

Lumbar Medial Branch of Dorsal Ramus

Example Lead Placement Approach- Fluoroscopy and Ultrasound

SPRINT[®]
PNS SYSTEM

ELECTRODE TARGET LOCATION:

Electrode target is approximately 1 cm away from medial branch (MB), where it lies inferior and medial to the facet joint. Advance needle until electrode is ~1 cm from lamina (L), typically 4-6 cm deep.

NEEDLE INSERTION:

1-2 cm lateral from the spinous process (SP) in the center of the region of pain. Insert needle at ~90° angle, out of plane in relation to the ultrasound probe.

THINGS TO BE AWARE OF:

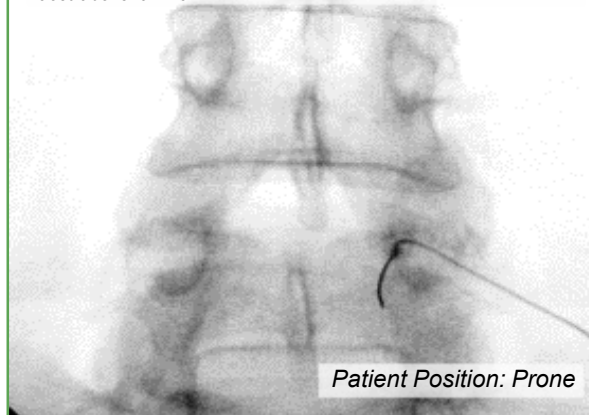
- Confirm activation of medial branch via ultrasound by ensuring that the multifidus is held in tension.
- Be cognizant of needle depth if patient has had a prior laminectomy.

SPRINT PNS PROGRAMMING:

12 Hz, use for 6-12 hours/day

The SPRINT PNS System is cleared for up to 60 days in the back and/or extremities for: (i) Symptomatic relief of chronic, intractable pain, post-surgical and post-traumatic acute pain; (ii) Symptomatic relief of post-traumatic pain; and (iii) Symptomatic relief of post-operative pain. The SPRINT PNS System is not intended to treat pain in the craniofacial region. Physicians should use their best judgment when deciding when to use the SPRINT PNS System. For more information see the SPRINT PNS System IFU. Rx Only.

Example fluoroscopic image showing AP view of spine with stimulating probe targeting medial branch, medial and inferior to facet above lamina



PLACEMENT CONFIRMATION:

Selective activation of multifidus muscle confirmed via ultrasound, needle twitch, and patient-reported sensations. Activation of erector spinae indicates electrode should be advanced deeper or medially.

IMAGE GUIDANCE:

Fluoroscopy
(Lead Placement)
Ultrasound
(Multifidus Activation)

