



## NEWS;

### Consensus Statement on Perioperative Use of Neuromuscular Monitoring

**Uppsala, December 11, 2017. A panel of clinician scientists with expertise in neuromuscular blockade (NMB) monitoring was convened with a charge to prepare a consensus statement on indications for, and proper use of, such monitors. This statement was published online at [www.anesthesia-analgesia.org](http://www.anesthesia-analgesia.org) on November 30, 2017 (2018 in press), Copyright 2017 International Anesthesia Research Society.**

The reason for developing the consensus statement was based on a series of reports that indicate a low frequency of routine neuromuscular monitoring and a lack of anesthesia practitioner awareness of the high incidence (40%–60%) of residual NMB and its associated morbidity.

The expectation of the panel is that successful implementation of these recommendations will improve patient safety, quality of care, and cost-effectiveness. In addition, it is the aim of the panel to encourage professional societies to develop clinical guidelines for perioperative neuromuscular monitoring.

The consensus Statement recommends that:

- Whenever a neuromuscular blocker is administered, neuromuscular function must be monitored by observing the evoked muscular response to peripheral nerve stimulation.
- Ideally, monitoring should be done at the hand muscles (not the facial muscles) with a quantitative (objective) monitor.
- Objective monitoring is the only method of assuring satisfactory recovery of NMB and patient safety.
- Subjective tests of NMB are not predictive of adequate neuromuscular recovery and are not sensitive to the presence of residual neuromuscular weakness; their use should be abandoned in favor of objective monitoring
- Professional organizations should develop practice standards and guidelines detailing how best to monitor and manage perioperative administration

The panel concludes that EMG devices offer advantages over other categories of monitoring devices, but that currently, there are no commercially available EMG monitors on the market.

Lena Söderström, CEO at Senzime states, *"This consensus statement clearly outlines the patient safety problems due to residual neuromuscular block. Our EMG-based monitor, the TetraGraph, will be launched shortly, contributing to enhanced patient safety."*



The **International Anesthesia Research Society** is a nonpolitical, not-for-profit medical society founded in 1922 to advance and support scientific research and education related to anesthesia, and to improve patient care through basic research. The IARS contributes over \$1 million annually to fund anesthesia research; provides a forum for anesthesiology leaders to share information and ideas; maintains a worldwide membership of more than 12,000 physicians, physician residents, and others with doctoral degrees, as well as health professionals in anesthesia-related practice and publishes the monthly *Anesthesia & Analgesia* journal in print and online as well as the clinical companion journal *A&A Case Reports*, published semi-monthly.

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**TO THE EDITORS**

**About Senzime**

Senzime develops unique patient-oriented monitoring systems that make it possible to assess patients' biochemical and physiological processes before, during and after surgery. The portfolio of technologies includes bedside systems that enable automated and continuous monitoring of life-critical substances such as glucose and lactate in both blood and tissues, as well as systems to monitor patients' neuromuscular function perioperatively and in the intensive care medicine setting. The solutions are designed to ensure maximum patient benefit, reduce complications associated with surgery and anesthesia, and decrease health care costs. Senzime operates in growing markets that in Europe and the United States are valued in excess of SEK 10 billion. The company's shares are listed on Nasdaq First North (ticker SEZI). FNCA is Certified Adviser for Senzime. [www.senzime.com](http://www.senzime.com)