

# T-Stat Tissue Oximeter and Sensors

## INSTRUCTIONS FOR USE

Manufactured and Provided by

**SPECTROS**

SPECTROS Medical Devices Inc.



## SURFACE SENSOR 2.5cm

### MANUFACTURER

Spectros MDI  
2211 Norfolk, #1110  
Houston, TX 77098

### U.S. DISTRIBUTION

Advanced Ambulatory Inc.  
Houston, TX  
Phone (713)528-9998  
Support 1 (3460) 398-7828

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E-MAIL: [info@spectros.com](mailto:info@spectros.com)

### CAUTION:

Local pressure may cause local ischemia. Move sensor to a new site every 12 hours.



Placement and Use of  
CTH-060-SUR 2.5cm

### Remove T-Stat Surface Sensor from Sterile Package

1. Insert the connector end of the sensor into the T-Stat VLS Monitor, aligning the red line on the sensor connector nut and the red arrow at 12:00 on the monitor, then rotating one quarter turn clockwise after insertion (to the locked position.). When locked into position, the white light sensor will illuminate and will automatically go through recognition and calibration. If this does not happen, this step is incomplete. Remove the white sticker tape from the face of the surface sensor disk.
2. Place sensor flat on skin surface being careful not to apply too much pressure so as to not cause local ischemia.
3. Surgical tape or Tegaderm can be used to help make sure the sensor stays in place.





## SURFACE SENSOR 1cm

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### CAUTION:

Local pressure may cause local ischemia. Move sensor to a new site every 12 hours.



Placement and Use of  
CTH-060-SUR 1cm

1. Remove T-Stat Surface Sensor from Sterile Package
2. Insert the connector end of the sensor into the T-Stat VLS Monitor, aligning the red line on the sensor connector nut and the red arrow at 12:00 on the monitor, then rotating one quarter turn clockwise after insertion (to the locked position.). When locked into position, the white light sensor will illuminate and will automatically go through recognition and calibration. If this does not happen, this step is incomplete.
3. Hold sensor flat on skin surface being careful not to apply pressure, so as to cause local ischemia.





# ORAL SENSOR

## MANUFACTURER

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## CAUTION:

If pouch integrity is compromised prior to removal, discard sensor. Possibility of contamination presents risk to patient.



**Figure :** Placement of the Oral Sensor in an Adult

## Placement and Use of CTH-060-ORA M

1. The sensor is connected to the Monitor, and then the cable is routed to comfortably place the sensor alongside either the left or right cheek.
2. The patient's mouth is opened, and the illuminated portion of the sensor is placed inside the mouth, with the cable portion placed on the outside of the cheek.
3. The sensor cord is positioned along the angle of the jaw, near or behind the ear. The sensor cord may be taped to the skin, near the angle of the jaw or behind the ear if desired, to stabilize the sensor.
4. The sensor can be placed against either cheek, left or right. Note that the sensor end is located against the inner oral mucosa.

\*\*Sensors should be disposed of as medical waste per local regulations. Sterilized product storage should not exceed 25C per WHO recommendation.





## ENDOSCOPIC SENSOR

### MANUFACTURER

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**Figure :** Placement of the Endoscopic Sensor



### Placement and Use of CTH-060-ENDO

1. The endoscopic sensor is placed during an endoscopy procedure in the following steps:
2. The connector end of the endoscopic sensor is connected to the monitor, and the cable is routed to where the endoscopist is located.
3. The patient end of the endoscopic sensor is inserted into a 2 mm minimum diameter endoscope accessory channel, and advanced until visualized by the endoscopist through the viewing channel of the endoscope.
4. The endoscopic sensor is brought into proximity of the tissue to be measured. A white VLS spot is seen on the tissue, for confirmation purposes. The endoscopic VLS sensor is a non-contact sensor. All that is required for measurement is a view of the mucosal tissue to be monitored.

### CAUTION:

Ensure that the illuminated portion of the endoscopic sensor is not in contact with the mucosal tissue. Excess pressure on mucosal tissue at the sensor site can alter local blood flow and result in lower measured local saturation. A visual confirmation of sensor positioning during measurement will avoid this condition.

Ensure that the mucosal surface is free of surface blood. Free blood becomes well oxygenated upon exposure to air and will cause a higher measured saturation. A monitor warning of "Excess Blood" or a saturation above 95% suggests this condition.