

INTRODUCTION TO INTRAOPERATIVE NEUROMONITORING (IONM)

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WHAT IS NEUROMONITORING?

AKA IONM FOR INTRAOPERATIVE NEUROMONITORING

- Stimulating nervous system & recording responses
- Assesses neurological functionality throughout surgery
- Some monitorable nervous system components:
 - Movement
 - Sensation
 - Audition
 - Vision
 - Cerebral perfusion





HOW DOES IT WORK?

- Lots of electrodes! Placed on patient, connected to IONM equipment
- Setup before incision
- Data continuously monitored for throughout case
- Screen-sharing neurologist for interpretation
- Ongoing communication with surgeon

WHY USE IONM?

- Fewer post-op neurologic complications
- Seastnan data: average of 5-8 "alerted" cases/month per hospital
- Examples of alerts:
 - Poor limb positioning
 - Pedicle screw misplacement (spinal fusions)
 - Loss of sensory/motor function after medical device placement, decompression, tumor resection
 - Inadequate cerebral perfusion during vascular surgery
- Surgical intervention after alert can prevent post-op deficits



COMMON IONM CASES

- Spine
 - Fusions
 - Unstable fractures
 - Decompressions around nervous structures
- Brain



- Neurovascular procedures
- Tumor resections around nervous structures
- Vascular
 - Carotid endarterectomies



MODALITIES: EMG

EMG

Thigh

Foot

- Monitors muscle activity caused by nerve stimulation
 - Spontaneous: nerve irritated by surgical activity
 - Ex: decompression of tissue too close to nerve root
 - Triggered: stimulation from probe to identify location of nerve
 - Ex: nerve embedded in tumor





MODALITIES: SOMATOSENSORY EVOKED POTENTIALS (SSEPS)



Monitor somatosensation

- Stimulation at peripheral nerve
- Recording at scalp (or periphery)
- Signals from multiple locations in pathway look like waves



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MODALITIES: TRANSCRANIAL MOTOR EVOKED POTENTIALS (TCMEPS)



- Monitor voluntary movement
 - Stimulation at scalp
 - Recording at muscles throughout body
 - Causes whole body twitch

Inner thigh Outer thigh shin Calf Foot

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COMMUNICATION

- Neurophysiologist reports pertinent information to aid optimal outcome of case
 - Data updates help surgeon know whether patient remains neurologically stable or experiencing changes
 - If changes, surgeon can evaluate & assess next steps
- Regular communication with anesthesia & surgeon
 essential to provide best patient care



ABOUT SEASTNAN MEDICAL

- Founded in 2012 by Olivia Fisher with one hospital
 - I00% woman-owned business
 - Team has grown to about 10 surgical neurophysiologists
 - Provides intraoperative neuromonitoring to hospitals surrounding Kansas City, Topeka and Lawrence
- On-call weeknight and weekend hours taken on rotation
- Currently no overnight travel
- Daily schedule variable, but weekly average OR hours generally <40



IN-HOUSE TRAINING PROGRAM

- Training program established in 2019
- Introduction IONM trainee program consists of 10 didactic units (roughly 10 weeks)
 - Didactic curriculum concurrent with clinical training
 - Progress from trainee to independent technologist to CNIM certified
- Advanced surgical procedure and IONM modality courses to follow
 - Complex spine and craniotomy cases requiring additional modalities
- Typically initiate training class in January and in summer (following winter and spring graduations)

QUESTIONS?

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