

# RNS System Suggested Therapy Protocol

## INITIAL VISIT



### VISIT 1



Approximately 1 month after implant

## DETECTION SETTINGS

Program Detection Settings to pick up electrographic seizures within 1 second of onset

## STIMULATION SETTINGS

Turn on initial stimulation settings

<b>Current</b>	Set to achieve charge density = $0.5 \mu\text{C}/\text{cm}^2$
<b>Pulse Width</b>	160 $\mu\text{sec}$
<b>Frequency</b>	200 Hz
<b>Burst Duration</b>	100 msec

## STANDARD PROTOCOL



### VISITS 2-6



Approximately every 3 months

## DETECTION SETTINGS

Refine Detection as necessary

The goal should be to keep Detection Settings stable when adjusting stimulation settings.

## STEADY STATE OR ALTERNATIVE THERAPY APPROACH



### VISITS 7+



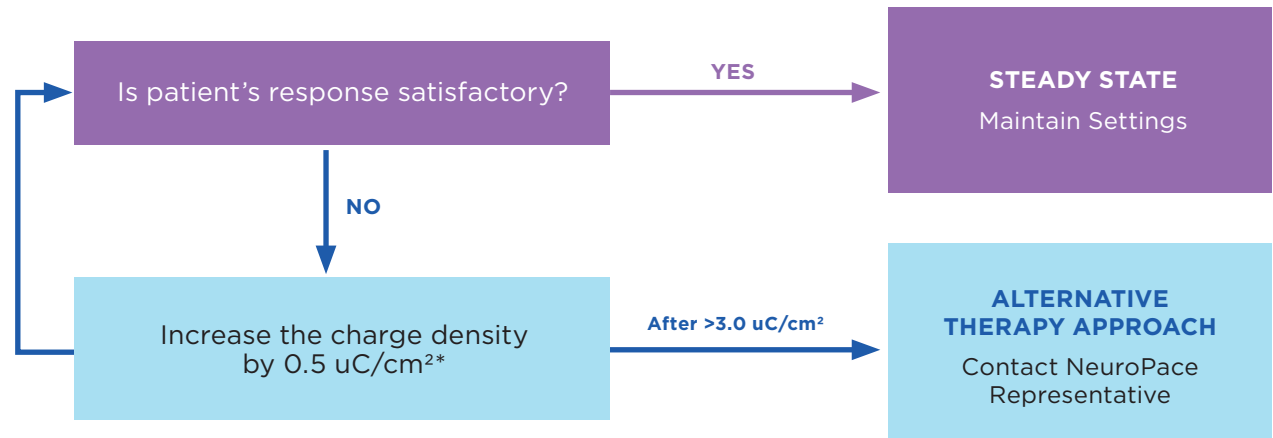
Approximately every 3-6 months as clinically needed

## DETECTION SETTINGS

If Steady State → Maintain Settings

If Alternative Therapy Approach → Contact NeuroPace Representative

## STIMULATION SETTINGS



\* NeuroPace suggests that each incremental stimulation setting is tested in the physician's office to ensure that it is well tolerated by the patient. See the programming manual for more detailed instructions.

## INITIAL STIMULATION PATHWAYS

### DEPTH LEADS

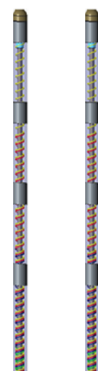
10mm Depth Leads

#### Stim Pathway: "Bipolar"

	Lead 1	Lead 2	Can
Burst 1	(+--+)	(0000)	(0)
Burst 2	(0000)	(+--+)	(0)

#### Sample Patient Types:

Bilateral MTL  
Insula



### DEPTH LEADS

3.5mm Depth Leads

#### Stim Pathway: "Lead to Lead"

	Lead 1	Lead 2	Can
Burst 1	(----)	(++++)	(0)
Burst 2	(++++)	(----)	(0)

#### Sample Patient Types:

Depths in the neocortex  
Dysplasia



### CORTICAL STRIP LEADS

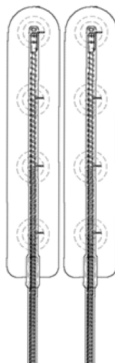
Leads Directly Adjacent

#### Stim Pathway: "Monopolar - Cathodal"

	Lead 1	Lead 2	Can
Burst 1	(----)	(0000)	(+)
Burst 2	(0000)	(----)	(+)

#### Sample Patient Types:

Focal Cortical Onsets



### CORTICAL STRIP LEADS

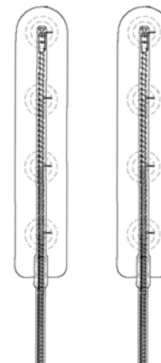
Leads Separated > 1 cm

#### Stim Pathway: "Lead to Lead"

	Lead 1	Lead 2	Can
Burst 1	(----)	(++++)	(0)
Burst 2	(++++)	(----)	(0)

#### Sample Patient Types:

Regional Cortical Onsets



### COMBO

Lead 1: 10mm Depth Lead  
Lead 2: Cortical Strip

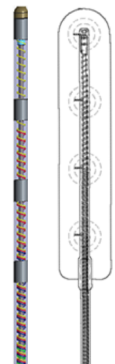
#### Burst 1 Stim Pathway: "Bipolar"

#### Burst 2 Stim Pathway: "Monopolar - Cathodal"

	Lead 1	Lead 2	Can
Burst 1	(+--+)	(0000)	(0)
Burst 2	(0000)	(----)	(+)

#### Sample Patient Types:

Unilateral MTL



### COMBO

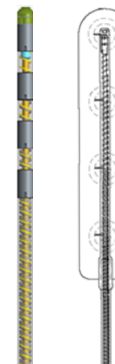
Lead 1: 3.5mm Depth Lead  
Lead 2: Cortical Strip

#### Stim Pathway: "Monopolar - Cathodal"

	Lead 1	Lead 2	Can
Burst 1	(----)	(0000)	(+)
Burst 2	(0000)	(----)	(+)

#### Sample Patient Types:

PVNH  
Dysplasia



## TYPICAL CLINIC WORKFLOW:

1. Assess Patient's Clinical Response
2. Review PDMS Data
3. Interrogate
4. Adjust & Test Settings
5. Confirm & Program

## CHARGE DENSITY & CURRENT RELATIONSHIP:

The RNS Tablet calculates charge density based on current, PW per phase, and the number of electrodes in the stimulation pathway. After selecting PW per phase and stimulation pathway, the physician should adjust current to achieve targeted charge density.

Example with default pulse width of 160µs:

Stim Pathway	Lead 1	Lead 2	Can	Current (mA)	Charge Density µC/cm <sup>2</sup>
Bipolar	(+--+)	(0000)	(0)	0.5	0.5
Monopolar-Cathodal	(0000)	(----)	(+)	1.0	0.5
Lead to Lead	(++++)	(----)	(0)	1.0	0.5

*Disclaimer: These recommendations are based on retrospective review of RNS System's clinical data. Since each patient is unique, please use your medical judgement when programming stimulation settings.*



See important prescribing and safety information in the RNS® System labeling. This is intended as supplementary information and should be used in conjunction with the labeling. Refer to the labeling for a description of the RNS® System and its components, indications for use, contraindications, warnings, cautions, adverse events and instructions for use. The manuals are available at [www.NeuroPace.com](http://www.NeuroPace.com)

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