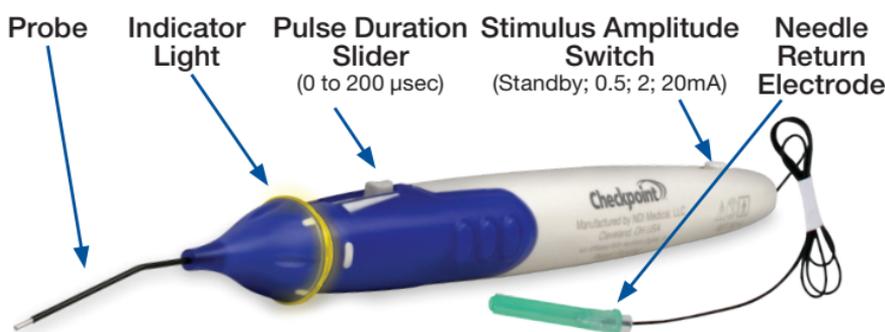


Checkpoint®

Nerve Stimulator/Locator 9094

Assess. Confirm. Protect.



Surgical Considerations

- ✓ Do NOT use when paralyzing anesthetic agents are in effect.
- ✓ Do NOT simultaneously use electrocautery while stimulating with Checkpoint.
- ✓ Do NOT use in patients with implanted electronic devices.
- ✓ Do NOT apply stimulation across chest.
- ✓ Use of tourniquet may reduce nerve and muscle excitability. It may be necessary to take down tourniquet and allow time for re-perfusion.

Initial Technical Check

- ✓ Select 0.5mA amplitude.
- ✓ Slide pulse duration up from zero setting.
- ✓ Touch tip of probe to needle return electrode.
- ✓ Confirm indicator light changes from flashing red to flashing yellow.

Indicator Light Status

Indicator Light	Stimulus Status
Solid Yellow	The Stimulator is ON but stimulation is NOT being delivered (the amplitude and/or pulse duration is set to zero).
Flashing Yellow	Stimulation is being delivered (NOTE: the flashing rate does NOT correspond to the stimulus frequency or intensity).
Flashing Red	Stimulation has been requested, but adequate stimulus current is NOT being delivered because of poor connection of the probe or the needle return electrode to the patient tissue.

See *Instructions for Use* for complete listing of indications, contraindications, warnings, and precautions.

For assistance call
Checkpoint Surgical at
216.378.9107 or your
Territory Sales Manager.

Checkpoint
Surgical



Checkpoint®

Nerve Stimulator/Locator 9094

For Complex Nerve, Orthopaedic, Trauma, & Oncologic Procedures Including:

- ✓ Nerve Transfer
- ✓ Nerve Exploration, Repair, Release
- ✓ Tendon Transfer
- ✓ Bone and Soft Tissue Tumor Resection
- ✓ Brachial Plexus Procedure
- ✓ Shoulder & Elbow Revision
- ✓ Reverse Shoulder Arthroplasty
- ✓ Non-union Fracture Repair

Clinical Applications

- ✓ Nerve Assessment
- ✓ Nerve Location & Mapping
 - Dense Tissue / Scarring
- ✓ Nerve Confirmation
- ✓ Fascicle Selection / Identification
- ✓ Intraoperative Modeling
 - Direct muscle stimulation

Best Practices

- ✓ **Needle Return Electrode Placement**
 - Place needle return electrode in the sterile field but away from area to be stimulated in non-excitabile tissue.
- ✓ **Amplitude Guidance**
 - **0.5 & 2mA:** Low amplitude settings are typically used to stimulate healthy nerve in the visual field.
 - **2mA:** Also used for impaired nerves or to stimulate nerves not visible but believed to be in very close proximity to the probe tip.
 - **20mA:** Use high amplitude to locate nerve through denser tissue (e.g., revision surgery). If a nerve is believed to be in close proximity to probe yet no muscle response is observed, surgeon may choose to gradually increase pulse duration slider from minimum position in order to deliver broadest current spread.
 - **20mA for Direct Muscle Stimulation:** Use high amplitude setting for intraoperative modeling of outcomes (e.g., tenolysis, tendon transfer). Use pulse duration slider to proportionally control muscle contraction.
- ✓ **Nerve Stimulation/Location - Technique**
 - Instead of "tapping" with probe, use gentle "sweeping" motion keeping probe tip in contact with tissue.
 - Observe flashing yellow indicator light while delivering stimulation. Look for corresponding muscle response.
 - **Regional Stimulation:** Begin with high amplitude and high pulse width settings, sweeping probe over larger area of tissue, looking for muscle response; subsequently, make smaller sweeping motion with probe while decreasing amplitude and pulse width to hone in on nerve location.
 - **Threshold Testing:** Beginning with lower amplitude settings, gradually increase pulse duration slider from zero position for each chosen amplitude setting observing minimum stimulus required to elicit muscle response.

