

MY01 Continuous Compartment Pressure Monitor aids in early diagnosis of ACS

Treated at the Montreal General Hospital

Case Information

Age: 37 | **Sex:** Male | **BMI:** TBD

Mode of Injury:

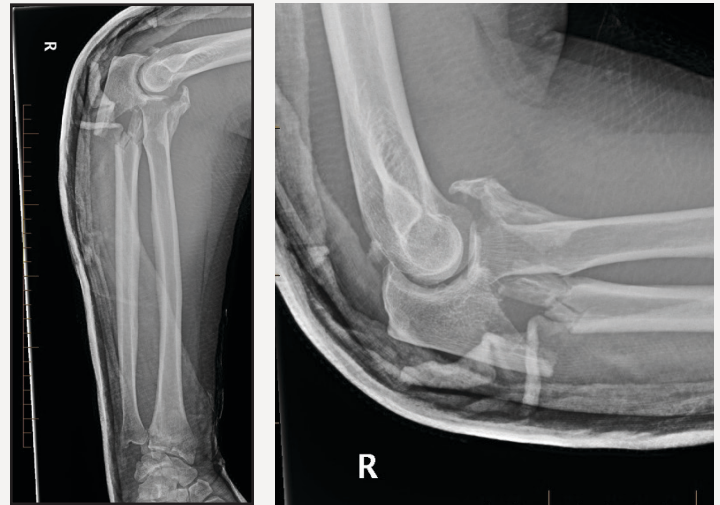
Fall from a 6-foot ladder. Right elbow transolecranon fracture with right radial head fracture.

MY01 Used:

Clinical signs not present- at risk fracture MY01 PreOp Monitoring.

Case Outcome

Managing the risk of Compartment Syndrome with the MY01 Continuous Compartment Pressure Monitor allowed the surgeon to maintain a high degree of suspicion of ACS, keeping the patient for observation overnight. There were no clinical signs of ACS when admitted or the device was inserted. Clinical signs of ACS developed in the morning and fasciotomy performed. Compartment Syndrome was confirmed in the operating room with some necrosis but mainly healthy muscles. The wound was closed primarily.



X-Ray of Right elbow transolecranon fracture with right radial head fracture.

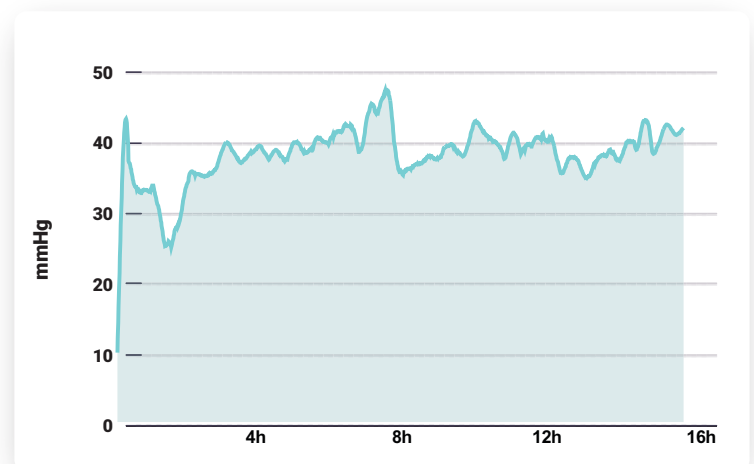
Clinical Presentation

A 37-year-old fell from a 6-foot ladder, presenting with no clinical signs of ACS. Right elbow transolecranon fracture with right radial head fracture. The patient did not have ACS clinical signs but fit the inclusion criteria of the study. Since The MY01 Continuous Pressure Monitor displayed elevated pressures which were increasing, he was kept for overnight observation.

Management of Compartment Syndrome Risk

The patient was not reporting pain around the elbow or in the compartments of the forearm. The attending Orthopedic Surgeon opted for Continuous Compartment Pressure Monitoring with the MY01 as per study protocol.

The Compartment Pressure was initially around 30mmHg and increasing over time. Patient was kept for overnight observation where pressures remained above 30mmHg for over 10 hours. Clinical signs developed (pain out of proportion, pain on passive stretch, paresthesia, firm compartment) in the morning. Patient was prioritized for a fasciotomy where ACS was confirmed.





Deployed Device at admission



Follow-up at 6 weeks

Outcome of Management and Follow-up

Opting for monitoring enabled the orthopedic surgeon to keep the patient overnight and prioritize the first case in the morning as clinical signs developed. The patient's muscle recovered during surgery and closed primarily which is the best possible outcome for ACS. The patient at 6 weeks had good healing with minimal scarring. There were no complications and no readmissions.

Why this Patient was a Candidate for MY01 Continuous Pressure Monitoring

Although the injury type and the fracture can be associated with ACS, the clinical signs were contradictory leaving the treating Orthopedic Physician with limited options to rule in compartment syndrome. The elevated pressures displayed by the MY01 Continuous Pressure Monitor prompted the treating Orthopedic Physician to keep the patient overnight and monitor the patient's evolving condition. Increasing intramuscular pressure in conjunction with development of Clinical signs enabled the treating physician to prioritize the patient's surgery. Early surgery was beneficial.

Source

This case was managed at a level 1 teaching facility in Montreal (Canada).

Note: In this publication, the underlying use of the MY01 Continuous Compartmental Pressure Monitor falls within the current indications for use of this device.

Note: The MY01 Continuous Compartmental Pressure Monitor is intended for real-time and continuous measurement of compartmental pressures. The measured compartmental pressures can be used as an aid in the diagnosis of Compartment Syndrome.

Rx ONLY Refer to IFU supplied with each device for indications, instructions, and precautions.



MY01

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