This manual is provided to aid the Anesthesiologists/CRNA in the operation of a Peripheral Nerve Stimulator (PNS).

1.1 The DIGISTIM 2 PLUS Peripheral Nerve Stimulator is a constant voltage stimulator for monitoring neuromuscular block and evaluating muscle relaxant dosage during surgery and recovery. The instrument can also be used as an aid in accurately locating nerves when performing nerve block procedures. A digital display provides an accurate readout of the current delivered to the patient.

2.0 SETUP

2.1 Location of the instrument should be within six to twelve feet of the patient (depending on leadwire length) and approximately
five feet above the floor to provide easy viewing of the toggle switches and indicators. The stimulator may be placed on an instrument shelf or attached to an IV pole by using the mounting bracket located on the rear panel.

2.2 The leadwires should be attached to the instrument while the control knob is in the OFF position. See Section 7.1 for instructions on the use of gelled electrodes.

3.0 FAMILARIZATION WITH CONTROLS

Before the instrument is turned ON, make sure the toggle switches are in the OFF position. Power is applied to the instrument by rotating the control knob located on the front panel in a clockwise direction until an audible click is heard and the GREEN Battery LED is illuminated. A random number will appear on the digital display. The instrument is now in the standby mode and no pulses will be generated. When stimulus pulses are generated, the digital display will indicate the amplitude of the current in milliamperes (mA). The control knob is used to adjust the amplitude of the output current. The numbers on the knob serve as a convenient reference for remembering the approximate settings of the output amplitude.

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3.1 The three toggle switches located on the front panel provide a convenient means of controlling the functions of the instrument.

Each time a pulse is generated, the Pulse LED will flash and an audible beep will be heard.

3.2 When facing the instrument, the toggle switch on your left (Mode Select) and the toggle switch in the center (Mode Control) work in conjunction with each other. These two toggle switches are used to select and control the Double Burst Stimulation (DBS), Twitch and Train-Of-Four (TOF) modes. First, use the Mode Select switch to select the stimulation
mode you require (DBS, Twitch or TOF). Then use the Mode Control switch to determine how often the selected mode is to be administered. Select Single for once or Repeat to have DBS or TOF repeat every ten seconds. Twitch will repeat once per second. The center position of the toggle switch is the OFF or Standby position.

The toggle switch on your right controls the Tetanus frequency and operates independently of the Mode Select and Mode Control switches. This switch is momentary and generates 100 Hz in the up position and 50 Hz in the down position. The center position is OFF.

4.0 INDICATORS

4.1 The Pulse LED will flash RED each time an output stimulus pulse is generated. It is located to the right of the digital display and is labeled as Pulse.

4.2 An audible beep will be heard each time an output stimulus pulse is generated. This enables the user to verify that the unit is stimulating without observing the Pulse LED. The loudness of the beep can be increased or decreased by using a small screwdriver to adjust the volume level control located on the rear panel to the right of the YELLOW (LO) output jack.

4.3 The GREEN Battery LED will be illuminated continuously while the power is ON and the battery voltage is above a specified level (nominally set to 6.5 volts). Low battery voltage is indicated when the Battery LED begins to flash at approximately two flashes per second. See Section 6.0 for battery replacement.

4.4 The digital display is a three digit liquid crystal display (LCD) that displays the current delivered to the patient in milliamperes (mA). Knowing the precise current setting is important in applications such as nerve locating or detecting fault conditions.

Since the digital display measures the actual current delivered to the patient, a number of fault conditions can be detected.
by observing the LCD. One fault condition is a broken leadwire. Since current cannot flow through an open circuit, any leadwire which breaks connection with the patient will cause the digital display to indicate all zeroes (i.e. no current flowing to the patient). This is an important feature because a total lack of twitch of the hand due to a broken leadwire could mislead the anesthesiologist to believe that the patient is 100% blocked. A quick glance at the digital display can confirm what is happening and significantly add to the anesthesiologist’s confidence that a proper connection is made with the patient.

A second fault condition is shorted leadwires. A large increase in the current displayed could indicate that the leadwires are shorted together, possibly due to the alligator clips touching or the gell from the gelled pads flowing together. A shorted leadwire causes the current to bypass the patient and even though the current displayed is higher, the patient may not be receiving sufficient stimulus. The end result of shorted leadwires is the same as broken leadwires which is no or greatly reduced twitch response.

4.5 The DIGISTIM 2 PLUS has a unique feature called Automatic Power Shutdown. If the instrument is not used (i.e. no stimulus pulses generated) in a twenty minute period, it automatically turns itself OFF. Prior to turning OFF, eight groups of four rapid beeps will be heard. This feature can be reset by operating one of the toggle switches to generate a stimulus pulse(s) or turning the instrument OFF and then back ON during the twenty minute period. Automatic Power Shutdown saves battery life by preventing the user from inadvertently leaving the unit ON after a surgical procedure is completed.

5.0 OUTPUT JACKS
5.1 There are three output jacks located on the rear panel of the instrument. Their colors are RED (HI), BLACK (COM) and YELLOW (LO).

5.2 The common output jack is BLACK (COM). This is the negative output and should always be connected to the leadwire with the BLACK plug. It is labeled as COM.

5.3 The RED (HI) jack is the high positive output. The leadwire with the RED plug should be connected to the RED (HI) jack for use with gelled electrodes. This output can deliver (with a fresh battery) approximately 70 mA into a 2000 Ohm load. It is labeled as HI. The HI output should never be used with a needle electrode.

5.4 The YELLOW (LO) jack is the low positive output and is used with a needle electrode when performing nerve block procedures. The low output can deliver up to approximately 6 mA into a 2000 Ohm load. An important feature of the low output is that one is able to select precise current settings in 0.1 mA increments. It is labeled as LO.

6.0 BATTERY REPLACEMENT

A low battery will be indicated when the GREEN Battery LED begins to flash at approximately two flashes per second. This occurs when the battery voltage drops to approximately 6.5 volts. Although the instrument will operate satisfactorily down to this level, the stimulus output current decreases rapidly below this voltage. Therefore, the battery should be replaced as soon as possible after low battery voltage is indicated.

The battery is easily replaced by unsnapping the gray battery compartment door located on the rear panel and replacing the old battery with a new one. The battery should always be replaced with a 9 volt alkaline battery.

7.0 APPLICATION NOTES (monitoring of neuromuscular function)
7.1 LEADWIRE ATTACHMENT WHEN USING GELLED ELECTRODES

The leadwire with the BLACK plugs should be plugged into the BLACK (COM) jack located on the rear panel of the instrument and the leadwire with the RED plugs should be plugged into the RED (HI) jack located adjacent to the BLACK (COM) jack. Gelled electrodes should be placed in line with and over the ulnar nerve. The distal (negative) electrode should be placed at the level of the proximal flexor crease of the wrist. The electrode pair should be placed directly over and parallel to the flexor carpi ulnaris tendon.

7.2 BASELINE ADJUSTMENT

Before any muscle relaxant is administered, the instrument should be adjusted to provide Supramaximal Stimulation (SMS). SMS is defined as the level at which additional stimulation current does not increase twitch response. This setting can be approximated by adjusting the control knob to the level where any further increase in stimulus current would not increase the level of the twitch response. Note the reading on the digital display and maintain this baseline setting throughout the entire procedure.

7.3 TWITCH RESPONSE

The simplest test provided by the PNS is the twitch response where individual stimuli are generated at intervals of one to ten seconds. Shortly after administering the muscle relaxant, the twitch response will start to become depressed. At this point, more than 70 percent of the receptors should be blocked. When the twitch is completely eliminated, greater than 90 percent of the receptors are occupied by the relaxant. The twitch can be used as a quantitative monitor by adjusting the muscle relaxant administration to maintain a faint, but
perceptible muscular contraction (twitch) in response to the PNS. This assures adequate operating conditions while avoiding excessive relaxant administration. In the event the twitch has been abolished by an inadvertent relaxant overdose, if one waits until the twitch reappears before administering subsequent relaxant, the incidence of failure of reversal can be minimized.

7.4 TETANIC STIMULI

When the single twitch response has returned to normal, approximately 20 percent of the receptor pool is free. Fortunately, the diaphragm needs fewer receptors available to respond normally than do peripheral muscles. This can be observed clinically in that spontaneous respiration may be detected before an indirectly stimulated response. However, a patient with 80 percent receptor block may still need to be carefully monitored. Thus, it is important to have a means of assessing when recovery has proceeded to a more adequate level. It was to this end that the tetanic stimuli evolved. This is the administration of 50 or 100 Hz stimuli for a period of approximately 5 seconds duration. The higher frequency puts a greater demand on the neuromuscular synapse because as each successive stimulus arrives at the nerve ending, it depletes the local store of transmitters so that the amount of acetylcholine available for release by each succeeding stimulus falls. When the fraction of free receptors is also decreased, the tetanic response does not maintain its initial intensity; it fades.

The higher the rate of tetanic stimulation, the more sensitive the test. Fade can be detected at 100 Hz when as few as 50 percent of the receptors are occupied and at 50 Hz when as few as 70 percent of the receptors are occupied. Unfortunately,
tetanic stimuli are painful and are therefore of limited value in detecting subtle neuromuscular blockade in the unanesthetized patient.

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7.5 TRAIN-OF-FOUR

In the Train-Of-Four (TOF) test, the ulnar nerve is stimulated with four supramaximal stimuli 0.5 second apart and the ratio of the fourth twitch to the first twitch is used to determine the degree of neuromuscular block. The primary advantage of Train-Of-Four is that the first response provides a built-in control for the fourth response. Built-in control is a great convenience in the clinical setting in which factors such as patient movement can change the initial tension of the muscle and hence the amplitude of the twitch response. A good rule of thumb is that the degree of block may be estimated by counting the number of twitches seen following the four stimulus pulses. When only one twitch is present, there is greater than 90 percent block. All four twitches appear when the single twitch is depressed by 75 percent. Recovery from the block occurs when all four twitches in the train are the same height. At this time, about 25 percent of the receptor pool is free. Thus, TOF is a slightly more sensitive test than the twitch.

7.6 DOUBLE BURST STIMULATION (DBS 3,3)

This pattern of stimulation consists of two short tetanic bursts (50 Hz for 60 msec) separated by .75 second. It is easier to see fade when using DBS than when using TOF since DBS is more sensitive than TOF in the normal detection of residual neuromuscular blockade. During the postoperative period and recovery, evaluation of the response to DBS has been shown to be superior to evaluation
of the response to TOF.

7.7 NERVE BLOCK PROCEDURES

The PNS can be used as an aid in locating any nerve that has a motor component, but is not a substitute for knowledge of basic anatomy and block technique. The basic technique of locating nerves using a PNS is outlined in the following paragraphs.

It is important to observe the digital display of the output current since the accuracy of nerve location depends on how precisely the current can be set. The lower the current setting, the closer the needle must be to the nerve to obtain a motor response.

CAUTION: Do Not use the RED (HI) output jack for nerve location. Stimulation of nerves using needles requires very low current. Use of the RED (HI) output may result in possible needle burns.

The leadwire with the BLACK plug should be attached to the BLACK (COM) jack on the rear panel of the instrument and the leadwire with the RED plug should be attached to the YELLOW (LO) jack adjacent to the BLACK (COM) jack.

Short the leadwires together by attaching the alligator clips to each other. Turn the instrument ON and move the Mode Select toggle switch to the Twitch position. Move the Mode Control toggle switch to the Repeat position. The instrument will now be delivering 1 pulse per second. Adjust the control knob on the front panel until the digital display reads 3.0 mA.

This confirms that the instrument is operating properly and also sets the current amplitude control knob to approximately the correct position.

Disconnect the alligator clips from each other and attach the negative leadwire (BLACK alligator clip) to the block needle (BD STIMEX® insulated needle or equivalent). Connect the positive leadwire (RED alligator clip) to a gelled electrode placed
on the trunk of the body some distance from the block site to minimize direct stimulation of local muscles.

Following local anesthetic infiltration of the skin, the needle should be inserted in the normal manner for the particular block being performed. Begin advancing the needle, and if necessary, readjust the current to within the 2 to 3 mA range. Continue advancing the needle until a motor response is obtained. Reduce the current until the motor response is barely perceptible and then advance or withdraw the needle to maximize the response. Continue this technique until a motor response is obtained at 1 mA or less. It should be possible to obtain a motor response at 0.5 mA.

8.0 SPECIAL CONSIDERATIONS AND CONTRAINDICATIONS

8.1 EXPLOSIVE ATMOSPHERES

This device is a possible explosion hazard if used in the presence of flammable anesthetic gases.

8.2 MICROSHOCK HAZARD

This device may be hazardous to patients with pacing catheters. If used on such patients, exercise extreme caution to prevent the nerve stimulator output leadwires from contacting the pacing catheter or catheter leadwires.

Patients with an implanted electronic device (for example a cardiac pacemaker) or cardiac abnormalities should not be subjected to stimulation unless a specialist’s medical opinion has first been obtained.

8.3 NEEDLE ELECTRODES

Because of the small surface area and low current values required when using percutaneous (needle) electrodes and the potential for high current density and possible needle burns, it is recommended that only the YELLOW (LO) and BLACK (COM) output jacks be used when locating nerves. The HI output should never be used with a needle electrode.
8.4 USE WITH H.F. SURGICAL EQUIPMENT

Simultaneous connection of a patient to h.f. surgical equipment (i.e. electrocautery/electrosurgical units) may result in the electronic gating mechanisms in the nerve stimulator being overridden by the cautery pulses causing stimulus pulses to be generated by the stimulator.

Simultaneous connection may also result in burns at the site of the stimulator electrodes and possible damage to the stimulator.

8.5 USE WITH SHORTWAVE OR MICROWAVE THERAPY EQUIPMENT

Operation in close proximity to a shortwave or microwave therapy unit may produce instability in the stimulator output.

8.6 SKIN BURNS

Use of tetanic stimulation for prolonged periods of time may result in skin burns. The stimulus current should be gradually increased until supramaximal stimulation is achieved. Use of current levels higher than required for supramaximal stimulation increases the risk of skin burns.

8.7 TETANIC STIMULATION

Tetanic stimulation may be uncomfortable for fully conscious patients. Therefore, it is recommended that twitch or train-of-four be used which are better tolerated in awake patients.

9.0 SPECIFICATIONS

9.1 BUTTON FUNCTION FREQUENCY

Standby.................................All toggle switches in the OFF or center position.

Double Burst (DBS 3,3)..............50 Hz for 60 msec separated by .75 second. Repeats every 10 seconds.

Twitch........................................1 pulse per second

50 Hz Tetanus.........................50 pulses per second

100 Hz Tetanus.......................100 pulses per second
Train-Of-Four..........................4 pulses per 2 seconds. Repeats every 10 seconds.

9.2 PULSE CHARACTERISTICS
Pulse Width..........................200 Microseconds
Pulse Type..........................Square Wave Monophasic

9.3 OUTPUT CURRENT
RED (HI) output..........................0 - 70 mA
YELLOW (LO) output.......................0 - 6 mA

9.4 DISPLAY/LED/AUDIBLE INDICATORS
Digital Display: Displays amount of current in mA delivered to the patient.
Resolution of the display is 0.1 mA.

Battery LED: Normally ON (green). Flashes when battery voltage is low.
Pulse LED: Flashes RED each time a pulse is generated.
Stimulus Pulse: An audible beep will be heard each time a stimulus pulse is generated.
Auto Power Shutdown Beeps: Instrument turns itself OFF after 20 minutes of nonuse.
Eight groups of 4 rapid beeps indicates unit is turning itself OFF.

9.5 POWER: One nine volt alkaline battery.
9.6 POWER CONSUMPTION: Approximately 9.6 mA
9.7 CASE: High impact ABS plastic
9.8 SIZE: 2.50”H x 6.06”W x 6.25”D
9.9 WEIGHT: 1 lb.10 oz. Including battery.

10.0 STERILITY: Non-Sterile
11.0 SERVICE LIFE: The service life of this device is 3 years from date of purchase.

Limited Warranty

Neuro Technology, Inc. products are guaranteed against defects in materials and/or workmanship when used in normal service for

One Year from date of delivery to the original purchaser.

Adjustment and/or repair without charge will be made during the one year warranty period only if the instrument in question has not

been abused, tampered with, or subjected to unauthorized repair. Damage due to fire, lightning, negligence, water and other liquids,

excessive pressure or misuse are not covered under this warranty. Warranty inquiries and requests for warranty repair should be

made directly to:

Mainline Medical Inc.

3250-J Peachtree Corners Circle

Norcross, Georgia 30092-4301

Tel: (800) 366-2084 • (770) 409-2800

Fax: (800) 261-3066 • (770) 409-1414

Website: mainlinemedical.com

Email: service@mainlinemedical.com