

Checkpoint® Head & Neck Nerve Stimulator/Locator 9394

Assess. Confirm. Protect.



Surgical Considerations

- ✓ Do NOT use when paralyzing anesthetic agents are in effect.
- ✓ Do NOT deliver stimulation while delivering electrocautery.
- ✓ Do NOT use in patients with implanted electronic devices.
- ✓ Do NOT apply stimulation across chest.

Initial Technical Check

- ✓ Select 0.5mA amplitude.
- ✓ 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 has been turned ON but the amplitude switch is now in the OFF/standby position. Stimulation is NOT being delivered.
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** included with each unit for complete listing of indications, contraindications, warnings, and precautions.

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



0 cm
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23



Checkpoint® Head & Neck Nerve Stimulator/Locator 9394

Clinical Applications

- ✓ Nerve Assessment, Location, Mapping, & Confirmation

Use in a Wide Variety of ENT, OMF, Plastic, & General Surgery Procedures Including:

- ✓ Thyroidectomy
- ✓ Parotidectomy
- ✓ Neck Dissection
- ✓ Facial Re-Animation
- ✓ Facial Reconstruction
- ✓ Mandibular Tumor Resection
- ✓ Facial Nerve Exploration & Repair

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**
 - **0.5mA:** Generally use 0.5mA amplitude to identify nerve already in surgeon's visual field.
 - **1mA:** Use 1mA amplitude to confirm nerve location if no corresponding muscle response is seen at 0.5mA. Also, use 1mA for very limited mapping when nerve is believed to be in close proximity to probe tip.
 - **2mA:** Use 2mA if a nerve is believed to be in close proximity to probe tip but nerve is not yet in visual field. 2mA stimulation can also be used to elicit a more robust response, if desired.
- ✓ **Nerve Stimulation/Location - Technique**
 - Instead of "tapping" with probe, use gentle "sweeping" motion keeping probe in constant contact with tissue.
 - Observe flashing yellow indicator light while delivering stimulation. Look for corresponding muscle response.
 - **Regional Stimulation:** To hone in on location of nerve begin with the highest amplitude (2mA) and gently sweep probe tip over a larger area of tissue, looking for muscle response. Subsequently, decrease amplitude and make a smaller sweeping motion with probe.
- ✓ **Amplitude Guidance & Technique - Thyroidectomy**
 - Since muscle response to RLN stimulation cannot be readily visualized, palpation is required. Use 2mA amplitude to elicit a robust vocalis contraction that is easily palpable. To palpate, locate the cricoid cartilage with your fingertip and slide your finger posterior placing your fingertip directly on the posterior and/or lateral cricoarytenoid muscles.



Checkpoint Surgical, Inc.
22901 Millcreek Blvd.
Cleveland, Ohio 44122
Toll-free: 877.478.9106
Local: 216.378.9107
Fax: 216.378.9116

info@checkpointsurgical.com
www.checkpointsurgical.com