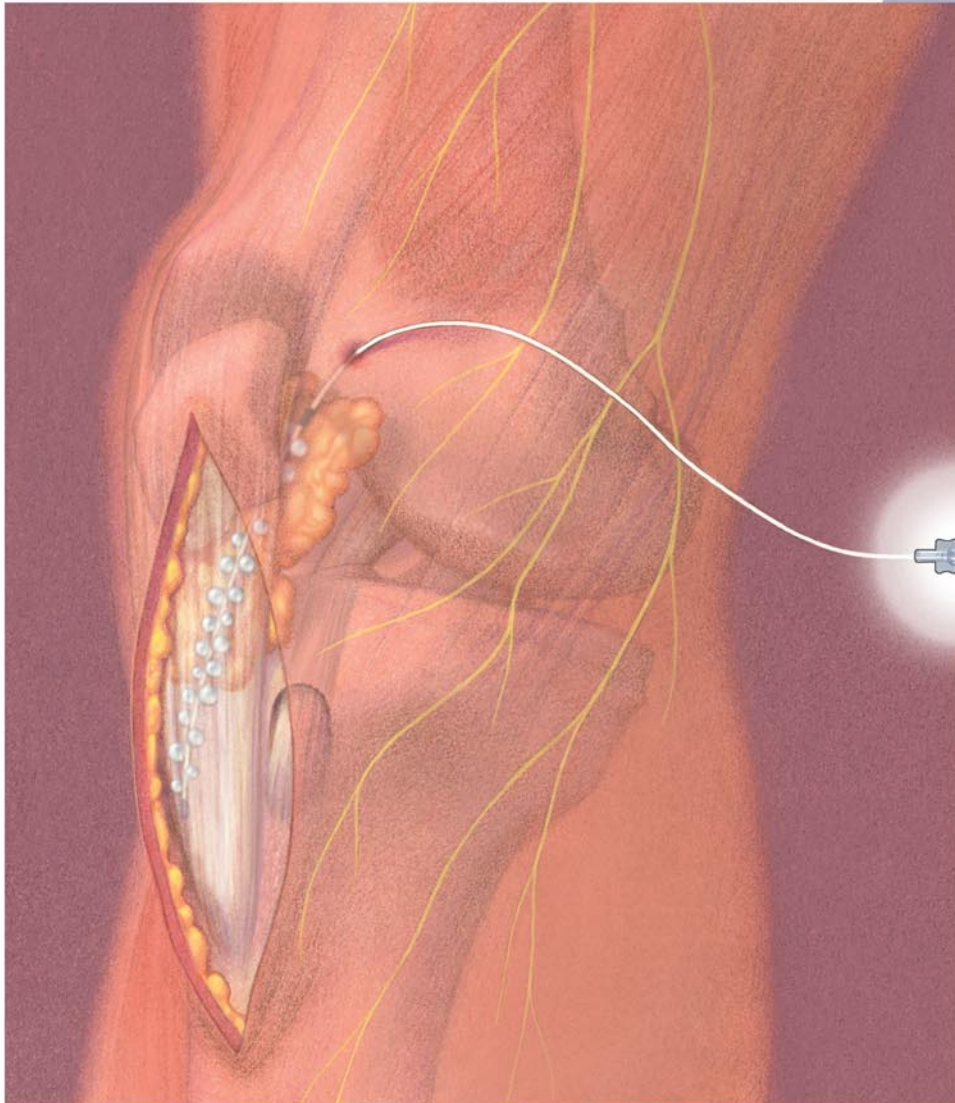


Break the circle of pain in...

Orthopedic Surgery Procedures



Anterolateral view, medial side of right knee

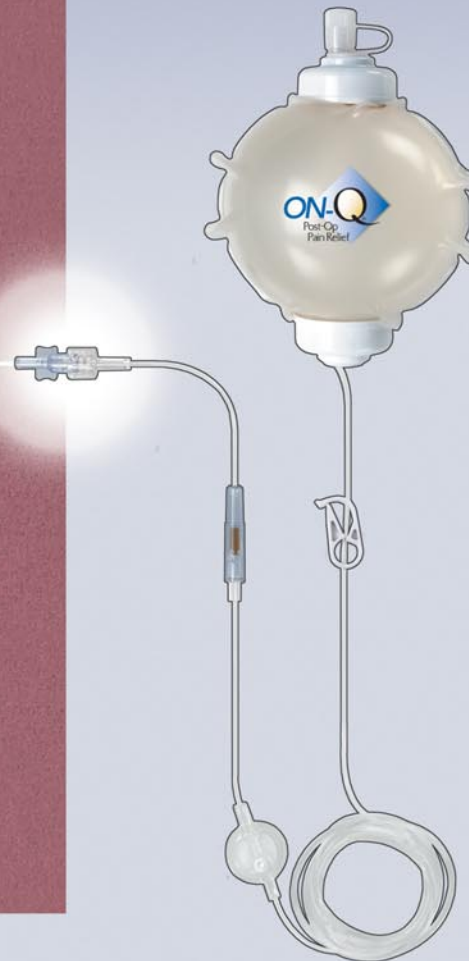
ACL Surgery Using ON-Q Non-Narcotic Pain Relief System

The ON-Q "pain relief ball" automatically administers a continuous, regulated flow of local anesthetic through the specially designed catheter to the intra-operative site. The patented Soaker Catheter delivers pain relief across the full length of the incision.

The ON-Q® Post-Op Pain Relief System and the ON-Q Soaker™ Catheter encourage patients' return to normal ambulation because the system effectively relieves pain and leaves the patient's head clear. This illustration demonstrates a catheter placement technique for an ACL procedure using a single Soaker Catheter.

The Soaker Catheter, designed to provide enhanced distribution of local anesthetic across the entire incision site, is placed intra-articular or at the patellar tendon donor site. Positioning is posterior to the patellar tendon and anterior to the fat pad.

This technique is provided by Jan Fronek, M.D., of Green Hospital/Scripps Clinic for guidance only. It is subject to the expertise, experience and preference of the individual surgeon. This catheter placement is not to be construed as the specific recommendation of I-Flow.



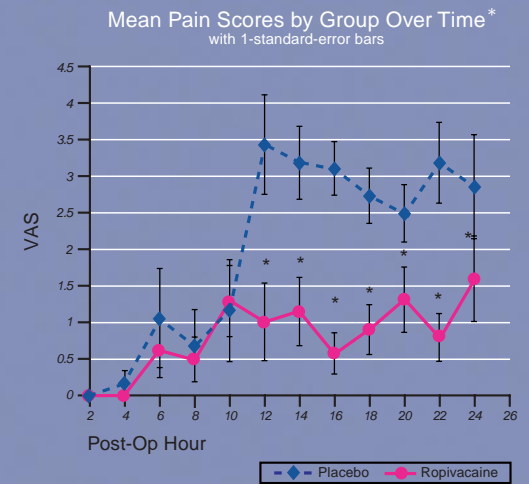
The ON-Q® System is indicated for post-operative surgical pain management and intra-operative use. It is widely used in procedures such as ACL Repair, Shoulder, Subacromial Decompression, Iliac Crest Bone Graft and Hip and Knee Replacements.

As part of the multimodal approach to pain management, the potential benefits of the ON-Q System include:

- Improved pain management
- Reduced patient need for narcotics and decreased exposure to common narcotic complications including nausea, vomiting, urinary retention, respiratory depression and ileus
- Decreased potential of breakthrough pain
- Quicker return to normal activities including ambulation and full range of motion
- Improved patient satisfaction
- Reduced length-of-stay and overall costs
- Increased referrals
- Higher compliance with JCAHO standards

Citations:
 Hoenecke, H. Continuous local anesthetic infiltration for postoperative pain control following ACL reconstruction. Case Study.
 Klein, S., et al. Interscalene brachial plexus block with continuous intraarticular infusion of ropivacaine. *Ambulatory Anesthesia* 2001; 93: 601-605.

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*P=0.0001

Mean visual analog pain scores (VAS) by group over time \pm SD (0 = no pain, 10 = worst pain imaginable), reported by patients every 2h post-operatively for the first 24h after receiving interscalene brachial plexus block and a continuous infusion of placebo or 0.2% ropivacaine at 10 mL/h.



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