

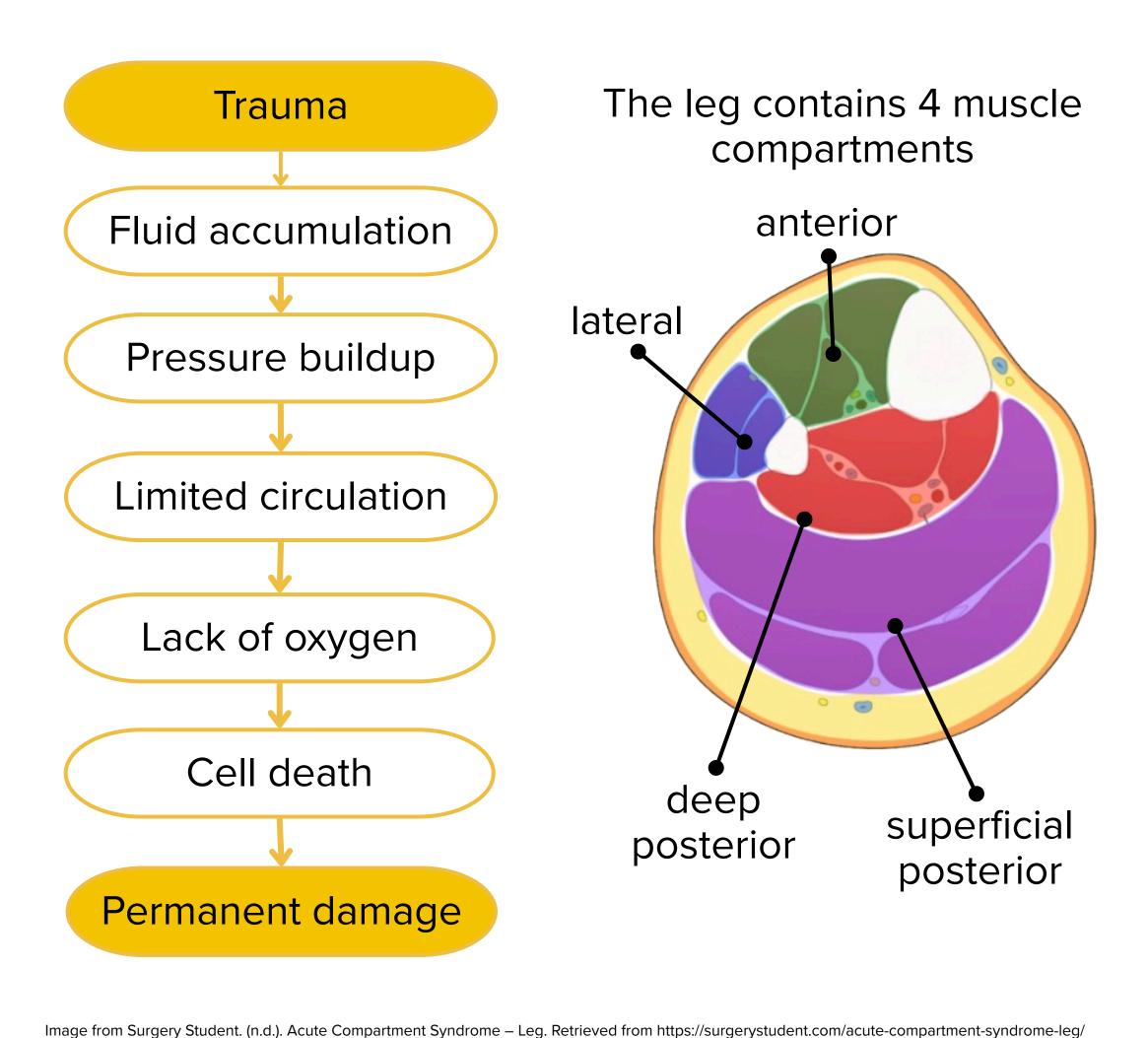
Monitoring Acute Compartment Syndrome with Electrical Impedance Tomography

Background

What is Acute Compartment Syndrome (ACS)?

ACS occurs with increased pressure within a muscle compartment due to trauma. It causes a lack of blood flow, tissue ischemia, and damage to the affected muscle area and nerves.

What's happening physiologically?



Problem

The Stryker needle is the industry standard for diagnosing ACS by measuring intracompartmental pressure.

- Hard to use and get trained on
- Non-Continuous
- Highly invasive and Painful
- Inaccurate Clinicians don't trust it

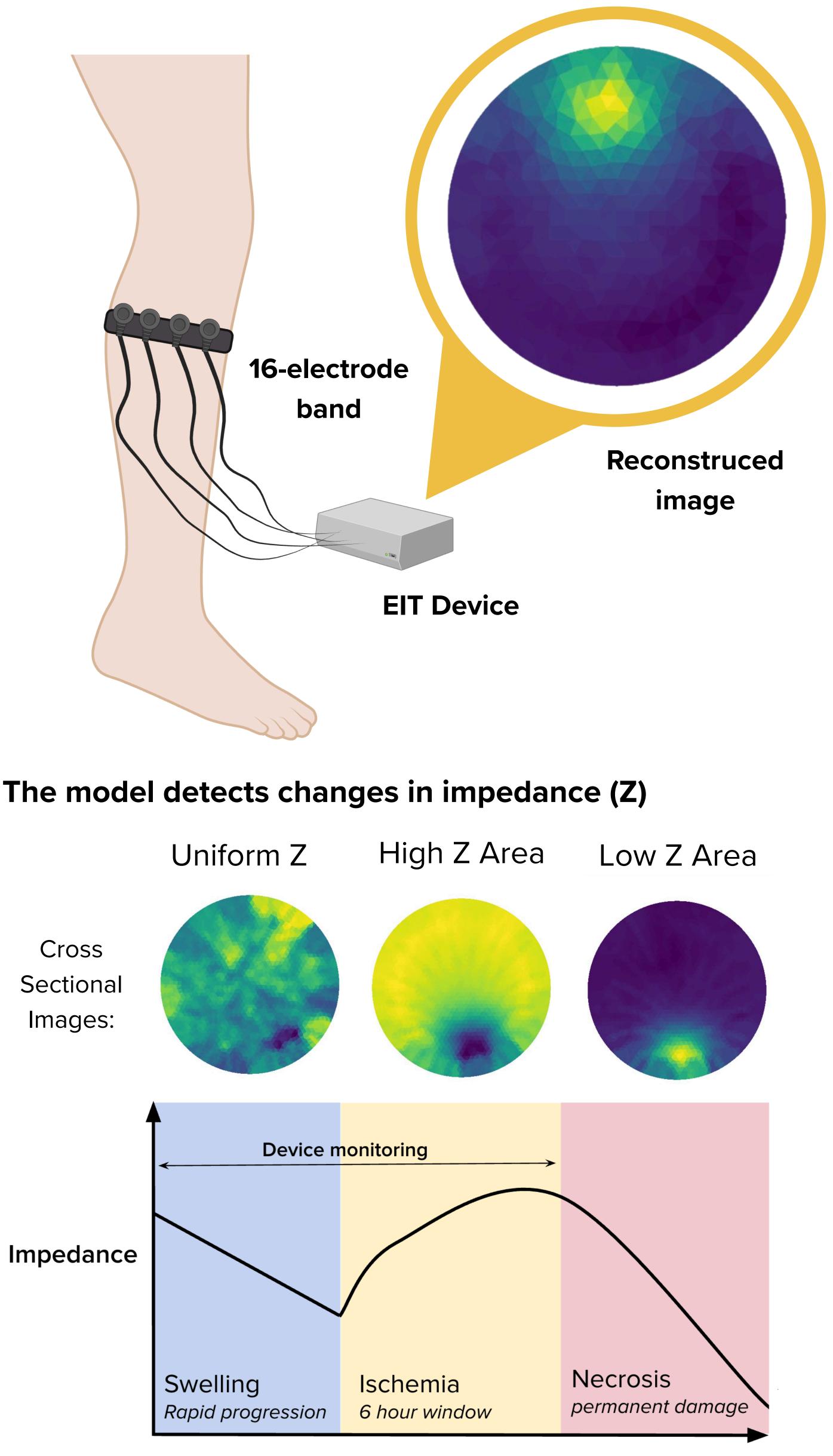


Image from Doctor Stock. (n.d.). Fasciotomy incision – leg. Retrieved from https://www.doctorstock.com/image/I0000trUdwuuYX3Y **Fasciotomies,** invasive follow-up surgeries to relieve pressure, are often performed without definitive proof of ACS.

Clinicians need a way to effectively diagnose ACS in a continuous, noninvasive manner, to **reduce the number of** unnecessary fasciotomies.

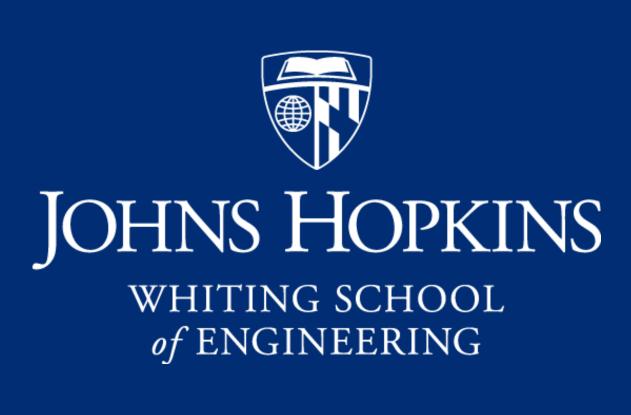
Solution

Our solution utilizes Electrical Impedance Tomography, a noninvasive imaging technique that uses electrical current and voltage measurements on the skin's surface to generate images of the impedance distribution within the leg.



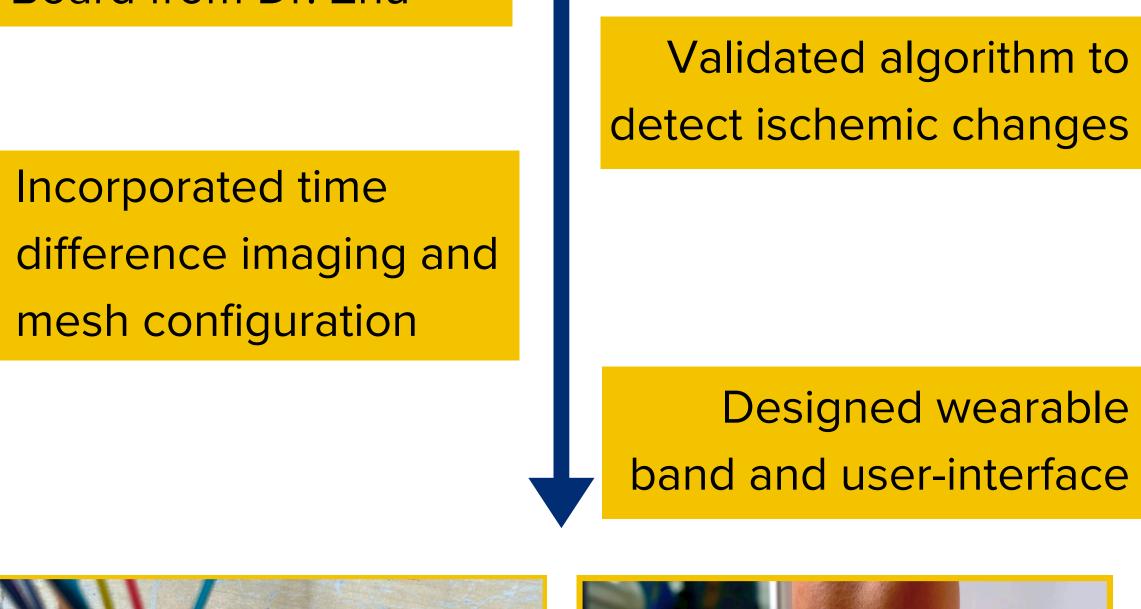
Progression of Acute Compartment Syndrome

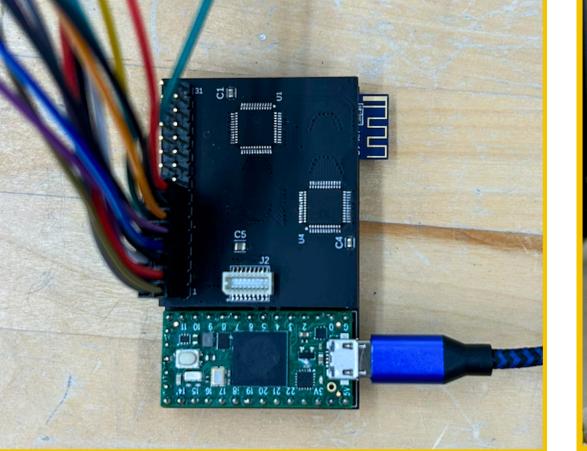
The system provides clinicians with a qualitative image to map the progression of fluid buildup in the leg and will pinpoint the onset of ischemia.



Development & Testing

Sourced Printed-Circuit Board from Dr. Zhu

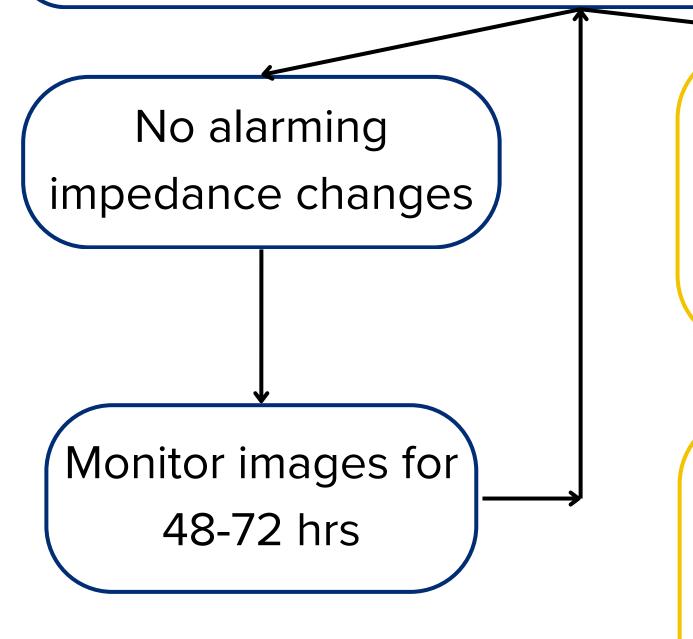




Clinical Diagnosis Workflow

Pre and post-operation baseline images recorded

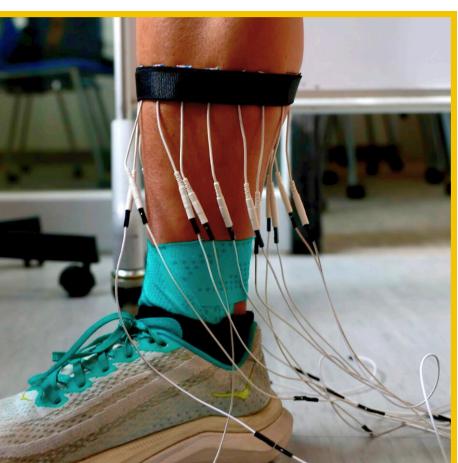
Device takes images every 15 minutes. Nurses check these every 2 hours or when the patient's pain increases, comparing them with the baseline.



Decide whether to proceed with fasciotomy or not

Acknowledgements

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System alerts nurse when impedance change exceeds threshold

Notify physician for exam and review of pain scores, labs, and EIT imaging.