GAV[®] 2.0



Take the headaches out of treating hydrocephalus

Rx Only

INDICATIONS FOR USE: The MIETHKE Shunt System GAV 2.0 is used for cerebrospinal fluid (CSF) shunting.



Aesculap Neurosurgery





Take the headaches out of treating hydrocephalus

When treating hydrocephalus the choice of the valve pressure frequently results in a compromise. Low pressure level settings are avoided to prevent complications due to excess drainage. However, studies show that low pressure valves could lead to better clinical result for the patient.^{1, 2}





Conventional valve technology provides inadequate protection against overdrainage complications such as hygroma, hematoma or slit ventricles.

Excessive drainage induced by the hydrostatic suction of the vertical shunt system is considered to be one of the major causes of shunt dysfunction in the treatment of pediatric hydrocephalus.³

Many hydrocephalus patients suffering from chronic headaches due to excessive drainage, frequently develop an irreversible slit ventricle syndrome.^{4, 5}

- 1 Lemcke J, Meier U, Müller C, Fritsch MJ, Kehler U, Langer N, Kiefer M, Eymann R, Schuhmann MU, Speil A, Weber F, Remenez V, Rohde V, Ludwig HC, Stengel D. Safety and efficacy of gravitational shunt valves in patients with idiopathic normal pressure hydrocephalus: a pragmatic, randomised, open label, multicentre trial (SVASONA). J Neurol Neurosurg Psychiatry. 2013 Aug;84(8):850-7.
- 2 Suchorska B, Kunz M, Schniepp R, Jahn K, Goetz C, Tonn JC, Peraud A. Optimized surgical treatment for normal pressure hydrocephalus: comparison between gravitational and differential pressure valves. Acta Neurochir (Wien). 2015 Apr;157(4):703-9.
- 3 Gruber RW, Roehrig B. Prevention of ventricular catheter obstruction and slit ventricle syndrome by the prophylactic use of the Integra antisiphon device in shunt therapy for pediatric hypertensive hydrocephalus: a 25-year follow-up study. J Neurosurg Pediatr. 2010 Jan;5(1):4–16.
- 4 Rekate HL. Shunt-related headaches: the slit ventricle syndromes. Childs Nerv Syst. 2008 Apr;24(4):423-30.
- 5 Buxton N, Punt J. Subtemporal decompression: the treatment of noncompliant ventricle syndrome. Neurosurgery. 1999 Mar;44(3): 513-8.



The Valve

Gravitational Technology

The combination of a differential pressure unit and gravitational unit allows for an automatic opening pressure adjustment to a patient's body position and in that way counteracts complications due to excess drainage.



Design

The slender cylindrical design allows for quick and easy implantation and is suitable for the treatment of hydrocephalus in adults, as well as pediatric patients.

GAV[®] 2.0 LP

Two Additional LP-Variants

 GAV^{\circledast} 2.0 is also suitable for lumbar drainage due to two special variants.



GAV[®] 2.0 LP with deflection

Titanium

The valve material titanium assures high precision, durable reliability and biocompatibility. It prevents effectively external and subcutaneous pressure influences and is MR Conditional.





Function and Body Position



The functionality of GAV^{\circledast} 2.0 is illustrated in the MIETHKE[®] App.





for Apple





* Gravitational unit 30 cmH₂O plus differential pressure unit of 5 cmH₂O has a total opening pressure of 35 cmH₂O in the vertical position.

Horizontal Body Position

The opening pressure of $GAV^{\circledast}2.0$ in the lying position is determined by the micro spiral spring of the differential pressure unit. The gravitational unit is inactive in this body position and is open. If the patient's intraventricular pressure (IVP) exceeds the opening pressure of the micro spiral spring, the ball moves out of the cone, opening a gap to allow drainage.

Vertical Body Position

In the vertical position of the body, the gravitational and differential pressure units act in conjunction. When the patient stands up, the tantalum ball (green) in the gravitational unit is activated, causing gravity to increase the valve opening pressure. The weight of the tantalum ball (opening pressure of the gravitational unit) must be overcome in addition to the opening pressure of the differential pressure unit. Only when the sum of intraventricular pressure (IVP) and hydrostatic pressure exceeds the opening pressure of both units, drainage can take place again. The opening pressure in the upright position of the patient is the sum of the differential pressure and gravitational pressure.

GAV[®] 2.0

X-ray Recognition and Pressure Level Recommendation

Supine	Upright	X-ray coding	Radiograph
5 cmH ₂ 0	20 cmH ₂ 0		
5 cmH ₂ 0	25 cmH ₂ 0		
5 cmH ₂ 0	30 cmH ₂ 0		
5 cmH ₂ 0	35 cmH ₂ 0		
10 cmH ₂ 0	25 cmH ₂ 0		
10 cmH ₂ 0	30 cmH ₂ 0		

Pressure Level Variants



Pressure Level Recommendation*

* Recommended pressure level in cmH₂0.

This is a non-binding recommendation. The treating physician will decide each case individually.

The choice of the appropriate pressure level of $GAV^{\otimes}2.0$ depends on several other factors, including age, degree of activity, size and height of the patient.

The values given apply to mobile patients. For patients with little mobility or a high BMI, a lower pressure level should be chosen for the gravitational unit.

Ordering Information

GAV[®] 2.0 valve



⊢ 13.4 mm ⊣

Order	Supine	Upright
FX210T	5 cmH ₂ 0	20 cmH ₂ 0
FX211T	5 cmH ₂ 0	25 cmH ₂ 0
FX212T	5 cmH ₂ 0	30 cmH ₂ 0
FX213T	5 cmH ₂ 0	35 cmH ₂ 0
FX214T	10 cmH ₂ 0	25 cmH ₂ 0
FX215T	10 cmH ₂ 0	30 cmH ₂ 0

 $\label{eq:value} \begin{array}{l} Valve: d_{\circ}=4.2 \mbox{ mm} \\ Connector: d_{\circ}=1.9 \mbox{ mm} \\ preferably used with \\ Catheter: d_i=1.2 \mbox{ mm}, d_{\circ}=2.5 \mbox{ mm} \end{array}$

For pressure level recommendation see page 9.

GAV[®] 2.0 valve with distal catheter (1200 mm)



Order	Supine	Upright
FX216T	5 cmH ₂ 0	20 cmH ₂ 0
FX217T	5 cmH ₂ 0	25 cmH ₂ 0
FX218T	5 cmH ₂ 0	30 cmH ₂ 0
FX219T	5 cmH ₂ 0	35 cmH ₂ 0
FX220T	10 cmH ₂ 0	25 cmH ₂ 0
FX221T	10 cmH ₂ 0	30 cmH ₂ 0

For pressure level recommendation see page 9.

 $\label{eq:Valve:d_o} \begin{array}{l} Valve: d_o = 4.2 \mbox{ mm} \\ Connector: d_o = 1.9 \mbox{ mm} \\ Catheter: d_i = 1.2 \mbox{ mm}, d_o = 2.5 \mbox{ mm} \end{array}$

GAV[®] 2.0 valve with integrated CONTROL RESERVOIR* and distal catheter (1200 mm)

Ventricular catheter (250 mm) with pediatric deflector and introducing stylet

* An additional valve in the base of the CONTROL RESERVOIR makes it possible to flush the fluid only in the distal direction. This feature allows for the patency check.

 $\label{eq:Valve: d_o} \begin{array}{l} Valve: d_o = 4.2 \mbox{ mm} \\ Connector: d_o = 1.9 \mbox{ mm} \\ Catheter: d_i = 1.2 \mbox{ mm}, d_o = 2.5 \mbox{ mm} \end{array}$



Order	Supine	Upright
FX146T	5 cmH ₂ 0	20 cmH ₂ 0
FX147T	5 cmH ₂ 0	25 cmH ₂ 0
FX148T	5 cmH ₂ 0	30 cmH ₂ 0
FX149T	5 cmH ₂ 0	35 cmH ₂ 0
FX150T	10 cmH ₂ 0	25 cmH ₂ 0
FX151T	10 cmH ₂ 0	30 cmH ₂ 0
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For pressure level recommendation see page 9.

CONTROL RESERVOIR*

GAV® 2.0

valve with integrated pediatric CONTROL RESERVOIR* and distal catheter (1200 mm)

Ventricular catheter (250 mm) with pediatric deflector and introducing stylet

 An additional valve in the base of the pediatric CONTROL RESERVOIR makes it possible to flush the fluid only in the distal direction. This feature allows for the patency check.

 $\label{eq:Valve:d_o} \begin{array}{l} Valve: d_o = 4.2 \mbox{ mm} \\ Connector: d_o = 1.9 \mbox{ mm} \\ Catheter: d_i = 1.2 \mbox{ mm}, d_o = 2.5 \mbox{ mm} \end{array}$



For pressure level recommendation see page 9.

Ordering Information

GAV[®] 2.0 valve with distal catheter (1200 mm)

SPRUNG RESERVOIR[®] with distal catheter (600 mm)

Ventricular catheter (180 mm) with introducing stylet

* An additional valve in the base of the SPRUNG RESERVOIR makes it possible to flush the fluid only in the distal direction. This feature allows for the patency check.

 $\label{eq:Valve:d_o} \begin{array}{l} Valve: d_o = 4.2 \mbox{ mm} \\ Connector: d_o = 1.9 \mbox{ mm} \\ Catheter: d_i = 1.2 \mbox{ mm}, d_o = 2.5 \mbox{ mm} \end{array}$



GAV[®] 2.0 valve with distal catheter (1200 mm)

Pediatric SPRUNG RESERVOIR[®] with distal catheter (600 mm)

Ventricular catheter (180 mm) with introducing stylet

* An additional valve in the base of the pediatric CONTROL RESERVOIR makes it possible to flush the fluid only in the distal direction. This feature allows for the patency check.

Valve: $d_o = 4.2 \text{ mm}$ Connector: $d_o = 1.9 \text{ mm}$ Catheter: $d_i = 1.2 \text{ mm}$, $d_o = 2.5 \text{ mm}$ GAV[®] 2.0 valve with integrated SPRUNG RESERVOIR[®] and distal catheter (1200 mm)

Ventricular catheter (180 mm) with introducing stylet

180 mm

Order	Supine	Upright	
FX170T	5 cmH ₂ 0	20 cmH ₂ 0	
FX171T	5 cmH ₂ 0	25 cmH ₂ 0	
FX172T	5 cmH ₂ 0	30 cmH ₂ 0	
FX173T	5 cmH ₂ 0	35 cmH ₂ 0	
FX174T	10 cmH ₂ 0	25 cmH ₂ 0	
FX175T	10 cmH ₂ 0	30 cmH ₂ 0	

This feature allows for the patency check.. Valve: d_o = 4.2 mm Connector: d_o = 1.9 mm

* An additional valve in the base of the SPRUNG RESERVOIR makes it possible to flush the fluid only in the distal direction.

Connector: $d_o = 1.9 \text{ mm}$ Catheter: $d_i = 1.2 \text{ mm}$, $d_o = 2.5 \text{ mm}$

For pressure level recommendation see page 9.

GAV® 2.0

valve with integrated pediatric SPRUNG RESERVOIR* and distal catheter (1200 mm)

Ventricular catheter (180 mm) introducing stylet

* An additional valve in the base of the pediatric SPRUNG RESERVOIR makes it possible to flush the fluid only in the distal direction. This feature allows for the patency check.

Valve: $d_o = 4.2 \text{ mm}$ Connector: $d_o = 1.9 \text{ mm}$ Catheter: $d_i = 1.2 \text{ mm}$, $d_o = 2.5 \text{ mm}$



180 mm

Order	Supinr	Upright
FX176T	5 cmH ₂ 0	20 cmH ₂ 0
FX177T	5 cmH ₂ 0	25 cmH ₂ 0
FX178T	5 cmH ₂ 0	30 cmH ₂ 0
FX179T	5 cmH ₂ 0	35 cmH ₂ 0
FX180T	10 cmH_20	25 cmH_20
FX181T	10 cmH ₂ 0	30 cmH ₂ 0

For pressure level recommendation see page 9.

pediatric SPRUNG RESERVOIR*

SPRUNG RESERVOIR

Ordering Information

GAV[®] 2.0 valve with distal catheter (1200 mm)

Pediatric burrhole reservoir with distal catherter (600)

Ventricular catheter (180 mm) with introducing stylet

Valve: $d_{\circ}=4.2$ mm Connector: $d_{\circ}=1.9$ mm Catheter: $d_{i}=1.2$ mm, $d_{\circ}=2.5$ mm



Order	Supine	Upright
FX264T	5 cmH ₂ 0	20 cmH ₂ 0
FX265T	5 cmH ₂ 0	25 cmH ₂ 0
FX266T	5 cmH ₂ 0	30 cmH ₂ 0
FX267T	5 cmH ₂ 0	35 cmH ₂ 0
FX268T	10 cmH ₂ 0	25 cmH ₂ 0
FX269T	10 cmH ₂ 0	30 cmH ₂ 0

For pressure level recommendation see page 9.

GAV® 2.0 valve with distal catheter (1200 mm)

Ventricular catheter (250 mm) with pediatric deflector and introducing stylet

Valve: $d_0 = 4.2 \text{ mm}$



Connector: $d_o = 1.9 \text{ mm}$ Catheter: $d_i = 1.2 \text{ mm}$, $d_o = 2.5 \text{ mm}$

For pressure level recommendation see page 9.

GAV[®] 2.0 LP valve (straight) with distal catheter (1200 mm)

⊢ 13.2 mm +

Order	Supine	Upright
FX222T	5 cmH ₂ 0	20 cmH ₂ 0
FX223T	5 cmH ₂ 0	25 cmH ₂ 0
FX224T	5 cmH ₂ 0	30 cmH ₂ 0
FX225T	5 cmH ₂ 0	35 cmH ₂ 0
FX226T	10 cmH ₂ 0	25 cmH ₂ 0
FX227T	10 cmH ₂ 0	30 cmH ₂ 0

– 1200 mm –

Valve: $d_o = 4.2 \text{ mm}$ Connector: $d_o = 1.4 \text{ mm}$ for connection with lumbar catheter Connector: $d_o = 1.9 \text{ mm}$ Catheter: $d_i = 1.2 \text{ mm}$, $d_o = 2.5 \text{ mm}$

For pressure level recommendation see page 9.

GAV[®] 2.0 LP valve (U-form) with distal catheter (1200 mm)



 $\label{eq:value} \begin{array}{l} Valve: d_{\circ}=4.2 \mbox{ mm} \\ Connector: d_{\circ}=1.4 \mbox{ mm} \\ for \ connection \ with \ lumbar \ catheter \\ Connector: d_{\circ}=1.9 \ mm \\ Catheter: d_i=1.2 \ mm, \ d_{\circ}=2.5 \ mm \end{array}$

Order	Supine	Upright
FX228T	5 cmH ₂ 0	20 cmH ₂ 0
FX229T	5 cmH ₂ 0	25 cmH ₂ 0
FX230T	5 cmH ₂ 0	30 cmH ₂ 0
FX231T	5 cmH ₂ 0	35 cmH ₂ 0
FX232T	10 cmH ₂ 0	25 cmH ₂ 0
FX233T	10 cmH ₂ 0	30 cmH ₂ 0

For pressure level recommendation see page 9.

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