Case Summary

SpecialtyCare Intraoperative Neuromonitoring
3 Maryland Farms, Suite 800
Brentwood TN 37027

Phone: [redacted]
Fax: [redacted]

Confidentiality Notice

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SpecialtyCare Neuromonitoring Record

Patient Last Name: [redacted]
Patient First Name:
Patient CDS ID:
Month of Surgery: 01
Day of Surgery: 12
Year of Surgery: 2024

SUB

Hospital Name
Department, Phone
Address
City, State, Zip

Pat[redacted]
ID[redacted]

Anterior Posterior Cervical

COMMENT HISTORY REPORT

Data Time: 1/13/2024 11:09:13
Print Time: 1/13/2024 11:09:13
Operator: Gabrielle McNearney, CNIM

07:42:26 C3-C7 Posterior Cervical Discectomy and Fusion

07:42:27 Discussion w. Patient - Informed patient of neurological monitoring throughout surgical procedure, interviewed regarding symptoms, and obtained consent for IONM.
Discussion w. Surgeon - Dr.[redacted]quests SSEPs, TOF, EEG, TcMEP and EMG for this procedure. TcMEPs will be conducted per surgeon request.

Discussion w. Anesthesia – Anesthesia team is aware that SpecialtyCare, Inc. protocol lists the ideal conditions, for TcMEP monitoring, in most patients, is total intravenous anesthesia (TIVA) with only short-acting muscle relaxant at induction and 4/4 twitches maintained after exposure. If necessary TCMEPs may be recorded with up to 0.5 MAC inhalational agents, but should be avoided in patients with prior deficits or myelopathy. Bilateral soft bite blocks requested to prevent injury and protect the endotracheal tube.

07:42:27 Patient[redacted]C3-C7 Posterior Cervical Decompression and Fusion, surgeon requests SSEPs, EMG, TOF, EEG, TCMEP and pre-positioning baselines. Patient had an ACDF 01/09/2024, this is the 2nd stage posterior.

07:42:30 Patient in room 0737

07:49:07 Induction: Fentanyl 100mcg, Succ 120mg, Propofol 150mg, Lidocaine 50mg

Connected with Leslie McDougall via Bomgar remote support.

07:59:02 Visually confirmed soft bite block placed by anesthesia.

08:01:01 Impedance: Pat. Gnd:1.64, Pat. Gnd B:3.67,
C3:0.86, C4:0.59, Cz:0.94, FPz:0.57, A1:0.97,
LTRAP:Open, ltrap:Open,
RTRAP:Open, rtrap:Open,
LDelt:1.37, ldelt:0.82, LBI:0.83, lbi:0.60, LTRI:1.56, ltri:0.73, LAPB:0.49, LADM:0.45,
LTIB:0.96, ltib:0.63, LAH:0.86, lah:0.48, LTRP:Open, lTRP:Open,
RDELT:1.42, rdelt:1.13, RBI:0.80, rbi:0.96, RTRI:0.90, rtri:0.77, RAPB:0.73, RADM:2.35,
RTIB:0.00, rtib:1.71, RAH:0.11, rah:0.53, RTRP:Open, rTRP:Open,

08:01:02 IOM START

08:01:37 TOF Test (LAH-lah): TOF%:91, Count:4, T1 Amp:21976µV, Stim Int:60mA

08:01:59 TOF Test (LAPB-LADM): TOF%:85, Count:4, T1 Amp:1856µV, Stim Int:30mA

08:02:15 Propoofol infusion 130mcg/kg/min, BP 71/42(51), SEVO 0.63%Et

08:03:39 Anesthesia placing IV

08:05:34 Baseline: Modality: SEP Lower;
Channels: L: C3-FPz, L: C3-C4, L: Cz-FPz, L: FPz-A1, R: C4-FPz, R: C3-C4, R: Cz-FPz, R: FPz-A1

08:06:47 Baseline: Modality: SEP Upper Ulnar;
Channels: L: C4-FPz, L: C3-C4, L: FPz-A1, R: C3-FPz, R: C3-C4, R: FPz-A1

08:07:31 Baseline: Modality: MEP;
Channels: L: LDelt-ldelt, L: LBI-lbi, L: LTRI-ltri, L: LAPB-LADM, L: LTIB-ltib, L: LAH-lah, R: RDELT-rdelt, R: RBI-rbi, R: RTRI-rtri, R: RAPB-RADM, R: RTIB-rtib, R: RAH-rah

08:07:44 Pre-positioning Baseline Summary: SSEPs, EMG, TO, EEG, TcMEP - SSEPs are monitorable in bilateral ulnar and posterior tibial nerves, left ulnar is lower in amplitude than right; TcMEP responses monitorable in bilateral deltoids, brachioradialis, triceps, hands, tibialis anterior and feet, surgeon informed and acknowledged.

08:12:51 Pinning head

08:27:16 Impedance: Pat. Gnd: , Pat. Gnd B: ,
C3: , C4: , Cz: , FPz: , A1: ,
LTRAP: , ltrap: ,
RTRAP: , rtrap: ,
LDelt: , ldelt: , LBI: , lbi: , LTRI: , ltri: , LAPB: , LADM: ,
LTIB: , ltib: , LAH: , lah: , LTRP: , lTRP: ,
RDELT: , rdelt: , RBI: , rbi: , RTRI: , rtri: , RAPB: , RADM: ,
RTIB: , rtib: , RAH: , rah: , RTRP: , rTRP: ,

08:27:21 Impedance: Pat. Gnd:2.51, Pat. Gnd B:1.21,
C3:1.14, C4:0.74, Cz:1.21, FPz:0.75, A1:0.96,
LTRAP:Open, ltrap:Open,
RTRAP:Open, rtrap:Open,
LDelt:0.92, ldelt:1.00, LBI:0.93, lbi:0.53, LTRI:1.00, ltri:0.83, LAPB:0.46, LADM:0.42,
LTIB:0.76, ltib:0.54, LAH:0.68, lah:0.43, LTRP:Open, lTRP:Open,
RDELT:1.18, rdelt:1.28, RBI:0.67, rbi:1.06, RTRI:0.91, rtri:0.86, RAPB:0.86, RADM:2.39,
RTIB:0.00, rtib:1.51, RAH:0.04, rah:0.00, RTRP:2.36, rTRP:1.10,

08:27:54 IOM RESUME

08:28:49 Replaced head leads during positioning for staff safety.

08:28:53 Taping shoulders

08:30:19 Post-positioning Baseline Summary: SSEPs, EMG, TOF, EEG, TcMEP - EPs are all consistent with pre-positioning, EMG is quiet with TOF 4/4, limited EEG is symmetric and continuous, surgeon informed and acknowledged.

08:31:28 Anesthesia and Vitals: BP 132/76(98), T 35.8, SEVO OFF, Propofol infusion 130mcg/kg/min

08:33:49 Baseline TcMEP and Stack

08:34:14 Baseline: Modality: SEP Upper Ulnar;
Channels: L: C4-FPz, L: C3-C4, L: FPz-A1, R: C3-FPz, R: C3-C4, R: FPz-A1

08:34:57 TOF Test (LTIB-ltib): TOF%:98, Count:4, T1 Amp:16710µV, Stim Int:55mA

08:35:50 Baseline TOF 4/4

08:40:27 Baseline: Modality: MEP;
Channels: L: LDelt-ldelt, L: LBI-lbi, L: LTRI-ltri, L: LAPB-LADM, L: LTIB-ltib, L: LAH-lah, R: RDELT-rdelt, R: RBI-rbi, R: RTRI-rtri, R: RAPB-RADM, R: RTIB-rtib, R: RAH-rah

08:42:55 Draping patient

08:48:15 Baseline: Modality: SEP Upper Ulnar;
Channels: L: C4-FPz, L: C3-C4, L: FPz-A1, R: C3-FPz, R: C3-C4, R: FPz-A1

08:48:48 UN SSEP Baseline and Stack

08:48:51 PTN SSEP Baseline and Stack

08:50:43 Time out

08:53:06 INCISION - SSEPs and EMG paused for the duration of cautery.

08:57:43 Patient light, anesthesia acknowledged. Propofol infusion to 140mcg/kg/min

09:00:03 Surgeon requests paralytic for exposure, anesthesia acknowledged.

09:02:19 TOF Test (LAPB-LADM): TOF%:86, Count:4, T1 Amp:3105µV, Stim Int:30mA

09:02:25 TOF Test (LTIB-ltib): TOF%:99, Count:4, T1 Amp:14306µV, Stim Int:55mA

09:28:47 TOF Test (LAPB-LADM): TOF%:44, Count:4, T1 Amp:2756µV, Stim Int:30mA

09:28:52 TOF Test (LTIB-ltib): TOF%:95, Count:4, T1 Amp:14612µV, Stim Int:55mA

09:29:08 Anesthesia and Vitals: BP 132/86(10), T 35.7, SEVO back on 0.67%ET, Propofol infusion 150mcg/kg/min

09:31:24 Exposure continues

09:32:30 TOF Test (LAPB-LADM): TOF%:45, Count:4, T1 Amp:2752µV, Stim Int:30mA

09:33:56 Requested SEVO be turned off, anesthesia acknowledged. Currently at 0.64%ET

09:38:02 Begin decompression

09:40:50 **Correction: begin screw placement

09:41:22 TOF Test (LAPB-LADM): TOF%:69, Count:4, T1 Amp:2986µV, Stim Int:30mA

09:41:28 TOF Test (LTIB-ltib): TOF%:98, Count:4, T1 Amp:15243µV, Stim Int:55mA

09:47:02 TOF Test (LAPB-LADM): TOF%:71, Count:4, T1 Amp:3806µV, Stim Int:30mA

09:53:26 TOF Test (LAPB-LADM): TOF%:80, Count:4, T1 Amp:4036µV, Stim Int:30mA

09:55:53 TOF Test (LTIB-ltib): TOF%:98, Count:4, T1 Amp:15491µV, Stim Int:55mA

09:56:30 TcMEP - responses consistent with baseline, surgeon informed and acknowledged.

10:00:13 Placing rods

10:05:33 Begin decompression

10:10:54 Transient burst EMG activity seen on right side and spike train EMG activity noted in left hand, surgeon informed and acknowledged.

10:11:40 TcMEP - responses consistent with baseline, surgeon informed and acknowledged.

10:12:39 Scope in

10:13:53 TOF Test (LAPB-LADM): TOF%:95, Count:4, T1 Amp:4618µV, Stim Int:30mA

10:16:02 Transient burst EMG activity seen on right side and spike train EMG activity noted in left hand, surgeon informed and acknowledged.

10:17:43 Spike train EMG activity seen on left side, surgeon informed and acknowledged.

10:20:18 EMG quiet now.

10:34:31 Spike train EMG activity seen in left hand, surgeon informed and acknowledged.

10:35:53 EMG quiet now.

10:37:03 TcMEP - responses consistent with baseline, surgeon informed and acknowledged.

10:41:40 Placing drain

10:41:47 TOF Test (LAPB-LADM): TOF%:99, Count:4, T1 Amp:4442µV, Stim Int:30mA

10:42:15 TOF Test (LTIB-ltib): TOF%:99, Count:4, T1 Amp:15882µV, Stim Int:55mA

10:46:30 Spike train EMG activity seen in most muscles on the left side, surgeon informed and acknowledged.

10:53:19 Closing Summary: SSEPs, EMG, TOF, EEG, TcMEP - Closing SSEPs are consistent with baseline, EMG is quiet with TOF 4/4, limited EEG is symmetric and continuous; Closing TcMEPs consistent with baseline, surgeon informed and acknowledged.

10:53:25 UN SSEP Stack

10:53:29 PTN SSEP Stack

10:53:32 Closing TOF 4/4

10:53:39 Closing

10:54:05 TcMEP - responses consistent with baseline, surgeon informed and acknowledged.

10:55:39 RNP note: McDougall, Leslie 10:55 AM "Thank you. Summary: Intraoperative Neurophysiological Monitoring recorded no significant alterations in SSEP nor TcMEP responses compared to baseline values. EMG activity was noted during the procedure. There was no EMG activity at closing." - Surgeon informed and acknowledged.

10:59:37 TcMEP Stack

11:06:26 Propofol infusion decreased to 100mcg/kg/min

11:06:30 END IOM 1106

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Stack Data

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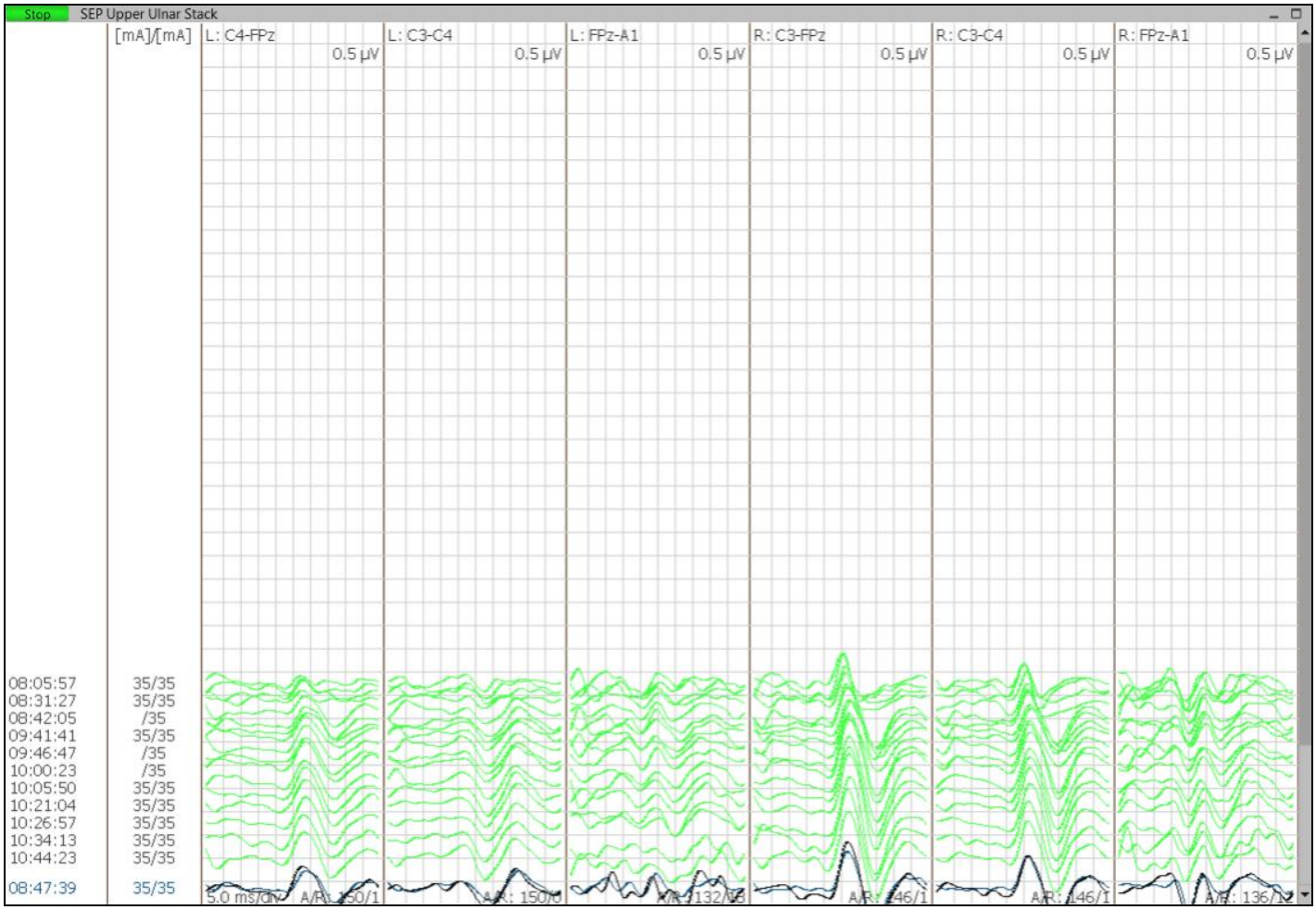
Anterior Posterior Cervical

PRINT SCREEN REPORT

Data Time: 1/13/2024 10:53:25
Print Time: 1/13/2024 10:57:48
Operator: Gabrielle McNearney, CNIM



COMMENT: 1/13/2024 10:53:25: UN SSEP Stack

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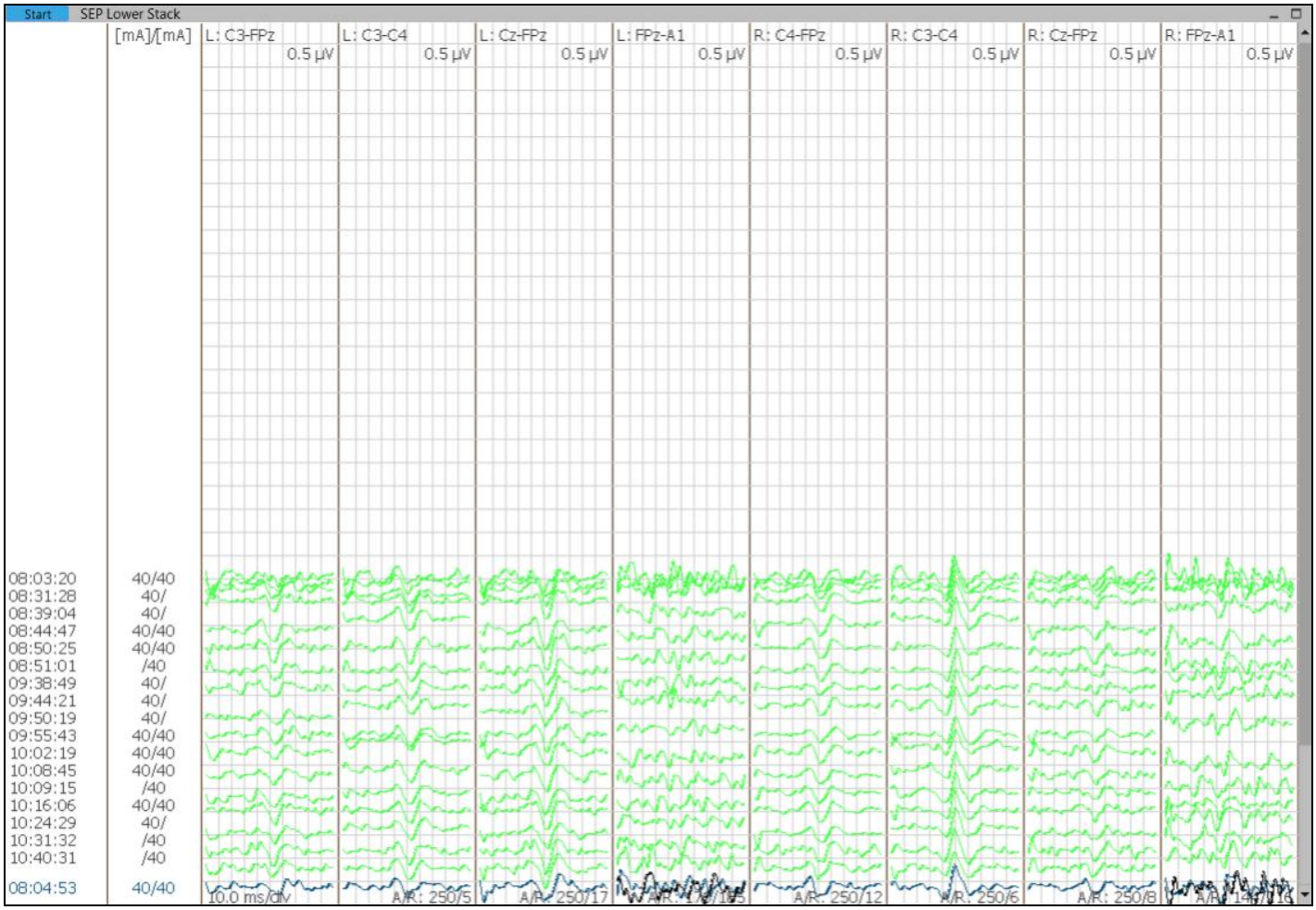
Anterior Posterior Cervical

PRINT SCREEN REPORT

Data Time: 1/13/2024 10:53:29
Print Time: 1/13/2024 10:58:29
Operator: Gabrielle McNearney, CNIM



COMMENT: 1/13/2024 10:53:29: PTN SSEP Stack

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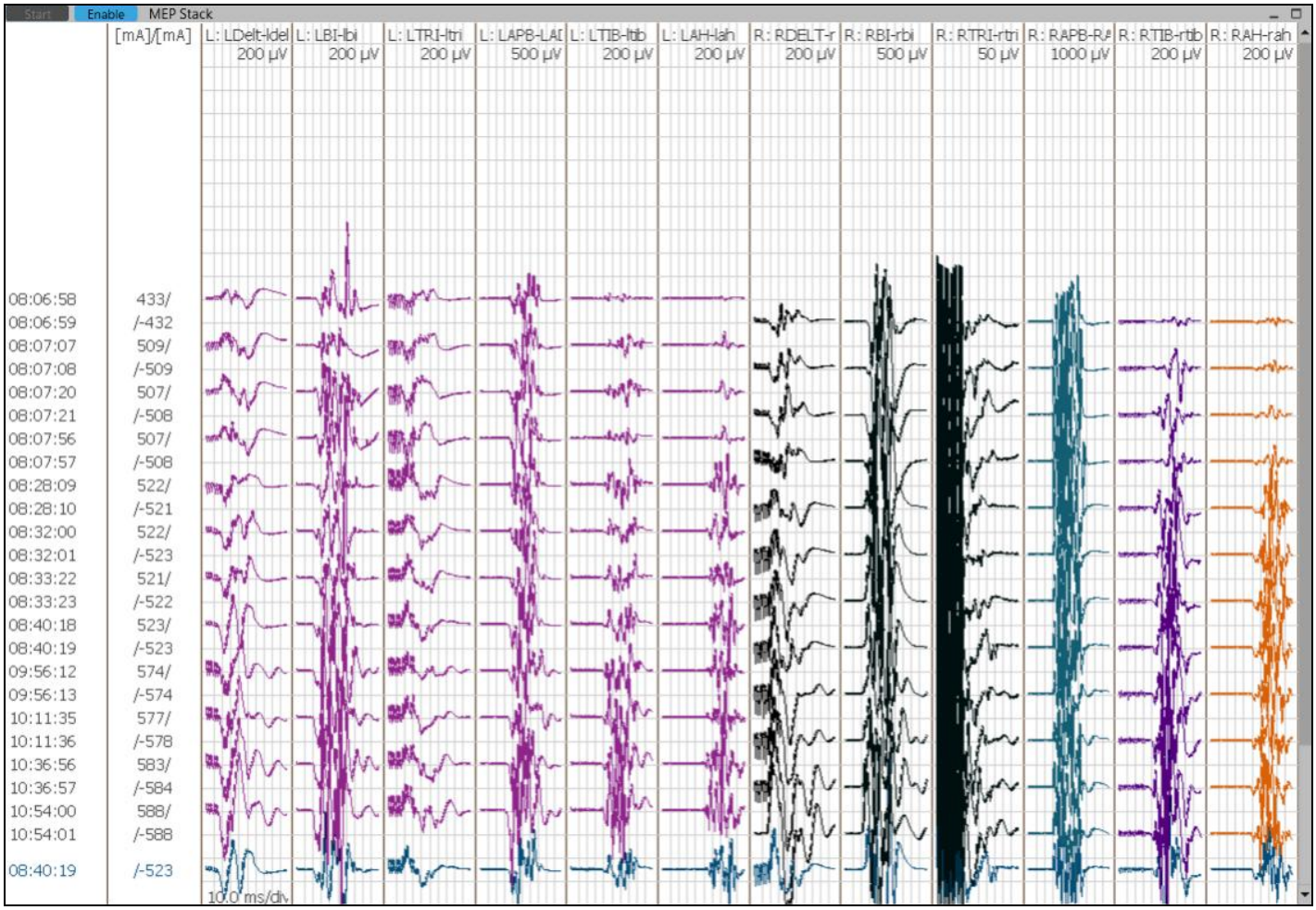
Anterior Posterior Cervical

PRINT SCREEN REPORT

Data Time: 1/13/2024 10:59:37
Print Time: 1/13/2024 10:59:56
Operator: Gabrielle McNearney, CNIM



COMMENT: 1/13/2024 10:59:37: TcMEP Stack

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Baseline Data

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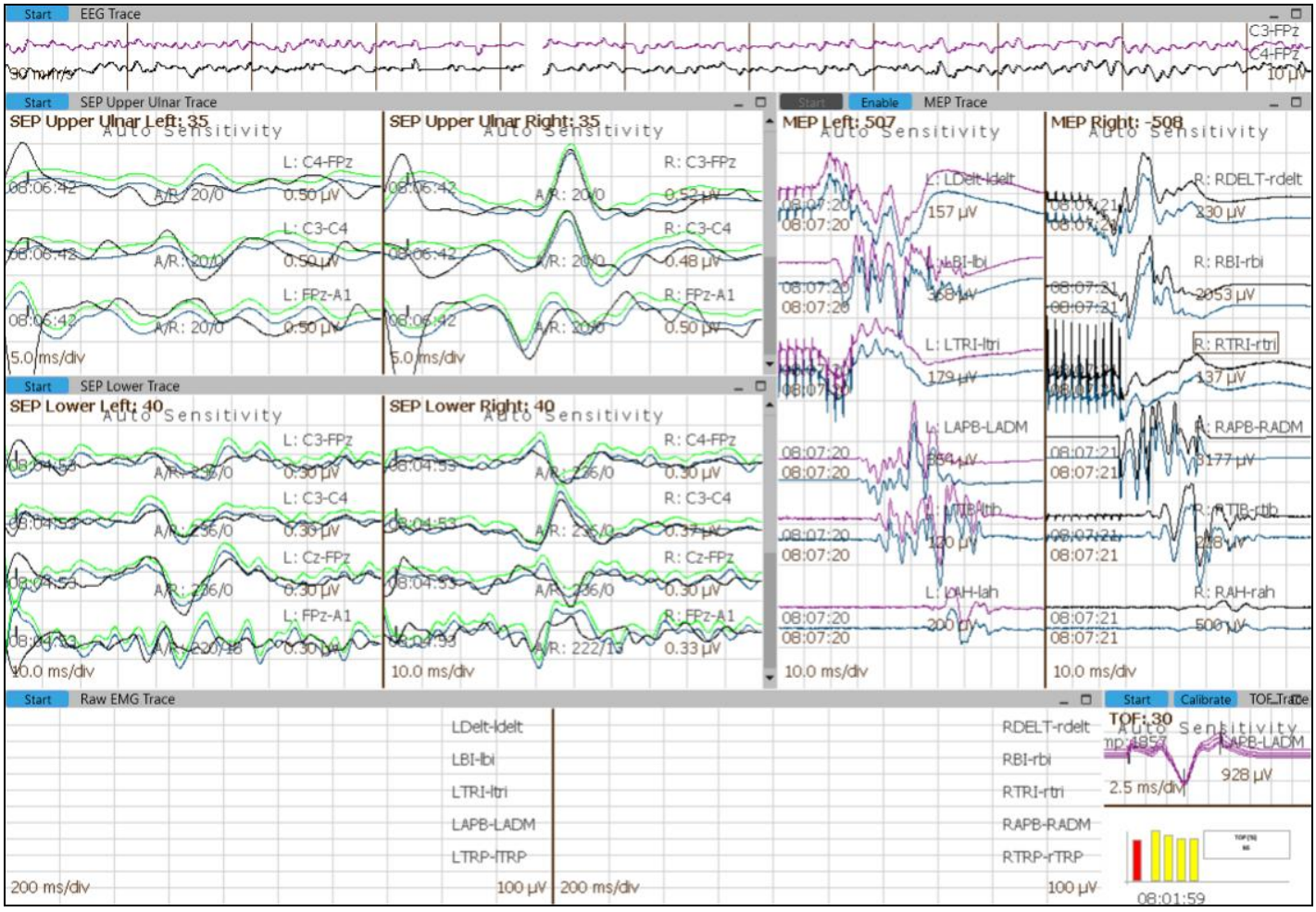
Anterior Posterior Cervical

PRINT SCREEN REPORT

Data Time: 1/13/2024 08:07:45
Print Time: 1/13/2024 09:24:56
Operator: Gabrielle McNearney, CNIM



COMMENT: 1/13/2024 08:07:44: Pre-positioning Baseline Summary: SSEPs, EMG, TO, EEG, TcMEP - SSEPs are monitorable in bilateral ulnar and posterior tibial nerves, left ulnar is lower in amplitude than right; TcMEP responses monitorable in bilateral deltoids, brachioradialis, triceps, hands, tibialis anterior and feet, surgeon informed and acknowledged.

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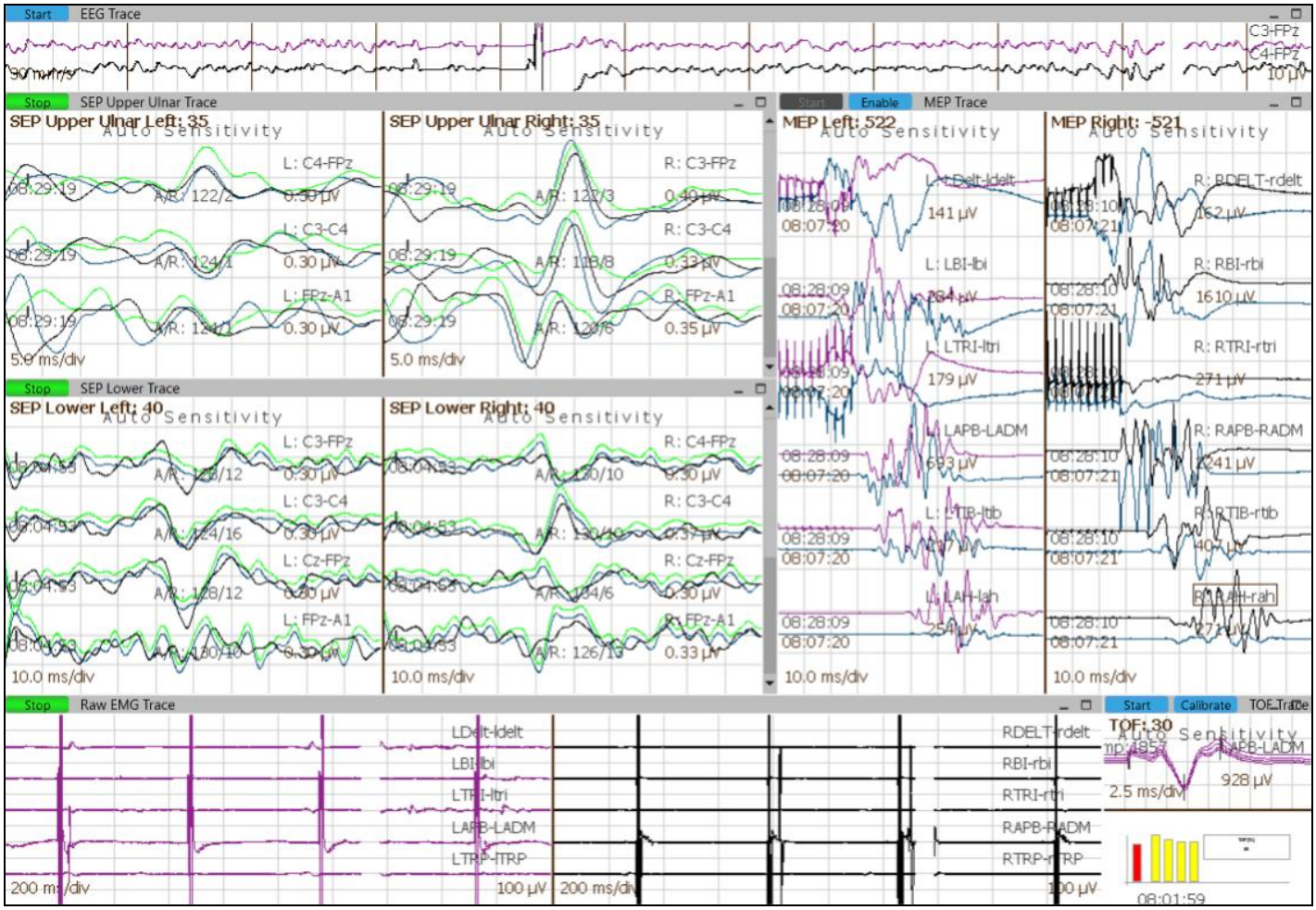
Anterior Posterior Cervical

PRINT SCREEN REPORT

Data Time: 1/13/2024 08:30:19
Print Time: 1/13/2024 09:25:36
Operator: Gabrielle McNearney, CNIM



COMMENT: 1/13/2024 08:30:19: Post-positioning Baseline Summary: SSEPs, EMG, TOF, EEG, TcMEP - EPs are all consistent with pre-positioning, EMG is quiet with TOF 4/4, limited EEG is symmetric and continuous, surgeon informed and acknowledged.

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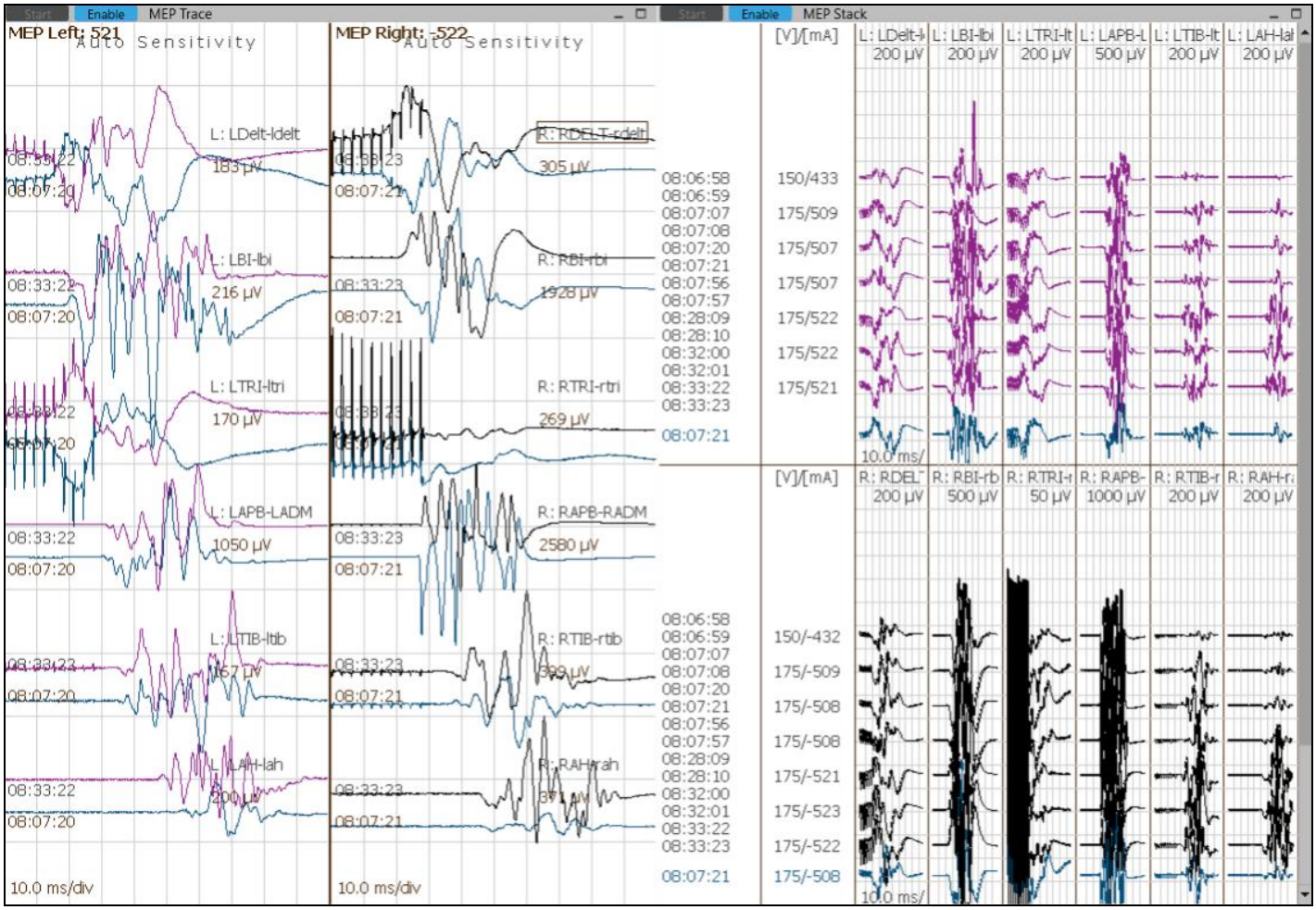
Anterior Posterior Cervical

PRINT SCREEN REPORT

Data Time: 1/13/2024 08:33:49
Print Time: 1/13/2024 09:26:39
Operator: Gabrielle McNearney, CNIM



COMMENT: 1/13/2024 08:33:49: Baseline TcMEP and Stack

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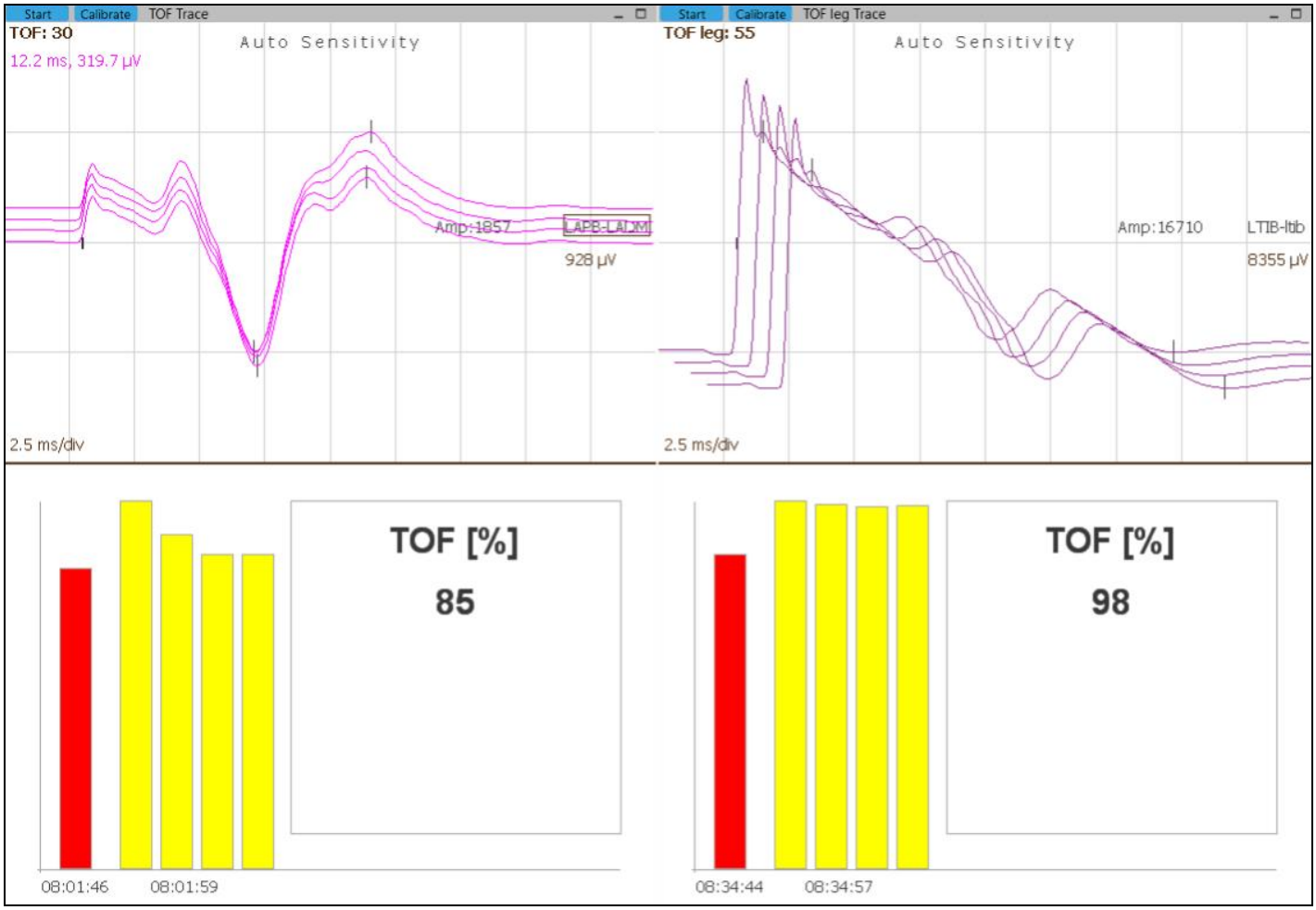
Anterior Posterior Cervical

PRINT SCREEN REPORT

Data Time: 1/13/2024 08:35:50
Print Time: 1/13/2024 09:27:17
Operator: Gabrielle McNearney, CNIM



COMMENT: 1/13/2024 08:35:50: Baseline TOF 4/4

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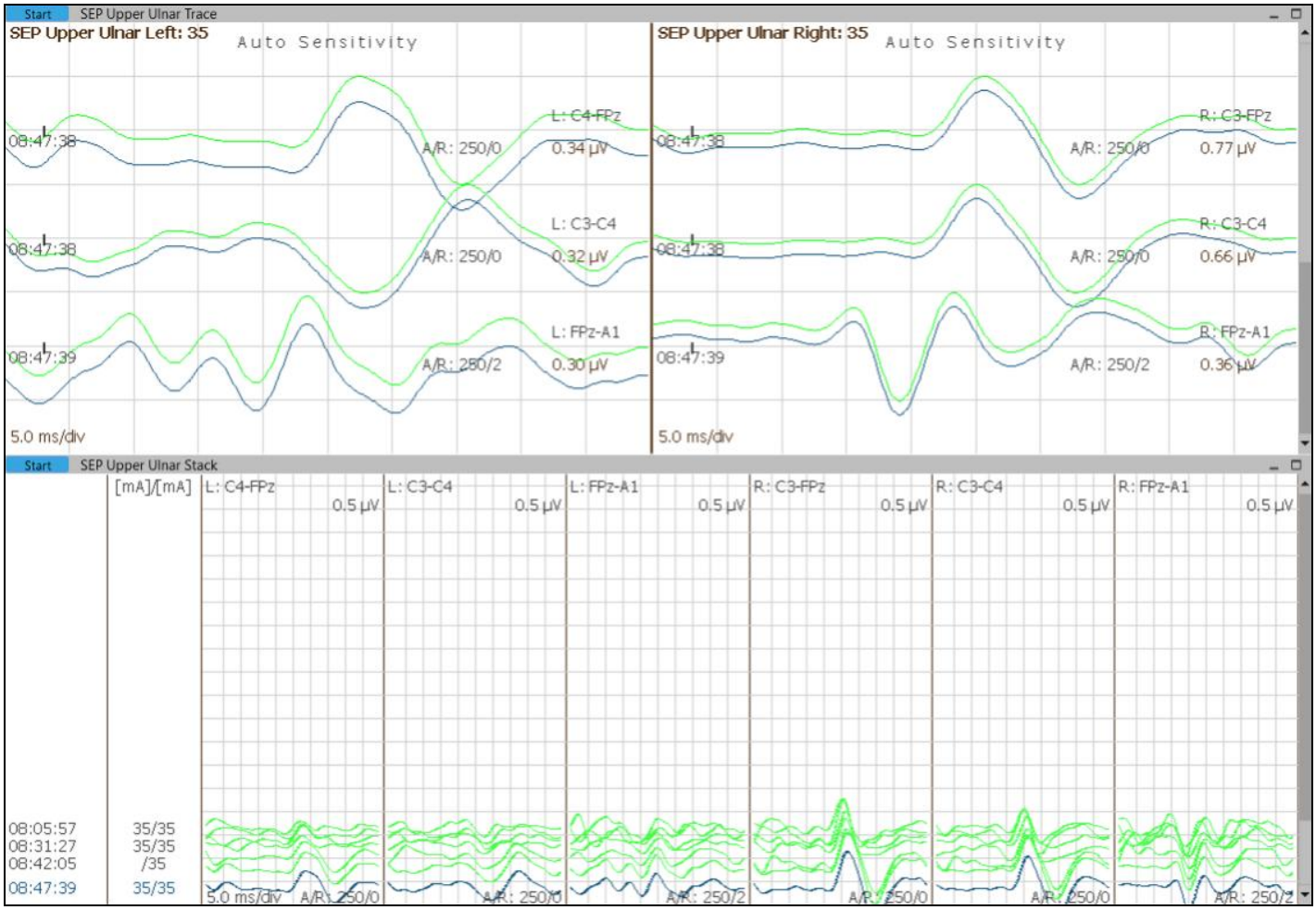
Anterior Posterior Cervical

PRINT SCREEN REPORT

Data Time: 1/13/2024 08:48:48
Print Time: 1/13/2024 09:27:46
Operator: Gabrielle McNearney, CNIM



COMMENT: 1/13/2024 08:48:48: UN SSEP Baseline and Stack

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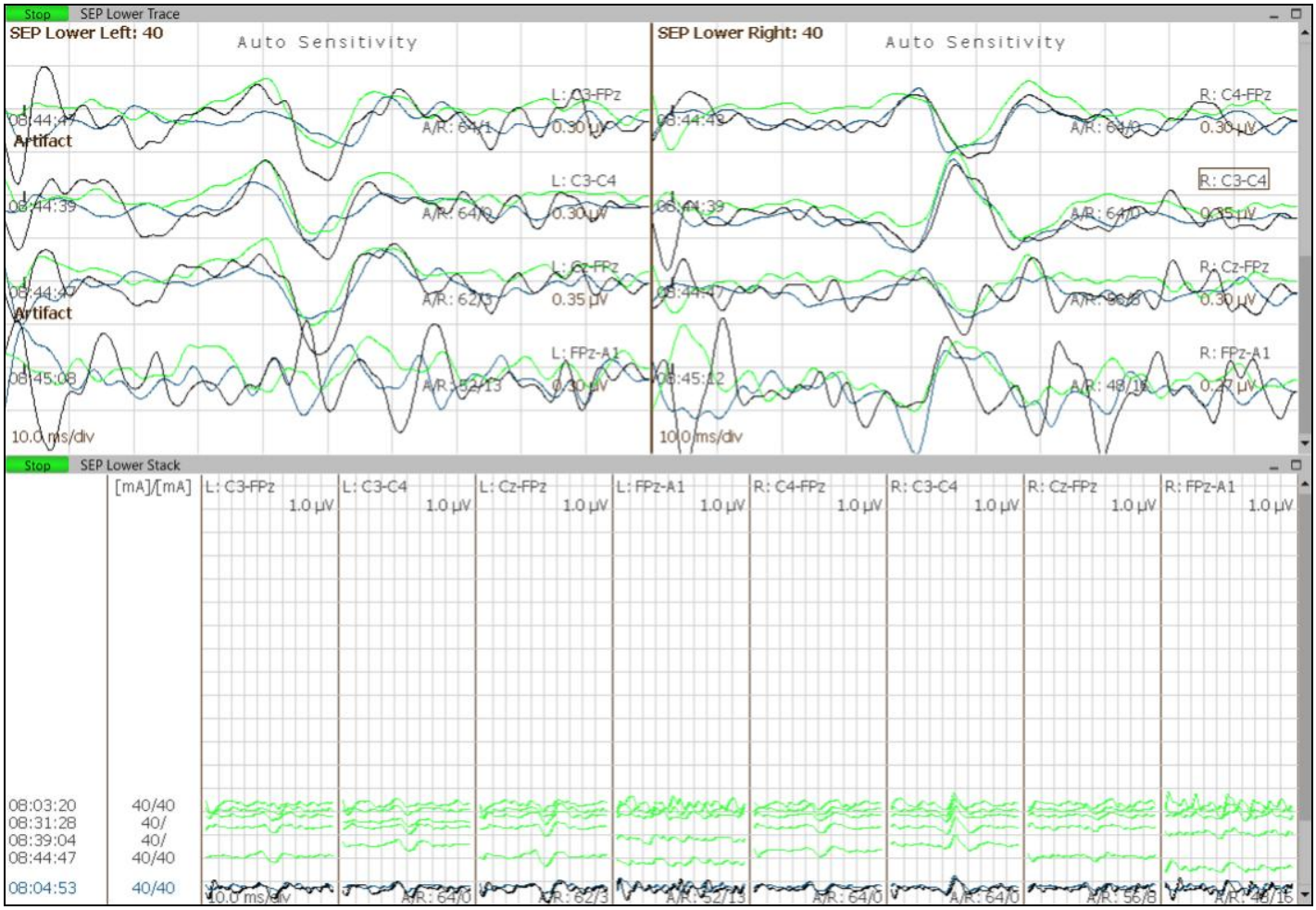
Anterior Posterior Cervical

PRINT SCREEN REPORT

Data Time: 1/13/2024 08:48:51
Print Time: 1/13/2024 09:28:17
Operator: Gabrielle McNearney, CNIM



COMMENT: 1/13/2024 08:48:51: PTN SSEP Baseline and Stack

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Alert Data

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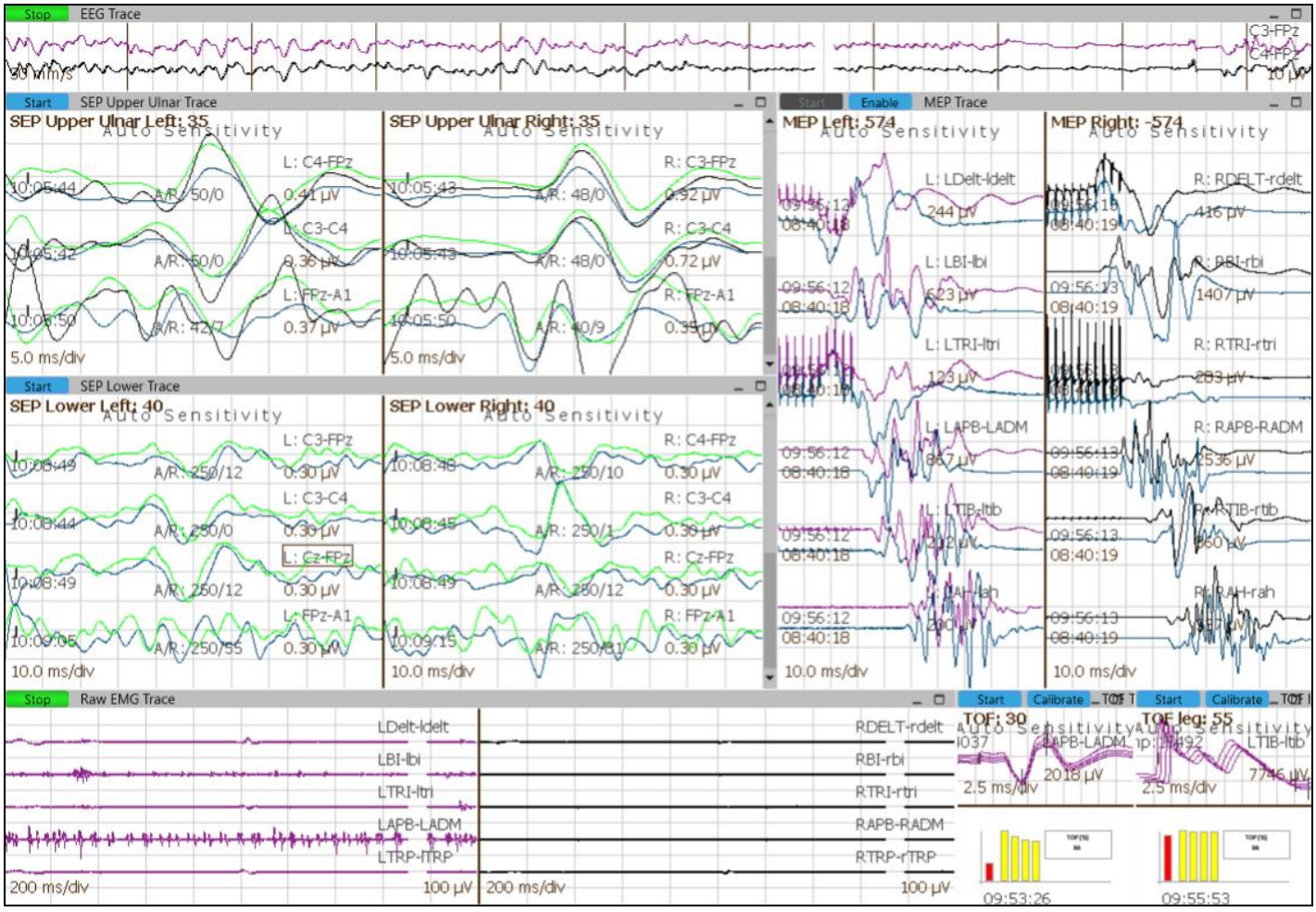
Anterior Posterior Cervical

PRINT SCREEN REPORT

Data Time: 1/13/2024 10:10:54
Print Time: 1/13/2024 10:18:45
Operator: Gabrielle McNearney, CNIM



COMMENT: 1/13/2024 10:10:54: Transient burst EMG activity seen on right side and spike train EMG activity noted in left hand, surgeon informed and acknowledged.

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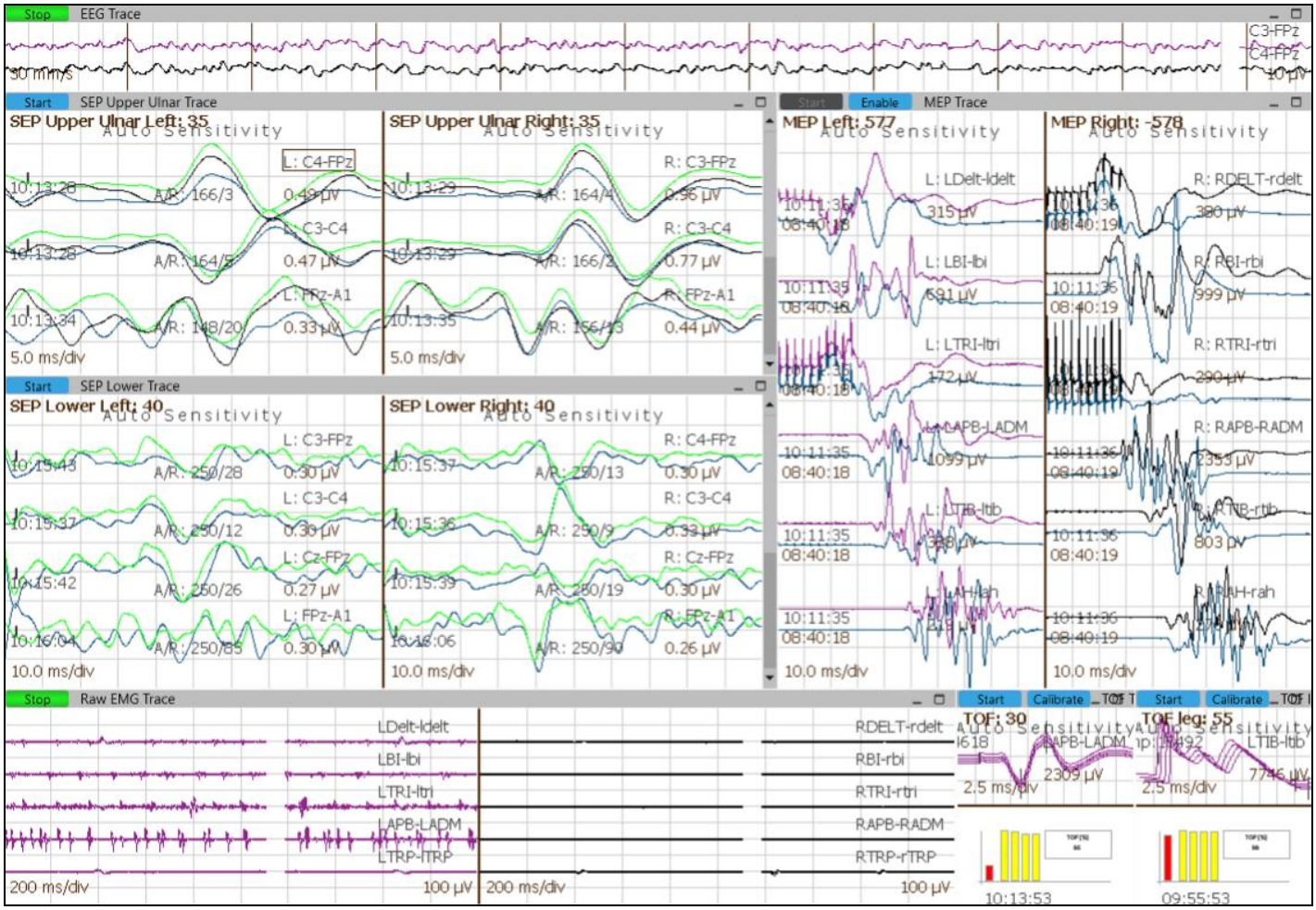
Anterior Posterior Cervical

PRINT SCREEN REPORT

Data Time: 1/13/2024 10:17:43
Print Time: 1/13/2024 10:19:15
Operator: Gabrielle McNearney, CNIM



COMMENT: 1/13/2024 10:17:43: Spike train EMG activity seen on left side, surgeon informed and acknowledged.

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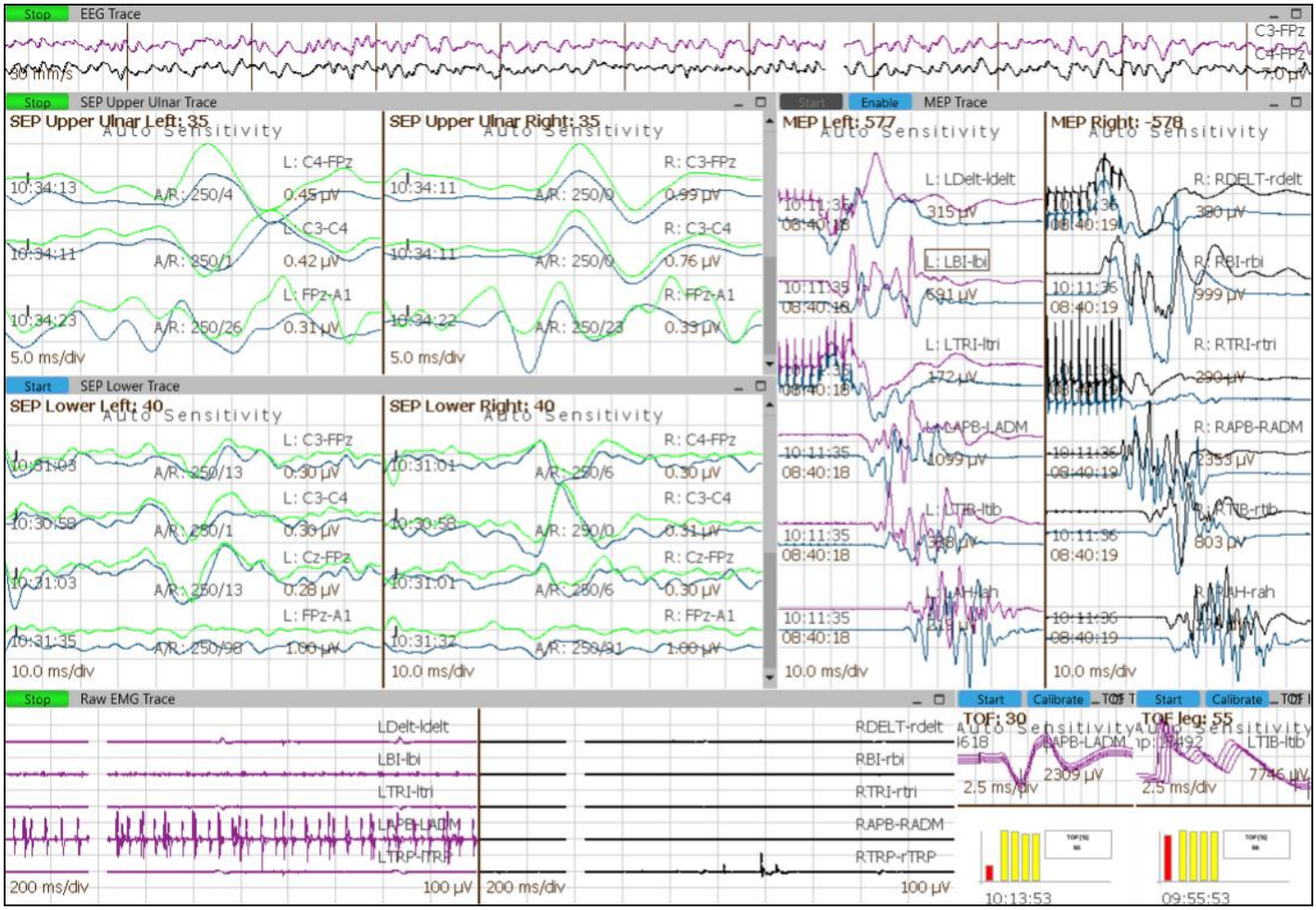
Anterior Posterior Cervical

PRINT SCREEN REPORT

Data Time: 1/13/2024 10:34:31
Print Time: 1/13/2024 10:35:14
Operator: Gabrielle McNearney, CNIM



COMMENT: 1/13/2024 10:34:31: Spike train EMG activity seen in left hand, surgeon informed and acknowledged.

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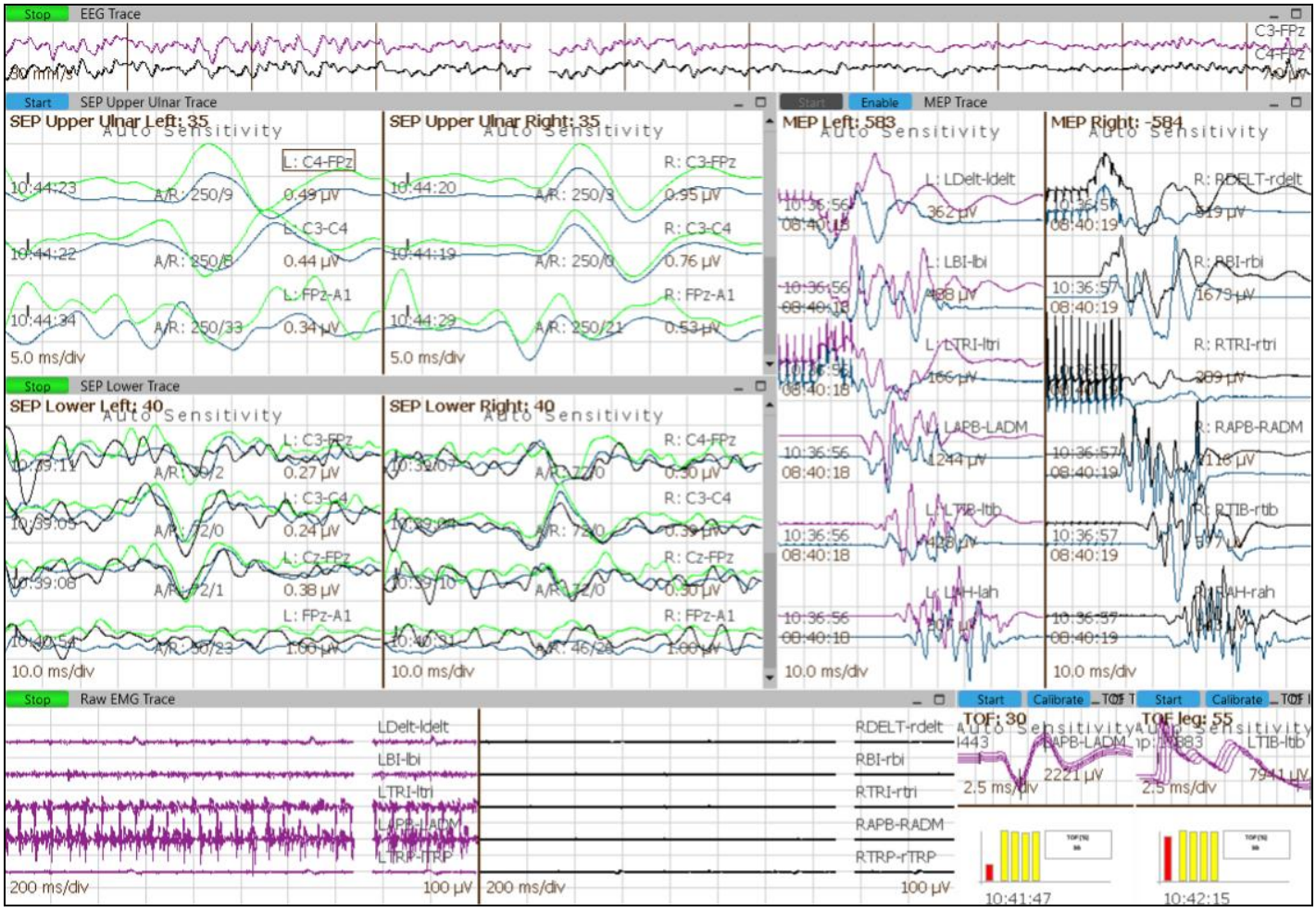
Anterior Posterior Cervical

PRINT SCREEN REPORT

Data Time: 1/13/2024 10:46:30
Print Time: 1/13/2024 10:49:39
Operator: Gabrielle McNearney, CNIM



COMMENT: 1/13/2024 10:46:30: Spike train EMG activity seen in most muscles on the left side, surgeon informed and acknowledged.

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Supplementary Data

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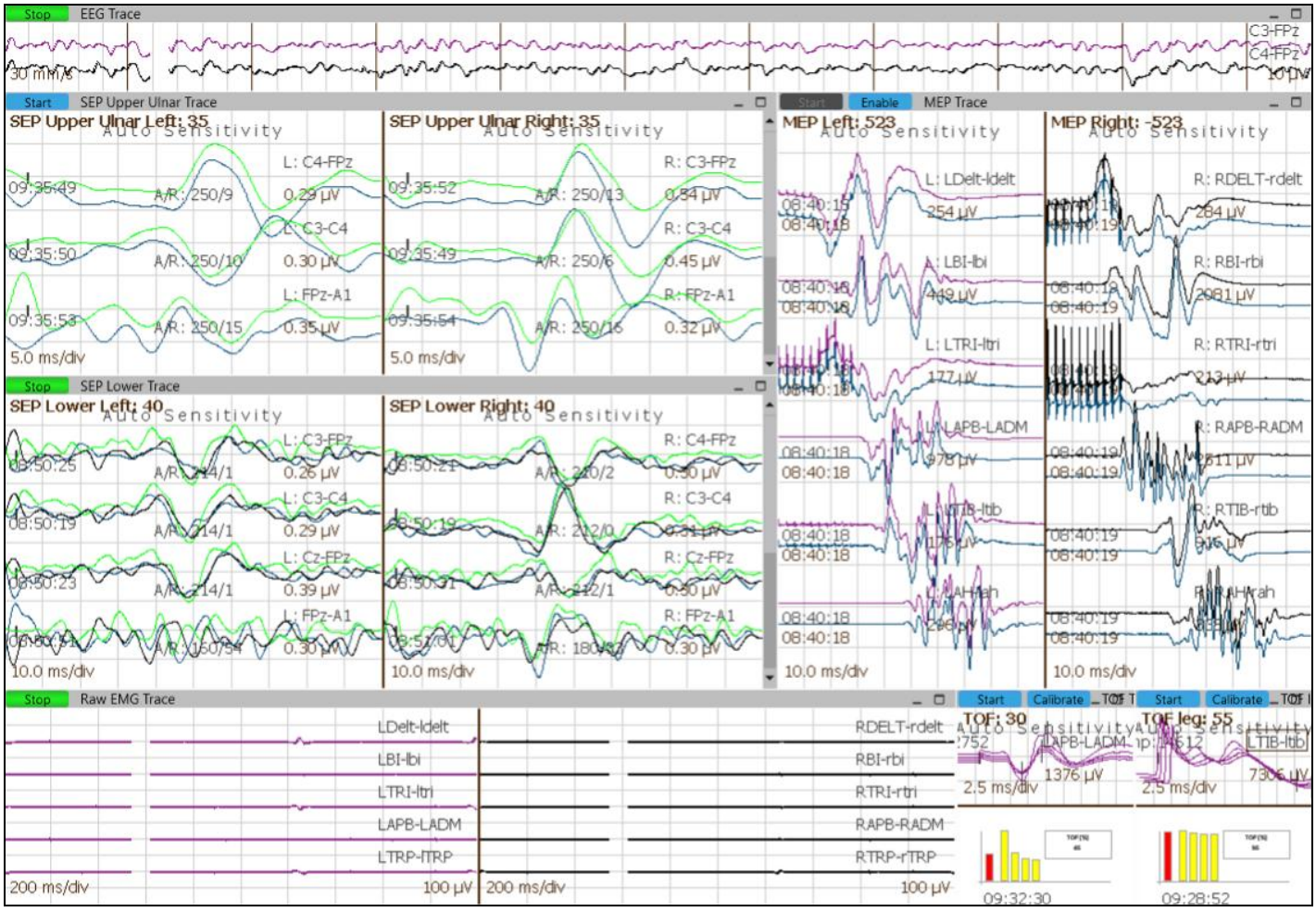
Anterior Posterior Cervical

PRINT SCREEN REPORT

Data Time: 1/13/2024 09:38:02
Print Time: 1/13/2024 09:38:30
Operator: Gabrielle McNearney, CNIM



COMMENT: 1/13/2024 09:38:02: Begin decompression

CONFIDENTIALITY NOTICE: This report may contain confidential health information that is privileged and legally protected from disclosure by federal law and the Health Insurance Portability and Accountability Act (HIPAA). This report may also contain other non-health information that is intended only for the use of the designated recipients. If you are not the intended recipient, you are hereby notified that reading, disseminating, disclosing, distributing, copying, acting upon or otherwise using the information contained in this facsimile is strictly prohibited. If you have received this report in error, please notify the sender immediately. Thank you.

Closing Data

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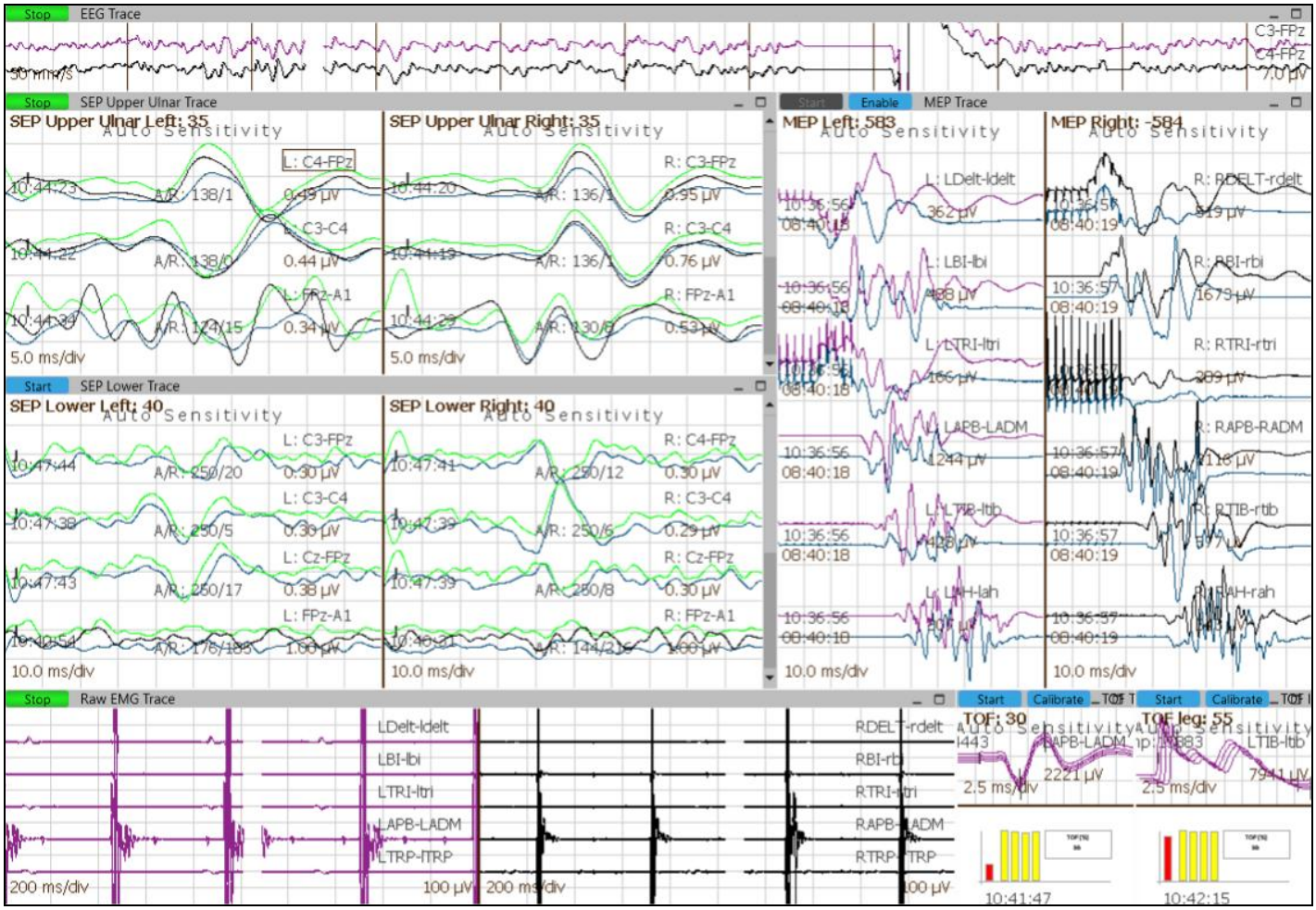
Anterior Posterior Cervical

PRINT SCREEN REPORT

Data Time: 1/13/2024 10:53:19
Print Time: 1/13/2024 10:56:56
Operator: Gabrielle McNearney, CNIM



COMMENT: 1/13/2024 10:53:19: Closing Summary: SSEPs, EMG, TOF, EEG, TcMEP - Closing SSEPs are consistent with baseline, EMG is quiet with TOF 4/4, limited EEG is symmetric and continuous; Closing TcMEPs consistent with baseline, surgeon informed and acknowledged.

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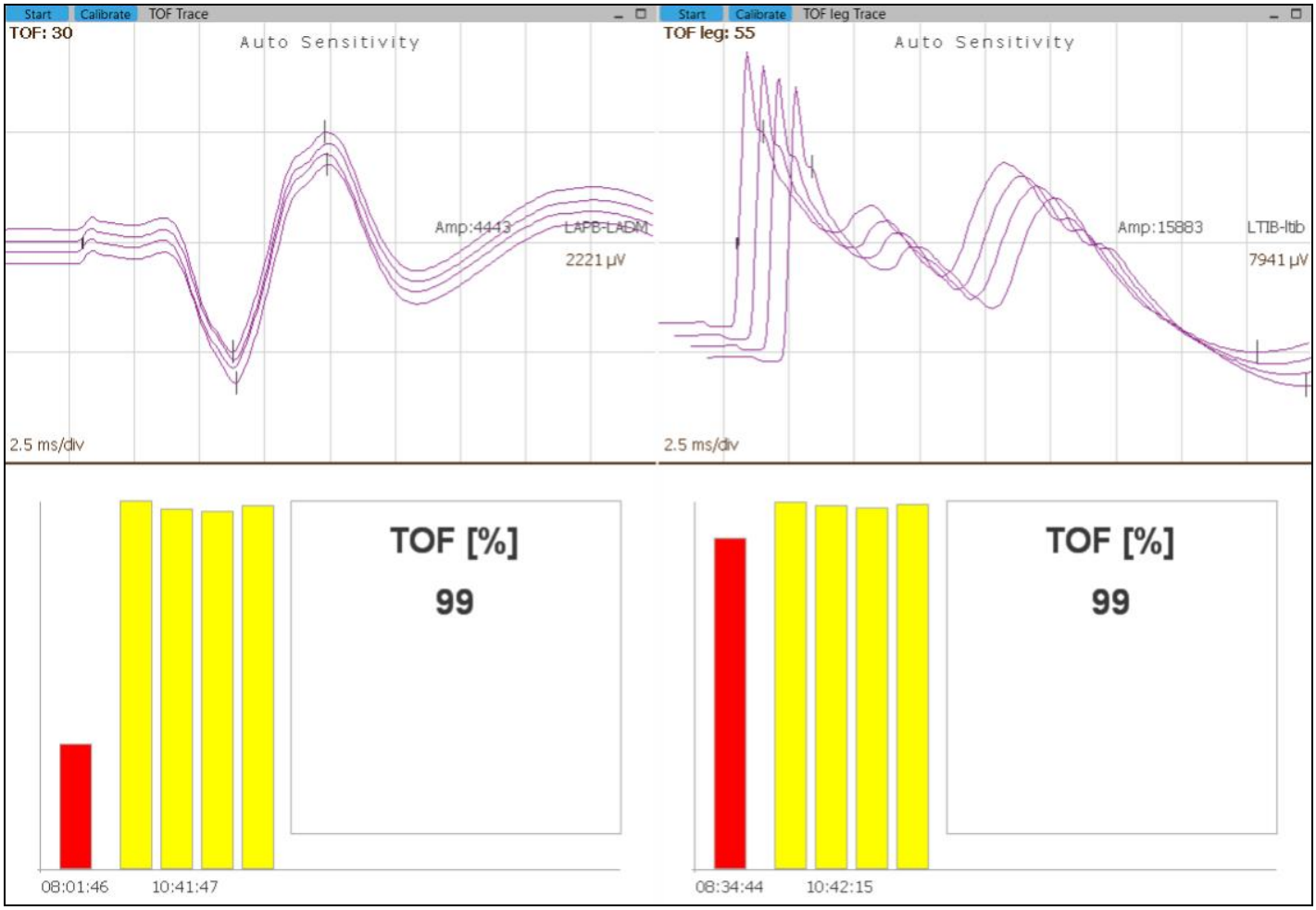
Anterior Posterior Cervical

PRINT SCREEN REPORT

Data Time: 1/13/2024 10:53:32
Print Time: 1/13/2024 10:59:03
Operator: Gabrielle McNearney, CNIM



COMMENT: 1/13/2024 10:53:32: Closing TOF 4/4

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