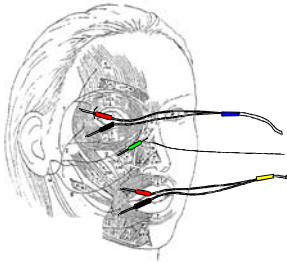


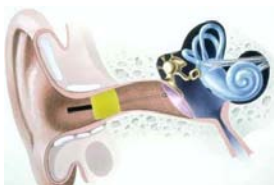
NEUROMONITORING AT A GLANCE

I. Acoustic Neuroma Surgery



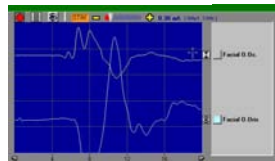
Spontaneous activity
Free-running EMG
with acoustic feedback
for detecting bursts
and neurotonic
discharges.

BAEP:
only wave I and II
visible due to
tumour in
preoperative
baseline;
now: amplitude
reduction in
comparison
to baseline
due to
drilling

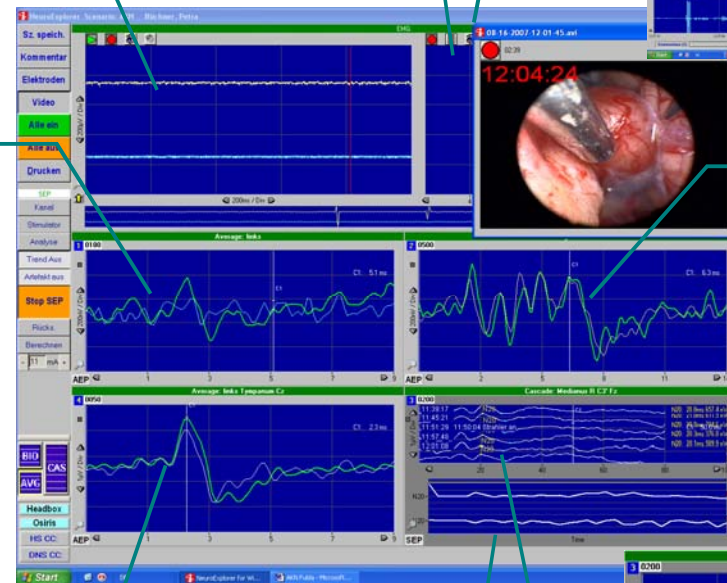
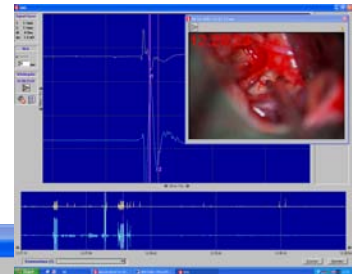


Fast registration
non-invasive
electrocochleography
with Tympanon
electrode for fast
registration of large
potential when
conventional AEP
disappears

Direct Nerve Stimulation
facial nerve detected,
proper function



Learning from synchronous
OR-video
Revise synchronous stored
EMG and video registration.



BAEP
contralateral
sureness that
technically all is
ok, no artefacts
and no side
effects.

Trend display of amplitude
and latency
Automatic peak detection,
trendcurve, visual and
auditive alarm for SEP,
to hold the cranial nerves
in high regard.

Median SEP
for early detection of
damage due to patient
head fixation.

