







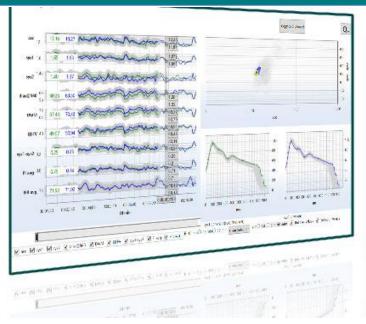


A new technique standing for a new philosophy on cardiovascular physiology



Improved TCD waveform analysis with new parameters allowing discrimination of pathology patients from normal controls.







- Surgery
- Anesthesia
- Intensive Care



Theory of arterial acceleration

Arteries are not only passive conduction systems, but also bring energy into the pressure wave of the heart.

- At the beginning of a heartbeat a pressure wave is generated by myocardial contraction.
- This pressure wave is expanded within the smooth muscle cells of the arterial wall.
- This leads to a peristaltic wave spreading along the branches of the arterial tree.











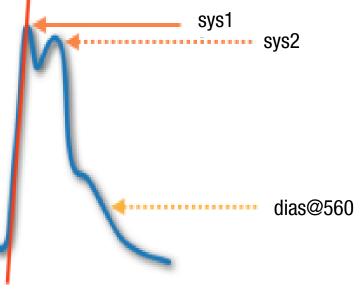
Neuro-Monitoring-Analysis (NMA)[®]

Introduction of "New" Parameters (Indices)

SYS

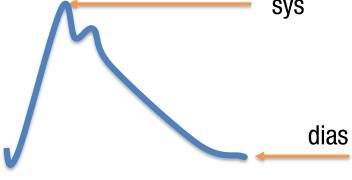
Common Indices

New Parameters (Indices)



acceleration (maximal rate of change) in FV per sec

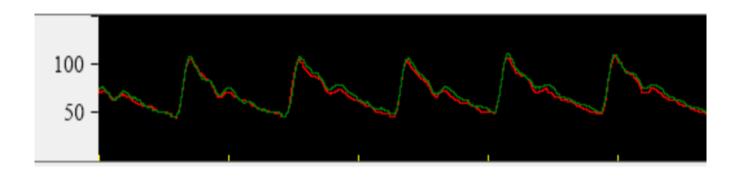


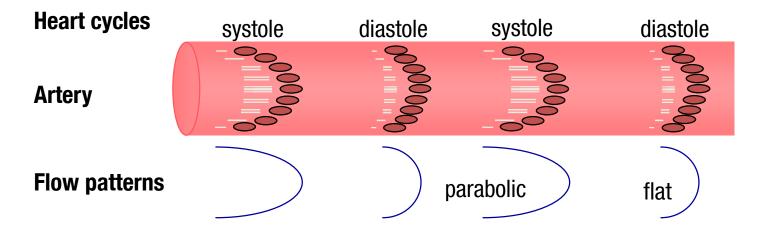






Flow profile in an artery









Various factors influence the flow profiles in the arteries

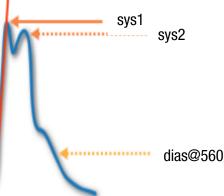
- Change in heart rhythm (flow velocity)
- Changes in respiration (e.g. CO₂ content)
- Changes in arterial blood pressure
- Changes in intracranial pressure
- Changes in blood values (e.g. haematocrit)
- Changes in posture (e.g. lying, standing)
- Changes to the activity (e.g. sport/sleep)
- Changes within age (e.g. stiffening)





Acc = acceleration, the maximal change in flow velocity at stroke onset, gradient of the line Sys1= the maximal flow velocity reached during early systole (first systole peak) Sys2= the maximal flow velocity reached during late systole (second systole peak) dias@560= the diastolic flow velocity fixed 560ms after stroke onset HR= mean heart rate over the 10 interval

parameter	origin	1st order dependence	2nd order dependence	3rd order dependence	
acc (sys1)	phasic myogenic response	smooth muscle contractility			
		aorta pressure			
sys2	ventricular ejection	stroke volume	diastolic filling time	heart rate	
			ventricular ejection fraction	heart contractility	
		blood distribution	cerebro-vascular resistance	metabolic activity	
			peripheral vascular resistance	sympathetic vasomotor tone	
				metabolic activity	
dias@560	aorta pressure	cardiac output	preload to the heart	venous capacity	
				total blood volume	
		aorta stiffness			
		total vascular resistance			
HR	cardiac innervation	aorta and carotid baro- receptors	dynamic aorta pressure	heart contractility	۲
				aorta pressure	acceleratio
		atrial baro-receptors	venous pressure	total vascular resistance	
				venous capacity	change) in
				total blood volume	
				cardiac output	

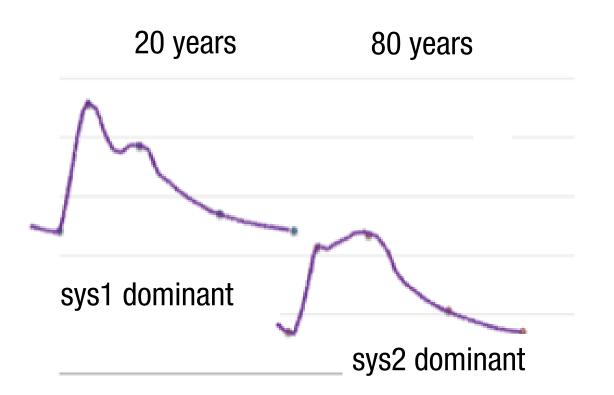


acceleration (maximal rate of change) in FV per sec





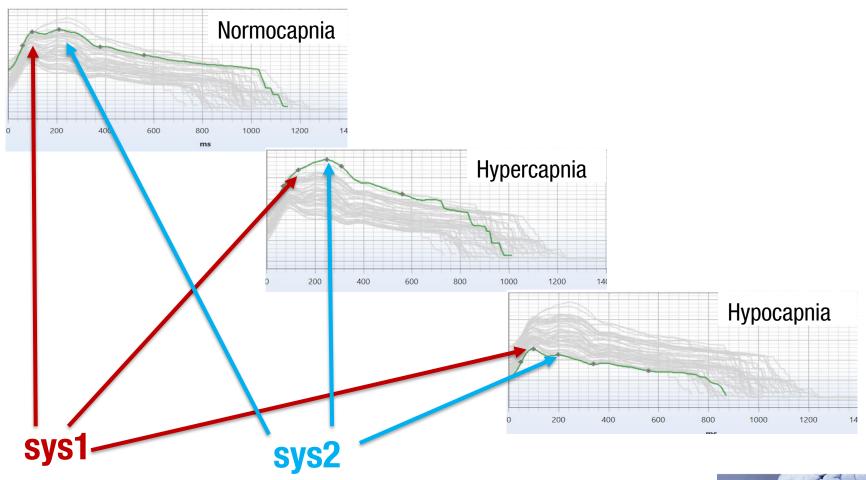
Changes within age







Changes in respiration







For the assessment of disease progression and as therapy control

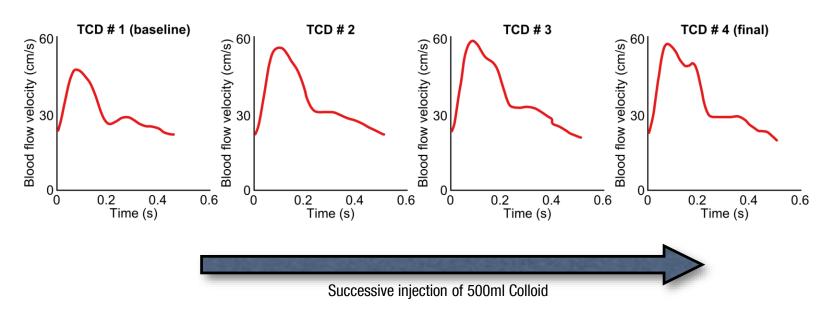
e.g.:

- age-related changes in the vascular flow area
- Changes in blood circulation during therapeutic interventions, e.g. follow-up during drug treatment
- pre-, peri- and postoperative examination (before/after evaluation)





Change during medical treatment

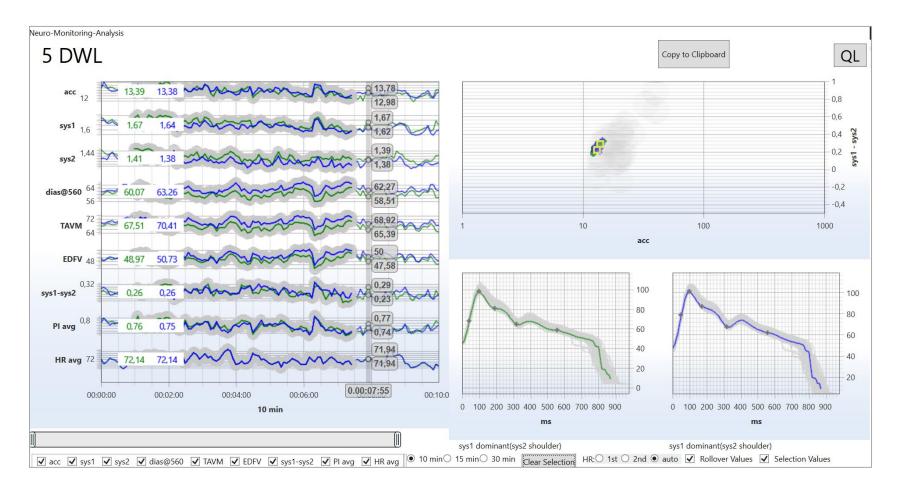


Example patient with sepsis – sys2 missing





Woman, 30 years. Normal example

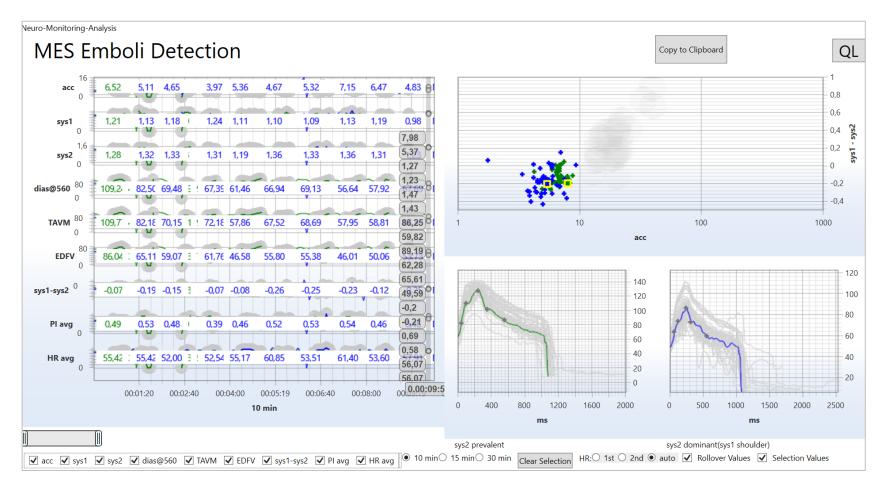




Neuro-Monitoring-Analysis (NMA)[®]



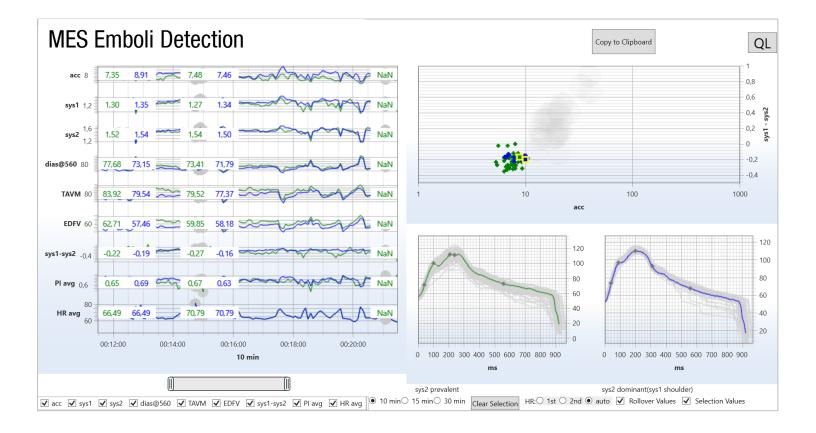
Man, 57 years. 70% ICA stenosis right praeoperative







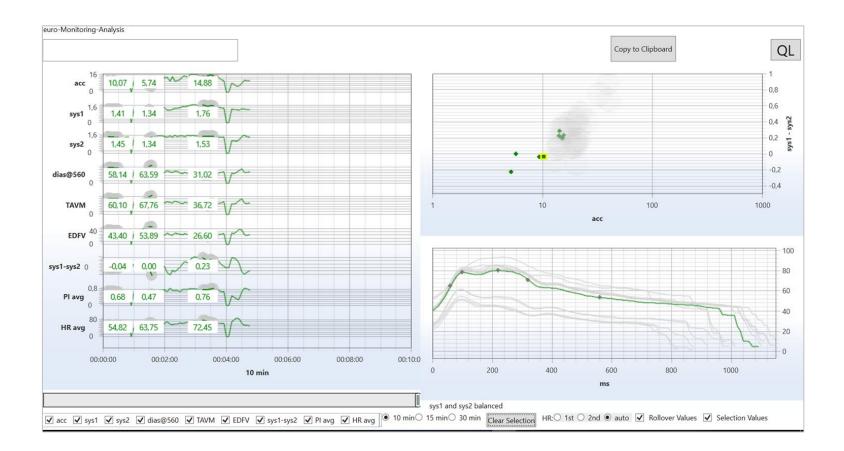
Man, 57 years. 70% ICA stenosis right after surgery







Woman, 50 years. Normal changes in respiration







Beside "traditional" vascular neurology, TCD application of online monitoring techniques for surgery, anesthesia and intensive care are gaining popularity.







Literature, References:

Schaafsma, A. (2012). Improved Parameterization of the Transcranial Doppler Signal. Ultrasound in Medicine and Biology, 38(8), 1451-1459. <u>https://doi.org/10.1016/j.ultrasmedbio.2012.03.016</u>

Schaafsma A. Harvey with a modern twist: How and why conducting arteries amplify the pressure wave originating from the heart. Med Hypotheses. 2014;82(5):589-594. <u>https://doi.org/10.1016/j.mehy.2014.02.016</u>

De Goede, A. A., Loef, B. G. Reidinga, A. C., & Schaafsma, A. (2017). Fluid Resuscitation in Septic Patients Improves Systolic but Not Diastolic Middle Cerebral Artery Flow Velocity, 43(11), 2591-2600. <u>https://doi.org/10.1016/j.ultrasmedbio.2017.06.027</u>





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