INTEGRA™
NeuroSciences

introducing

the OSV II® and OSV II Low Flow™ lumbar valve systems

The only shunts that **actively manage** patients' changing drainage needs **without** the need for time consuming adjustments.

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the OSV II® and OSV II Low Flow™
lumbar valve systems

- **No time-consuming adjustments**
- **MR Safe–composed of all non-ferromagnetic material**
- **Simple and quick assembly reduces procedure time**
- **Ensures a close balance between CSF production and drainage rate**

The OSV II® achieves these feats with its patented flow regulating technology. It is able to transition from a valve with a low opening pressure to one with a higher pressure resistance by reducing the size of the valve opening as pressure increases. During this scenario, the valve works to maintain a flow rate of approximately 20 ml/hr (similar to the natural rate of production in adults).

Other lumbar systems simply open and close based on pressure differential; however, **these valves fail to account for CSF flow rate**. As a result, whenever there is a pressure increase derived from hydrostatic or vasogenic causes; such as REM sleep, standing up, or increased physical activity; a typical lumbar shunt system

A Physiological Approach to Lumbar Shunting that Reduces the Likeliness of Overdrainage

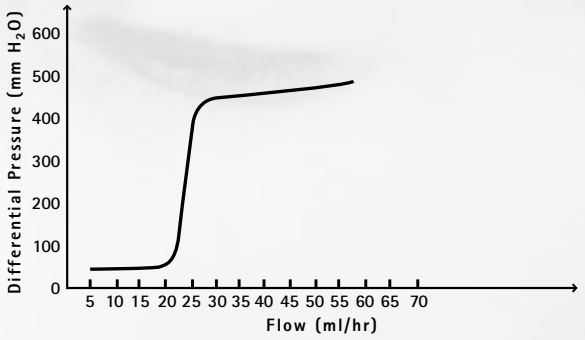
will allow fluid to drain at excessive rates until pressure is relieved. It is this rapid drainage that can increase adverse effects such as over-drainage and proximal catheter obstruction.

The OSV II system was designed to mimic normal physiological behavior by automatically adjusting CSF flow levels in response to differential pressure and ensuring that CSF flow does not reach excessive rates. Maintaining a close balance between CSF production and drainage rate allows the ventricles to reduce gradually.

This innovative technology is now available for implantation in the lumbar subarachnoid space. The complete procedure ready kit requires one simple connection, therefore reducing assembly time in the OR suite.

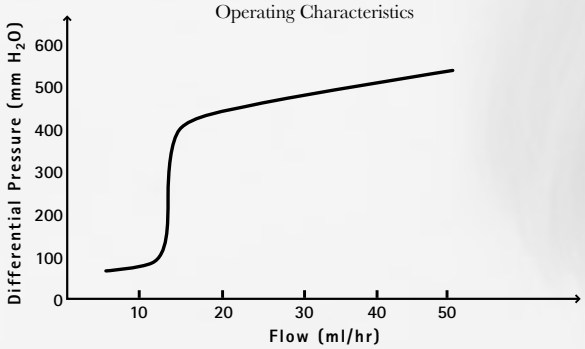
In essence the OSV II system is a unique, easy to use system that aims to mimic normal physiological behavior by maintaining steady CSF flow rates. Instead of patients having to constantly adjust to their shunt system, the system constantly adjusts to them.

OSV ll Self-Adjusting Operating Characteristics



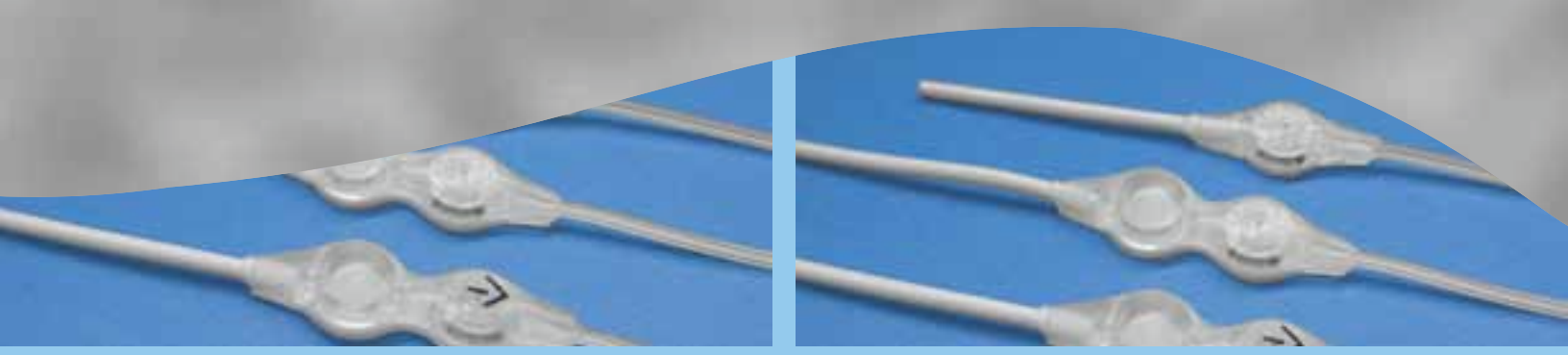
By adjusting the size of the valve passageway, the OSV II system works to maintain a flow rate of approximately 20 ml/hr (consistent with the natural rate of production in adults).

OSV II Low Flow Lumbar Self-Adjusting Operating Characteristics



For patients that require a drainage rate closer to 10 ml/hr*, Integra offers the OSV II Low Flow Lumbar Valve System.

*CSF production is reduced as part of healthy aging. This requires that some patients maintain lower flow rates.



U.S. Ordering Information:

909722: OSV II Lumbar Valve System with Antechamber
909723: OSV II Lumbar Valve System without Antechamber
909522: OSV II Low Flow Lumbar Valve System with Antechamber
909523: OSV II Low Flow Lumbar Valve System without Antechamber

International (outside of the United States) Ordering Information:

909710: OSV II Lumbar Valve System with Antechamber
909711: OSV II Lumbar Valve System without Antechamber
909510: OSV II Low Flow Lumbar Valve System with Antechamber
909511: OSV II Low Flow Lumbar Valve System without Antechamber

Kit Contains:

- 80 cm, F5 closed tip lumbar catheter
- Valve unit with integral open ended 110 cm F7 peritoneal catheter
- 14G, 9 cm Touhy Needle with snap on wings
- PTFE coated guidewire in dispenser
- Polypropylene stepdown connector (F8 to F5)
- Polypropylene straight connector
- Suturable tubing clamp
- Luer lock connector

INTEGRA™ NeuroSciences

OPERATE WITH CONFIDENCE™

Radionics® Stereotaxy | MAYFIELD® Stabilization | Auragen™ Brain Mapping | Ruggles™ Instruments | CUSA® Tissue Ablation | OSV II® CSF Management | DuraGen Plus® Duraplasty | Camino® NeuroCritical Care

INDICATIONS:
The Integra NPH™ Low Flow Valve is an implantable system used in the treatment of patients with hydrocephalus, to shunt CSF from the ventricles to the peritoneal cavity or other appropriate drainage site such as the heart's right atrium.

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