MEDASENSE

CLINICAL SEGMENTATION GUIDE

Suggested procedure criteria for consideration when invited to a procedure:

- One that is between 90 min - 3 hours in duration.

- Should be in one of the three clinical segments identified:

THORACIC

- All procedures
  - Open
  - Robotic
  - VATS
- Under General Anaesthesia. Typically, regional blocks will be administered.

ABDOMINAL

- Colon Resection
- Prostatectomy
- Hysterectomy
- Nephrectomy

Exclusions to consider:

- OFA based Abdominal Procedures
- Procedures that use epidural anaesthesia (typically open ones)

SPINE

- LIF, PLIF, 1-2 levels
- Decompression
- Cervical Corpectomy
- Laminoplasty (3+ Levels)

Facilitating the "aha" moments with your physicians:

In the Operating Room

When introducing NOL to your anaesthesiologist in the Operating Room (OR) for the first time, encourage the first case to be an observational one. This allows the anaesthesiologist to see how the NOL index responds to various stimuli during the surgery (i.e. intubation, incisions, trocar placement, surgical manipulation etc.). Explain the difference in the behavior of NOL & BIS (if used). Point out any differences in the response of HR/MAP vs NOL.

At the next case, after the anaesthesiologist has been able to observe the NOL index, encourage them to begin to incorporate NOL into their clinical reasoning around drug regimen/dosing.

Post Procedure

After the patient has moved out of the operating room and into the PACU, guide the anaesthesiologist to follow the patient for at least an additional 15 minutes in the PACU to assess patient pain scores and comfort. If they cannot visit the patient for a 15-30 minute follow-up pain score evaluation, consult with the nurse to see how the patient is doing. This will draw attention to the benefits of NOL guided analgesia on patient recovery.

Synergy between Surgeon & Anaesthesiologist

Engage with the surgeon! By developing a synergistic relationship between surgeon and anaesthesiologist, NOL can benefit the wider OR team. Anaesthesiologists can help the surgeon identify when a patient may be subjected to more pain during a specific part of a procedure. This allows them to work better as a team with the NOL Index providing objective guidance, leading to improved outcomes for the patient. This will help the surgeon, as they are ultimately responsible for the patient and their pain experience. Additionally, if the surgeon sees value in NOL, which is considered a premium product, the surgeon may be able to absorb the cost of NOL out of the surgeon budget (vs the anaesthesiologist).

If the surgeon acknowledges the benefits of NOL monitoring, they can become an additional champion for the technology and influence the adoption into the hospital's practice.

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