

Radiofrequency Ablation Portfolio

The most versatile RF portfolio for pain management





► G4TM RF GENERATOR

VERSATILE. INTUITIVE. RELIABLE.

Designed to give consistent, reliable results with a wide range of features in an easy-to-use interface

- Intuitive 12" touchscreen with large colour-coded status visualisations
- Automatic or manual stimulation controlled with touchscreen or dial with simultaneous or staggered start options
- Choose between two interfaces to suit your needs: one touch or graphing
- Create multiple customised presets that can be saved for future use
- Exportable data

Ability to treat up to four sites at once with independently controlled electrode outputs using monopolar, bipolar, or pulsed RF.



Trigeminal



Hip Joint



Facet Joint



Knee Joint



Sacroiliac Joint



Podiatry



► **F CANNULAE AND ELECTRODES**

MORE OPTIONS

with a wide range of electrodes and cannula to fit your procedural needs

- Electrodes with high-accuracy temperature measurement
- Electrodes compatible with both straight and curved cannulae of any gauge
- Each cannula length is colour coded to match the corresponding electrode length



• 22, 21, 20, 18 gauge

- versatility
- Siliconised

	AVAILABLE LENGTHS
	5cm
_	10cm
_	15cm 🗾 📄
	20cm

► SIDEKICKTM 2 CANNULA

SMALLER GAUGES. LARGER LESIONS.

Designed to create less invasive, larger lesions for improved outcomes

- Clinical data proves larger lesions drive better outcomes*
- SideKick[™] 2 has been designed to produce larger lesions without the need for additional equipment, procedural changes, or additional procedure time.
- Create more than double the lesion size versus a standard cannula**
- Compatible with both the TCD Disposable Electrode and the TCN Reusable Electrode



References:

* Cohen SP, et al. Consensus practice guidelines on interventions for lumbar facet joint pain from a multispecialty, international working group. Reg Anesth Pain Med 2020;45:424–467. Roberts SL et al. Anatomical Comparison of Radiofrequency Ablation Techniques for Sacroiliac Joint Pain Medicine 2018; 19: 1924–1943 ** Sidekick Cannula (20ga/10mm), Mean +/- SD (n=8) extent of colour change in porcine muscle ex vivo at 37°C, set temperature 80°C, set time 2:00 minutes, monopolar RF, Cosman G4 generator, Ellipsoidal volume V estimated from cross-sectional measurements. Ex vivo lesions may diff er from clinical lesions.



► UNIFIEDTM ALL-IN-ONE CANNULA/ELECTRODES

SPEED. EASE. CONTROL.

- All-in-one design combines electrode, cannula, temperature sensor and injection tube
- Designed to minimise cannula movement during procedure
- Sterile-packed, one-time-use system reduces steps and eliminates sterilisation planning
- Available in multiple sizes, straight and curved tips



Other Injection Electrodes and Needles

RF INJECTION ELECTRODE (CR)

- 5mm tip for voltage-control RF
- Disposable

NERVE BLOCK INJECTION NEEDLE (CN)

- High quality, reliable, low cost
- Disposable

STIMULATION INJECTION ELECTRODE (CP)

- 1mm tip for precise stimulation-guided blocks
- Disposable









► PALISADE[™] GUIDE BLOCK

FASTER. EASIER. MORE COMPLETE.

- Treat SI joint pain with standard cannulae using bipolar lesions
- Designed to provide parallel 10mm spacing between 18 or 20 gauge cannulae
- X-ray markers for AP fluoro placement
- Generates an elongated ablation that conforms to the individual's sacral curvature for a more complete lesion zone
- Smaller cannulae, fewer placements, lower cost* *Cosman & Conzalex. Pain Practice 2011; 11(1): 3-22





References

Cheng J, Chen SL, Zimmerman N, Dalton JE, LaSalle G, Rosenquist R. A New Radiofrequency Ablation Procedure to Treat Sacroiliac Joint Pain. Pain Physician. 2016 Nov-Dec;19(8):603-615.

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• Significantly improved clinical outcomes • OR time decreased by more than 50% • X-ray exposure time and dose decreased by more than 80% • Decreased costs by more than \$1,000 per case



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