VNS Therapy®

VNS Therapy® Guide

For children and those with special needs
with drug-resistant epilepsy


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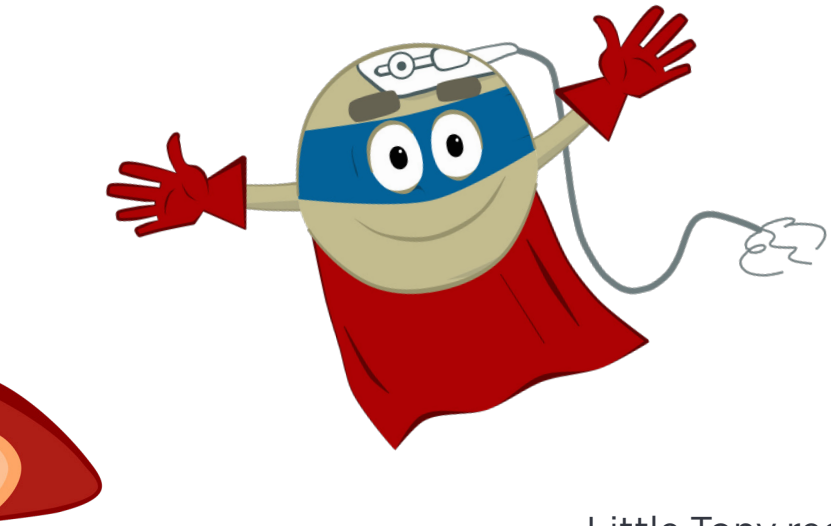
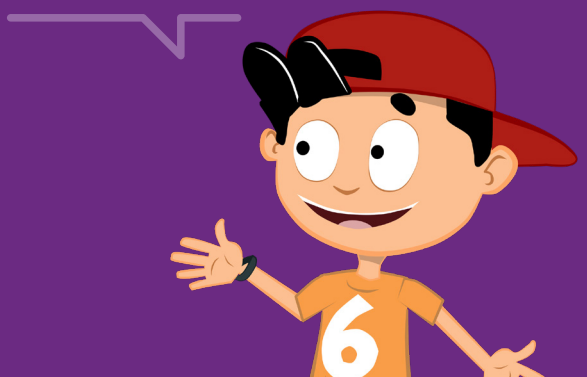
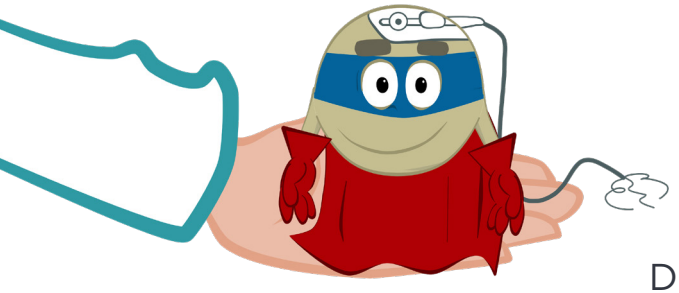
This is the story of
little Tony, Buddy and Doc. Teur.



Little Tony regularly suffered really bad epileptic seizures that he couldn't do anything about. One day he and his parents went to see an epilepsy specialist – Doc. Teur – to talk about a special treatment called VNS Therapy.
VNS means Vagus Nerve Stimulation.

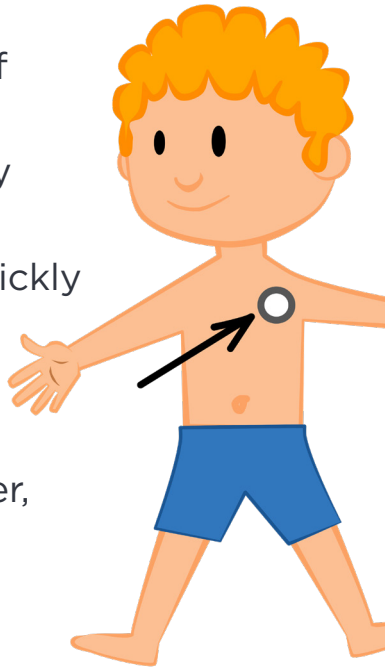
What is VNS Therapy? How can it help me?





When we went to see Doc. Teur, he introduced us to Buddy. Buddy was very small, so I asked Doc. Teur how Buddy could help me. Doc. Teur explained that Buddy was a special little medical device that would stay with me all the time and sends signals to my brain to help with my seizures.

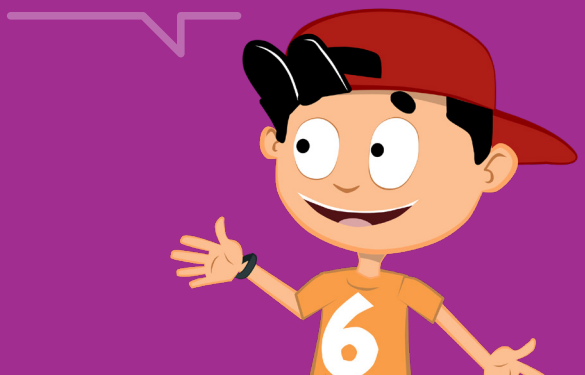
Thanks to Buddy's signals, the number of seizures I suffered could be reduced and sometimes be blocked altogether. Buddy could even make my seizures milder and shorter, and I could also recover more quickly after a seizure.



Doc. Teur explained he would put Buddy under my skin, just below my left shoulder, where he would be nice and safe. Buddy would be connected by a very thin wire to my left vagus nerve* in my neck. This way Buddy could send me his signals.

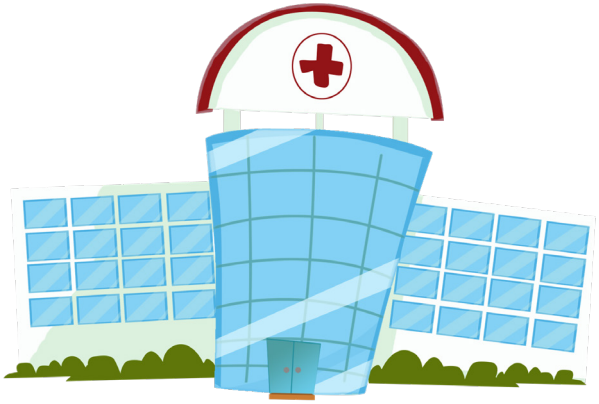
* Communication channel that sends information from body to brain

What do I have to do to get VNS Therapy?

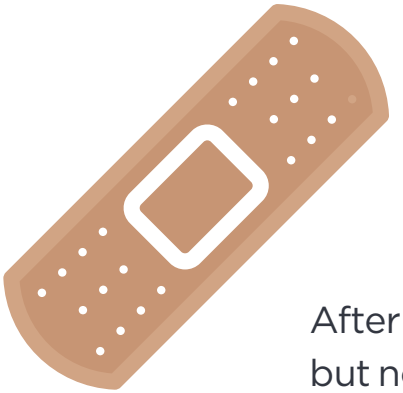


I asked Doc. Teur how I could have Buddy stay with me. Doc. Teur told me that I would need a short surgical procedure, because Buddy needs to stay with me all the time to help me.

When I was in hospital for the procedure, I was worried it might hurt, but Doc. Teur gave me something that made me fall asleep. I didn't feel a thing!



After the procedure...

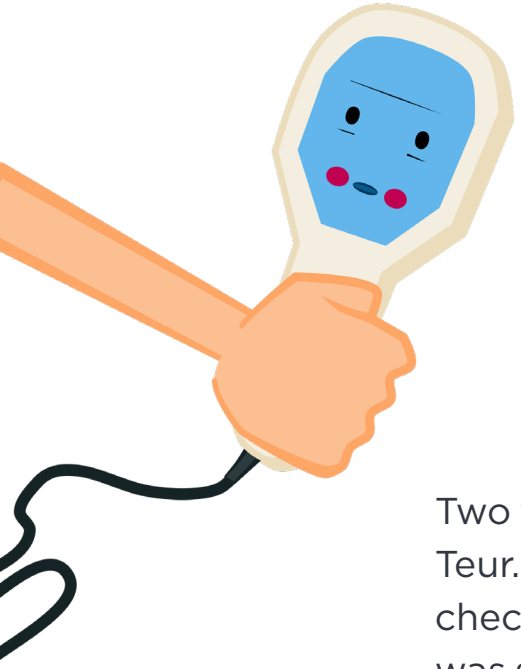


After I woke up from the procedure, it hurt a bit but not for long. Doc. Teur gave me a tablet to stop the pain.

All I could see from the procedure were two small scars: one where Buddy is, and one on the left-hand side of my neck where my vagus nerve is. After a little while, you'll hardly be able to see those at all.

I went home the day after.

What happens afterwards?



Two weeks later, I went back to see Doc. Teur. He used a special device to check Buddy and the signals he was sending out. Over the next few weeks, I had to go and see him a couple times more to check if Buddy was working OK.

Special magnets to help you even more

Doc. Teur also gave me special magnets! I can use these to send extra signals to Buddy. If I think there is a seizure coming on, I can move the special magnet over Buddy. Or if I'm having a seizure, someone else can do it for me.

The special magnets may stop or shorten my seizure and may help me to recover more quickly. My magnet can also stop side effects when I need it.

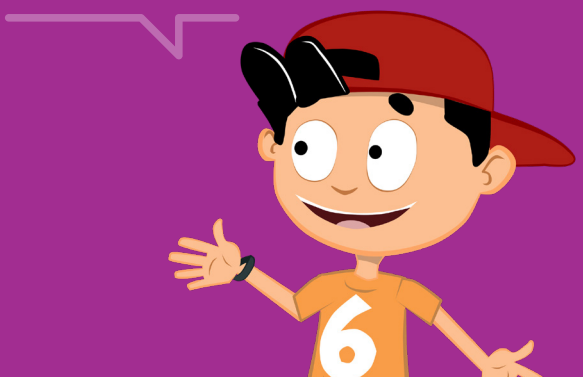
What to expect with VNS Therapy?

I didn't have fewer seizures right away – it took a while, but the longer I have Buddy, the better it gets.

When Buddy sends out his signals, it makes my voice a bit croaky, but that only lasts for a couple of seconds. That was strange to start with, but I'm used to it now.

When I first got Buddy, my throat was a bit sore, but that soon passed. Now I only cough sometimes and maybe have a shortness of breath. Not everyone feels the same.

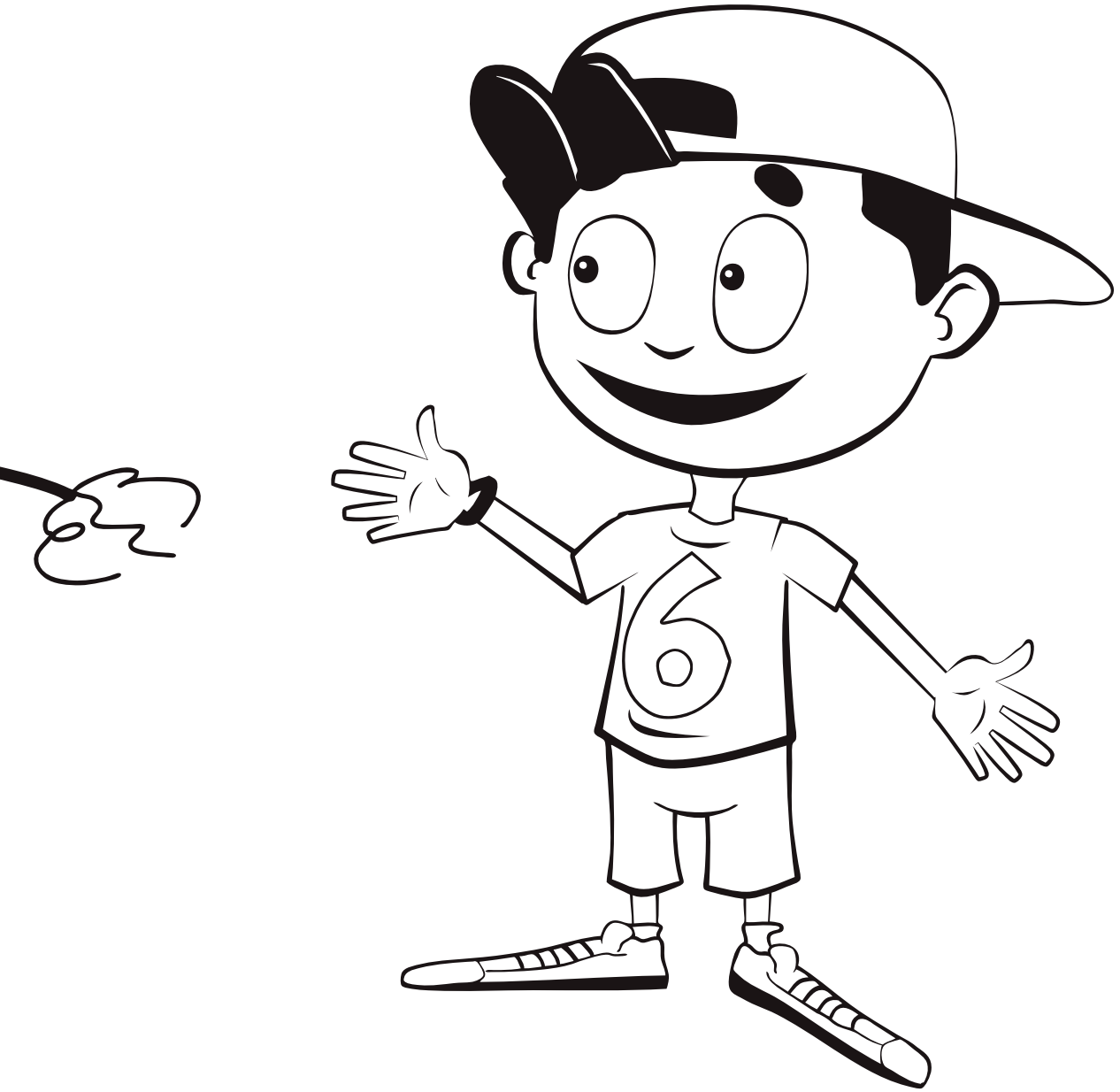
One year later



I've had Buddy with me for a year now and I feel much better. I have fewer seizures and they're much milder than they used to be. I can even go to school now and play with my friends... Buddy has helped me a lot and I really like having him with me all the time!

Search for the six differences

For you to colour



Brief Summary* of Safety Information for the VNS Therapy® System

[Epilepsy Indication] (July 2017)

INTENDED USE / INDICATIONS:
Epilepsy (Non-US)—The VNS Therapy System is indicated for use as an adjunctive therapy in reducing the frequency of seizures in patients whose epileptic disorder is dominated by partial seizures (with or without secondary generalization) or generalized seizures that are refractory to seizure medications. Model 106 AspireSR™ (Seizure Response) features the Automatic Stimulation Mode which is intended for patients who experience seizures that are associated with cardiac rhythm increases known as ictal tachycardia.

CONTRAINDICATIONS:
Vagotomy—The VNS Therapy System cannot be used in patients after a bilateral or left cervical vagotomy.

Diathermy—Do not use short-wave diathermy, microwave diathermy, or therapeutic ultrasound diathermy on patients implanted with a VNS Therapy System. Diagnostic ultrasound is not included in this contraindication.

Cardiac arrhythmia (Model 106 only)—The AutoStim Mode feature should not be used in patients with clinically meaningful arrhythmias or who are using treatments that interfere with normal intrinsic heart rate responses (e.g., pacemaker dependency, implantable defibrillator, beta adrenergic blocker medications).

WARNINGS — GENERAL:
Physicians should inform patients about all potential risks and adverse events discussed in the physician's manuals. This document is not intended to serve as a substitute for the complete physician's manuals.The safety and efficacy of the VNS Therapy System have not been established for uses outside the "Intended Use/ Indications" chapter of the physician's manuals. The safety and effectiveness of the VNS Therapy System in patients with predisposed dysfunction of cardiac conduction systems (re-entry pathway) have not been established. Post-implant electrocardiograms and Holter monitoring are recommended if clinically indicated. Postoperative bradycardia can occur among patients with certain underlying cardiac arrhythmias. It is important to follow recommended implantation procedures and intraoperative product testing described in the Implantation Procedure chapter of the physician's manual. During the intraoperative System Diagnostics (Lead Test), infrequent incidents of bradycardia and/or asystole have occurred. If asystole, severe bradycardia (heart rate < 40 bpm), or a clinically significant change in heart rate is encountered during a System Diagnostics (Lead Test) or during initiation of stimulation, physicians should be prepared to follow guidelines consistent with Advanced Cardiac Life Support (ACLS). Difficulty swallowing (dysphagia) may occur with active stimulation, and aspiration may result from the increased swallowing difficulties. Patients with pre-existing swallowing difficulties are at greater risk for aspiration. Dyspnea (shortness of breath) may occur with active VNS Therapy. Any patient with underlying pulmonary disease or insufficiency such as chronic obstructive pulmonary disease or asthma may be at increased risk for dyspnea. Patients with obstructive sleep apnea (OSA) may have an increase in apneic events during stimulation. Lowering stimulus frequency or prolonging "OFF" time may prevent exacerbation of OSA. Vagus nerve stimulation may also cause new onset sleep apnea in patients who have not previously been diagnosed with this disorder. Device malfunction could cause painful stimulation or direct current stimulation. Either event could cause nerve damage. Patients should be instructed to use the magnet to stop stimulation if they suspect a malfunction, and then to contact their physician immediately for further evaluation. Patients with the VNS Therapy System or any part of the VNS Therapy System implanted should have MRI procedures performed only as described in the MRI with the VNS Therapy System instructions for use. In some cases, surgery will be required to remove the VNS Therapy System if a scan using a transmit RF body coil is needed. Excessive stimulation at an excess duty cycle (i.e., one that occurs when "ON" time is greater than"OFF" time) and high frequency stimulation (i.e., stimulation at ≥50Hz) has resulted in degenerative nerve damage in laboratory animals. Patients who manipulate the pulse generator and lead through the skin (Twiddler's Syndrome) may damage or disconnect the lead from the pulse generator and/or possibly cause damage to the vagus nerve.

WARNINGS — EPILEPSY:
The VNS Therapy System should only be prescribed and monitored by physicians who have specific training and expertise in the management of seizures and the use of this device. It should only be implanted by physicians who are trained in surgery of the carotid sheath and have received specific training in the implantation of this device. The VNS Therapy System is not curative. Physicians should warn patients that the VNS Therapy System is not a cure for epilepsy and that since seizures may occur unexpectedly, patients should consult with a physician before engaging in unsupervised activities, such as driving, swimming, and bathing, and in strenuous sports that could harm them or others.Sudden unexplained death in epilepsy (SUDEP): Through August 1996, 10 sudden and unexplained deaths (definite, probable, and possible) were recorded among the 1,000 patients implanted and treated with the VNS Therapy device. During this period, these patients had accumulated 2,017 patient-years of exposure. Some of these deaths could represent seizure-related deaths in which the seizure was not observed, at night, for example. This number represents an incidence of 5.0 definite, probable, and possible SUDEP deaths per 1,000 patient-years. Although this rate exceeds that expected in a healthy (nonepileptic) population matched for age and sex, it is within the range of estimates for epilepsy patients not receiving vagus nerve stimulation, ranging from 1.3 SUDEP deaths for the general population of patients with epilepsy, to 3.5 (for definite and probable) for a recently studied antiepileptic drug (AED) clinical trial population similar to the VNS Therapy System clinical cohort, to 9.3 for patients with medically intractable epilepsy who were epilepsy surgery candidates.

PRECAUTIONS — GENERAL:
Physicians should inform patients about all potential risks and adverse events discussed in the VNS Therapy physician's manuals. Prescribing physicians should be experienced in the diagnosis and treatment of depression or epilepsy and should be familiar with the programming and use of the VNS Therapy System. Physicians who implant the VNS Therapy System should be experienced performing surgery in the carotid sheath and should be trained in the surgical technique relating to implantation of the VNS Therapy System. The safety and effectiveness of the VNS Therapy System have not been established for use during pregnancy. VNS should be used during pregnancy only if clearly needed. The VNS Therapy System is indicated for use only in stimulating the left vagus nerve in the neck area inside the carotid sheath. The VNS Therapy System is indicated for use only in stimulating the left vagus nerve below where the superior and inferior cervical cardiac branches separate from the vagus nerve. It is important to follow infection control procedures. Infections related to any implanted device are difficult to treat and may require that the device be explanted. The patient should be given antibiotics preoperatively. The surgeon should ensure that all instruments are sterile prior to the procedure. The VNS Therapy System may affect the operation of other implanted devices, such as cardiac pacemakers and implanted defibrillators. Possible effects include sensing problems and inappropriate device responses. If the patient requires concurrent implantable pacemaker, defibrillatory therapy or other types of stimulators, careful programming of each system may be necessary to optimize the patient's benefit from each device. Reversal of lead polarity has been associated with an increased chance of bradycardia in animal studies. It is important that the electrodes are attached to the left vagus nerve in the correct orientation. It is also important to make sure that leads with dual connector pins are correctly inserted (white marker band to + connection) into the pulse generator's lead receptacles. The patient can use a neck brace for the first week to help ensure proper lead stabilization. Do not program the VNS Therapy System to an "ON" or periodic stimulation treatment for at least 14 days after the initial or replacement implantation. For Models 100, 101, 102 and 102R do not use frequencies of 5 Hz or below for long-term stimulation. Resetting the pulse generator turns the device OFF (output current = 0 mA). For Model 100, 101, 102 and 102R resetting the pulse generator will result in device history loss. Patients who smoke may have an increased risk of laryngeal irritation. Unintended Stimulation (Model 106 only)—Because the device senses changes in heart rate, false positive detection unrelated to seizure activity (e.g., exercise) may cause unintended stimulation. Device Placement (Model 106 only)—For the Automatic Stimulation Mode of the Model 106 generator, the physical location of the device critically affects this feature's ability to properly sense heart beats. Therefore, care must be taken to follow the implant location selection process outlined in the Implantation Procedure. Note that this implant location selection procedure may be performed preoperatively as part of the patient's surgical work-up.

ENVIRONMENTAL AND MEDICAL THERAPY HAZARDS:
Patients should exercise reasonable caution in avoiding devices that generate a strong electric or magnetic field. If a pulse generator ceases operation while in the presence of electromagnetic interference (EMI), moving away from the source may allow it to return to its normal mode of operation. VNS Therapy System operation should always be checked by performing device diagnostics after any of the procedures mentioned in the physician's manuals. For clear imaging, patients may need to be specially positioned for mammography procedures, because of the location of the pulse generator in the chest. Therapeutic radiation may damage the pulse generator's circuitry. Sources of such radiation include therapeutic radiation, cobalt machines, and linear accelerators. The radiation effect is cumulative, with the total dosage determining the extent of damage. The effects of exposure to such radiation can range from a temporary disturbance to permanent damage, and may not be detectable immediately. External defibrillation may damage the pulse generator. Use of electrosurgery [electrocautery or radio frequency (RF) ablation devices] may damage the pulse generator. Magnetic resonance imaging (MRI) should not be performed using a transmit RF body coil for certain VNS Therapy device configurations or under certain specific conditions. In some cases, heating of the lead caused by the transmit RF body coil during MRI may result in serious injury. Static, gradient, and radio frequency (RF) electromagnetic fields associated with MRI may change the generator settings (i.e., reset parameters) or activate the VNS device if the Magnet Mode output remains "ON". Note that certain magnetic resonance (MR) system head coils operate in receive-only mode and require use of the transmit RF body coil. Other MR systems use a transmit/receive RF head coil. Local or surface coils may also be receive-only RF coils that require the transmit RF body coil for MRI. The use of a receive RF coil does not alter hazards of the transmit RF body coil. Exposure of the VNS Therapy System to any transmit RF coil must be avoided. Do not perform MRI scans using any transmit RF coil in the defined exclusion zones. See the MRI with the VNS Therapy System instructions for use for details or further instructions for special cases such as lead breaks or partially explanted VNS Therapy systems.Extracorporeal shockwave lithotripsy may damage the pulse generator. If therapeutic ultrasound therapy is required, avoid positioning the area of the body where the pulse generator is implanted in the water bath or in any other position that would expose it to ultrasound therapy. If that positioning cannot be avoided, program the pulse generator output to 0 mA for the treatment, and then after therapy, reprogram the pulse generator to the original parameters. If the patient receives medical treatment for which electric current is passed through the body (such as from a TENS unit), either the pulse generator should be set to 0 mA or function of the pulse generator should be monitored during initial stages of treatment. Routine therapeutic ultrasound could damage the pulse generator and may be inadvertently concentrated by the device, causing harm to the patient. For complete information related to home occupational environments, cellular phones, other environmental hazards, other devices, and ECG monitors, refer to the physician's manuals.

ADVERSE EVENTS — EPILEPSY
Adverse events reported during clinical studies as statistically significant are listed below in alphabetical order: ataxia (loss of the ability to coordinate muscular movement); dyspepsia (indigestion); dyspnea (difficulty breathing, shortness of breath); hypesthesia (impaired sense of touch); increased coughing; infection; insomnia (inability to sleep); laryngismus (throat, larynx spasms); nausea; pain; paresthesia (prickling of the skin); pharyngitis (inflammation of the pharynx, throat); voice alteration (hoarseness); vomiting. Adverse events reported in clinical investigation of the AutoStim feature were comparable.

*The information contained in this Brief Summary for Physicians represents partial excerpts of important prescribing information taken from the physician's manuals. (Copies of VNS Therapy physician's and patient's manuals are posted at www.livanova.com)The information is not intended to serve as a substitute for a complete and thorough understanding of the material presented in all of the physician's manuals for the VNS Therapy System and its component parts nor does this information represent full disclosure of all pertinent information concerning the use of this product, potential safety complications, or efficacy outcomes.

VNS Therapy®

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