

WE UNDERSTAND.



NEUROSURGERY

***M.scio***<sup>®</sup>

READING INNER VALUES  
FOR THE BIG PICTURE



# IMPORTANCE AND LIMITATIONS OF CONVENTIONAL ICP MONITORING

## IMPORTANCE

Many pathological conditions such as traumatic brain injury, intracranial hemorrhage, or hydrocephalus may be associated with a life-threatening increase in intracranial pressure (ICP) (1). Accurate determination of this value is therefore a prerequisite for the application of ICP-lowering measures (2).

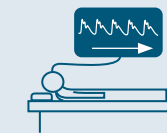
It is not possible to adequately quantify intracranial pressure based on symptoms or imaging alone (3, 4). Therefore, catheter-based sensors are often used, which provide continuous access to ICP values and thus facilitate treatment (7).

However, decision making with such conventional sensors can be very complex and risky, requiring multiple surgical procedures that also result in recurrent costs for surgery, hospitalization, and equipment.

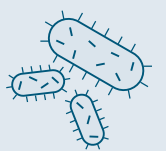


GUESSING GAME: LOW OR HIGH ICP?

## LIMITATIONS



Physical connection to patient required (9)



Increased risk of infection (4, 6, 7)



Malfunctions (12)



Unsuitable for MRI (10)



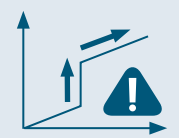
time-consuming preparation and calibration needed (11)



Unsuitable for long-term monitoring (4, 8)



Incorrect treatment decisions (14)



Baseline shifts (> 10-20 mmHg) and drifts (5, 13, 14)



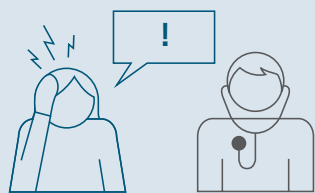
# IMPORTANCE AND LIMITATIONS OF SHUNT-BASED ICP MANAGEMENT

## WHY MORE KNOWLEDGE ON SHUNT PERFORMANCE IS NEEDED

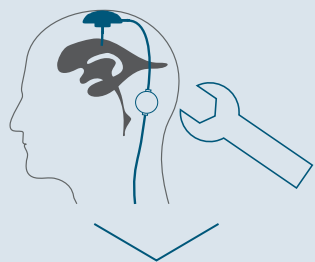
Management of ICP in hydrocephalus patients often involves implantation of a shunt. Advances in shunt technology, particularly adjustable and gravitational valves, have significantly improved patient outcomes (15, 16).

However, finding the best possible patient specific pressure setting and verifying shunt function can be difficult and time consuming.

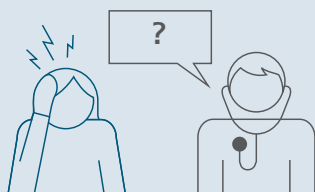
### Unspecific symptoms



### Multiple pressure adjustments



### Cause of symptoms remains unclear



## WHEN DECISION MAKING TURNS INTO A GUESSING GAME

Symptom-based decision making is challenging, due to the overlap of symptoms of shunt malfunction and common maladies such as lethargy, headaches, and vomiting (17, 18).



Shunt malfunction

Common maladies



# IMPORTANCE AND LIMITATIONS OF SHUNT-BASED ICP MANAGEMENT

## SHUNT ASSESSMENT IS CHALLENGING, EXPENSIVE AND NOT RISK-FREE

Currently available invasive and non-invasive methods such as shunt tap or computed tomography (CT) cannot reliably assess shunt function (17, 18, 21).

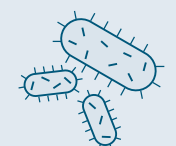


Absence in ventricular size



Low negative predictive values

Surgical exploration of shunt function puts the patient at risk, is costly and is often shown to be unnecessary in hindsight (18). In addition, cranial CT has been shown to increase the risk for brain tumors (22).



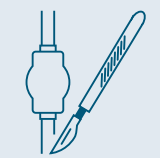
Increased risk of infection (18)



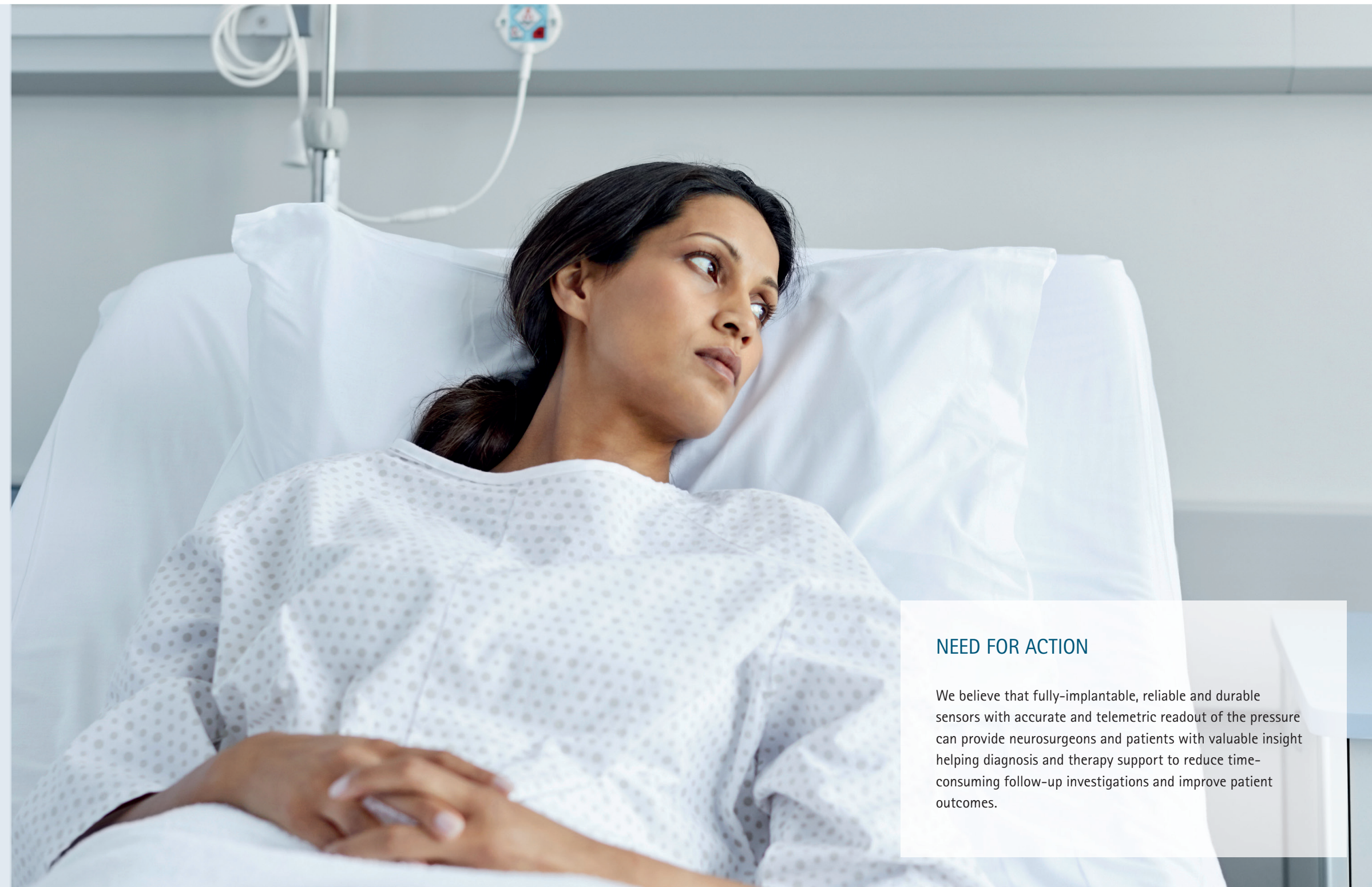
Risk of brain tumors (22)



High associated costs (18)



Unnecessary removal of shunt (18)



## NEED FOR ACTION

We believe that fully-implantable, reliable and durable sensors with accurate and telemetric readout of the pressure can provide neurosurgeons and patients with valuable insight helping diagnosis and therapy support to reduce time-consuming follow-up investigations and improve patient outcomes.

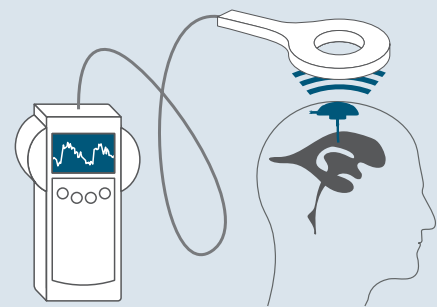


# M.scio<sup>®</sup> – NON-INVASIVE TELEMETRIC PRESSURE MEASUREMENT

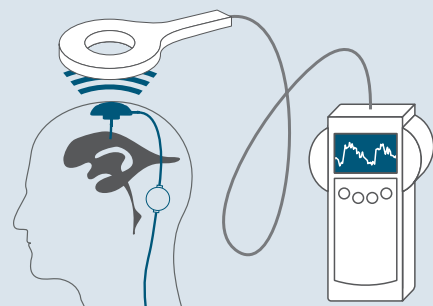
## PERMANENT SOLUTION FOR ICP MEASUREMENT

M.scio<sup>®</sup> is the first ICP sensor approved for permanent implantation.

With the means of the Reader Unit Set, M.scio<sup>®</sup> provides straightforward, non-invasive and easy-to-use real-time ICP measurements (23). No calibration, zeroing or complex setup is required before implantation and measurements.



Single device for diagnosis ...



... in connection with shunt for therapy support



### DETAILED

Display of detailed pressure curves and resolution of clinically relevant ICP morphologies due to high sampling rate of 44 Hz (16, 25)



### RELIABLE

Stable long-term implant with high lifetime and reliable readings due to low drift of < 2mmHg / 4 years (24)



### MULTIFUNCTIONAL

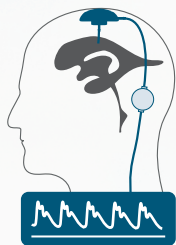
Multifunctional use for diagnosis and therapy support (25, 29)



# M.scio® – NON-INVASIVE TELEMETRIC PRESSURE MEASUREMENT

## STOP PLAYING THE GUESSING GAME!

M.scio® is a useful tool to verify shunt function (16). In addition, the easily accessible measurement can ease the mind of the patient and relatives (25).



Validating shunt functionality via the shape of the recorded ICP signal

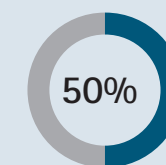


Eases the mind of patients and relatives.

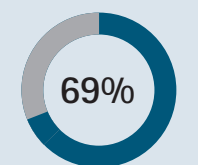


## HIGHLY RESOURCE EFFICIENT

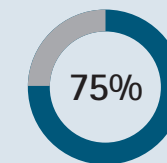
The M.scio® saves time by avoiding unnecessary hospitalizations, investigations, radiation exposure and revisions (16, 25-27). Surgery time for valve implantation is not significantly prolonged (23). As a consequence, the M.scio® is also highly cost-efficient compared to traditional clinical practice (26). Clinical studies have shown a potential of...



Reduction in acute presentations to hospital (26)



Cost saving per patient compared to non M.scio® supported therapy (26)

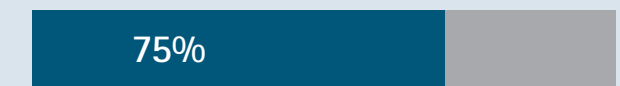


Reduction in CT Scans (26)



Reduction of number of unnecessary Revisions (16, 25-27)

## GUIDANCE FOR HYDROCEPHALUS MANAGEMENT



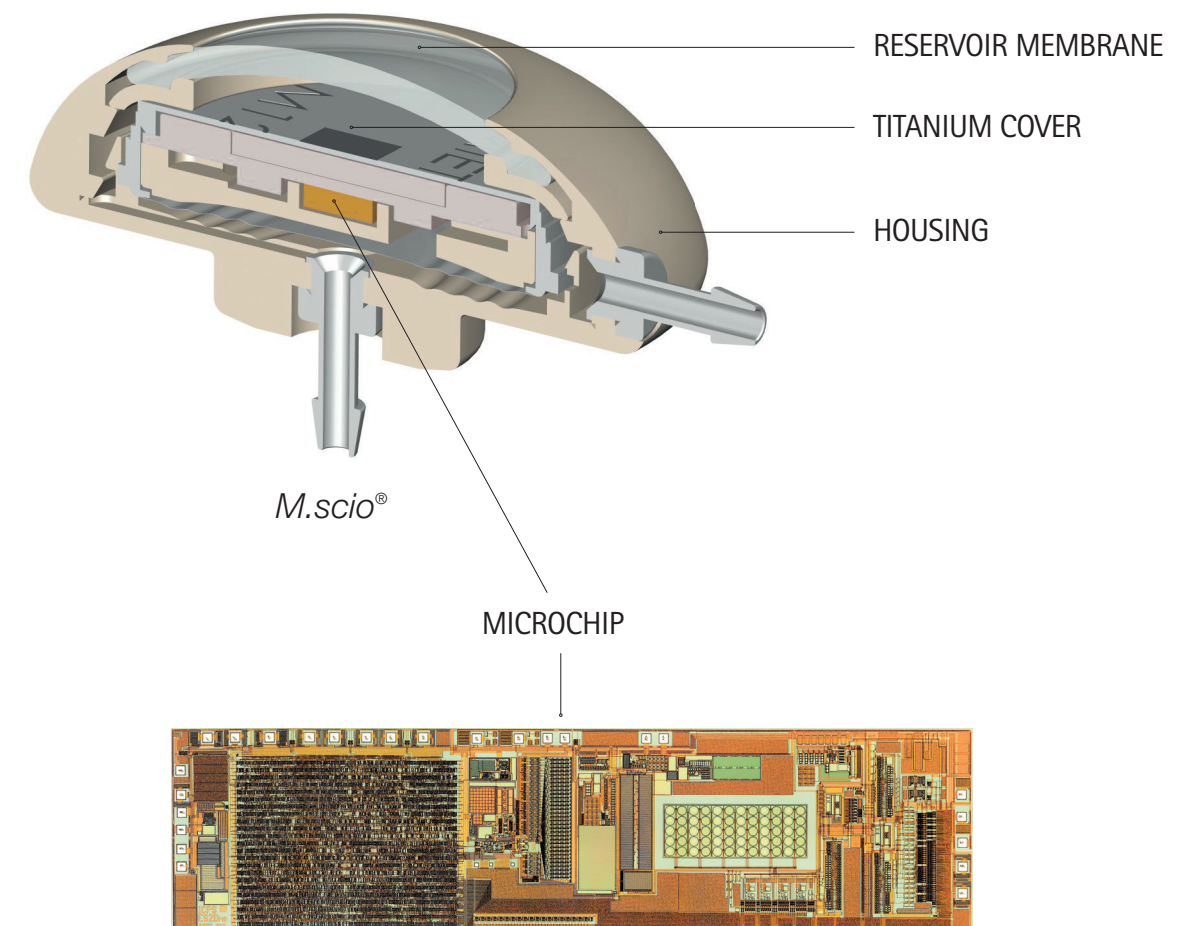
Up to 75% of patients reported improvement of clinical symptoms after valve adjustments based on M.scio® readout (16, 26).



M.scio® is available in four different designs, with either "dome" or "flat" housing. Both "dome" variants fulfill the characteristics of a conventional reservoir. The measuring cell with integrated microchip is protected from possible penetration by a titanium cover.

The reservoir membrane permits:

- CSF removal for therapeutic pressure reduction and diagnostic analyses
- Administration of fluids
- Verification of pressure values



Each M.scio® is calibrated. The calibration data is stored on an associated SD card that is included in the delivery of the M.scio®



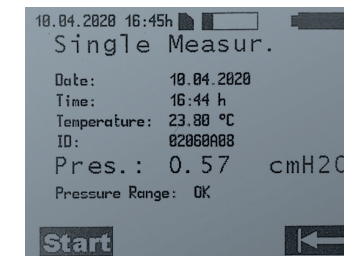
The measured values of the M.scio® can be read out by the treating physician using the Reader Unit Set.

The pressure values are shown on the display in real time and automatically saved with date and time on an SD card.

The data and curves can be accessed again with the Reader Unit Set.

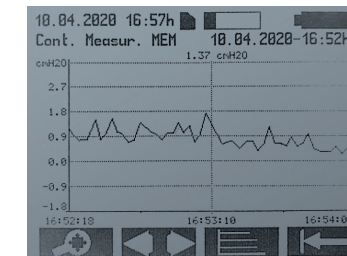


## MEASUREMENT MODES



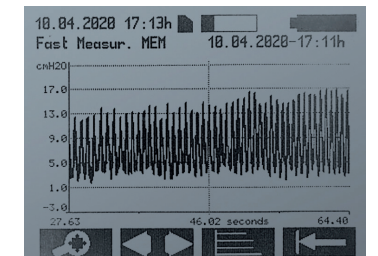
### SINGLE MEASUREMENT

With the single measurement, the pressure value measured at a point is displayed as a single measured value. The measuring unit of the pressure value can be selected in the settings.



### CONTINUOUS MEASUREMENT

During the continuous measurement, sequential single measurements are performed and the recorded measured values are displayed as a curve. The interval between the single measurements can be adjusted in the settings in the range from 1 to 300 seconds.



### FAST MEASUREMENT

With the fast measurement, sequential single measurements are recorded at a high sampling rate (44 measurements per second) and displayed as a curve.



<https://www.miethke-journal.com/en/icp>

The fast measurement mode enables the identification of individual pulse waves and the clear determination of the pulse wave morphology of the ICP curve (25). Such morphologies contain unique information about the cerebrospinal system, and they are useful for the study of intracranial pathologies (28).



- Innovative, easy-to-use telemetric ICP sensor (16, 23)
- For diagnosis and therapy support (16, 29)
- Improvement of clinical symptoms (16, 26)
- Reduction of treatment costs (26)
- Optimized patient management (25, 26, 30)
- Increased sense of security (25)
- Stable long-term implant (24, 27)
- Display of detailed pressure curves (25)
- High sampling rate (44 Hz) (16)
- Puncturability of the silicone membrane\* (25, 29)
- Reliable long-term readings (24)
- MR conditional up to 3 Tesla (31)
- Four implant variants

\* M.scio dome variants only








ICPicture LOGIN  
icpicture.miethke.com

SOFTWARE TOOL FOR THE EVALUATION AND DOCUMENTATION OF ICP DATA



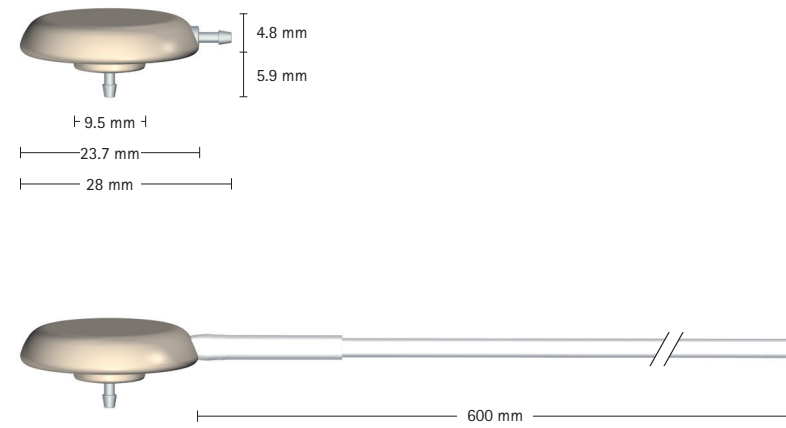
- Research tool to support new diagnostic and therapeutic approaches with intracranial pressure data
- Browser-based software without installation requirement for high flexibility and easy access
- Simple visualization, evaluation, documentation, and organization of intracranial pressure curves specifically for research purposes
- Time savings through intuitive handling and automated evaluations
- Comprehensive options for a systematic organization of patient-specific data and evaluations to identify trends
- Creation of detailed, individualized reports in PDF format for documentation purposes, publications, and professional exchange
- Data export in CSV format for further evaluations

"I use the MIETHKE *M.scio*® in complex HC patients who had multiple revisions and in IIH. We have started analysing the recording on the *ICPicture* software over the last few months and we are excited with the potential it offers. We now understand a bit better the waveforms, mean ICPs and amplitudes etc and I believe that this new technology will help us understand CSF hydrodynamics better and base clinical decisions on them."

*M.D. Georgios Tsermoulas*



▪ M.scio®, flat-angled

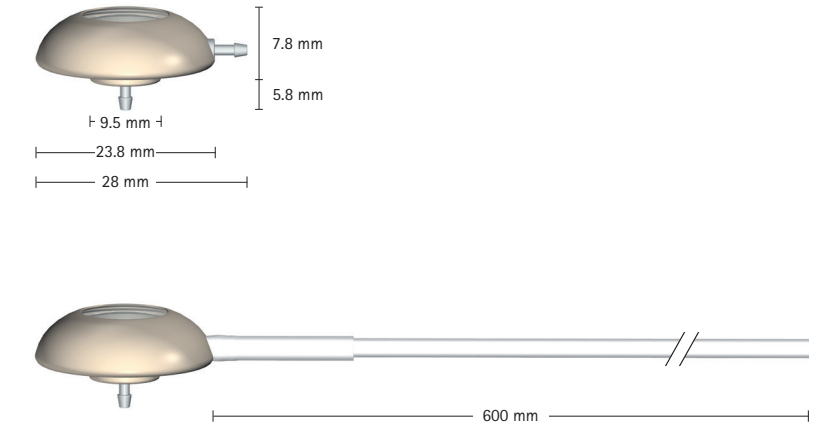


Connector: do = 1.9 mm  
preferably to be used with  
Catheter: di = 1.2 mm, do = 2.5 mm

M.scio®

Art. no.	Product
FV913X	M.scio®, flat-angled (incl. SD card)
FV914X	M.scio®, flat-angled with 60 cm distal catheter (incl. SD card)

▪ M.scio®, dome-angled



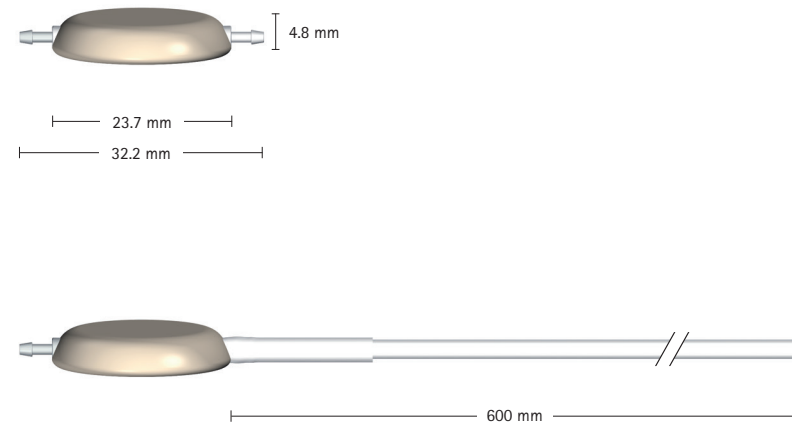
Connector: do = 1.9 mm  
preferably to be used with  
Catheter: di = 1.2 mm, do = 2.5 mm

M.scio®

Art. no.	Product
FV915X	M.scio®, dome-angled (incl. SD card)
FV916X	M.scio®, dome-angled with 60 cm distal catheter (incl. SD card)



▪ M.scio®, flat-inline

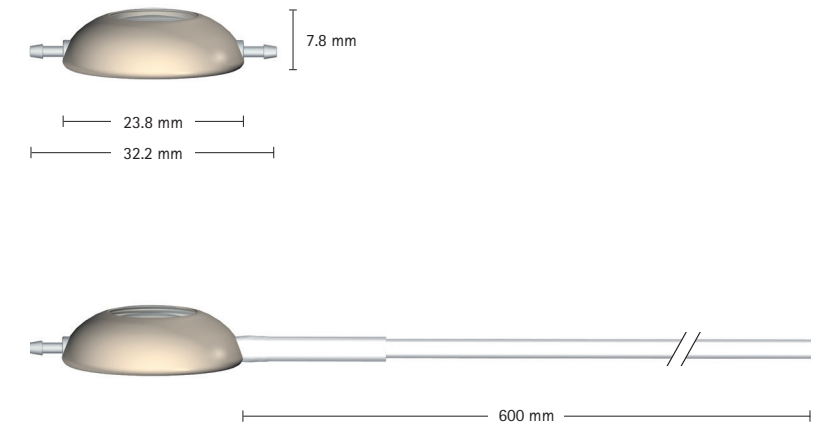


Connector: do = 1.9 mm  
preferably to be used with  
Catheter: di = 1.2 mm, do = 2.5 mm

M.scio®

Art. no.	Product
FV922X	M.scio®, flat-inline (incl. SD card)
FV923X	M.scio®, flat-inline with 60 cm distal catheter (incl. SD card)

▪ M.scio®, dome-inline



Connector: do = 1.9 mm  
preferably to be used with  
Catheter: di = 1.2 mm, do = 2.5 mm

M.scio®

Art. no.	Product
FV924X	M.scio®, dome-inline (incl. SD card)
FV925X	M.scio®, dome-inline with 60 cm distal catheter (incl. SD card)



# ACCESSORIES

▪ Reader Unit Set



Art. no.	Product
FV907X	Reader Unit Set

▪ SD card



Art. no.	Product
FV906X	SD card (substitute)

▪ Power supply



Art. no.	Product
FV907200	Power supply FV907X (substitute)



- (1) Dunn LT. Raised intracranial pressure. *J Neurol Neurosurg Psychiatry* 2002; 73 Suppl 1:i23-7.
- (2) Huttner H. Intrakranieller Druck (ICP), S1-Leitlinie, 2018 in: Deutsche Gesellschaft für Neurologie (Hrsg.), Leitlinien für Diagnostik und Therapie in der Neurologie. [cited 2022 Jan 12]. Available from: URL: [www.dgn.org/leitlinien](http://www.dgn.org/leitlinien).
- (3) Le Roux P, editor. Intracranial Pressure Monitoring and Intracranial Pressure Monitoring and Management [In: Laskowitz D, Grant G, editors. Translational Research in Traumatic Brain Injury]. Boca Raton (FL): CRC Press/Taylor and Francis Group; 2016.
- (4) Evensen KB, Eide PK. Measuring intracranial pressure by invasive, less invasive or non-invasive means: limitations and avenues for improvement. *Fluids Barriers CNS* 2020; 17(1):34.
- (5) Kawoos U, McCarron RM, Aufer CR, Chavko M. Advances in Intracranial Pressure Monitoring and Its Significance in Managing Traumatic Brain Injury. *Int J Mol Sci* 2015; 16(12):28979-97.
- (6) Nag DS, Sahu S, Swain A, Kant S. Intracranial pressure monitoring: Gold standard and recent innovations. *World J Clin Cases* 2019; 7(13):1535-53. Available from:
- (7) Yu L, Kim BJ, Meng E. Chronically implanted pressure sensors: challenges and state of the field. *Sensors (Basel)* 2014; 14(11):20620-44.
- (8) Turz, Turtz AR. Fiberoptic Intracranial Pressure Monitors // *Intracranial Monitoring* 2008; 28:281-8.
- (9) Frischholz M, Sarmiento L, Wenzel M, Aquilina K, Edwards R, Coakham HB. Telemetric implantable pressure sensor for short- and long-term monitoring of intracranial pressure. *Annu Int Conf IEEE Eng Med Biol Soc* 2007; 2007:514.
- (10) Raboel PH, Bartek J, Andresen M, Bellander BM, Romner B. Intracranial Pressure Monitoring: Invasive versus Non-Invasive Methods-A Review. *Crit Care Res Pract* 2012; 2012:950393.
- (11) LHCS. Procedure: insertion of codman microsensor evd or intraparenchymal monitor and setup of codman express [cited 2022 Jan 12]. Available from: URL: <https://www.lhsc.on.ca/critical-care-trauma-centre/procedure-insertion-of-codman-microsensor-evd-or-intraparenchymal#7>.
- (12) Anderson, Anderson RCE, Kan P, Klimo P, Brockmeyer DL, Walker ML et al. Complications of intracranial pressure monitoring in children with head trauma. *J Neurosurg* 2004; 101(1 Suppl):53-8.
- (13) Eide PK, Eide PK, Bakken A. The baseline pressure of intracranial pressure (ICP) sensors can be altered by electrostatic discharges // The baseline pressure of intracranial pressure (ICP) sensors can be altered by electrostatic discharges. *Biomed Eng Online* 2011; 10:75.
- (14) Pedersen SH, Lilja-Cyron A, Astrand R, Juhler M. Monitoring and Measurement of Intracranial Pressure in Pediatric Head Trauma. *Front Neurol* 2019; 10:1376.
- (15) Freimann FB, Schulz M, Haberl H, Thomale U-W. Feasibility of telemetric ICP-guided valve adjustments for complex shunt therapy. *Childs Nerv Syst* 2014; 30(4):689-97.
- (16) Antes S, Stadie A, Müller S, Linsler S, Breuskin D, Oertel J. Intracranial Pressure-Guided Shunt Valve Adjustments with the Miethke Sensor Reservoir. *World Neurosurg* 2018; 109:e642-e650.
- (17) Boyle TP, Nigrovic LE. Radiographic evaluation of pediatric cerebrospinal fluid shunt malfunction in the emergency setting. *Pediatr Emerg Care* 2015; 31(6):435-40; quiz 441-3.
- (18) Aralar A, Bird M, Graham R, Koo B, Chitnis P, Sikdar S et al. Assessment of Ventriculoperitoneal Shunt Function Using Ultrasound Characterization of Valve Interface Oscillation as a Proxy. *Cureus* 2018; 10(2). Available from: URL: <https://pubmed.ncbi.nlm.nih.gov/29682435/>.
- (19) Lutz BR, Venkataraman P, Browd SR. New and improved ways to treat hydrocephalus: Pursuit of a smart shunt. *Surg Neurol Int* 2013; 4(Suppl 1):S38-50.
- (20) Merkler AE, Ch'ang J, Parker WE, Murthy SB, Kamel H. The Rate of Complications after Ventriculoperitoneal Shunt Surgery. *World Neurosurg* 2017; 98:654-8.
- (21) Rocque BG, Lapsiwala S, Iskandar BJ. Ventricular shunt tap as a predictor of proximal shunt malfunction in children: a prospective study. *J Neurosurg Pediatr* 2008; 1(6):439-43.
- (22) Meulepas JM, Ronckers CM, Smets AMJB, Nivelstein RAJ, Gradowska P, Lee C et al. Radiation Exposure From Pediatric CT Scans and Subsequent Cancer Risk in the Netherlands. *J Natl Cancer Inst* 2019; 111(3):256-63.
- (23) Ertl P, Hermann EJ, Heissler HE, Krauss JK. Telemetric Intracranial Pressure Recording via a Shunt System Integrated Sensor: A Safety and Feasibility Study. *J Neurol Surg A Cent Eur Neurosurg* 2017; 78(6):572-5.
- (24) Miethke Bench Test.
- (25) Norager NH, Lilja-Cyron A, Hansen TS, Juhler M. Deciding on Appropriate Telemetric Intracranial Pressure Monitoring System. *World Neurosurg* 2019; 126:564-9.
- (26) Bjornson A, Henderson D, Lawrence E, McMullan J, Ushewokunze S. The Sensor Reservoir-does it change management? *Acta Neurochir (Wien)* 2021; 163(4):1087-95.
- (27) Miethke customer survey.
- (28) Czosnyka M, Czosnyka Z. Origin of intracranial pressure pulse waveform. *Acta Neurochir (Wien)* 2020; 162(8):1815-7.
- (29) Pennacchietti V, Prinz V, Schaumann A, Finger T, Schulz M, Thomale UW. Single center experiences with telemetric intracranial pressure measurements in patients with CSF circulation disturbances. *Acta Neurochir (Wien)* 2020; 162(10):2487-97.
- (30) Thompson SD. Telemetric monitoring of ICP within a shunt system. A single centre experience including the first in vivo comparison versus conventional intraparenchymal monitoring. *Fluids Barriers CNS* 2017; 14(Suppl 1):A63.
- (31) Shellock FG, Knebel J, Prat AD. Evaluation of MRI issues for a new neurological implant, the Sensor Reservoir. *Magn Reson Imaging* 2013; 31(7):1245-50.



*M.blue*<sup>®</sup>

**THE BALANCED WAY OF LIFE**  
INSPIRED BY YOU

[www.miethke.com](http://www.miethke.com)







Distributed by

Aesculap AG | Am Aesculap-Platz | 78532 Tuttlingen | Germany

Phone +49 7461 95-0 | Fax +49 7461 95-2600 | [www.aesculap.com](http://www.aesculap.com)

**AESCULAP® – a B. Braun brand**

Manufacturer acc. to Regulation (EU) 2017/745 (MDR)

Christoph Miethke GmbH & Co. KG | Ulanenweg 2 | 14469 Potsdam | Germany

Phone +49 331 62083-0 | Fax +49 331 62083-40 | [www.miethke.com](http://www.miethke.com)

**CE** 0297

The product trademarks "M.scio" is a registered trademark of Miethke GmbH & Co. KG.

The main product trademark "Aesculap" is a registered trademark of Aesculap AG.

Subject to technical changes. All rights reserved. This brochure may only be used for the exclusive purpose of obtaining information about our products. Reproduction in any form partial or otherwise is not permitted.