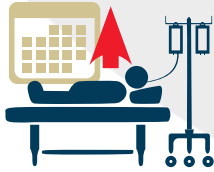


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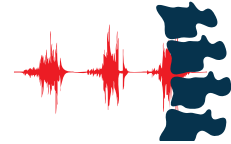
Risk of nerve injury is associated with spinal fusion surgery



Patients with neurological deficits from spinal fusion surgery have extended length of stay, higher costs, and increased mortality ($P < 0.001$ for all).¹

\$\$\$
\$528,726

Lifetime costs for neurological deficits may be up to \$528,726 per patient.²



Intraoperative neuromonitoring (IONM) helps detect nerve injuries during spinal surgery, aiming to prevent neurological deficits.³⁻⁵

SENTIO™ MMG is defining a new era through a first of its kind digital Nerve Assessment Technology, that offers a solution to the challenges of EMG for IONM.⁶⁻¹²

Pre-surgical

- Smart sensor preparation:
 - Simple and fast; no skin preparation required^{6; 9}
 - Minimal OR time required (can be applied in pre-op)⁶
 - No needles required, eliminating the risk associated with EMG needle electrodes^{8; 10; 12}

Peri-surgical

- Offers a surgeon directed technology that does not require a technician for interpretation of the results^{6; 8; 10; 11}
- Accurately assess responses pre- and post-nerve decompression⁸
- Can measure and compare nerve status¹⁰
- Surgeon can control system from the sterile field

Post-surgical

- No patient discomfort from needles or sensor preparation^{6; 7}

ADDITIONAL FEATURES:



Not susceptible to electrical noise, with a high signal-to-noise-ratio^{8; 9}

Simple, user-friendly display allowing for real-time surgeon interpretation^{6; 11}

Designed to improve procedural efficiency, while reducing overall costs, and eliminating the risk of needle stick injury, SENTIO MMG:



Uses peel and stick sensors and requires fewer procedural steps than EMG surface electrodes or needles.^{9; 10}



Sensor preparation does not require anesthesia, unlike EMG.^{6; 7}



Does not require a technician for interpretation of the results.^{6; 8; 10}

- Offers fewer delays from IONM signal interpretation, shortens procedures, and improves predictability of surgical duration.¹³

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