





WE UNDERSTAND.

**NEUROSURGERY** 

M.blue®

THE BALANCED WAY OF LIFE. INSPIRED BY YOU.

# TREATMENT OF HYDROCEPHALUS

**NEED FOR ACTION** 



# WHY DOES IT NEED BETTER SOLUTIONS FOR THE TREATMENT OF HYDROCEPHALUS?

Since the 1960s, the main surgical strategy in managing hydrocephalus is the placement of shunts. However, conventional shunts have very high failure rates, and nearly every fourth patient is affected by complications (1, 2) with no difference between different conventional valves and programmable valves (4, 5).

Overdrainage-related complications can necessitate a variety of different revisions, which are burdensome for patients and are accompanied by unavoidable perioperative risks.

We believe that the current treatment situation for hydrocephalus is not acceptable and better solutions have to be found.



# TREATMENT OF HYDROCEPHALUS

**NEED FOR ACTION** 

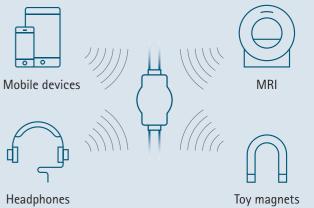






### ACCIDENTAL REPROGRAMMING

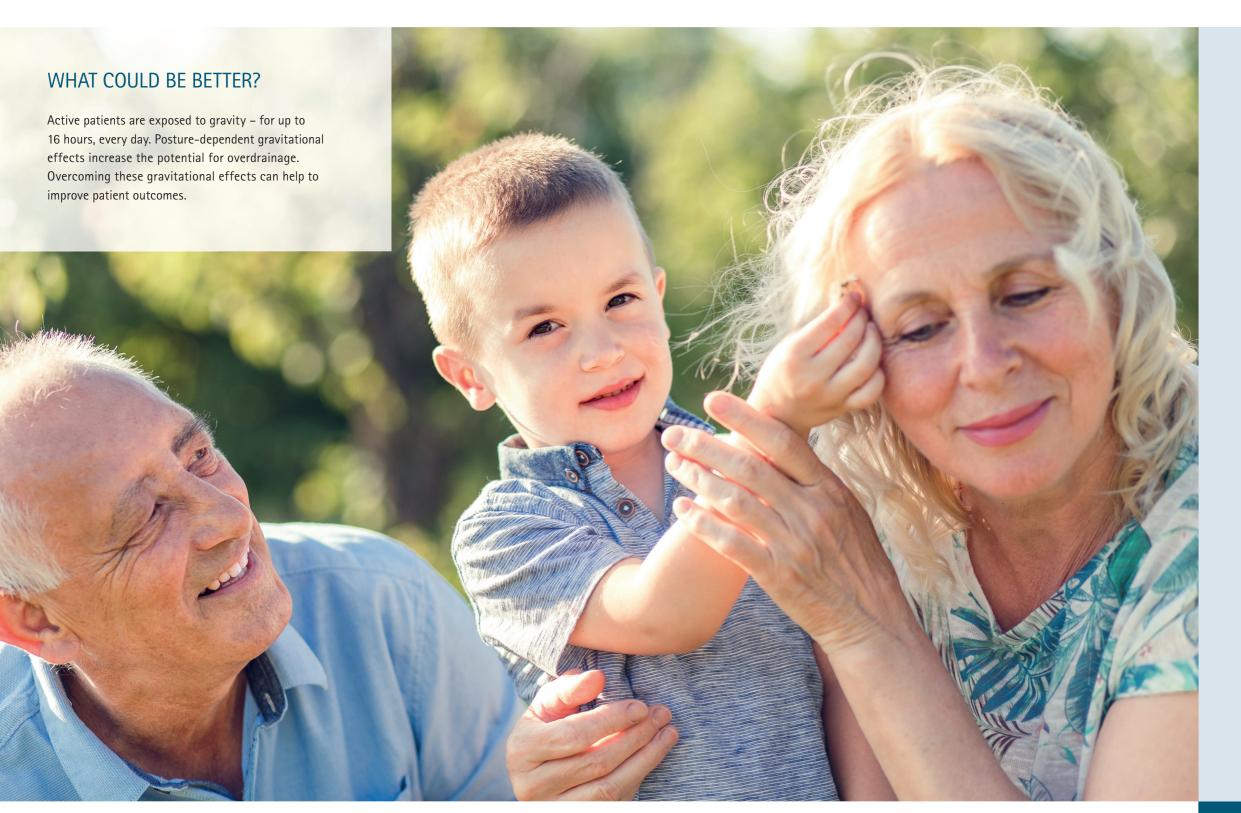
As the optimal pressure setting of adjustable valves is of great importance for the patient, the accidental reprogramming of adjustable valves by external magnetic fields, e.g., from smartphones, is a cause of concern and leads to great uncertainty among patients and doctors (8–12).



# TREATMENT OF HYDROCEPHALUS

**NEED FOR ACTION** 





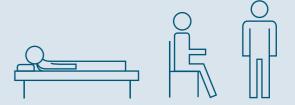
### NO TWO PATIENTS ARE ALIKE!

Every patient with hydrocephalus is unique and requires customized setting of the valve opening pressure.



# ARE PATIENTS GETTING OPTIMAL INDIVIDUAL TREATMENT?

Determining the patient-individual setting of the valve opening pressure can be complex. Non-ideal pressure settings can lead to follow-up examinations and revisions, which are burdensome for patients and put an additional strain on physicians and surgeons with limited time and high workload (13, 14).



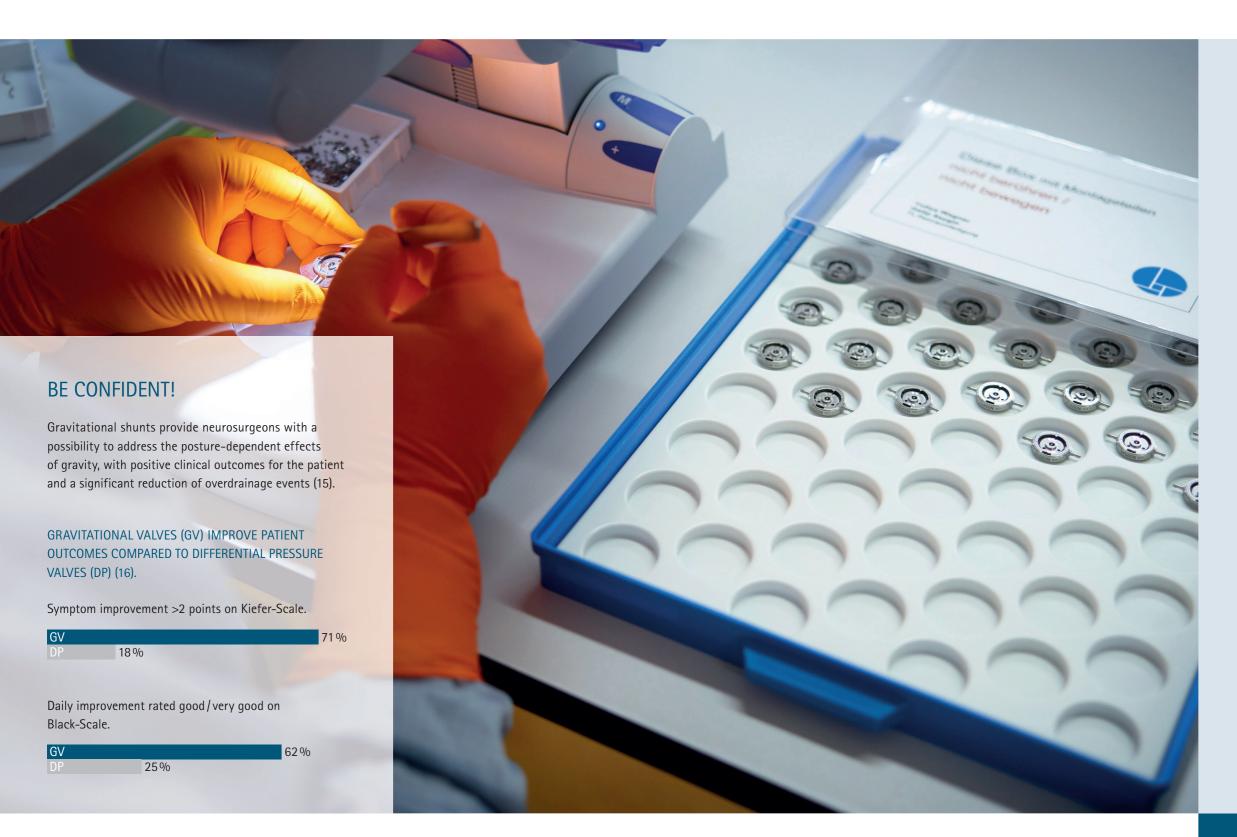
# ARE ADJUSTABLE DIFFERENTIAL PRESSURE VALVES THE BEST AVAILABLE THERAPIE?

The pressure setting of conventional adjustable valves is always a compromise between the pressure requirements of the upright position and the supine position. Therefore, patients can never benefit from optimal opening pressures for both positions.

# GRAVITATIONAL VALVES BY MIETHKE

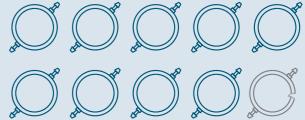
**DEVELOPED TO ENSURE SAFETY** 



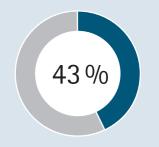


# REDUCE COMPLICATIONS! REDUCE REVISIONS!

Clinical studies have shown that MIETHKE gravitational devices reduce the risk of revisions (17-21) and overdrainage complications (18).



Walve survival rates up to 90% at 12 months (19).





Overdrainage rate with **differential pressure** valves

Overdrainage rate with **gravitational** valves

> Implanting a gravitational valve avoids one additional overdrainage complication in about every third patient (18).

## GRAVITATIONAL VALVES BY MIETHKE

**DEVELOPED TO ENSURE SAFETY** 



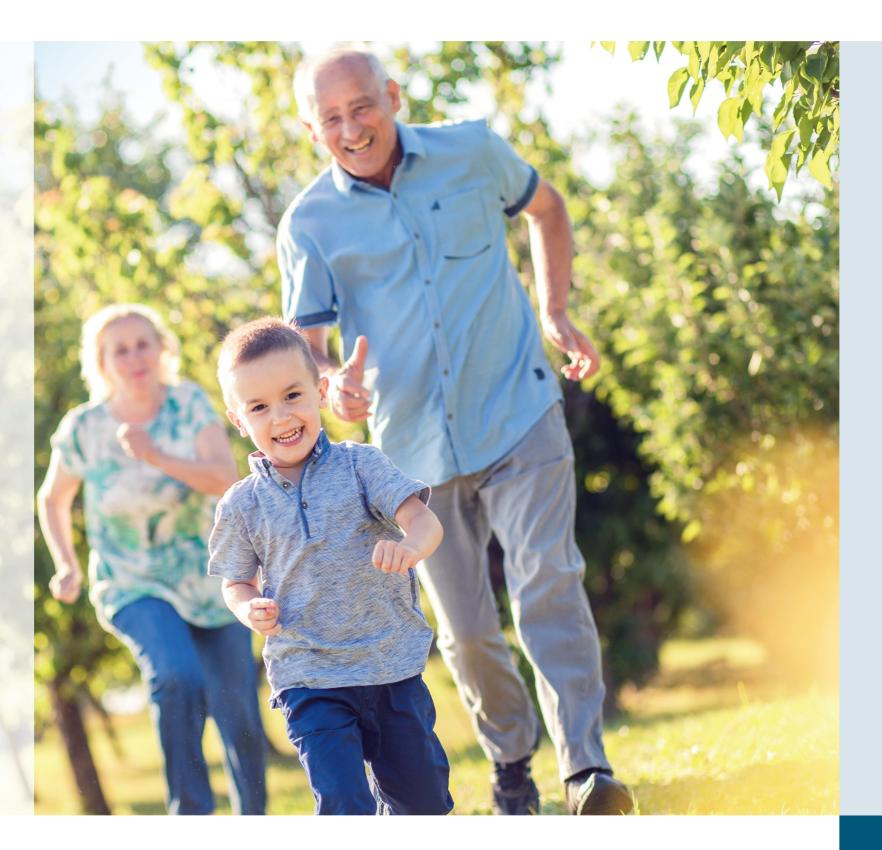
### **AVOID MECHANICAL FAILURE!**

All MIETHKE valves are manufactured with high precision from titanium. The extremely small valves have aligned flow paths, rigid housing unsusceptible to subcutaneous pressure and high MRI- and biocompatibility.

### DON'T LET MAGNETIC FIELDS BOTHER YOU!

The "Active-Lock mechanism" protects programmable MIETHKE valves against reprogramming by magnetic fields of up to 3 Tesla (22).





# BENEFIT FROM PRIMARY IMPLANTATION (23)!



22%

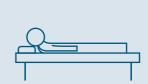
higher survival of gravitational valves after **primary** vs secondary implantation

### **GET IT RIGHT THE FIRST TIME!**

Early treatment with the optimal therapy is important for patients with hydrocephalus (23, 24) and can also help to avoid shunt replacements and associated perioperative risks.

### OPTIMIZE - DON'T COMPROMISE!

Gravitational shunts allow for the prevention of overdrainage in the standing position without compromising the pressure setting for the supine position. The optimal opening pressure for each patient can be set both for the upright and the supine position – without needing to compromise.







With gravitational valves the optimal pressure for both supine and upright position can be set.

### OUR LATEST GENERATION OF VALVE TECHNOLOGY



- ONE valve for the special requirements of a life with hydrocephalus: mobility, growth, changes in the course of diseas
- 2 in 1 technology: adjustable gravitational unit combined with fixed differential pressure unit in one valve
- Unique uncompromising pressure adaption to fulfill individual patient needs
- Smallest adjustable gravitational valve worldwide
- Efficient protection against overdrainage through individually and continuously adjustable opening pressure from 0-40 cmH<sub>2</sub>0
- MRI-compatible up to 3 Tesla no X-ray verification after MRI necessary, no additional radiation exposure for the patient
- Safe from unintentional adjustment by everyday magnets such as smartphones, toys, induction cookers and safety barriers at the airports
- Innovative M.blue plus Instruments for M.blue and proGAV 2.0
- Intuitive, secure and comfortable adjustment
- Precision engineering
- Robust and durable: made of titanium





M.blue\* is the essence of 26 years of experience with hydrocephalus and valve technology and the feedback of numerous physicians and patients worldwide.

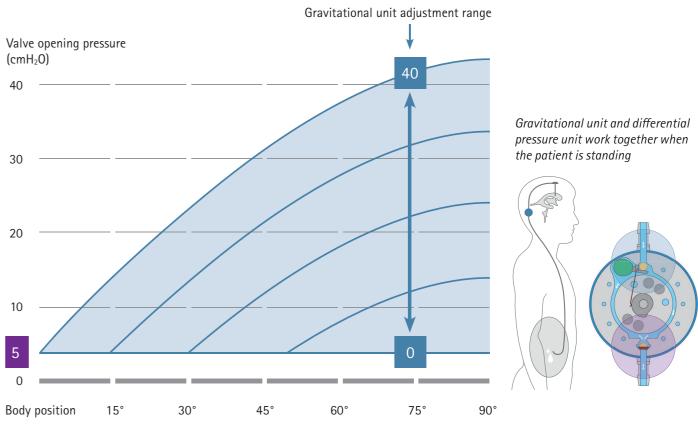
M.blue is a valve for all forms of hydrocephalus with a particularly high flexibility in therapy.

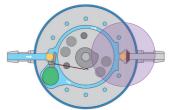
### FUNCTIONALITY OF VALVE AND POSITION OF THE BODY





# EXAMPLE OF THE ADJUSTABLE GRADUATED PRESSURE RANGE OF A M.blue\* WITH A DIFFERENTIAL PRESSURE UNIT OF 5 CMH<sub>2</sub>O





Only the differential pressure unit is active when the patient is supine

The functionality of M.blue\* is illustrated interactively in the MIETHKE app.

APP DOWNLOAD

https://apps.apple.com/de/app/miethke/id450290015 https://play.google.com/store/apps/details?id=com.miethke.graviton



M.blue\* is a hydrocephalus valve operating in a position-dependent manner. It consists of an adjustable gravitational unit and a fixed differential pressure unit. The combination of these two units adjusts the opening pressure automatically depending on what position the patient is in, thus countering the risk of possible overdrainage complications, particularly when the patient is in an upright and active position.

# M.blue plus INSTRUMENTS

SOFT TOUCH INSTRUMENT FUNCTIONALITY





### PRESSURE LEVEL RECOMMENDATIONS AND RADIOGRAPHIC IDENTIFICATION

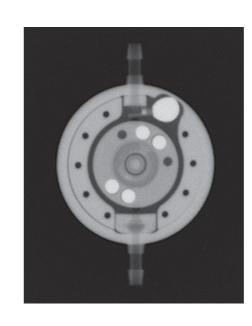


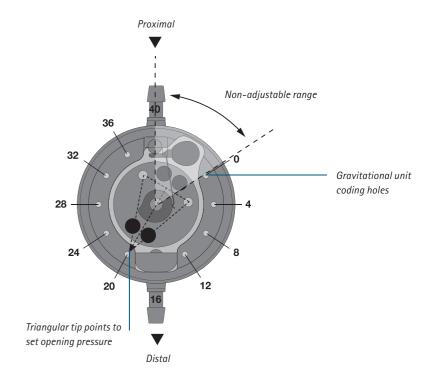
Patient	Selection of pressure	levels	Combined opening pro	essure
	1-	2		
	1 Differential pressure unit	2 Adjustable gravitational unit		
Newborns and children under 5		20		25
Children ages 5 and up		25		30
Adults < 1.60 m	r	25	-	30
> 1.80 m	5	20 30	5	25 35
Adults > 65 years		20		25
< 1.60 m		15 25		20 30

All of the pressure levels shown here are given in cmH<sub>2</sub>0. These recommendations are non-binding. The treating physician will need to decide each case individually.

### PRESSURE LEVEL RECOMMENDATION

The choice of the appropriate pressure level of M.blue\* depends on several other factors, including age, degree of activity, size and stature of the patient. The values given apply to mobile patients. For patients with little mobility or a high BMI, the pressure of the gravitational unit should be chosen lower than recommended above.



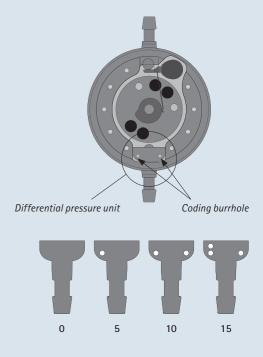


# USING RADIOGRAPHIC IMAGING TO DETERMINE PRESSURE LEVELS

Pressure settings on M.blue\* should always be checked using M.blue plus\* compass, but radiographic imaging can be used for verification as well.

All of the pressure levels shown here are given in cmH<sub>2</sub>0.

X-ray recognition and product information can be found in the free MIETHKE App.





# M.blue plus® VALVE COMBINATION



M.blue<sup>®</sup> valve

4.2 mm \_\_\_\_\_ 25 mm \_\_\_\_

M.blue°

FX802T

FX803T

10 cmH<sub>2</sub>0

15 cmH<sub>2</sub>0

Diameter connector: 1.9 mm Recommended catheter diameters: Inner diameter: 1.2 mm

Outer diameter: 2.5 mm

M.blue plus valve



Diameter connector: 1.9 mm Recommended catheter diameters: Internal diameter: 1.2 mm Outer diameter: 2.5 mm

M.blue plus°

Art. no.	Adj. differential pressure unit	Adjustable gravitational unit
FX804T	0 - 20 cmH <sub>2</sub> 0	0 - 40 cmH <sub>2</sub> 0

Art. no. Differential pressure unit Adjustable gravitational unit FX800T  $0 \text{ cmH}_2 0$  $0 - 40 \text{ cmH}_2 \text{0}$ FX801T  $5 \text{ cmH}_2\text{O}$  $0 - 40 \text{ cmH}_2 0$ 

0 - 40 cmH<sub>2</sub>0

0 - 40 cmH<sub>2</sub>0

### INDIVIDUAL VALVE WITH CATHETER

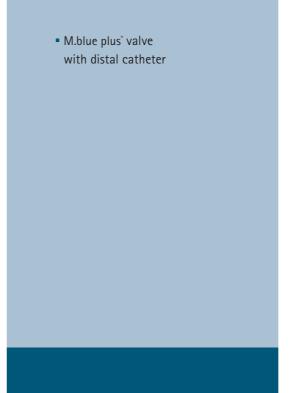
# M.blue plus® VALVE COMBINATION



M.blue valve with distal catheter









M.blue plus°

Art. no.	Adj. differential pressure unit	Adjustable gravitational unit
FX809T	0 - 20 cmH <sub>2</sub> 0	0 - 40 cmH <sub>2</sub> 0

M.blue <sup>®</sup>		
Art. no.	Differential pressure unit	Adjustable gravitational unit
FX805T	0 cmH <sub>2</sub> 0	0 - 40 cmH <sub>2</sub> 0
FX806T	5 cmH <sub>2</sub> 0	0 - 40 cmH <sub>2</sub> 0
FX807T	10 cmH₂0	0 - 40 cmH <sub>2</sub> 0
FX808T	15 cmH₂0	0 - 40 cmH <sub>2</sub> 0

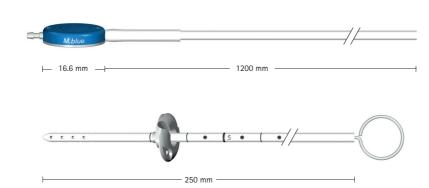
### SHUNT SYSTEM

# M.blue plus®

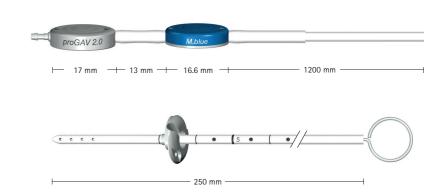
SHUNT SYSTEM



- M.blue valve with distal catheter
- Ventricular catheter with introducing stylet and pediatric burrhole deflector (14 mm)



- M.blue plus valve with distal catheter
- Ventricular catheter with introducing stylet and pediatric burrhole deflector (14 mm)



M.blue plus	•	
Art. no.	Adj. differential pressure unit	Adjustable gravitational unit
FX814T	0 - 20 cmH <sub>2</sub> 0	0 - 40 cmH <sub>2</sub> 0

M.blue <sup>®</sup>		
Art. no.	Differential pressure unit	Adjustable gravitational unit
FX810T	0 cmH <sub>2</sub> 0	0 - 40 cmH <sub>2</sub> 0
FX811T	5 cmH₂0	0 - 40 cmH <sub>2</sub> 0
FX812T	10 cmH₂0	0 - 40 cmH <sub>2</sub> 0
FX813T	15 cmH₂0	0 - 40 cmH <sub>2</sub> 0

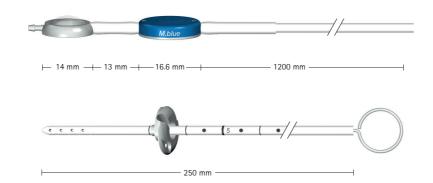
### SHUNT SYSTEM WITH PEDIATRIC CONTROL RESERVOIR

# M.blue plus®

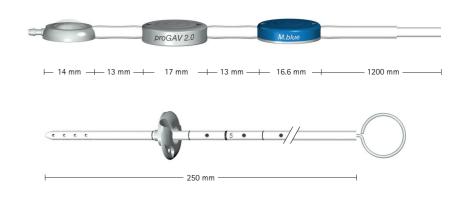


### SHUNT SYSTEM WITH PEDIATRIC CONTROL RESERVOIR

- M.blue valve with integrated pediatric CONTROL RESERVOIR and distal catheter
- \* An additional valve in the inlet of the pediatric CONTROL RESERVOIR makes it possible to pump cerebrospinal fluid in the direction of drainage only, allowing inspection of both the distal drainage section as well as the ventricular catheter.
- Ventricular catheter with introducing stylet and pediatric burrhole deflector (14 mm)



- M.blue plus valve with integrated pediatric CONTROL RESERVOIR and distal catheter
- \* An additional valve in the inlet of the pediatric CONTROL RESERVOIR makes it possible to pump cerebrospinal fluid in the direction of drainage only, allowing inspection of both the distal drainage section as well as the ventricular catheter.
- Ventricular catheter with introducing stylet and pediatric burrhole deflector (14 mm)





$M.blue^{^{\circ}}$		
Art. no.	Differential pressure unit	Adjustable gravitational unit
FX815T	0 cmH <sub>2</sub> 0	0 - 40 cmH <sub>2</sub> 0
FX816T	5 cmH <sub>2</sub> 0	0 - 40 cmH <sub>2</sub> 0
FX817T	10 cmH₂0	0 - 40 cmH <sub>2</sub> 0
FX818T	15 cmH₂0	0 - 40 cmH <sub>2</sub> 0



M.blue plus<sup>\*</sup>

Art. no. Adj. differential pressure unit Adjustable gravitational unit

FX819T 0 - 20 cmH<sub>2</sub>0 0 - 40 cmH<sub>2</sub>0

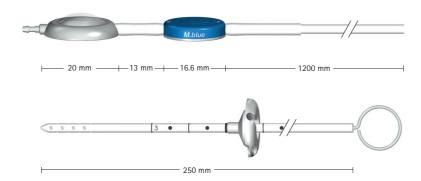
### SHUNT SYSTEM WITH CONTROL RESERVOIR

# M.blue plus®

### SHUNT SYSTEM WITH CONTROL RESERVOIR

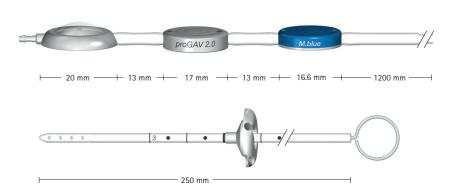


- M.blue valve with integrated CONTROL RESERVOIR and distal catheter
- \* An additional valve in the inlet of the CONTROL RESERVOIR makes it possible to pump cerebrospinal fluid in the direction of drainage only, allowing inspection of both the distal drainage section as well as the ventricular catheter.
- Ventricular catheter with introducing stylet and burrhole deflector (20 mm)





- \* An additional valve in the inlet of the CONTROL RESERVOIR makes it possible to pump cerebrospinal fluid in the direction of drainage only, allowing inspection of both the distal drainage section as well as the ventricular catheter.
- Ventricular catheter with introducing stylet and burrhole deflector (20 mm)





M.blue <sup>°</sup>		
Art. no.	Differential pressure unit	Adjustable gravitational unit
FX820T	0 cmH <sub>2</sub> 0	0 - 40 cmH <sub>2</sub> 0
FX821T	5 cmH <sub>2</sub> 0	0 - 40 cmH <sub>2</sub> 0
FX822T	10 cmH₂0	0 - 40 cmH <sub>2</sub> 0
FX823T	15 cmH₂0	0 - 40 cmH <sub>2</sub> 0



M.blue plus°		
Art. no.	Adj. differential pressure unit	Adjustable gravitational unit
FX824T	0 - 20 cmH <sub>2</sub> 0	0 - 40 cmH <sub>2</sub> 0

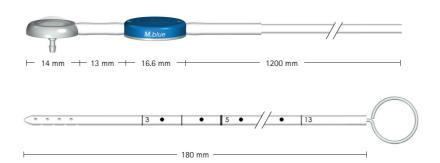
### SHUNT SYSTEM WITH PEDIATRIC SPRUNG RESERVOIR

# M.blue plus®



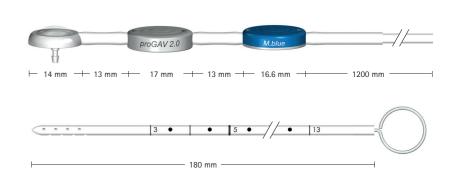
### SHUNT SYSTEM WITH PEDIATRIC SPRUNG RESERVOIR

- M.blue\* valve
   with integrated pediatric
   SPRUNG RESERVOIR
   and distal catheter
- \* An additional valve in the inlet of the pediatric SPRUNG RESERVOIR makes it possible to pump cerebrospinal fluid in the direction of drainage, allowing inspection of both the distal drainage section as well as the ventricular catheter.
- Ventricular catheter with introducing stylet



### M.blue plus valve with integrated pediatric SPRUNG RESERVOIR and distal catheter

- \* An additional valve in the inlet of the pediatric SPRUNG RESERVOIR makes it possible to pump cerebrospinal fluid in the direction of drainage only, allowing inspection of both the distal drainage section as well as the ventricular catheter.
- Ventricular catheter with introducing stylet



### OCCIPITAL ONLY



M.blue <sup>°</sup>		
Art. no.	Differential pressure unit	Adjustable gravitational unit
FX825T	0 cmH <sub>2</sub> 0	0 - 40 cmH <sub>2</sub> 0
FX826T	5 cmH <sub>2</sub> 0	0 - 40 cmH <sub>2</sub> 0
FX827T	10 cmH₂0	0 - 40 cmH <sub>2</sub> 0
FX828T	15 cmH <sub>2</sub> 0	0 - 40 cmH <sub>2</sub> 0

### OCCIPITAL ONLY



M.blue plus\*

Art. no. Adj. differential pressure unit Adjustable gravitational unit

FX829T 0 - 20 cmH<sub>2</sub>0 0 - 40 cmH<sub>2</sub>0

pediatric SPRUNG RESERVOIR\*

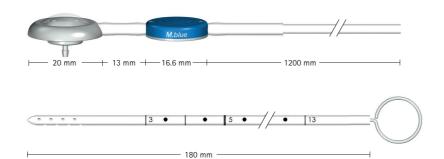
### SHUNT SYSTEM WITH SPRUNG RESERVOIR

# M.blue plus®

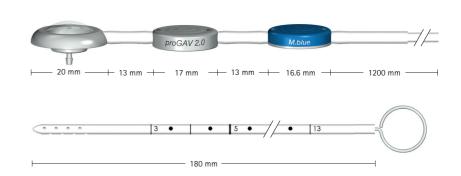
### SHUNT SYSTEM WITH SPRUNG RESERVOIR



- M.blue valve with integrated
   SPRUNG RESERVOIR and distal catheter
- \* An additional valve in the inlet of the SPRUNG RESERVOIR makes it possible to pump cerebrospinal fluid in the direction of drainage only, allowing inspection of both the distal drainage section as well as the ventricular catheter.
- Ventricular catheter with introducing stylet



- M.blue plus valve with integrated
   SPRUNG RESERVOIR and distal catheter
- \* An additional valve in the inlet of the SPRUNG RESERVOIR makes it possible to pump cerebrospinal fluid in the direction of drainage only, allowing inspection of both the distal drainage section as well as the ventricular catheter.
- Ventricular catheter with introducing stylet

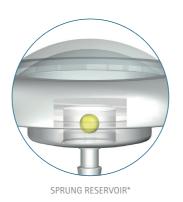


### OCCIPITAL ONLY



M.blue <sup>°</sup>		
Art. no.	Differential pressure unit	Adjustable gravitational unit
FX830T	0 cmH <sub>2</sub> 0	0 - 40 cmH <sub>2</sub> 0
FX831T	5 cmH <sub>2</sub> 0	0 - 40 cmH <sub>2</sub> 0
FX832T	10 cmH₂0	0 - 40 cmH <sub>2</sub> 0
FX833T	15 cmH₂0	0 - 40 cmH <sub>2</sub> 0

### OCCIPITAL ONLY



M.blue plus°		
Art. no.	Adj. differential pressure unit	Adjustable gravitational unit
FX834T	0 - 20 cmH <sub>2</sub> 0	0 - 40 cmH <sub>2</sub> 0

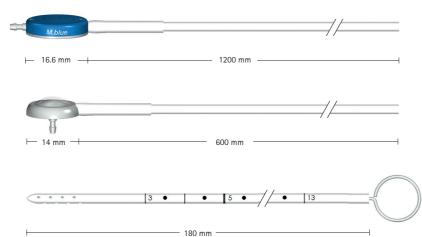
### SHUNT SYSTEM WITH PEDIATRIC SPRUNG RESERVOIR

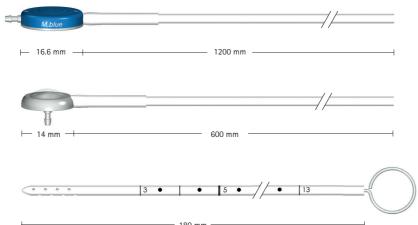
# M.blue plus®



### SHUNT SYSTEM WITH PEDIATRIC SPRUNG RESERVOIR

- M.blue valve with distal catheter
- Pediatric SPRUNG RESERVOIR with distal catheter
- \* An additional valve in the inlet of the pediatric SPRUNG RESERVOIR makes it possible to pump cerebrospinal fluid in the direction of drainage only, allowing inspection of both the distal drainage section as well as the ventricular catheter.
- Ventricular catheter with introducing stylet





- M.blue plus valve with distal catheter
- Pediatric SPRUNG RESERVOIR with distal catheter
- \* An additional valve in the inlet of the possible to pump cerebrospinal fluid in
- Ventricular catheter with introducing stylet

proGAV 2.0	M.blue	
├─ 17 mm	16.6 mm —	- 1200 mm
⊢ 14 mm →	600 mm —	//
	3 •   •   5 • //	<b>✓ •</b>   13
	180 mm —	<del></del>



M.blue <sup>°</sup>		
Art. no.	Differential pressure unit	Adjustable gravitational unit
FX835T	0 cmH <sub>2</sub> 0	0 - 40 cmH₂0
FX836T	5 cmH <sub>2</sub> 0	0 - 40 cmH <sub>2</sub> 0
FX837T	10 cmH₂0	0 - 40 cmH₂0
FX838T	15 cmH₂0	0 - 40 cmH <sub>2</sub> 0



M.blue plus°		
Art. no.	Adj. differential pressure unit	Adjustable gravitational unit
FX839T	0 - 20 cmH <sub>2</sub> 0	0 - 40 cmH <sub>2</sub> 0

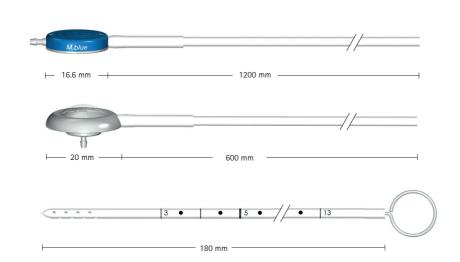
### SHUNT SYSTEM WITH SPRUNG RESERVOIR

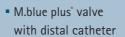
# M.blue plus®

### SHUNT SYSTEM WITH SPRUNG RESERVOIR



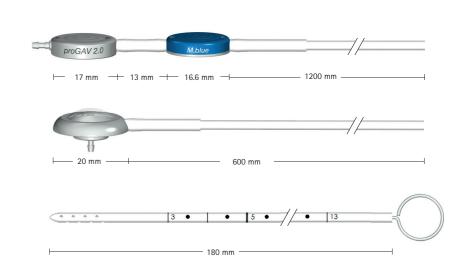
- M.blue valve
   with distal catheter
- SPRUNG RESERVOIR with distal catheter
- \* An additional valve in the inlet of the SPRUNG RESERVOIR makes it possible to pump cerebrospinal fluid in the direction of drainage only, allowing inspection of both the distal drainage section as well as the ventricular catheter.
- Ventricular catheter with introducing stylet





# SPRUNG RESERVOIR with distal catheter

- \* An additional valve in the inlet of the SPRUNG RESERVOIR makes it possible to pump cerebrospinal fluid in the direction of drainage only, allowing inspection of both the distal drainage section as well as the ventricular catheter.
- Ventricular catheter with introducing stylet





M.blue <sup>°</sup>		
Art. no.	Differential pressure unit	Adjustable gravitational unit
FX840T	0 cmH <sub>2</sub> 0	0 - 40 cmH <sub>2</sub> 0
FX841T	5 cmH₂0	0 - 40 cmH <sub>2</sub> 0
FX842T	10 cmH₂0	0 - 40 cmH <sub>2</sub> 0
FX843T	 15 cmH₂0	0 - 40 cmH <sub>2</sub> 0



M.blue plus°		
Art. no.	Adj. differential pressure unit	Adjustable gravitational unit
FX844T	0 - 20 cmH <sub>2</sub> 0	0 - 40 cmH <sub>2</sub> 0

 $_{36}$ 

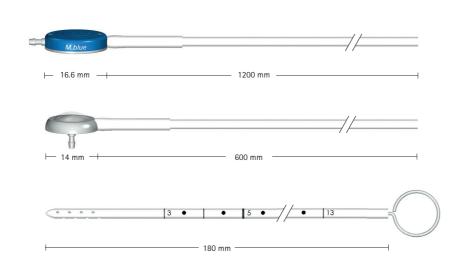
### SHUNT SYSTEM WITH PEDIATRIC BURRHOLE RESERVOIR

# M.blue plus®



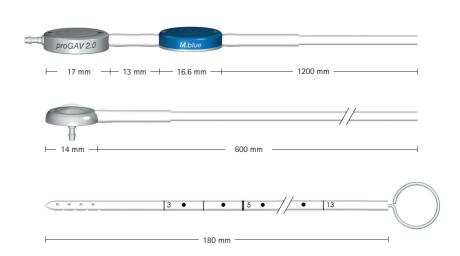
### SHUNT SYSTEM WITH PEDIATRIC BURRHOLE RESERVOIR

- M.blue valve with distal catheter
- Pediatric burrhole reservoir with distal catheter
- Ventricular catheter with introducing stylet



M.blue<sup>°</sup> Art. no. Differential pressure unit Adjustable gravitational unit FX845T  $0 \text{ cmH}_2 0$  $0 - 40 \text{ cmH}_2 \text{0}$ FX846T  $5 \text{ cmH}_2\text{O}$  $0 - 40 \text{ cmH}_2 0$ FX847T 0 - 40 cmH<sub>2</sub>0 10 cmH<sub>2</sub>0 FX848T 15 cmH<sub>2</sub>0  $0 - 40 \text{ cmH}_2 \text{ 0}$ 

- M.blue plus valve with distal catheter
- Pediatric burrhole reservoir with distal catheter
- Ventricular catheter with introducing stylet



M.blue plus <sup>®</sup>		
Art. no.	Adj. differential pressure unit	Adjustable gravitational unit
FX849T	0 - 20 cmH <sub>2</sub> 0	0 - 40 cmH <sub>2</sub> 0

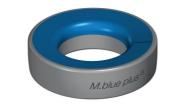
# M.blue plus INSTRUMENTS

### SOFT TOUCH INSTRUMENTS

MIETHKE

- M.blue plus<sup>®</sup> instrument set
- M.blue plus compass
- M.blue plus<sup>®</sup> adjustment ring
- M.blue plus adjustment assistant
- M.blue adjustment check-mate





M.blue plus compass

M.blue plus adjustment ring





M.blue plus adjustment assistant

M.blue° adjustment check-mate

Art. no.	Instruments
FX890T	M.blue plus* instrument set (includes FX891T and FX892T)
FX891T	M.blue plus* compass
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Accessories														
miniNAV*			Differential pressure valve, specifically for premature babies and newborns or bedridden, non-mobile patients				>	>		>	*		>	
DUALSWITCH VALVE			Gravitational valve with large flow volumes for CSF		>	>		<b>&gt;</b>			>		>	>
SHUNT- ASSISTANT° 2.0	T agent		"Add-on" gravita- tional valve for preventing com- plications due to excess drainage		>	>	>	>			>		>	>
GAV* 2.0	The section of the se		Gravitational valve for treating hydrocephalus		>	>	>	<b>&gt;</b>			>		>	>
proGAV® 2.0	Tool Tool		Adjustable differential pres- sure valve with gravitational unit			>	>	>			>		>	>
M.blue®			Adjustable gravitational unit with integrated differential pres- sure valve unit			>	>	<b>\</b>		>	>		>	>
		Description		Indication	LP	NPH	Ped. HC	Adult HC	Patient	Bed ridden	Active	Characteristic	3-Tesla MR Conditional	Gravitational unit

\* in conjunction with SHIINTASSISTANT" 2 C





### REFERENCES

- (1) Lutz BR, Venkataraman P, Browd SR. New and improved ways to treat hydrocephalus: Pursuit of a smart shunt. Surg Neurol Int. 2013;4(Suppl 1):38–50.
- (2) Merkler AE, Ch'ang J, Parker WE, et al. The Rate of Complications after Ventriculoperitoneal Shunt Surgery. World Neurosurg. 2017;98:654–8.
- (3) Beuriat PA, Puget S, Cinalli G, et al. Hydrocephalus treatment in children: long-term outcome in 975 consecutive patients. J Neurosurg Pediatr. 2017;20(1):10-8.
- (4) Drake JM, Kestle JR, Milner R, et al. Randomized trial of cerebrospinal fluid shunt valve design in pediatric hydrocephalus. Neurosurgery. 1998;43(2):294–303; discussion 303–5.
- (5) Pollack IF, Albright AL, Adelson PD. A randomized, controlled study of a programmable shunt valve versus a conventional valve for patients with hydrocephalus. Hakim-Medos Investigator Group. Neurosurgery. 1999; 45(6):1399-408; discussion 408-11.
- (6) Browd SR, Ragel BT, Gottfried ON and Kestle JR. Failure of cerebrospinal fluid shunts: part I: Obstruction and mechanical failure. Pediatr Neurol. 2006;34(2):83-92,5.
- (7) Woerdeman PA, Cochrane DD. Disruption of silicone valve housing in a Codman Hakim Precision valve with integrated Siphonguard. J Neurosurg Pediatr. 2014;13(5):532–5.
- (8) Anderson RC, Walker ML, Viner JM, et al. Adjustment and malfunction of a programmable valve after exposure to toy magnets. Case report. J Neurosurg. 2004;101(2 Suppl): 222-5.
- (9) Ozturk S, Cakin H, Kurtuldu H, et al. Smartphones and Programmable Shunts: Are These Indispensable Phones Safe and Smart? World Neurosurg. 2017;102:518-25.
- (10) Spader HS, Ratanaprasatporn L, Morrison JF, et al. Programmable shunts and headphones: Are they safe together? J Neurosurg Pediatr. 2015;16(4):402-5.
- (11) Strahle J, Selzer BJ, Muraszko KM, et al. Programmable shunt valve affected by exposure to a tablet computer. J Neurosurg Pediatr. 2012;10(2):118–20.
- (12) Zuzak TJ, Balmer B, Schmidig D, et al. Magnetic toys: forbidden for pediatric patients with certain programmable shunt valves? Childs Nerv Syst. 2009;25(2):161-4.
- (13) Irving G, Neves AL, Dambha-Miller H, et al. International variations in primary care physician consultation time: a systematic review of 67 countries. BMJ Open. 2017;7(10):e017902.

- (14) Powell A, Savin S, Savva N. Physician Workload and Hospital Reimbursement: Overworked Physicians Generate Less Revenue per Patient. Manufacturing & Service Operations Management. 2012;14(4):512-28.
- (15) Tschan CA, Antes S, Huthmann A, et al. Overcoming CSF overdrainage with the adjustable gravitational valve proSA. Acta Neurochir (Wien). 2014;156(4):767-76; discussion 776.
- (16) Suchorska B, Kunz M, Schniepp R, et al. Optimized surgical treatment for normal pressure hydrocephalus: comparison between gravitational and differential pressure valves. Acta Neurochir (Wien). 2015;157(4):703-9.
- (17) Golz L, Lemcke J, Meier U. Indications for valve-pressure adjustments of gravitational assisted valves in patients with idiopathic normal pressure hydrocephalus. Surg Neurol Int. 2013;4:140.
- (18) Lemcke J, Meier U, Muller C, et al. Safety and efficacy of gravitational shunt valves in patients with idiopathic normal pressure hydrocephalus: a pragmatic, randomised, open label, multicentre trial (SVASONA). J Neurol Neurosurg Psychiatry. 2013;84(8):850-7.
- (19) Sprung C, Schlosser HG, Lemcke J, et al. The adjustable proGAV shunt: a prospective safety and reliability multicenter study. Neurosurgery. 2010;66(3):465-74.
- (20) Thomale UW, Gebert AF, Haberl H, et al. Shunt survival rates by using the adjustable differential pressure valve combined with a gravitational unit (proGAV) in pediatric neurosurgery. Childs Nerv Syst. 2013;29(3):425–31.
- (21) Xinxing L, Hongyu D, Yunhui L. Using individualized opening pressure to determine the optimal setting of an adjustable proGAV shunt in treatment of hydrocephalus in infants. Childs Nerv Syst. 2015;31(8):1267–71.
- (22) Chari A, Czosnyka M, Richards HK, Pickard JD, Czosnyka ZH. Hydrocephalus shunt technology: 20 years of experience from the Cambridge Shunt Evaluation Laboratory. J Neurosurg. 2014;120(3):697-707.
- (23) Gebert AF, Schulz M, Schwarz K, et al. Long-term survival rates of gravity-assisted, adjustable differential pressure valves in infants with hydrocephalus. J Neurosurg Pediatr. 2016;17(5):544–51.
- (24) Toma AK, Watkins LD. Surgical management of idiopathic normal pressure hydrocephalus: a trial of a trial. Br J Neurosurg. 2016;30(6):605.



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