®] Probes & Kits

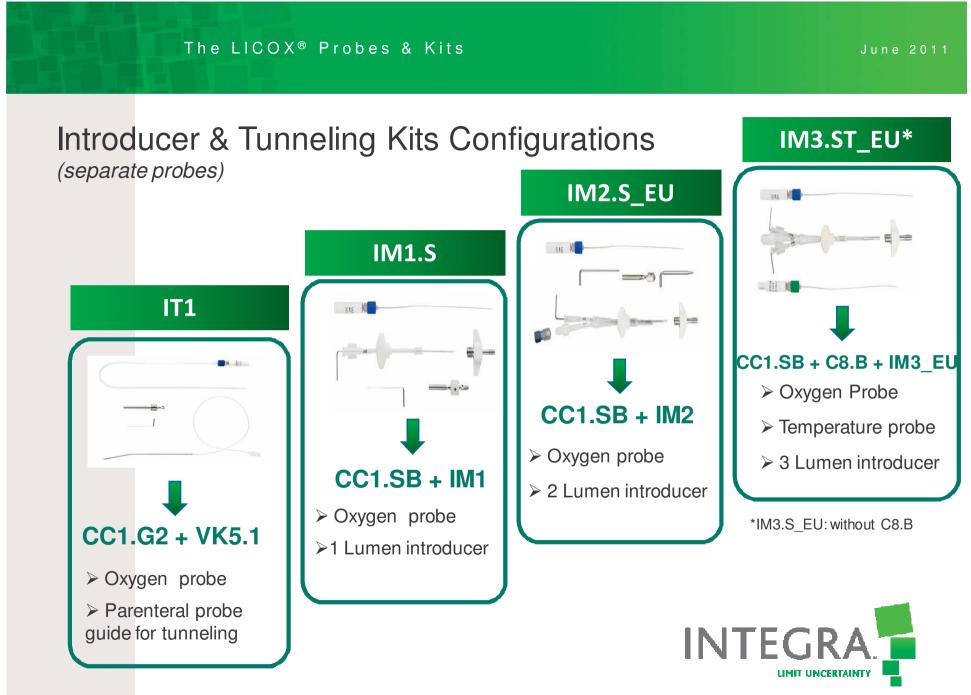


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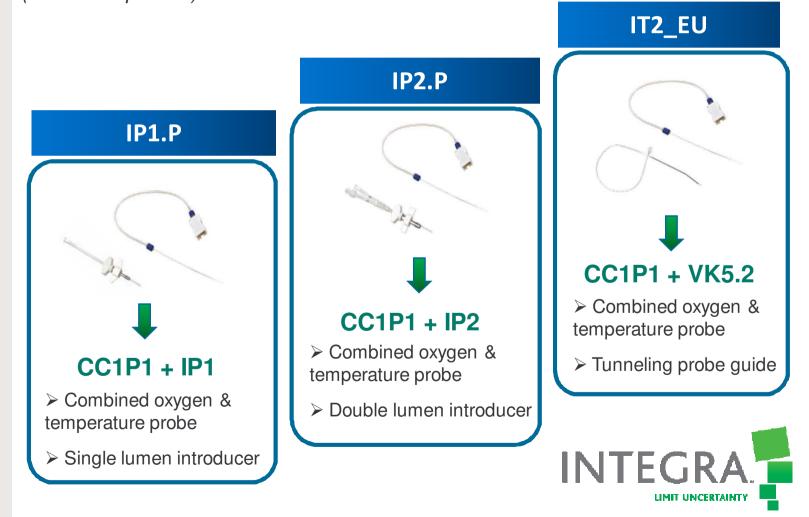
The LICOX[®] Probes & Kits

LICOX[®] Probes





Introducer & Tunneling Kits Configurations (combined probes)



Features of the probes

- Accuracy
 - Oxygen measurement accuracy at 37°C:
 - P_{bt}O₂ 0-20 mmHg accuracy is ± 2mmHg
 - \circ P_{bt}O₂ 21-50 mmHg accuracy is ± 10%
 - \circ P_{bt}O₂ 51-150 mmHg accuracy is ± 13%
 - Temperature measurement accuracy at 37°C: ± 0.2°C
- The maximum duration of use of probes & introducers is 5 days



Features of the probes

- The P_{bt}O₂ probe is delivered in a protection tube filled with electrolyte solution.
- The probe must be stored refrigerated at 2°-10°C in its packaging to avoid drying of the probe.
- Individual calibration data of LICOX probes is stored on a smart card delivered with the probe



Connections

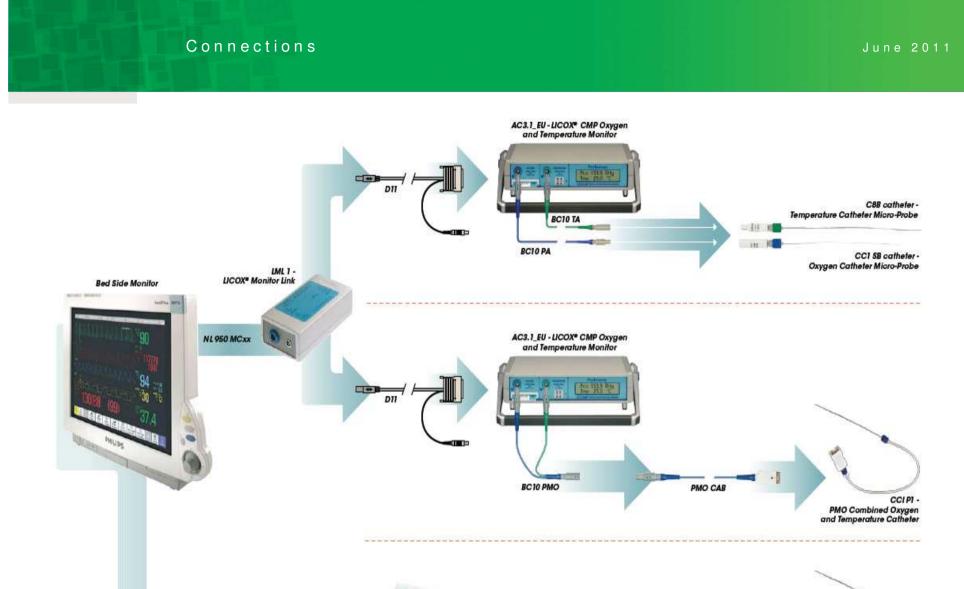
LICOX[®] System: Product description

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Connections



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NL 950 MCxx UCOX* PMO BOX
PMO CAB
CCIPI PMO Cab
CCIPI PMO Combined Oxygen
and Temperature Catheter

Bedside monitors connection: LML.1

- The LML.1 connects the LICOX[®] CMP monitor to a patient bedside monitor.
- Converts Digital signal from Licox[®] system to Analog signal for Bedside Monitor
- The LML.1 consists of Model D1 interface module and cable D11.



Bedside monitors connection: NL950MCXX

- Connects LML1 to bedside monitors
- XX specific to bedside pressure port type (See cable matrix on NeuroMonitoring catalogue)



Steps to connect a CMP Monitor to a Bedside monitor

Please carefully read the LICOX LML1 and CMP Monitor Operations Manuals before using these devices.

- Connect LML1 (D1 + D11) to rear panel of LICOX[®] monitor.
- Connect NL950MCXX cable to the D1 and the other end to the bedside monitor.
- Disconnect all probe cables from the front of LICOX[®] system
- Adjust the temperature on LICOX[®] monitor to read between 28-43°C



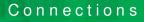
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Steps to connect a CMP Monitor to a Bedside monitor

Please carefully read the LICOX LML1 and CMP Monitor Operations Manuals before using these devices.

- ...
- Wait one minute for reading on LICOX to stabilize then press "zero" on the bedside monitor
- Both monitors should now display 0 mmHg
- Re-connect the oxygen probe cable to monitor
- Both monitors should now read the same value





After probe connection, the probes can be disconnected and the measurement can be interrupted at any time and then restarted with the matching pair of the P_{bt}O₂ probe and smart card at the same Licox[®] CMP monitor or any other Licox[®] CMP monitor

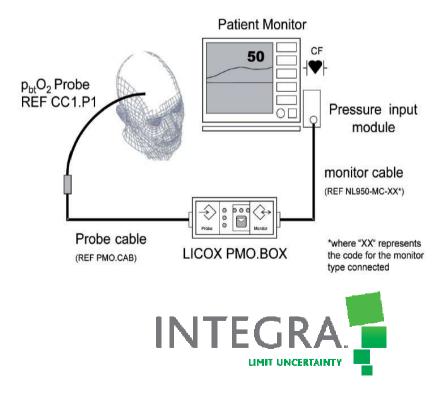


Steps to connect a PMO.Box to a Bedside monitor

For the complete process, please carefully read the LICOX PMO.Box Operations Manuals before using these devices.

- Connect the LICOX[®] PMO.BOX to the pressure input socket of the patient bedside monitor using the appropriate cable (*REF NL 950-MC-XX*).
- Insert the probe cable connector into the socket of the LICOX[®] PMO.BOX.

As soon as the probe cable is connected with the LICOX[®] PMO.BOX, the device is automatically powered on and the ERROR LED will flash.



Troubleshooting & Maintenance

LICOX[®] System

Troubleshooting & Maintenance





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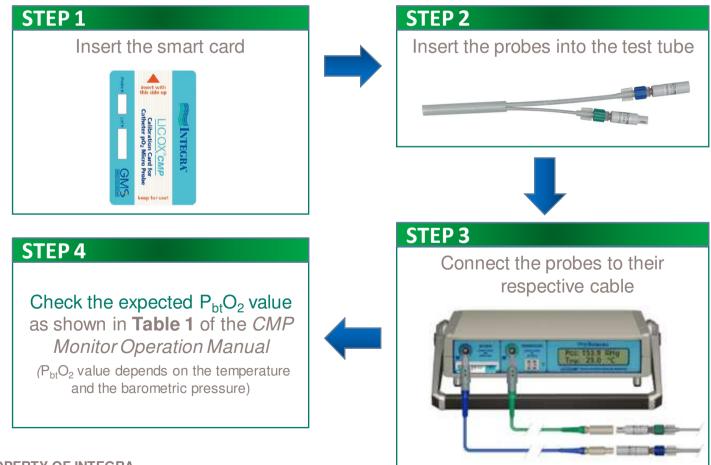
Troubleshooting & Maintenance

Please carefully read the LICOX Complete Brain Probe Kits Directions for Use and the LICOX LML1 and CMP Monitor Operations Manuals before using these devices.

- Difficult placement of probes
 - Be sure the dura has been incised & burr hole has been cleaned of debris.
 - Do not tight compression cap prior to probe placement
- Low or zero P_{bt}O₂ reading
 - Verify the placement of catheter on CT, probe should not be located in infarcted tissue or hematoma or a sulcus of the brain.
- Maintenance interval for LICOX® CMP Monitor: Once per year



Check of separated probe's functionality:

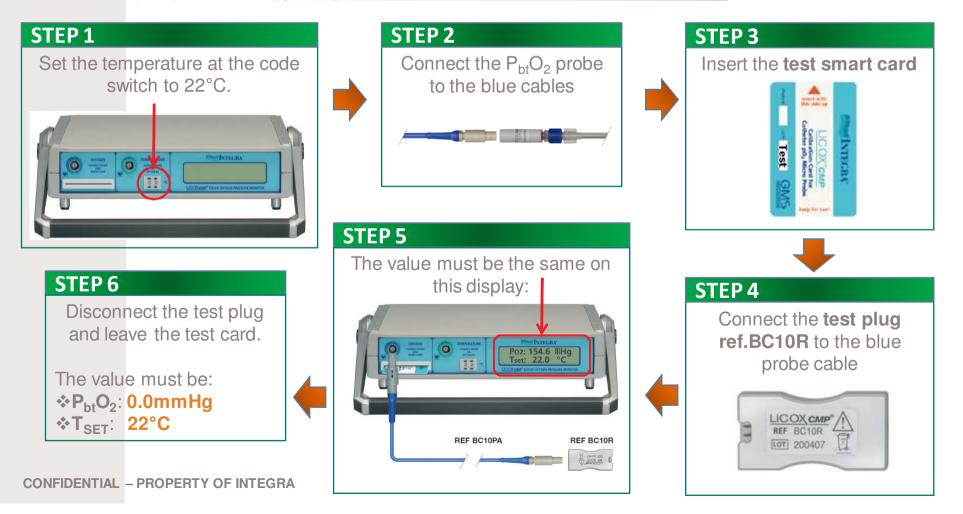


Check CMP Monitor and Cable functionality:

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Test set BC10R

(Compatible with oxygen only, not for temperature)



Reminder

LICOX[®] System

Reminder





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Reminder

Reminder

- Oxygen probes must always be stored between 2°C and 10°C.
- Use the drill bit that comes in the kit.
- Retain the calibration card from the oxygen probe package and insert it into the slot on the front of the CMP monitor.
- Each introducer lumen is labelled i.e. "PO2" or "Temp" or "ICP".
- The oxygen and temperature probes have pre-determined* insertion depths, so they are secured to the introducer systems by Luer-Lock connectors.
- Ensure correct opening of the dura to avoid bad placement.

*Except if tunnelized with a LICOX[®] parenteral probe guide



Reminder

Reminder

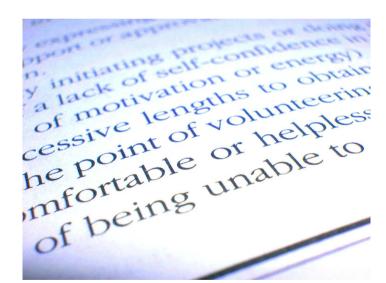
- Temperature compensation : The change in probe P_{bt}O₂ sentivity with change in temperature is approximately 4% per °C. Therefore the temperature of the P_{bt}O₂ probe must be supplied to the LICOX[®] CMP.
 - If temperature probe is used, P_{bt}O₂ is automatically compensated for temperature. *(set the dial at "00" as brain temperature will be displayed)*
 - If you do not use a temperature catheter, the patient's body core temperature may be set at the temperature dial on the front panel of the LICOX[®] CMP Monitor in °C. Patient's body core temperature needs, to be input each hour.
- There are no alarms on the LICOX[®] monitor so it must be connected to the patient bedside monitor in order to use the bedside monitor alarm system if desired to set a P_{bt}O₂ alarm.
- Be aware of probe run-in time: After insertion, the stabilization time may be as long as 2 hours.
- Be sure to follow a safe removal technique



Literature

LICOX[®] System

Literature





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Brain tissue oxygen monitoring in traumatic brain injury and major trauma: Outcome analysis of a brain tissue oxygen-directed therapy.

Narotam PK *et al. J Neurosurg.* 2009; 111:672-682,

Reduced mortality rate in patients with severe traumatic brain injury treated with brain tissue oxygen monitoring.

Stiefel MF *et al. J Neurosurg*. 2005; 103:805-811.

Monitoring of brain tissue PO2 in traumatic brain injury: effect of cerebral hypoxia on outcome.

Bardt T, Unterberg A, et al. Acta Neurochirurgica.1998;71(Suppl):153-156.

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