## Revolutionizing Patient Care:

Senzime's TetraGraph® System — The Neuromuscular Monitoring Solution that Complies with ERAS Protocols

### Precision in Quantitative Train-of-Four Monitoring

The TetraGraph system by Senzime is the first portable, clinically validated EMG-based quantitative neuromuscular monitor with accurate peak-to-trough analysis, designed to support Enhanced Recovery After Surgery (ERAS) protocols. It provides continuous train-of-four (TOF) readings, enhancing muscle relaxant dosing, guiding neuromuscular block reversal, and confirming a TOF ratio >0.9 for safe extubation.

# Key Benefits of TetraGraph: • Fast and Easy Operation

- Fast and Easy Operation:
   One-button start with an intuitive interface, allowing for seamless integration into busy anesthesia workflows.
- Small and Portable Design:
   Compact and portable, fitting effortlessly into any clinical setting without compromising on performance.
- Integrated Connectivity:
   Compatible with multi-parameter monitors and electronic health records (EHRs) to enhance patient data management.





### TetraGraph's Role in ERAS Protocols

ERAS Guidelines and Recommendations for Quantitative TOF Monitoring

ERAS protocols emphasize the importance of minimizing postoperative complications and promoting faster recovery. Quantitative TOF monitoringis a critical component, as it ensures adequate reversal of muscle relaxants, reducing the risk of residual neuromuscular block and associated respiratory complications.



### Clinical Evidence Supporting Quantitative TOF Monitoring in ERAS

### Reduction in Respiratory Complications:

Clinical publications highlight that quantitative TOF monitoring significantly reduces the incidence of postoperative residual curarization (PORC), leading to fewer respiratory complications and enhanced patient safety.<sup>1-2</sup>

#### **Enhanced Patient Outcomes:**

Quantitative TOF monitoring may help support improved recovery profiles, shorter hospital stays, and better overall outcomes, aligning with ERAS goals of faster recovery and reduced healthcare costs.<sup>1-3</sup>

### Improved Reversal of Neuromuscular Blockade:

Accurate TOF monitoring facilitates appropriate dosing of reversal agents, ensuring complete recovery from neuromuscular block minimizing the risk of residual paralysis.<sup>4</sup>

### Unmatched Support and Quality

### **Clinical Expertise:**

Our team of clinical specialists provides comprehensive support for successful implementation, protocolization, and continuous operation of the TetraGraph.

### **Comprehensive Warranty:**

Demonstrating our commitment to quality and customer satisfaction.

### **Customer-Driven Development:**

The TetraGraph was developed based on customer feedback, ensuring it meets the evolving needs of healthcare providers.

### Commitment to Patient Safety

Our commitment propels healthcare providers to reach a new level of patient care, where every clinician is empowered, every patient assured, and the highest standards of care are not just met — they're invented.



#### Guidelines Compliance:

TetraGraph complies with the American Society of Anesthesiologists (ASA) and the European Society of Anaesthesiology and Intensive Care (ESAIC) quidelines for neuromuscular monitoring, supporting best practices in perioperative care.

### Contact us at senzime.com

for more information, learn how we can support your ERAS protocols, or to request a demo.

#### REFERENCES:

- 1. APSF Newsletter. "Avoiding Postoperative Residual Weakness—A Cornerstone of Any ERAS Protocol."
  October 2019.
- 2. Gustafsson, U. O., et al. "Guidelines for Perioperative Care in Elective Colorectal Surgery: Enhanced Recovery After Surgery (ERAS) Society Recommendations." World Journal of Surgery, 2019.
- 3. Butterly A et al, Postoperative Residual Curarization from inter-mediate acting neuromuscular blocking agents delays recovery from discharge. *BR J Aneast*; 2010.
- 4. Glenn S. Murphy, Sorin J. Brull; Quantitative Neuromuscular Monitoring and Postoperative Outcomes: A Narrative Review. *Anesthesiology* 2022; 136:345–361 doi: https://doi.org/10.1097/ALN.0000000000004044.

