

MINIMALLY INVASIVE. SHORTER HOSPITAL STAY.*¹⁻⁶ LESS SURGICAL TRAUMA.*

Together, we prioritize the patient. First line medical therapies, radiation-based therapies, and invasive surgical interventions may not be appropriate in all cases. Visualase™ offers a minimally invasive option for you to reach more patients.

Due to the minimal invasive nature of the procedure, in many cases patients go home the next day¹⁻⁶

*Compared to open craniotomy

Advantages of Visualase™

- Smallest laser catheter on the market
- Requires only a small incision and 3.2 mm burr hole
- Most patients have little or no hair removed
- Minimal sutures required, typically a 1-stitch suture^{7,8}
- Most patients are discharged after a shorter stay as compared to open procedures — typically one day¹⁻⁶
- Reduced scarring compared to open procedures
- Requires no ionizing radiation or large skull flap

A WORKFLOW THAT WORKS FOR YOUR HOSPITAL

We believe that innovative technology should enable, not limit, your clinical decisions when it comes to your patient. The unique challenges of performing a procedure within the MRI bore must be carefully considered, and every design aspect of the Visualase™ system supports these procedures by featuring:

- Small, flexible laser catheter and low profile bone anchor for more patient positioning options
- Mobile system and a low-impact installation
- In-plane thermometry and a diffusing laser tip design
- Simple laser design which is broadly applicable regardless of target location, allowing straightforward inventory management of only 2 laser bundles



Plan

The surgeon plans the approach using stereotactic planning software, taking into account ablation coverage and catheter placement trajectory.



Laser Placement

A small, flexible laser catheter is inserted in the target area. Visualase™ is compatible with many common stereotactic platforms so the surgeon and staff can stick to a workflow that is most familiar to them.



Transport to MRI

The patient is transported to the MRI in radiology; or an intraoperative MRI is brought to the patient.



MRI-Guided Laser Ablation

A pre-ablation scan is obtained. The surgeon then selects the preferred thermal imaging planes, identifies temperature check points, and starts the ablation. As tissue heats up, the system displays the thermal damage progress.



Close

The laser applicator is removed and the small incision is typically closed with just one suture required.^{7,8} The patient is then moved to recovery and in many cases goes home the next day.¹⁻⁶

References

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- ² Kang et al. Epilepsia 2015
- ³ Lewis et al. Epilepsia 2015
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- ⁵ Wilfong and Curry Epilepsia 2013
- ⁶ Willie et al. Neurosurg 2014
- ⁷ Jethwa, et al. J Neurosurg Peds 2011; 8: 468
- ⁸ Torres-Reveron, et al. J Neurooncol 2013; 113: 495
- ⁹ Graham et al. Mag Reson Med 1999; 41: 321-328
- ¹⁰ Sherar et al. Phys Med Biol 2000; 45: 5563-5576
- ¹¹ Fabiano and Alberico World Neurosurg 2014; 10: 34
- ¹² Carpenter et al Lasers Surg Med 2012; 44: 361-368

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IT'S TIME FOR MORE MINIMALLY INVASIVE OPTIONS IN NEUROSURGERY



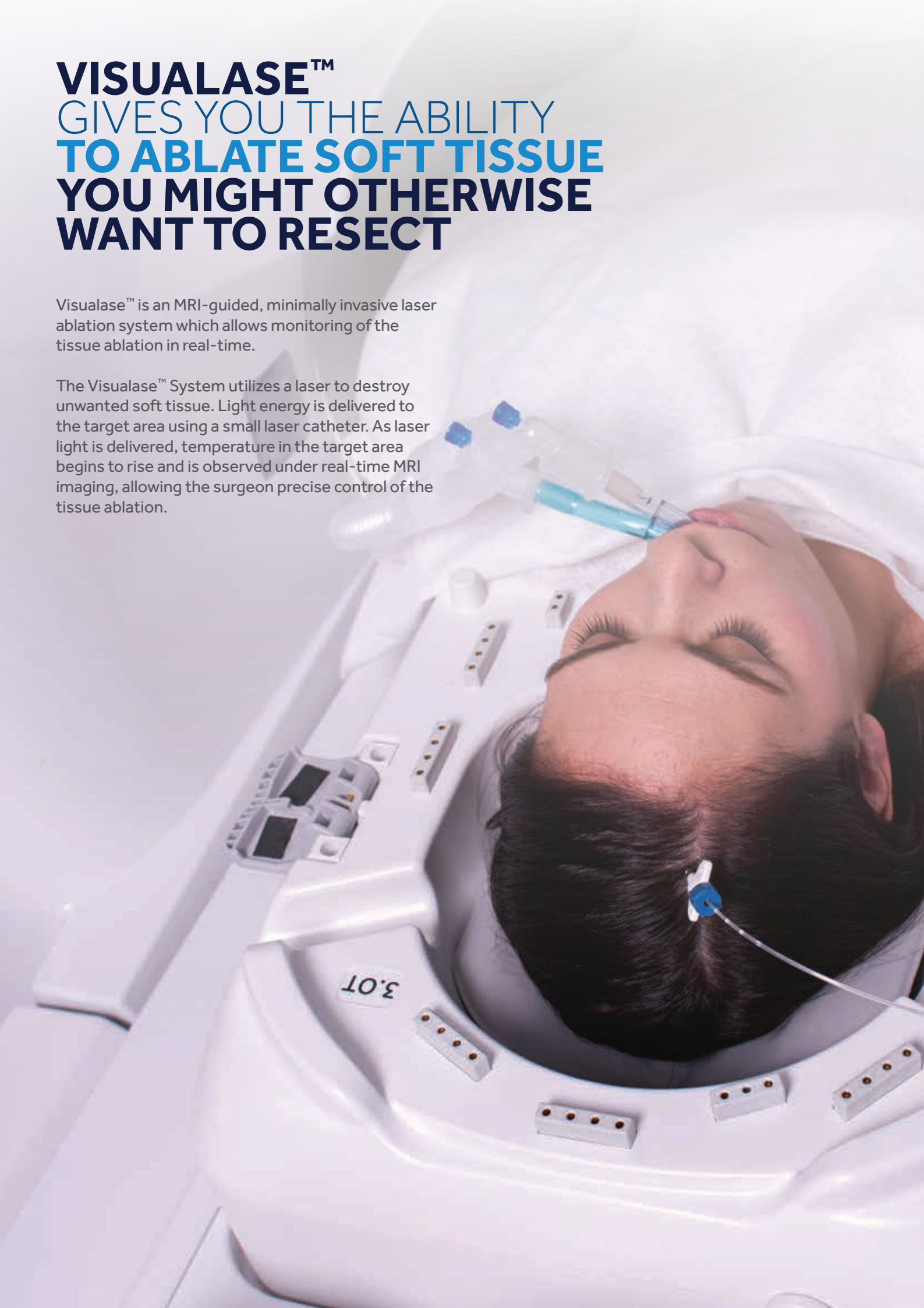
Visualase™
MRI-Guided Laser Ablation

Medtronic
Further. Together

VISUALASE™ GIVES YOU THE ABILITY TO ABLATE SOFT TISSUE YOU MIGHT OTHERWISE WANT TO RESECT

Visualase™ is an MRI-guided, minimally invasive laser ablation system which allows monitoring of the tissue ablation in real-time.

The Visualase™ System utilizes a laser to destroy unwanted soft tissue. Light energy is delivered to the target area using a small laser catheter. As laser light is delivered, temperature in the target area begins to rise and is observed under real-time MRI imaging, allowing the surgeon precise control of the tissue ablation.



PRECISION: LIVE MR THERMOMETRY MONITOR TISSUE ABLATION IN REAL-TIME

With real-time MRI thermal imaging in multiple planes, clinicians can define and monitor the ablation zone. Large screen monitors superimpose the damage estimate and MR thermometry data in real-time, giving surgeons the precision they need to deliver the results they expect.^{9,10}



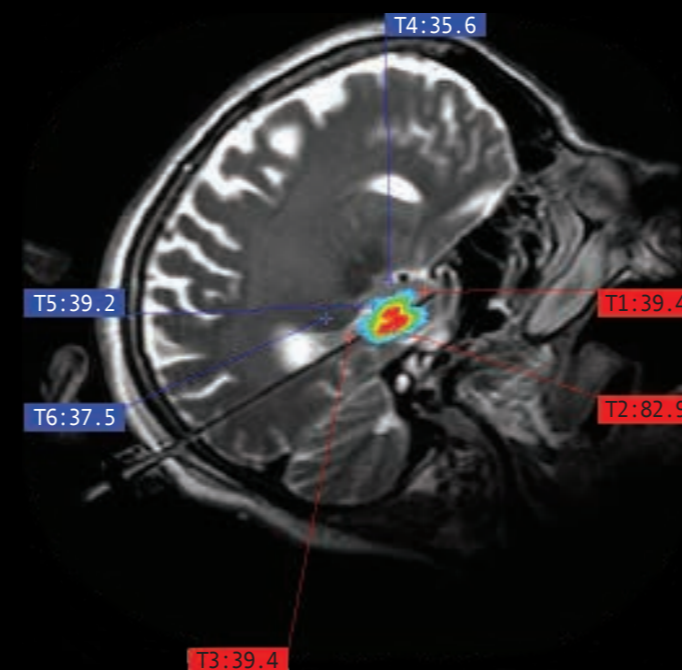
Real-Time Thermal Monitoring

Damage Model

Post-Procedure T1 + Contrast

CONTROL: PROTECT CRITICAL STRUCTURES WITH REAL-TIME TEMPERATURE CHECK POINTS

Visualase™ is the only system with easy-to-set temperature check points for added confidence when ablating near critical structures. If the check point thresholds are exceeded, the laser immediately shuts off, preventing unwanted damage. Set temperature check points on either screen, in any plane.



EFFICIENCY: EASY PATIENT POSITIONING. 360° DIFFUSING LASER TIP. IN-PLANE THERMAL IMAGING.

Smaller than a biopsy needle, the Visualase™ 1.65 mm flexible catheter and shallow bone anchor enable broad surgical access. With Visualase™, there is no need to sacrifice surgical trajectory or imaging coil selection due to the laser design or patient positioning.

The 360° diffusing laser tip permits individual ablation times lasting only a few minutes.^{11,12} Our in-plane thermometry approach eliminates readjustment of the MRI acquisition planes for a streamlined procedure.



FLEXIBILITY: HOUSED ON A MOVEABLE CART. NO PERMANENT INSTALLATIONS.

The mobile cart-based system allows easy movement between multiple magnets. Connect to your MRI with a standard ethernet cable on the day of surgery. Visualase™ features large dual monitors so you can view multiple ablation planes simultaneously. The result is unmatched flexibility when starting your laser ablation program, centered around a mobile system that's easy to upgrade.

