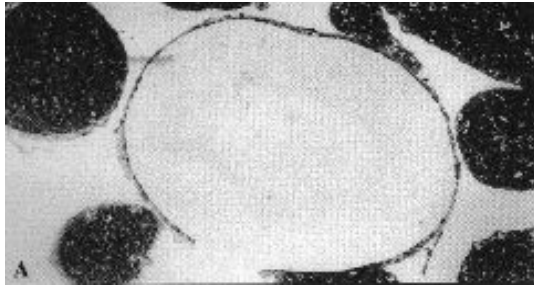
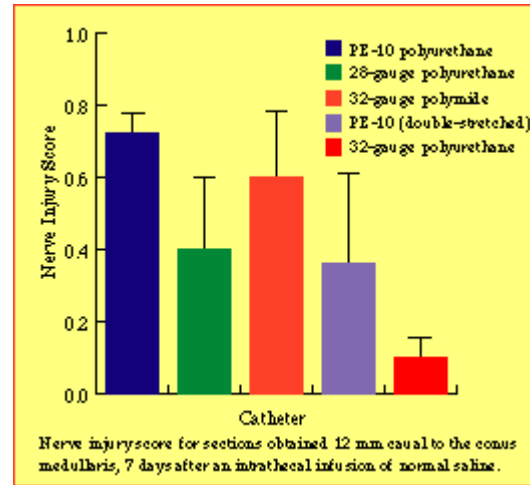


32G Intrathecal Catheter



Transverse sections obtained 7 days after intrathecal administration of normal saline. Stained with toluidine blue (100x).
 (A) 32-gauge polyurethane catheter. Minimal fibrotic reaction delineates the tract. Fascicles appear relatively normal. (B) 32-gauge polyimide catheter. An intense fibrotic reaction encircles the catheter. Degeneration and demyelination are evident in multiple fascicles. (Sakura S, Hashimoto K, Bollen AW, Ciriales R, Drasner K: Intrathecal catheterization in the rat: Improved technique for morphologic analysis of drug-induced injury. *ANESTHESIOLOGY* 1996; 85:1184-9. © 1996 by the American Society of Anesthesiologists. Reprinted with permission of Lippincott Williams & Wilkins.)



While studying the effects of intrathecally-injected anesthetics, researchers at the University of California at San Francisco encountered morphologic changes apparently induced by the implanted catheter. The manufacturer was approached for its assistance in identifying a material that could reduce the nerve damage that was observed. These efforts suggested that 32G polyurethane had the desired properties.

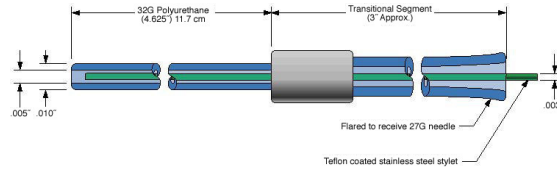
Accordingly, a study was conducted comparing catheters composed of this material with others composed of polyethylene or polyimide. Although sensory function did not differ significantly, nerve injury was substantially lower in animals implanted with 32G polyurethane catheters(1).

The 32G Intratecal Catheter is the key component of a delivery system specifically developed for use in the rat and other small research animals. A significant advancement over the standard polyethylene-based products generally used for such research, its material and size combine to produce a minimally-

This material is now incorporated into a commercially available device, the 32G Intrathecal Catheter System. It contains an 11.7cm catheter, a bonded connection assembly, and a stylet to facilitate placement, individually packaged and sterilized.

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reactive device, thereby reducing catheter-induced histopathology that could obscure other observations. Functional studies might also benefit from these properties as subclinical nerve injury could potentially alter the behavioral response to an intrathecal agent.



References

1. Sakura S, Hashimoto K, Bollen AW, Ciriales R, Drasner K: Intrathecal catheterization in the rat: Improved technique for morphologic analysis of drug-induced injury. ANESTHESIOLOGY 1996; 85:1184-9. (Reprints of this report are available upon request.)

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