Accurate, Intuitive Guidance for Neuromuscular Blockade

With TwitchView guiding intraoperative management and reversal of neuromuscular blockade, residual paralysis was prevented, and reversal drug costs were reduced by 70%.[1]

TwitchView®2

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Not All EMG (electromyography) Monitors Are Created Equal

TwitchView was designed to provide consistent, reliable data. In every patient. In every case.

Superior Algorithms

TwitchView measures thousands of data points with area under the curve (AUC) and maximizes the patient signal using active noise cancellation enabled by our proprietary dual EMG sensor.

With the resulting high signal-to-noise ratio, TwitchView accurately detects twitches as small as 0.25 mV, resulting in reliable readings during deep blockade and in difficult to monitor patients.

Best-In-Class Electrodes

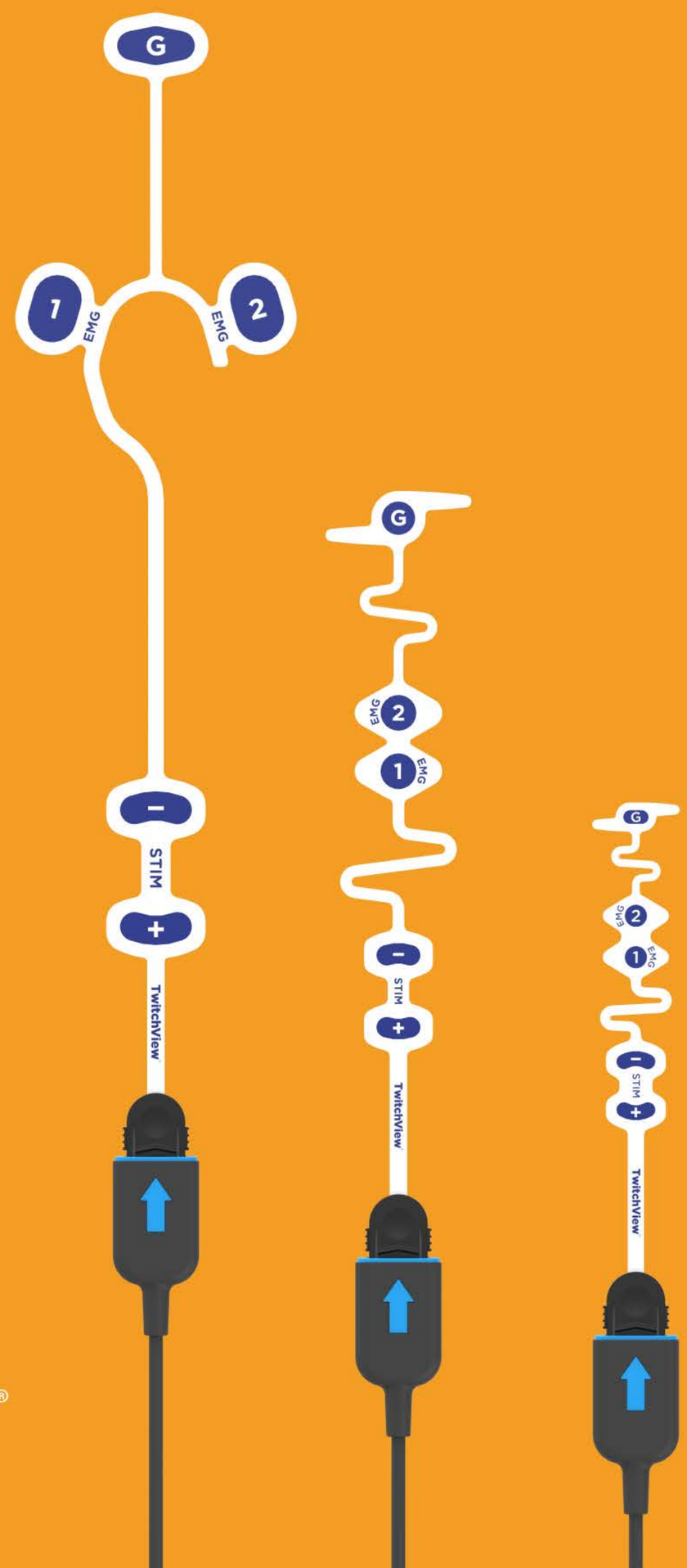
Three separate electrode sizes support optimal placement on all patients from neonates to adults. Our 2nd generation electrodes are designed for placement alongside access lines and other sensors.

All electrodes utilize our rigid snap-lock connector to facilitate rapid placement and maintain a secure connection during use.

Premium Construction

TwitchView is built entirely from custom-designed, hospital-grade components. Our 3rd generation patient cable is designed for 5000+ uses. Flexible mounting solutions enable a secure and functional integration into your setup.

All TwitchView systems are designed, manufactured, and tested at Blink's Seattle facility, providing our engineering and manufacturing teams real-time access for continuous improvement opportunities.



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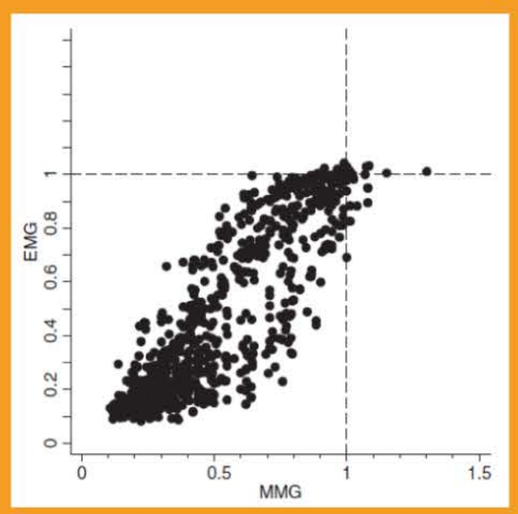
Three unique TwitchView **features** support **data-driven** dosing of rocuronium and reversal agents.

1

Validated Accurate Data

TwitchView data is interchangeable with gold-standard mechanomyography .[2,3] Sensitive detection of twitches from deep blockade via post-tetanic count (PTC) to moderate blockade and recovery via the TOF Count and TOF Ratio enable precise dosing and recovery confirmation.

TwitchView TOFR vs. Mechanomyography TOFR



2

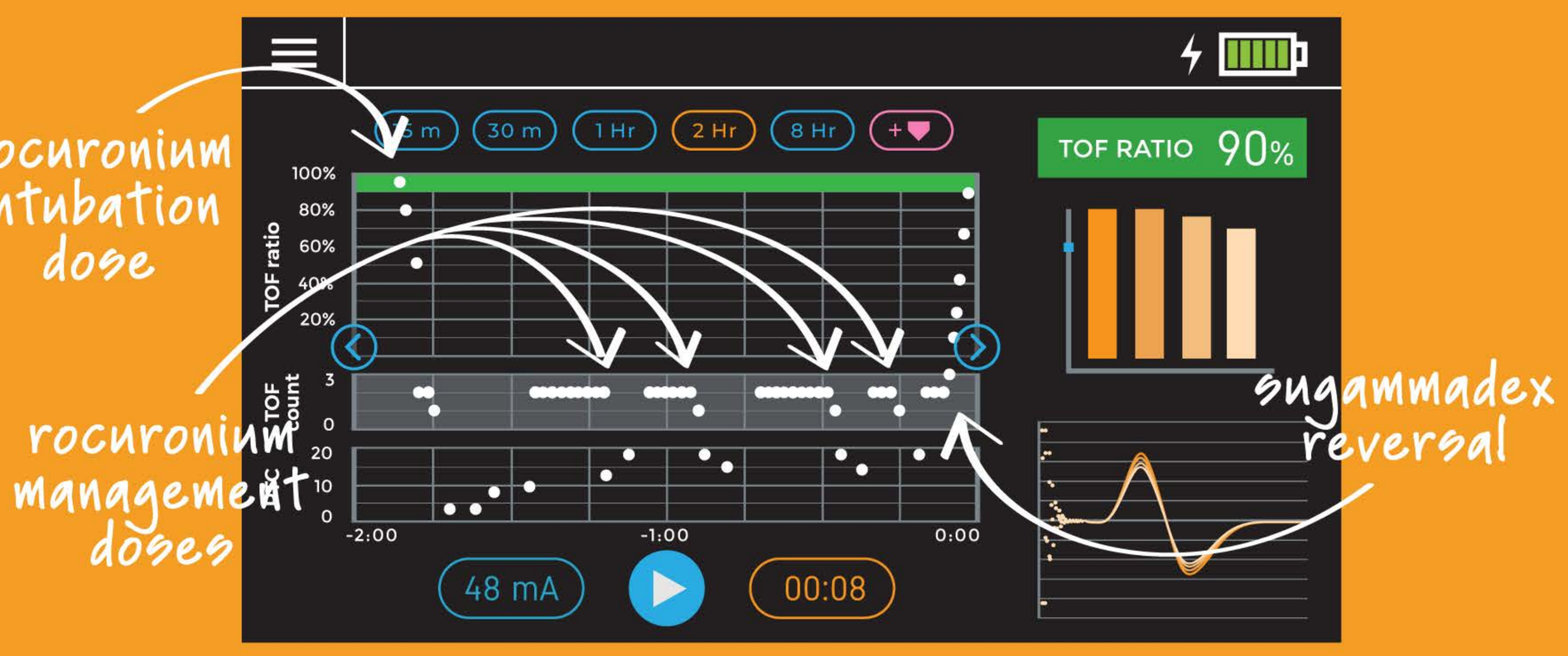
Automatic Continuous Data

Proprietary AutoPTC™ switches automatically between TOF and PTC stimulation modes based on the patient's real-time level of blockade. Simple operation makes TwitchView easy to incorporate into routine care.

3

Trended Data

An interactive, dynamic trend plot enables clinicians to visualize how neuromuscular blocking agents affect each patient differently and proactively modify drug dosing according to the patient and case needs.



Multiple pathways for **EMR integration** enable you to track department performance and promote best practices.

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Informed Clinical Decisions

TwitchView is evolving the management of neuromuscular blockade enabling safer and more cost-efficient care.

The following cases illustrate how TwitchView impacts the management of neuromuscular blockade enabling more reversal options.

Clinician follows their typical rocuronium dosing strategy; 50 mg intubation dose and 20 mg maintenance doses are administered. To reverse, neostigmine is administered at TOF Count 2. Patient recovery stalls at a TOF Ratio 50% and sugammadex is administered to achieve adequate recovery.

Clinician administers 0.6 mg/kg intubation dose (30 mg) and 5-10 mg maintenance doses of rocuronium. Patient spontaneously recovers to a TOF Ratio 50% and is successfully reversed with neostigmine.

Blink Device Company is committed to providing the most accurate, most reliable train of four monitor on the market to empower anesthesia providers to make quantitative neuromuscular monitoring the standard of care.

Our mission is to partner with customers who share our commitment to patient safety and the elimination of residual paralysis.

Learn more or schedule a demo at:
www.blinkdc.com/twitchview

References: 1. Thilen, Stephan R. MD, MS*; et al. Management of Muscle Relaxation With Rocuronium and Reversal With Neostigmine or Sugammadex Guided by Quantitative Neuromuscular Monitoring. Anesthesia & Analgesia ():10.1213/ANE.0000000000006511, May 12, 2023. | DOI: 10.1213/ANE.0000000000006511. 2. Bowdle A, et al. Counting train-of-four twitch response: comparison of palpation to mechanomyography, acceleromyography, and electromyography. Br J Anaesth. 2020;124(6):712-717. 3. Bowdle A, et al. A comparison of a prototype electromyograph vs. a mechanomyograph and an acceleromygraph for assessment of neuromuscular blockade. Anesthesia. 2020;75(2):187-195.

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