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NIM Vital[™] system with Nervassure[™] technology

The NIM Vital[™] system is the only nerve monitoring system with NIM Nervassure[™] continuous monitoring technology which provides unique real-time visual and audible feedback on nerve function.

Superiority of continuous over intermittent intraoperative monitoring in preventing vocal cord palsy¹

Intermittent monitoring (i-IONM)



The stimulator probe helps to locate the nerve during intermittent monitoring

NIM NerveTrend[™] technology



The stimulator probe enables manual trending during intermittent monitoring

NIM Nerveassure[™] technology



The APS[™] electrode performs automatic stimulation during continuous monitoring

Why do we need NIM Nervassure[™] technology?

Standard i-IONM allows for making diagnosis of nerve injury once happened, but does not allow for preventing nerve injury

Prognosticates post-op RLN function²

Standard i-IONM is useful for:

Nerve mapping or identification (RLN and EBSLN)

Prognostication of nerve injury

Distinguishing the type of nerve injury once occurred^{3,4}:

I - segmental

ll - global

Scan to discover more

References

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The NIM Vital[™] system does not prevent the surgical severing of nerves. If monitoring is compromised, the surgical practitioner must rely on alternate methods, or surgical skills, experience, and anatomical knowledge to prevent damage to nerves. Rx only. Refer to product instruction manual/package insert for instructions, warnings, precautions and contraindications.

For further information, please call Medtronic ENT at 800.874.5797 or consult Medtronic's website at medtronicent.com.

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Superiority of continuous over intermittent intraoperative monitoring in preventing vocal cord palsy¹

NIM Nervassure[™] technology:

- The adjust feature, unique to NIM[™] systems, allows early detection of misplaced (rotated) EMG tube⁵
- Detects intra-operative thermal injury⁶⁻¹²
- Detects stretch-related injuries⁷⁻¹²
- Anticipation of impending traction caused nerve injury through avoidance of prolonged traction⁷⁻¹²
- No contra-lateral thyroid surgery during the same session after LOS of the first side without complete intra-op recovery of EMG (AMP ≥50% BL).¹³

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