B-Smart[™] **Injection Pressure Monitor**

Objective Monitoring and Documentation for Peripheral Nerve Blocks



Take Away the Guesswork.



Be Decisive with the B-Smart[™] Injection Pressure Monitor.



The B-Smart pressure monitor is the first disposable manometer for objective monitoring of injection pressure during administration of peripheral nerve blocks (PNB). Monitoring opening injection pressure with the B-Smart monitor can help identify potentially unsafe injections before they start. When the B-Smart monitor indicates high (> 15 psi) opening injection pressure, the needle can be repositioned and the injection resumed.

Significance of Objective Pressure Measurements

Intrafascicular injections at high pressures > 15 psi: "High injection pressures at the onset of injection may indicate an intraneural needle placement and lead to severe fascicular injury and persistent neurologic deficits."

Needle-nerve contact and high pressures:

One study cites 97% detection of needlenerve contact at ≥ 15 psi². Forceful
needle-nerve contact and injection may
result in intraneural inflammatory changes.³

Perineural injections:
Typically result in pressures ≤ 4 psi¹

Resistance to injection is part of the standard documentation procedure during nerve blocks. Before the B-Smart monitor, documentation of resistance was merely subjective and relied on the "learned feel" and experience of the provider.

The results of one study show that, "providers vary widely in their perception of appropriate force and rate of injection during PNB. The syringe-feel method of assessing injection force is inconsistent." ⁴ Of the 30 providers, "21 (70%) initiated injection using a force that resulted in pressures greater than 20 psi; 15 (50%) used a force greater than 25 psi, and 3 (10%) exerted pressures greater than 30 psi."⁴



Priming the B-Smart Pressure Monitor

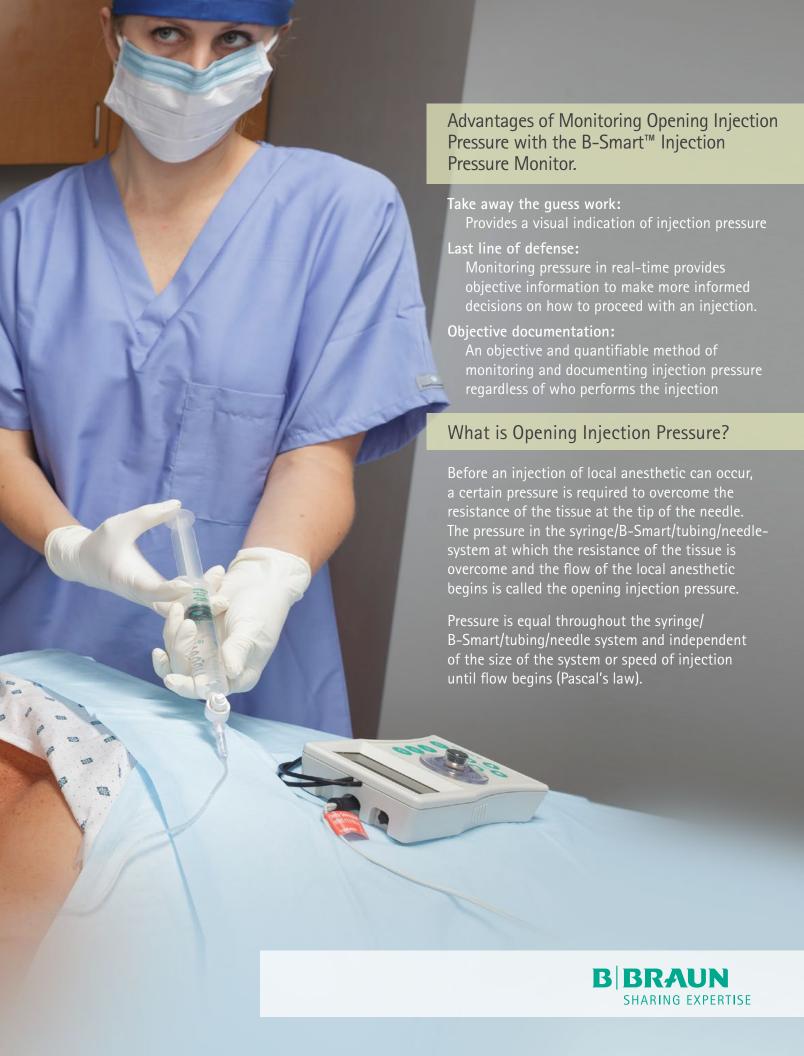


- 1. Attach the B-Smart monitor to filled syringe
- 2. Attach needle tubing to the B-Smart monitor
- 3. Flush system, ensuring the B-Smart monitor's piston rises so "> 20 psi" (orange) is visible.

The B-Smart monitor's piston must move upward during priming in order for the device to be ready to use. It may be helpful to obstruct the injection tubing to accomplish

this. Refer to product labeling for complete instructions for use.





Intrafascicular injection. High pressure >15 psi



"High injection pressures at the onset of injection may indicate an intraneural needle placement and lead to severe fascicular injury and persistent neurologic deficits."

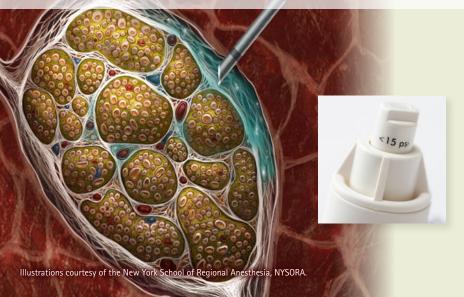
"The majority of intraneural injections were associated with high pressures (25-45 psi) at the beginning of the injection. Persistent motor deficits were observed in all 4 animals having high injection pressures (≥ 25 psi)."

Needle-nerve contact. 97% detection at 15 psi²



Forceful needle-nerve contact and injection may result in intraneural inflammatory changes.³

Perineural injection. Low pressure ≤ 15 psi



"Extraneural (1-mm distant) needle placements were associated with low opening injection pressure (<15 PSI).²

"All perineural injections resulted in pressures ≤ 4 psi. Normal motor function returned 3 hours after all injections associated with low injection pressures (≤11 psi)."¹





Learn how the B-Smart™ injection pressure monitor fits into the Injection Safety Monitoring (ISM) concept at: www.PNBmonitoring.com

- 1. Hadzic A, Dilberovic F, Shah S, Kulenovic A, Kapur E, Zaciragic A, Cosovic E, Vuckovic I, Divanovic K-A, Mornjakovic Z, Thys DM, Santos AC: Combination of intraneural injection and high injection pressure leads to fascicular injury and neurologic deficits in dogs. Reg Anesth Pain Med 2004; 29:417–23.

 2. Gadsden JC, Choi JJ, Lin E, Robinson A: Opening Injection Pressure Consistently Detects Needle–Nerve Contact during Ultrasound-guided Interscalene Brachial Plexus Block: Anesthesiology 2014; 120:1246–53

 3. Steinfeldt T, Poeschl S, Nimphius W, Graf J, Zoremba M, Mueller H-H, Wulf H, Dette F: Forced needle advancement during needle-nerve contact in a porcine model: histological outcome. Anesth. Analg. 2011; 113:417–20

- 4. Claudio R, Hadzic A, Shih H, Vloka JD, Castro J, Koscielniak-Nielsen Z, Thys DM, Santos AC: Injection pressures by anesthesiologists during simulated peripheral nerve block. Reg Anesth Pain Med 2004; 29:201–5

