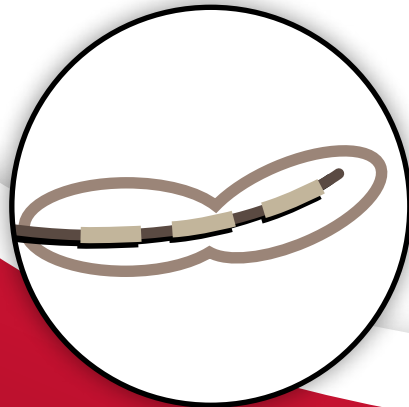
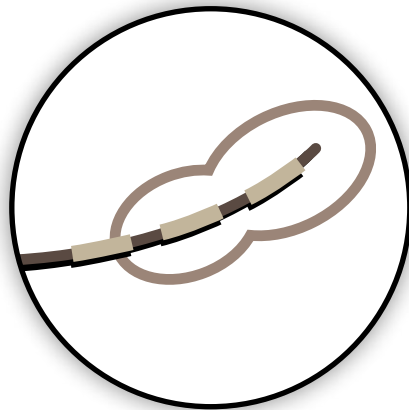
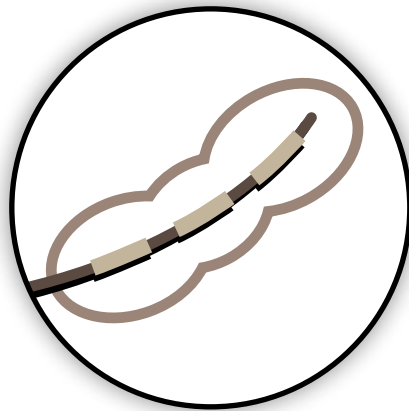
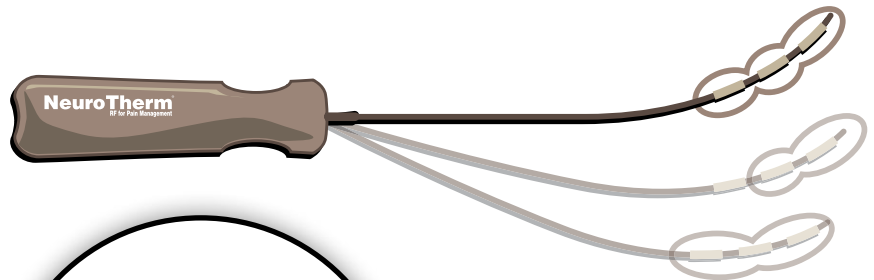


Simplicity

Always
a step
ahead...

Harness the power of RadioFrequency

Introducing the revolutionary new RF probe from NeuroTherm.



Perform radiofrequency procedures like you never have before.

Simplicity III* is the first probe of its kind. It is flexible and facilitates placement in difficult to navigate anatomical areas. The ergonomically designed handle enhances maneuverability. With three distinct active areas, finally the array of radiofrequency dispersion is in your control.

Simplicity III* launches a new era of performing radiofrequency procedures. With three independent active tip areas all within one probe, You will not need a cannula, You will not need an introducer,

All you need is the **NT 1100**.

*Patents applied for by NeuroTherm

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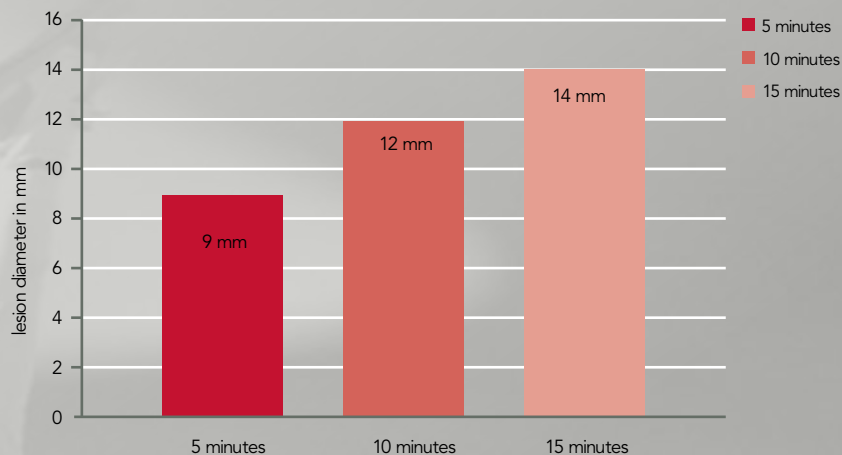
The SI joint is an established and well accepted primary pain generator in as many as 15 % of patients complaining of low back pain. While the diagnosis can be established by well-performed, fluoroscopically-guided injections of local anesthetics with or without steroid, those not responding to injections and/or conservative treatment were destined to a life of pain, ineffective percutaneous treatments, or difficult and painful surgical fusion.

Denervation of the joint using radiofrequency energy such as that utilized for Zygapophyseal joints in the cervical, thoracic, and lumbar spine was technically challenging and inconsistent in response due to the limitations of lesioning equipment and, more importantly, the diffuse and mesh-like innervation of the joint extending from L4 or L5 to S4.

The design of the Simplicity III radiofrequency probe addresses this variable and diffuse innervation by creating a consistent, broad, radiofrequency lesion that could be placed using a single percutaneous entry point safely and effectively lesioning the lateral branches of S1, S2, S3, and S4. When combined with a standard RF lesioning of the L5 dorsal ramus, the SI joint can be rendered clinically insensate. The results of the pilot patient group of thirty patients and up to three years follow-up have been so positive and successful that I now evaluate the SI joint (as a very treatable condition) early in the differential diagnosis algorithm of patients with back pain at or below the level of L5.

Brad Vilims, M.D., D.A.B.P.M.

Initial studies of heat dispersion reveal:



Maximum temperature was set at 90 degrees Celsius. This graph is a representation of the increase in lesion diameter size as a function of applying continuous RF energy over time. The average length of the lesion for each trial was 52.5mm.



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