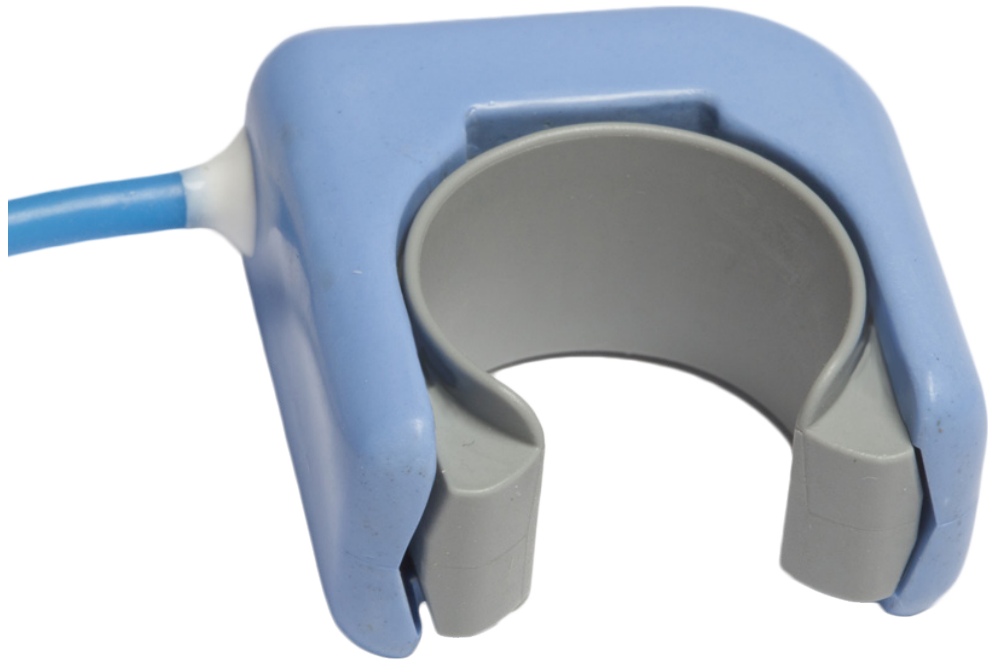


Transonic® AU-Series COnfidence Flowprobes®



Continuous Blood Flow Measurements

COnfidence Perivascular Flowprobes are customized for adult and pediatric cardiac output measurements and for measurement of volume flow in other great arteries and veins where a compact Flowprobe is needed.

- Measures volume flow, not velocity;
- Small Flowprobe footprint; slim profile;
- Now available in miniature 4 mm and 6 mm sizes;
- Quick, measurements, seconds after Flowprobe is applied.

High Accuracy Cardiac Output Measurements

COnfidence Perivascular Flowprobes® measure cardiac output with highest accuracy, enhanced reliability and greater ease of use.

The Flowprobe's slim, ergonomic footprint allows the Probe to fit in tight anatomical sites such as the great vessels in adults, pediatrics, and even neonates where a small Probe footprint is needed. It can also be used on short vein segments such as the portal vein.

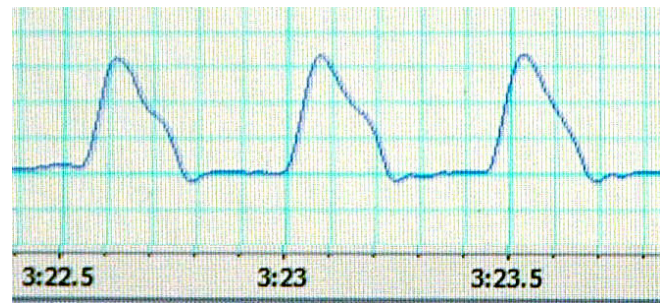


Fig. 1: Representative pediatric aortic trace.

Courtesy of G. Pantolos, PhD, F. Pigula, MD
University of Louisville, Louisville, KY

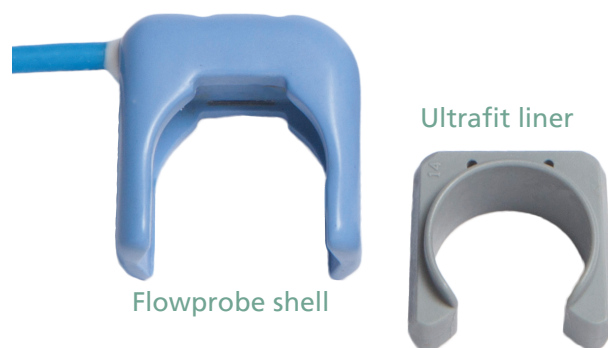


Fig. 2: COnfidence Flowprobe® components consist of a Flowprobe shell (left), and an Ultrafit liner (right) that fits within the shell to cushion and protect the vessel during measurement.

COnfidence Flowprobes® consist of a Flowprobe shell and a single-use soft, flexible Ultrafit liner. This novel concept for ultrasonic signal coupling enables immediate, accurate beat-to-beat flow measurements with a minimum of ultrasonic coupling gel. The form-fitting Ultrafit Liner slips into the transducer shell to encircle the vessel and keep the vessel in place. The liner cushions and protects the vessel during a flow measurement, particularly when longer measurements are needed. Liners are incrementally sized for optimal fit on the target vessel.

Sterilization

The COnfidence Flowprobe® shell is ethylene oxide and Sterris sterilizable. Ultrafit Liners are single use



Look for this steam label on sterilizable Flowprobes.

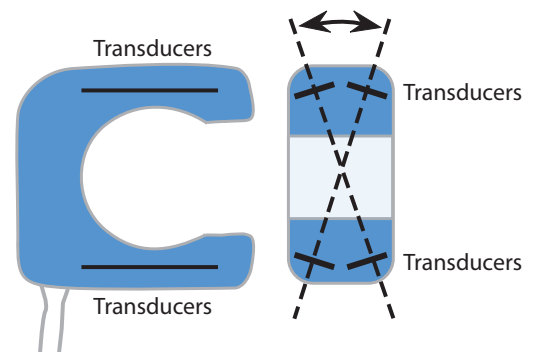


Fig. 3: Theory of Operation: two pair of transducers positioned on the opposite sides of the vessel alternately transmit in upstream and downstream directions. Positional sensitivity is eliminated by the use of custom designed crystals and the X-beam pattern of ultrasonic illumination.

Flowprobes®

n GREAT ARTERIES AND VEINS

Many Flowprobe Sizes to Meet Your Application Needs



Fig 4: CONfidence Flowprobes® (-AU-Series), designed with four transducers, provide highly accurate measurements in vessels with highly turbulent flows such as the ascending aorta. The Flowprobe's slim, ergonomic profile creates a minimal footprint that fits in tight anatomical sites. The soft, pliable liner cushions and protects the vessel. Available in 17 sizes from 4 mm to 36 mm.

Miniature 4 & 6 mm Flowprobes

New miniature 4mm and 6 mm CONfidence Flowprobes offer unprecedented flow measurement capability during congenital heart defect (CHD) repairs in young children. The cables are specially oriented to allow for extended measurements in difficult CHD anatomical sites.



Fig 5: 6 mm, on the left, and 4 mm CONfidence Flowprobe on the right.

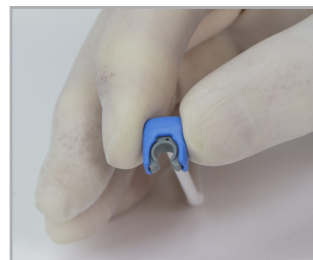


Fig 6: 4 mm CONfidence Flowprobe.



Fig. 6: Two CONfidence Flowprobes® fitted with Ultrafit liners.

- The probe's round opening conforms to the vessel to assure easy alignment.
- Four transducers enable accurate flow measurement in highly dynamic and irregular flow profiles such as in the arch of the ascending aorta.
- Designed without a handle, CONfidence Flowprobes® may be left in place for extended intraoperative measurements and then easily removed via an attached ring shown on the right.



Fig. 5: CONfidence Flowprobe® ring.

AU-Series COnfidence Flowprobe® Specifications

CONFIDENCE FLOWPROBE® SPECIFICATIONS			
AU-SERIES PROBE CATALOG #	LINER SIZE	VESSEL SIZE	MAXIMUM FLOW
	diameter (mm)	outer diameter (mm)	(L/min)
HQE 4AU	4	3 - 4	2
HQE 6AU	6	5 - 6	5
HQx 8AU	8	6 - 8	10
HQx 10AU	10	8 - 10	10
HQx 12AU	12	9 - 12	20
HQx 14AU	14	11 - 14	20
HQx 16AU	16	13 - 16	50
HQx 20AU	18, 20	15 - 20	50
HQx 24AU	22, 24	18 - 24	100
HQx 28AU	26, 28	22 - 28	100
HQx 32AU	30, 32	26 - 32	200
HQx 36AU	34, 36	30 - 36	200

References

Dean, DA, Spotnitz HM et al, "Validation study of a new transit time ultrasonic flow probe for continuous great vessel measurements," ASAIO J 1996; 42(5): M671-6.

Remond D et al, "Technical Note: Measuring Portal Blood Flow in Sheep Using An Ultrasonic Transit Time Flow Probe," J Animal Sci 1998; 76(10): 2712-1216.

Thierry S et al, "Evaluation of a new invasive continuous cardiac output monitoring system: the truCCOMS system," Intensive Care Med. 2003;29(11):2096-9. (Transonic Reference # 2725AH)

Botero M et al, "Measurement of cardiac output before and after cardiopulmonary bypass: Comparison among aortic transit-time ultrasound, thermodilution, and noninvasive partial CO₂ rebreathing," J Cardiothorac Vasc Anesth 2004;18(5):563-72. (Transonic Reference #2965AH)

Jansen EWL et al, "Coronary Artery Bypass Grafting without Cardiopulmonary Bypass Using the Octopus Method: Results in the First One Hundred Patients," J Thor Cardiovasc Surg 1998; 116(1): 60-7. (Transonic Reference #1649AH)

Bretan PN Jr et al, "Experimental and Clinical Assessment of Preservation-Induced Reperfusion Injury Comparing Renal Transplant Blood Flow and Renal Endothelin Concentrations," Transplantation Proceedings 1997; 29(8): 3520-3521. (Transonic Reference #1092AH)

Pantalos GM et al, "Estimation of Timing Errors for Intraaortic Balloon Pump Use in Pediatric Patients," ASAIO J 1999; 45(3) 166-171. (Transonic Reference #1073AH)

Willet DL et al, "Assessment of Aortic Regurgitation by Transesophageal Color Doppler Imaging of the Vena Contracta: Validation Against an Intraoperative Aortic Flow Probe." Journal of American College of Cardiology 2001; 37:1450-5 (2590AH)

Sharp MK et al, "Aortic Input Impedance in Infants and Children." J App Physiol 2001; 37: 1450-5 (2769AH)

Kotani Y, Coles M, Desai ND, Honjo O, Caldarone CA, Coles JG, Van Arsdell GS, "The Utility of Aortic Blood Flow Measurements in the Prediction of Pulmonary Artery Banding Outcome," Ann Thorac Surg. 2015; 99(6):2096-100. (Transonic Reference # 10278AH)

Kotani Y, Honjo O, Shani K, Merklinger SL, Caldarone C, Van Arsdell G. "Is indexed preoperative superior vena cava blood flow a risk factor in patients undergoing bidirectional cavopulmonary shunt?" Ann Thorac Surg. 2012 Nov;94(5):1578-83.(Transonic Reference # 10714AH)

Lindberg L1, Johansson S, Perez-de-Sa V, "Validation of an ultrasound dilution technology for cardiac output measurement and shunt detection in infants and children," Pediatr Crit Care Med. 2014 Feb;15(2):139-47. (Transonic Reference # CO10804V)



Transonic Systems Inc. is a global manufacturer of innovative biomedical measurement equipment. Founded in 1983, Transonic sells "gold standard" transit-time ultrasound flowmeters and monitors for surgical, hemodialysis, pediatric critical care, perfusion, interventional radiology and research applications. In addition, Transonic provides pressure and pressure volume systems, laser Doppler flowmeters and telemetry systems.

AMERICAS

Transonic Systems Inc.
34 Dutch Mill Rd
Ithaca, NY 14850
U.S.A.
Tel: +1 607-257-5300
Fax: +1 607-257-7256
support@transonic.com

EUROPE

Transonic Europe B.V.
Business Park Stein
6181 MB Elsloo
The Netherlands
Tel: +31 43-407-7200
Fax: +31 43-407-7201
europe@transonic.com

ASIA/PACIFIC

Transonic Asia Inc.
6F-3 No 5 Hangsiang Rd
Dayuan, Taoyuan County
33747 Taiwan, R.O.C.
Tel: +886 3399-5806
Fax: +886 3399-5805
support@transonicasia.com

JAPAN

Transonic Japan Inc.
KS Bldg 201, 735-4 Kita-Akitsu
Tokorozawa Saitama
359-0038 Japan
Tel: +81 4-2946-8541
Fax: +81 4-2946-8542
japan@transonic.com