

## THE ASTRASTIM

The Astrastim is a low power pulse generator which has been designed to aid the location of peripheral nerves during local or regional anaesthesia. The Astrastim is suitable for both sensory and mixed nerves, and can be used for nerve location in patients under anaesthesia provided that neuro-muscular blocking drugs have not been used.

### Functional description

The Astrastim produces constant current pulses which, if transmitted to a peripheral nerve will lead to depolarisation and therefore stimulation of the nerve.

The duration of the pulses can be preset to 0.1, 0.2 or 0.5 milliseconds, at a frequency of 0.5, 0.66 or 1Hz. (30, 40 or 60 pulses/minute). The output current can be preset from 0 to 5mA.

### Technique for use of the Astrastim

#### A) Conscious patients

1. The red lead of the Astrastim should be attached to a standard ECG monitoring electrode which should be positioned at a point remote from the site of the proposed local anaesthetic block.
2. The black lead should be attached to the needle to be used for the block, by means of the crocodile clip. (The Astrastim may be used with either insulated or uninsulated needles, which should be of as fine a gauge as practicable, and have a short bevel).
3. The power level should be set to minimum with the output control knob.
4. The stimulator should now be turned on with the switch on the left hand side of the unit. This switch has two "ON" positions. Sliding the switch backwards simply turns the unit on. Sliding the switch forward to the "ON/AUDIO" position activates circuitry which produces an audible bleep when current flows between the two electrodes. This bleep will only work when the needle has been inserted into the patient and serves as both an audible warning that stimulation is occurring, and as a disconnection alarm.
5. The needle can then be inserted into the patient until its tip is in the subcutaneous tissues. It should not be advanced further at this stage.
6. The power level is then gradually increased until the patient can report unequivocal perception of the electrical pulses. The output power should then be fixed at this level.
7. The needle is then slowly advanced towards the nerve until the patient reports pulse synchronous paraesthesiae in the distribution of the nerve or visible muscle twitching occurs in the appropriate territory. The needle tip will now lie within a millimetre or two of the nerve.