

ManoView™ ESO v3.0

Analysis Software

Analysis Guide Wizard

- Reduces training requirements
- Facilitates a consistent, repeatable process
- Decreases analysis inconsistencies

Chicago Classification¹ Analysis Option

- Reduces manual analysis time
- Analyzes according to most recent consensus standards
- Provides automatic findings on report
- Increases confidence in manometry analysis
- Brings clinical standardization to high resolution manometry, independent of facility size and experience

Expanded Language Support

- Allows procedure analysis in English, Spanish, French, Italian, German, Polish, Swedish, Dutch, Danish, Finnish, or Norwegian

Enhanced Video Support

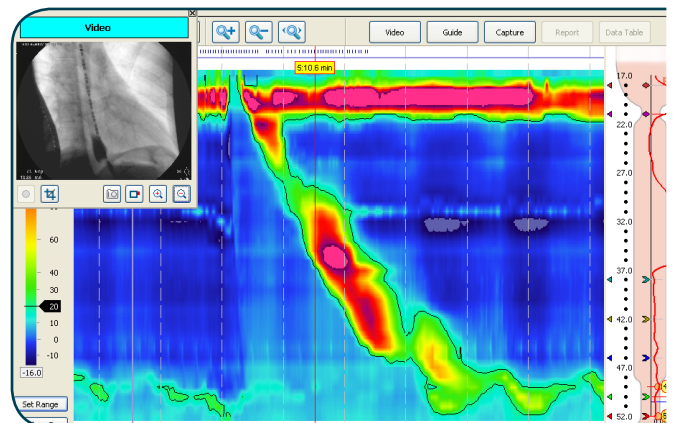
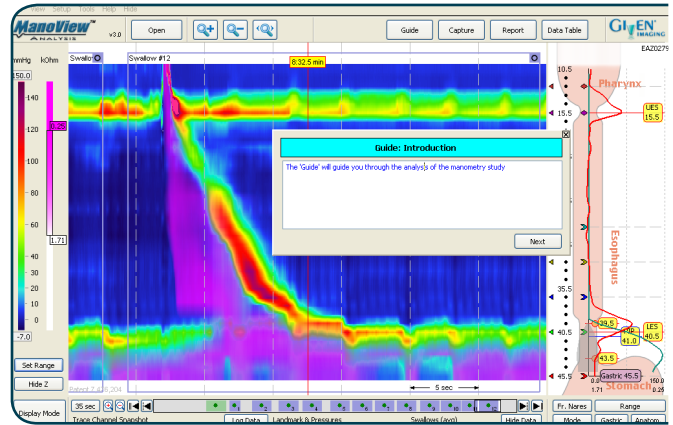
- Supports video synchronization module

HIS Compatibility

- Provides data transfer directly to electronic medical records; HL7-ready in combination with Given® Connectivity Solution
- Supports U.S. Meaningful Use requirement

ManoScan ESO 3D Catheter Support

- Provides support of ManoScan ESO 3D catheter with EGJ visualization capabilities



Report

☒ Include LES/Esoph Motility Summary

Lower Esophageal Sphincter Region	Normal	Esophageal Motility	Normal
Landmarks		Number of swallows evaluated	Normal
Proximal LES (from naris)(cm)	45.5	High Resolution Parameters	
LES length(cm)	4.0	Distal contractile integral(mean)(mmHg)	
Esophageal length (LES-UES centers)(cm)	27.0	Contractile front velocity(cm/s)	
Intraabdominal LES length(cm)	2.5	Intrabulbar pressure (avg min)(mmHg)	
Hiatal hernia?	No	Chicago Classification	
LES Pressures		Distal latency	
Pressure meas. method	eSieve,IRP	% failed (Chicago Classification)	
Basal (respiratory min.)(mmHg)	3.2	% peristaltic pressure/contraction	
Basal (respiratory max.)(mmHg)	5.7	% pressure contraction	
Residual (mean)(mmHg)	4.0	% rapid contraction	
		% large breaks	
		% small breaks	

☒ Include LES/Pharynx Results

Upper Esophageal Sphincter	Normal	Pharyngeal / UES Motility	Normal
Mean basal pressure(mmHg)	40.2	No. swallows evaluated	11
Mean residual pressure(mmHg)	46.1	Evaluated @ 3.0 & 10.0 above UES	1.0
		Mean peak pressure(mmHg)	

☒ Include Chicago Classification Findings*

EGJ: Normal Relaxation
Mean IRP (4.0 mmHg) is less than 15 mmHg
Esophageal body: Small peristalsis breaks
% small break (91%) is greater than 30%
Finding: Weak Peristalsis With Small Defects
* Findings are based on published Chicago Classification scheme and are only intended to serve as a guide for patient diagnosis

☒ Include Explanations

EGJ: Normal Relaxation
Mean IRP (4.0 mmHg) is less than 15 mmHg
Esophageal body: Small peristalsis breaks
% small break (91%) is greater than 30%
Finding: Weak Peristalsis With Small Defects
* Findings are based on published Chicago Classification scheme and are only intended to serve as a guide for patient diagnosis

☒ Include Procedure Description

Add from list: ManoScan-IRM-2 Save Delete

After confirmation of potential abnormality, a trial of antacid was used to numb the esophagus followed by trans-nasal insertion of a High Resolution catheter.

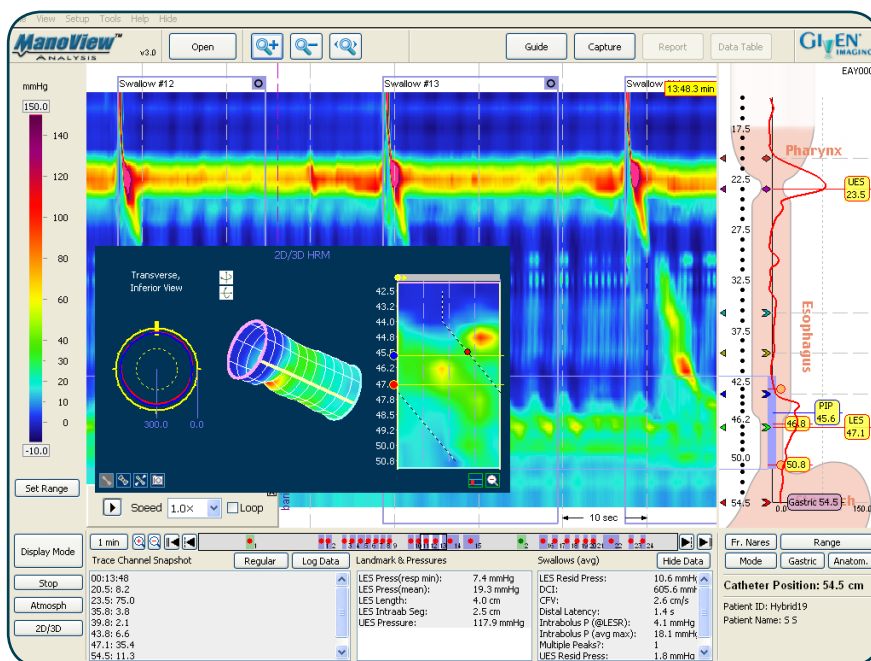
Create Export Close Cancel Data Table

ManoView™

ManoScan™ ESO 3D System

The ManoScan ESO 3D catheter combines both high resolution and 3D sensors into a single catheter configuration

96 radial pressure measurements 360° around the catheter provide true three-dimensional visualization of the esophagogastric junction (EGJ)



ManoScan ESO 3D Catheter

128-sensor, flexible esophageal catheter consists of:

- 32 high resolution manometry channels
- 96 3-dimensional channels

ManoScan ESO 3D Visualization Tools²

- Colored circles provide asymmetry slices of the PIP and LES linked to landmarks in the contour screen
- Observe real-time LES sphincter symmetry
- Calculate LES length

¹Bredenoord AJ, Fox M, Kahrilas PJ, Pandolfino JE, Schwizer W, Smout AJPM. Chicago Classification Criteria of Esophageal Motility Disorders Defined in High Resolution Esophageal Pressure Topography. *Neurogastroenterol Motil* 2012;27(1):57-65.

²Kwiatek MA, Pandolfino JE, Kahrilas PJ. 3D- High Resolution Manometry of the Esophagogastric Junction. *Neurogastroenterol Motil* 2011;23(11):e461-e469.