

Post Market Clinical Follow-up  
Microstim DB3  
2510000

Detailed post-market clinical follow-up are not deemed necessary:

<http://www.nysora.com/regional-anesthesia/3010-electrical-nerve-stimulators-and-localization-of-peripheral-nerves.html>

#### History of Electrical Nerve Stimulation

##### Quick Facts

1780: Galvani (1) was the first to describe the effect of electrical neuromuscular stimulation  
1912: Perthes (2) developed and described an electrical nerve stimulator  
1955: Pearson (3) introduced the concept of insulated needles for nerve location  
1962: Greenblatt and Denson (4) introduced a portable solidstate nerve stimulator with variable current output and described its use for nerve location  
1973: Montgomery et al (5) demonstrated that noninsulated needles require significantly higher current amplitudes than the insulated needles  
1984: Ford et al (6) reported a lack of accuracy with noninsulated needles once the needle tip passed the target nerve Ford et al suggested the use of nerve stimulators with a constant current source, based on the comparison of the electrical characteristics of peripheral nerve stimulators

The use of nerve stimulation became commonplace in clinical practice only in the mid- to late 1990s. Research on the needle-nerve relationship and the effect of stimulus duration ensued. (9-11) More recently, the principles of electrical nerve stimulation were applied to surface mapping of peripheral nerves using percutaneous electrode guidance (PEG) (12-15) for confirmation and epidural catheter placement (16-18) and peripheral catheter placement (19). This chapter discusses the electrophysiology of nerve stimulation, electrical nerve stimulators, various modes of localization of peripheral nerves, and integration of the technology into the realm of modern regional anesthesia.

Use of Nerve Stimulation is well established,

The yearly search on Nerve Stimulation should show if any new technology is available which renders current nerve stimulation 'Outdated Technology'. Until that time post-market clinical follow-up are not deemed necessary

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