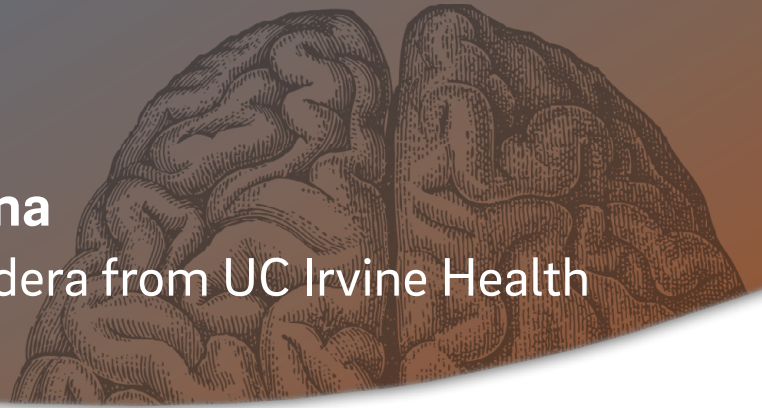




Chronic Subdural Hematoma

Case Review by Dr. Sumeet Vadera from UC Irvine Health



The world's first irrigating intracranial drainage system!

PATHOLOGY TREATED

- 82-year-old male presented with confusion, right sided weakness and neglect, and expressive aphasia.
- Computed tomography demonstrated a 2.5 cm left convexity mixed density extra-axial hematoma, causing a 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.
- Active Fluid Exchange was performed with the IRRAflow system, with an irrigation rate of 40 ml/hour.

TREATMENT RESULTS

- No catheter occlusion due to IRRAflow's automated irrigation.
- No drainage-related infection.
- Active irrigation and associated drainage assisted in providing controlled re-expansion of brain tissue back into the subdural space.
- Head CT done prior to discharge showed continued improvement in subdural fluid collection and complete resolution of the midline shift.
- The patient was seen on postoperative day 14 with complete resolution of symptoms.



Pre-IRRAflow Treatment

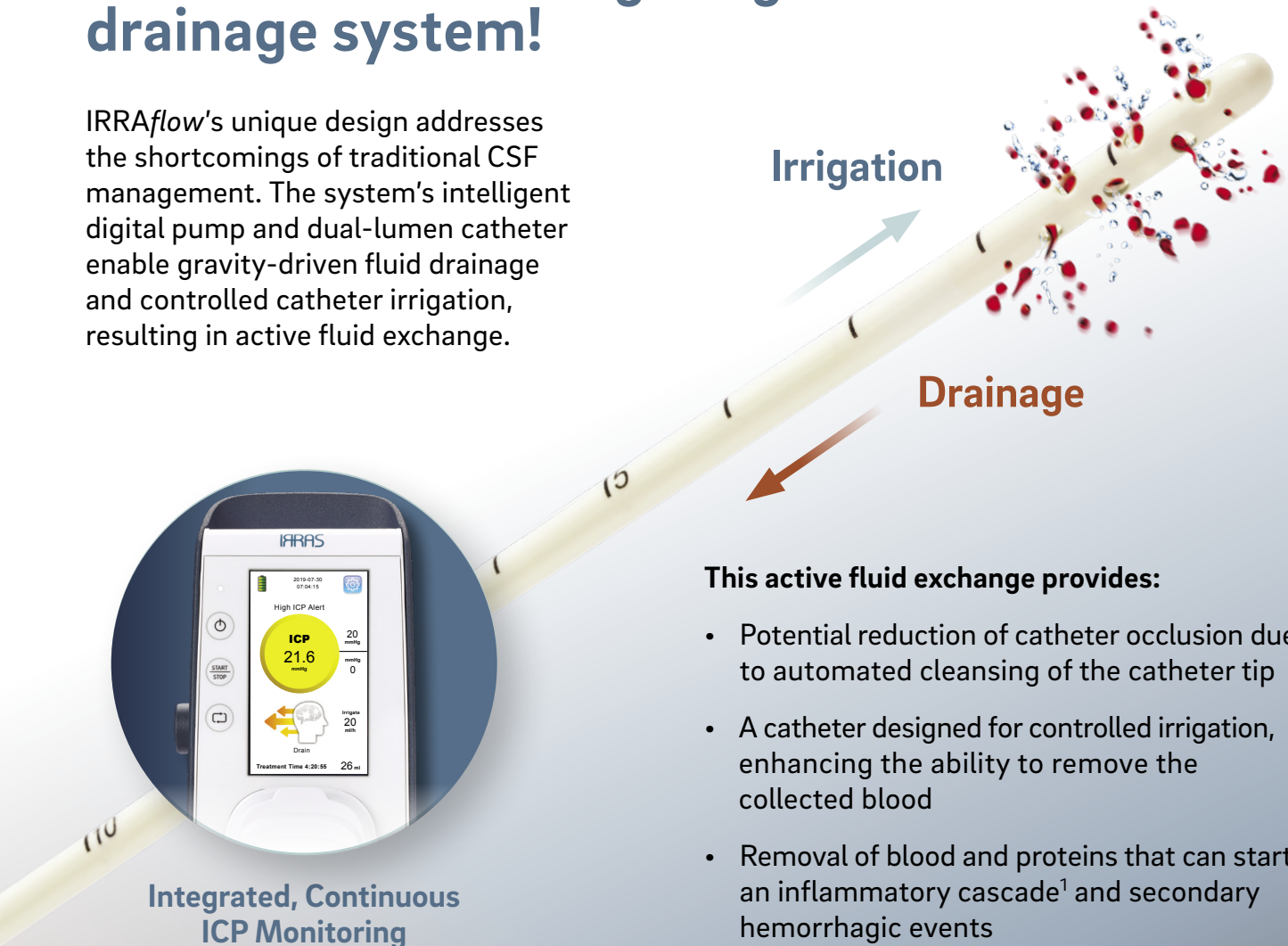


Post-IRRAflow Treatment



The world's first irrigating intracranial drainage system!

IRRAflow's unique design addresses the shortcomings of traditional CSF management. The system's intelligent digital pump and dual-lumen catheter enable gravity-driven fluid drainage and controlled catheter irrigation, resulting in active fluid exchange.



This active fluid exchange provides:

- Potential reduction of catheter occlusion due to automated cleansing of the catheter tip
- A catheter designed for controlled irrigation, enhancing the ability to remove the collected blood
- Removal of blood and proteins that can start an inflammatory cascade¹ and secondary hemorrhagic events

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1. Mracsko, Eva, Veltkamp, Roland. Neuroinflammation after Intracerebral hemorrhage. Frontiers in Cellular Science. 20 November 2014, 1-13.

Product image not to scale.

IFS-0123-A