Case Experience Library
Case Experience Disclaimer

Case experiences are representation of actual cases. However, these results do not predict future performance of the IRRAflow CNS system. Procedural performance of the IRRAflow CNS system may differ on a case-by-case basis.

IRRAflow CNS Indications
The use of the IRRAflow CNS System is indicated when Intracranial Pressure monitoring is required, and for externally draining intracranial fluid as a means of reducing intracranial pressure.

IRRAflow CNS Contraindications
Due to the severity of the underlying pathology, all of the following contraindications for the IRRAflow CNS System are relative and should be considered by the medical professional if applicable; Anticoagulation therapy, Coagulation disorders, Hemophilia, a low thrombocyte count, treatment with Warfarin or Clopidogrel and untreated scalp infections. In general, a MRI or CT of the brain should have been performed before introducing the IRRAflow Catheter.
Case review: Intracranial hemorrhage
Male | 18 years old

PATHOLOGY TREATED
Intraparenchymal and Intraventricular Hemorrhage due to Hypertension

TREATMENT DESCRIPTION
• IRRAflow Catheter Probe inserted
• Active Fluid Exchange performed for 27 total hours

TREATMENT RESULT
• Patient stabilized, returned to regular ward, discharged to rehab
• No drainage occlusions seen
• No infection seen

Pre-IRRAflow treatment
Post-IRRAflow treatment
Case review: Intracranial hemorrhage
Female | 65 years old

PATHOLOGY TREATED
Hypertensive basal ganglia hemorrhage with bilateral ventricle involvement.

TREATMENT DESCRIPTION
• IRRAflow Catheter Probe inserted
• Active Fluid Exchange performed with IRRAflow system for less than 8 days
• 2 doses of 2mg tPA in 200mL NS infusions were utilized to assist in facilitating the clearing of casted ventricles. Doses given over a 2 Day period, 24 hours apart.

TREATMENT RESULT
• Patient stabilized, returned to regular ward, discharged to rehab
• No drainage occlusions
• No infection

“All other EVDs would have occluded within hours, due to all the blood within ventricles thus requiring multiple tPA pushes, possible EVD replacement and/or patient decline.”
Dr. Gregory Fautheree
Case review: Chronic subdural hematoma

Male | 82 years old

**PATHOLOGY TREATED**
Computed tomography (CT) showed a 2.5 cm left convexity mixed density extra-axial hematoma causing 9 mm rightward midline shift and subfalcine herniation.

**TREATMENT DESCRIPTION**
- Mini craniotomy for evacuation of the subdural hematoma.
- Intraoperatively, there was minimal brain re-expansion.
- IRRAflow.

**TREATMENT RESULT**
- Head CT done prior to discharged showed continued improvement in subdural fluid collection and complete resolution of the midline shift.
- The patient was seen on POD 14 with complete resolution of symptoms.

Pre-IRRAflow treatment
Post-IRRAflow treatment
Case review: Ventriculitis
Female | Early 40’s

**PATHOLOGY TREATED**
- Aggressive CSF shunt-related Ventriculitis
- Neurosurgeon description – “mass of germs, impossible to evacuate”

**TREATMENT DESCRIPTION**
- Physician not yet trained on IRRAflow
- Distributor trained via Skype
- IRRAflow Catheter Probe inserted
- Active Fluid Exchange cleared mass
- IRRAflow Catheter Probe remained in place for entire antibiotic therapy
- After inflammation subsided, IRRAflow removed, shunt replaced

**TREATMENT RESULT**
- Patient survived and released from rehab
- Facility preparing case for publication

“*The patient is conscious, no bacteria is left in the brain. She went from 100% probability of death to now conscious. This should not have been possible without IRRAflow.*”
Dr. Brenham Rezai