



## Pelvic intraoperative Neuromonitoring









#### Neuromonitoring in colorectal surgery

# Improved patient safety thanks to neuromonitoring of autonomic nerves

After more than twelve years of clinical research, it is now possible to localise the complex nerve structures of the autonomic nervous system in the pelvis minor and monitor their function by using the german patented pIOM® technology. Many interventions in the field of colorectal surgery which pose a risk to the complex autonomic nervous system are possible as fields of application (e.g. total mesorectal excision and resection rectopexy).



## APPLICATION EXAMPLE: **TME**



Rectum with colorectal cancer

The pelvic neuromonitoring is a useful addition to the method of total mesorectal excision (TME). The **pIOM**® technology allows a more gentle surgery especially for the nerves than the normally used maximal resection. Function of the continence organs is intraoperatively monitored using the **pIOM**® technology for pelvic neuromonitoring. Therefore, the risk of nerve injury and neurogenic sequelae may potentially be minimised.

The stimulation site in the minor pelvis is the inferior hypogastric plexus and the pelvic splanchnic nerves. Urogenital and anorectal function is monitored by bladder pressure measurement and monitoring of the internal anal sphincter activity.

The procedure is simple for the surgeon and does not cause considerable surgical delay.<sup>1</sup>

#### Better quality of life for patients after surgical interventions in the pelvis minor

Statistics for postoperative anorectal and urogenital functional disorders show that a majority of patients suffer from **incontinence**. **and sexual dysfunction** after surgical interventions in the pelvis minor <sup>2</sup>

RECTAL cancer is one of the most common forms of cancers worldwide. **pIOM**® technology can help preserve the functions inside the pelvis minor after surgery despite invasive therapy.<sup>3</sup>

<sup>&</sup>lt;sup>1</sup> Wałęga P. et al. "Intraoperative neuromonitoring of hypogastric plexus branches during surgery for rectal cancer - preliminary report," Polski przeglad chirurgiczny, 89/2 (2017)

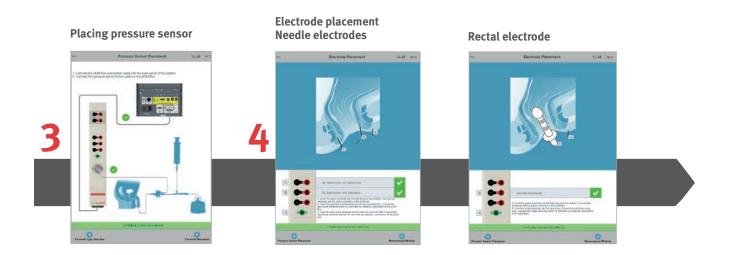
<sup>&</sup>lt;sup>2</sup> Lent V., Junginger T., Nervenstörungen der Harnblasen- und Sexualfunktionen nach Rektumresektionen und -extirpationen, Chirurgische Allgemeine Zeitung, 12 (2012)
<sup>3</sup> Kauff D.W., Kneist W., Risk Factor Analysis for Newly Developed Urogenital Dysfunction after Total Mesorectal Excision and Impact of Pelvic Intraoperative Neuromonitoring - a Prospective 2-Year Follow-Up Study, Journal of Gastrointestinal Surgery, 6 (2017)

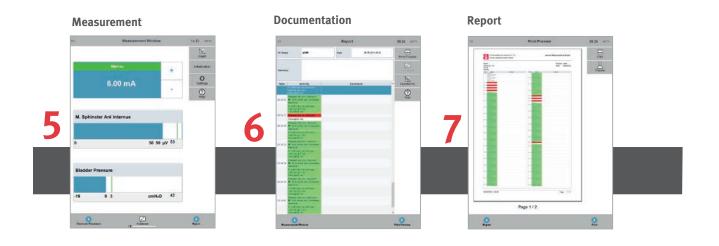
» German patented technology

## **pIOM**® Software application

The user is guided through the intraoperative monitoring process step by step, beginning with entering the patient's data and ending with the final record for the patient's file.















#### Measurement mode

The anorectal function is monitored in realtime: needle electrodes are placed in the internal and external anal sphincter. Alternatively, a non-invasive rectal electrode can be used for easier pre-operative preparation.

The urinary function is monitored with the help of a pressure sensor which is placed as a complete connection set between the urinary catheter and the urine bag.

Stimulation of the pelvic nerves is carried out using a specially developed hand probe. The surgeon is able to localise the individual nerve branches and monitor their function.

If any activity occurs, the surgeon will be notified immediately visually and acoustically. Different events are processed and displayed in the form of colour bars. At the same time, a continuous acoustic signal indicates the electrical current flow during stimulation.

#### **Documentation**

C2 **pIOM®** software automatically stores all events and comments and lists them in the report. The user can therefore review each individual stimulation response at any time, also retrospectively.





#### **p**IOM<sup>®</sup> Literature



- [1] P. Wałęga, M. Romaniszyn, M. Wałęga, S. Świrta, and W. Nowak,

  "Intraoperative neuromonitoring of hypogastric plexus branches during surgery for rectal cancer preliminary report," Polski przeglad chirurgiczny,
  pp. 69–72, 2017.
- [2] W. Kneist, S. Stelzner, L. I. Hanke, and T. Wedel, "Inferior rectal plexus is no longer isolated in no man's land: An encouraging outlook with TaTME," coloproctology, vol. 39, no. 2, pp. 85–87, Mar. 2017.
- [3] D. W. Kauff, H. Lang, and W. Kneist,

  "Risk Factor Analysis for Newly Developed Urogenital Dysfunction after Total Mesorectal Excision and Impact of Pelvic Intraoperative
  Neuromonitoring?a Prospective 2-Year Follow-Up Study," Journal of Gastrointestinal Surgery, vol. 21, no. 6, pp. 1038–1047, Jun. 2017.
- [4] W. Kneist, N. Wachter, M. Paschold, D. W. Kauff, A. D. Rink, and H. Lang,
  "Midterm functional results of taTME with neuromapping for low rectal cancer," Techniques in Coloproctology, vol. 20, no. 1, pp. 41–49, Jan. 2016.
- [5] W. Kneist, L. Hanke, D. W. Kauff, and H. Lang, "Surgeons' assessment of internal anal sphincter nerve supply during TaTME inbetween expectations and reality," Minimally Invasive Therapy & Allied Technologies, pp. 1–6, Jun. 2016.
- [6] D. W. Kauff, N. Wachter, R. Bettzieche, H. Lang, and W. Kneist, "Electrophysiology-based quality assurance of nerve-sparing in laparoscopic rectal cancer surgery: Is it worth the effort?," Surgical Endoscopy, Feb. 2016
- [7] M. Grade, A. W. Beham, P. Schüler, W. Kneist, and B. M. Ghadimi, "Pelvic intraoperative neuromonitoring during robotic-assisted low anterior resection for rectal cancer," Journal of Robotic Surgery, vol. 10, no. 2, pp. 157–160. Jun. 2016.
- [8] W. Kneist, A. D. Rink, D. W. Kauff, M. A. Konerding, and H. Lang, "Topography of the extrinsic internal anal sphincter nerve supply during laparoscopic-assisted TAMIS TME: five key zones of risk from the surgeons' view," International Journal of Colorectal Disease, vol. 30, no. 1, pp. 71–78, Jan. 2015.
- [9] F. Heid, D. W. Kauff, H. Lang, and W. Kneist, "Impact of inhalation vs. intravenous anaesthesia on autonomic nerves and internal anal sphincter tone," Acta Anaesthesiologica Scandinavica, vol. 59, no. 9, pp. 1119–1125, Oct. 2015.
- [10] W. Kneist, D. W. Kauff, V. Juhre, K. P. Hoffmann, and H. Lang,
  "Is intraoperative neuromonitoring associated with better functional outcome in patients undergoing open TME?," European Journal of Surgical Oncology (EJSO), vol. 39, no. 9, pp. 994–999, Sep. 2013.
- [11] W. Kneist, D. W. Kauff, P. Rubenwolf, C. Thomas, C. Hampel, and H. Lang,
  "Intraoperative Monitoring of Bladder and Internal Anal Sphincter Innervation: A Predictor of Erectile Function following Low Anterior Rectal
  Resection for Rectal Cancer? Results of a Prospective Clinical Study," Digestive Surgery, vol. 30, no. 4–6, pp. 459–465, 2013.
- [12] W. Kneist, D. W. Kauff, G. Naumann, and H. Lang, "Resection rectopexy—laparoscopic neuromapping reveals neurogenic pathways to the lower segment of the rectum: preliminary results," Langenbeck's Archives of Surgery, vol. 398, no. 4, pp. 565–570, Apr. 2013.
- [13] D. W. Kauff, K. P. Koch, K. H. Somerlik, K. P. Hoffmann, H. Lang, and W. Kneist, "Evaluation of two-dimensional intraoperative neuromonitoring for predicting urinary and anorectal function after rectal cancer surgery," International Journal of Colorectal Disease, vol. 28, no. 5, pp. 659–664, May 2013.
- [14] W. Kneist et al.,

  "Total Mesorectal Excision with Intraoperative Assessment of Internal Anal Sphincter Innervation Provides New Insights into Neurogenic Incontinence," Journal of the American College of Surgeons, vol. 214, no. 3, pp. 306–312, Mar. 2012.
- [15] W. Kneist et al.,

  "Selective Pelvic Autonomic Nerve Stimulation with Simultaneous Intraoperative Monitoring of Internal Anal Sphincter and Bladder Innervation,"

  European Surgical Research, vol. 46, no. 3, pp. 133–138, 2011.
- [16] D. W. Kauff et al.,

  "Online signal processing of internal anal sphincter activity during pelvic autonomic nerve stimulation: a new method to improve the reliability of intra-operative neuromonitoring signals: Online signal processing of internal anal sphincter activity," Colorectal Disease, vol. 13, no. 12, pp. 1422–1427, Dec. 2011.
- [17] W. Kneist et al.,

  "Intraoperative pelvic nerve stimulation performed under continuous electromyography of the internal anal sphincter," International Journal of Colorectal Disease, vol. 25, no. 11, pp. 1325–1331, Nov. 2010.

# pIOM<sup>®</sup> Accessories

### inomed 13



Art. No. 508 288

C2 Xplore

for intraoperative nerve
monitoring. Easy to use
Neuromonitor with two
integrated stimulation channels,
loudspeaker, footswitch and
mains lead



Art. No. 508 543

Application package pIOM®
consisting of software license
"pIOM", pIOM Box and license
for 4-Channel recording







Art. No. 520 335

#### pIOM® Set with SDN electrodes

complete set consisting of a catheter connection set for bladder pressure measuring, SDN electrodes, fork probe 400mm

- > single-use only
- > EO sterilized

Art. No. 520 336

#### pIOM® Set with rectal electrode

complete set consisting of a catheter connection set for bladder pressure measuring, rectal electrode, fork probe 400mm

- > single-use only
- > EO sterilized



Competence in neuro

inomed Medizintechnik GmbH Im Hausgruen 29 79312 Emmendingen (GERMANY)

Tel. +49 7641 9414-0 Fax +49 7641 9414-94 info@inomed.com www.inomed.com