

# THYMATRON® SYSTEM IV INSTRUCTION MANUAL

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## SAFETY INFORMATION

Please read the following important safety requirements before using the Thymatron® System IV ECT Instrument.


**⚠ CAUTION:** Do not subject the Thymatron® System IV to extreme moisture or use it after it has been partially or totally immersed in liquid or when a significant amount of liquid has been spilled on it. Power the unit off and have it checked by a qualified technician before powering it on or using it again.

**WARNING:** Do not remove the top or bottom covers of the Thymatron® System IV. There are no user serviceable parts inside. Any servicing must be performed by qualified service personnel.

**CAUTION:** Only use with the Somatics' Treatment or Monitoring Cables.

**CAUTION:** The Treatment and Monitoring Cables are not interchangeable, and can not be inserted into the wrong front panel connector. Attempting to insert the Treatment Cable into the connector intended for the Monitoring Cable (and vice versa) will damage both the connector and the cable.

**WARNING:** Do not use any cables or lead wires that appear to be damaged.

**WARNING:** The Thymatron® System IV is defibrillator protected.  Nevertheless, for safety reasons, all cable connections between the Thymatron® System IV ECT Instrument and the patient must be disconnected prior to initiation of the defibrillation stimulus.

**CAUTION:** Do not dispose of your Thymatron® System IV in the general waste. As per Directive 2002/96/EC for the disposal of electrical and electronic equipment please contact the manufacturer for instructions.

**WARNING:** Avoid the risk of accidental shock to medical personnel. Do not contact the patient, or any conductive surface touching the patient, unless wearing electrically insulated gloves. If holding the patient's jaw or touching the patient's head during the electrical stimulus, make sure to use electrically insulating gloves.

**CAUTION:** Prior to initiating ECT on a patient with a cochlear implant, healthcare professionals should discuss the issue with an otolaryngologist or audiologist and review the cochlear implant Instructions for Use.

**The Thymatron® System IV Treatment Cable, Monitoring Cable and lead wires can be cleaned by wiping them off with a Germicidal Disposable Cloth. Steel stimulus electrodes may be cleaned with soapy water or alcohol. Thymapad® electrodes are single use only and must be discarded after the treatment.**

**The Thymatron® has no special requirements for restricted environment during transport or storage, beyond Standard Sub-clause 10.1 criteria.**

## **DISCLAIMER**

**Please note that nothing in this manual constitutes, or should be construed as, a claim by Somatics LLC that confusion, cognitive impairment, or memory loss (short-term, long-term, recent, remote, transient, or persistent) can not occur as the result of ECT. Many patients experience temporary loss of recent or remote memories with ECT, particularly with traditional bilateral ECT. A few patients have reported experiencing persisting loss of memories or memory functions after ECT. These are subjective symptoms that have not been related to observable structural brain changes. Mental and physical illnesses, anesthesia, medications, and postponement of treatment each have their own adverse effects, which can be substantial.**

*The 0.3 ms pulsewidth is available as an option at no charge. If the Thymatron® System IV has 0.3 pulsewidth enabled, please change all 0.25 in the manual listing to be 0.3.*

## SPECIFICATIONS

The Thymatron® System IV is *Class 1, Type BF* 

### STIMULUS OUTPUT

**Current: 0.9 amps constant current, limited to 450 volts, isolated from line current**

Frequency: 10 to 70 Hz, in 10 Hz increments (to 140 Hz in *LOW 0.25/0.3 Programs*)

Pulsewidth: 0.25 to 1.5 ms, in 0.25 ms increments (0.3 ms is available)

Duration: 0.14 to 7.99 s in increments of equal charge

Maximum output: Standard maximum output across 220 ohms impedance, 504 mC (99.4 joules). Output for double dose modes (where available) across 220 ohms impedance: 1008 mC (198.8 joules). Actual (delivered) treatment output shown on printed report in mC

### RECORDING

4 recording channels: channels 1 & 2, EEG; channel 3, EMG; channel 4, ECG.

8 user selectable gain positions for EEG channels (10, 20, 50, 100, 200, 500, 1,000 and 2000  $\mu\text{V}/\text{cm}$ ) and EMG or ECG channels (50, 100, 200, 500, 1000, 2000, 5000 and 10,000  $\mu\text{V}/\text{cm}$ )

**REQUIREMENTS** 100-130 volts (120 volts) AC, 60 Hz, single phase. 150 VA.  
(220-240 volt, 50/60 Hz, switchable)

### STIMULUS GENERATION

Waveform: bipolar, brief pulse, square wave

### IMPEDANCE

Static Impedance Test: 0 to 3000 ohms static (+/- 100 ohms) at 800 Hz  
(L.E.D. and printed report)

Dynamic Impedance Measure: 0 - 500 ohms (printed report)

### SEIZURE MONITORING

Channel specifications:

Maximum gain: EEG, 10  $\mu\text{V}/\text{cm}$ ; EMG 50  $\mu\text{V}/\text{cm}$ ; ECG 50  $\mu\text{V}/\text{cm}$

Common mode rejection: 80 dB

Isolation: full, opto-electronic

Printer paper speed: user selectable: 5 - 50 mm/s

Seizure Quality Measures:

Postictal Suppression Index (EEG): range, 0-100%

Average Seizure Energy Index (EEG)

Maximum Sustained EEG Power and Time to Peak EEG Power

Maximum Sustained EEG Coherence and Time to Peak EEG Coherence

**Duke University EEG Measures  
Power Spectral Analysis by Fast Fourier Transform, (FFT)  
Peak Heart Rate: beats/min  
Computer Seizure Endpoint Estimates by EEG and EMG**

## **EEG FREQUENCY MEASURES**

**95% Spectral Edge Frequency  
Median Frequency  
Relative Delta Power**

## **DIMENSIONS**

**Weight: 22 lb  
Height: 5.5”  
Width: 17.5”  
Depth: 13.0”**

## **INDICATIONS FOR USE**

**We recommend that doctors planning to use the Thymatron® System IV read and follow the recommendations of the Task Force Report of the American Psychiatric Association as set forth in “The Practice of Electroconvulsive Therapy” (American Psychiatric Association, 2001). To briefly summarize these recommendations here, the Thymatron® System IV is intended to be used to administer electroconvulsive therapy (ECT) to patients suffering from mental disorders in which a rapid, definitive response is desired. ECT is most often indicated in patients who have not responded to adequate courses of appropriate pharmacotherapies, but is also indicated as the primary treatment for patients in whom a rapid or high probability of response is desired (as when they are severely medically ill or in danger of harming themselves) or who are known by their treatment history to respond only to ECT, or who have expressed a valid preference for ECT over alternate therapies.**

## **PATIENT SELECTION CRITERIA**

**The principal diagnostic indications for ECT as outlined in the Task Force Report of the American Psychiatric Association (APA, 2001) are Major Depression (all types), Mania, and Schizophrenia (characterized by abrupt or recent onset, catatonic features, psychotic symptoms, or a history of ECT response).**

## **CONTRAINDICATIONS AND WARNINGS**

**The Task Force Report of the American Psychiatric Association (APA, 2001) recognizes no absolute medical contraindication to ECT. It does warn about specific conditions that may be associated with substantially increased risk, including unstable or severe cardiovascular conditions (recent myocardial infarction, unstable angina, poorly-compensated congestive heart failure, severe**

valvular cardiac disease), vascular aneurysms susceptible to rupture with increased blood pressure, increased intracranial pressure, recent cerebral infarction, severe chronic obstructive pulmonary disease, asthma, pneumonia and anesthesia risk level ASA 4 or 5.

## INSTALLATION

Unpack the instrument, open the black case, and place the instrument on a firm, flat surface such as a hospital cart. Check the instrument for any damage, and make sure the rear panel voltage designation matches that of the electrical outlet to be used. Determine that all manuals and items are present. If required, have the Safety Check performed as described in the Service Manual, Section 2.

Connect the power cable to the rear of the unit. Power the unit on and observe that the POWER switch light comes on, the self test runs successfully and “BASELINE” is displayed. Load a pad of thermal paper as per the instructions inside the paper door (see page 12). Turn the power switch off and on again to verify that the recorder prints the date and software version. This completes the installation.

## OPERATING INSTRUCTIONS

The new Thymatron® System IV features two front panel controls for display and selection of all treatment choices: the PERCENT ENERGY stimulus dose dial and the FLEXDIAL™ function and option selector.

In addition, you will see a POWER switch (power on/off), an IMPEDANCE TEST button, a START/STOP button (to manually control the 4-channel printer), a TREAT button (to deliver the treatment stimulus), two alphanumeric L.E.D.s (the left one with 8 characters, the right one with 4 characters), and 5 individual dot L.E.D.s (to indicate activation of the *FlexDial*™ selection mode, activation of the *Safety Monitor* alarm, activation of monitoring ECG in channel 4, and whether the *preset* program or a *user set selection* is in effect).

## POWER ON/OFF

Be sure the power cable is plugged into a grounded, 3-prong hospital-grade socket. *Press* the top half of the front-panel POWER switch (labeled “I”) to turn the unit on; *press* the bottom half of the POWER switch (labeled “0”) to turn the unit off.

## SELF TEST

The Thymatron® System IV automatically tests the integrity of all circuits. When the unit is powered on, a flashing nonsense symbol appears for several seconds in the 8-character L.E.D., followed by the flashing message “SELFTEST” for a few seconds, then a self-test confirmation report is printed and the words “NO BASE” appear, indicating that baseline EEG collection still has yet to be accomplished. (See IMPEDANCE TEST procedure section for baseline EEG collection.)

The printed SELF TEST confirmation report will appear on the paper strip as:

Thymatron® System IV S/N [serial number here]

Date - Time S-IV version [software version] / [the number 60 or 50 Hz]

The Thymatron® S/N line can be replaced with the hospital's name (see page 30).

## PERCENT ENERGY DIAL

The PERCENT ENERGY dial is used to select the treatment stimulus dose. This dial has three functions that are displayed in the 4 character L.E.D. above the dial.

1. *Rotating* the dial displays the PERCENT ENERGY settings for each stimulus dose, followed by a brief display of the corresponding stimulus charge in mC.
2. *Pressing* the dial displays the stimulus program currently in effect.
3. *Pressing, holding in* and then *rotating* the dial enables the operator to rapidly change stimulus programs without using the *FlexDial™*.

*To display the corresponding charge in mC again, rotate the PERCENT ENERGY dial in either direction and then back again to the desired setting.*

## LIGHT-EMITTING FUNCTION DISPLAYS

The Thymatron® System IV front panel has two alphanumeric L.E.D.s (the left one, with 8 characters, and the right one with 4 characters), plus 5 individual dot L.E.D.s 8-character L.E.D. Located above the IMPEDANCE TEST button

1. It displays the message "SELFTEST" immediately after the unit is powered on.
2. It displays the message "NO BASE" following completion of the self-test procedure and before baseline EEG collection has been initiated.
3. It displays the message "TESTING" for 1 second when the IMPEDANCE TEST button is pressed.
4. It then displays the static impedance value in ohms, and maintains it until the button is released.
5. It displays the message "BASELINE" from the time the IMPEDANCE TEST button is released until baseline EEG is obtained, about 6-10 seconds.
6. It displays the message "READY" when baseline EEG collection has been successfully accomplished.
7. After the "TREAT" button is pressed and released, it shows the *time elapsed in seconds* since the end of the treatment stimulus.
8. It displays the flashing message "REPORT" when the START/STOP button is pressed to generate and print the end-of-treatment report.
9. It displays the designations and values of all *FlexDial™* functions and options during their selection.

**4-character L.E.D.** Located above the PERCENT ENERGY dial

1. It displays the different PERCENT ENERGY values as the dial is *rotated*.
2. It then briefly displays the mC of *charge* corresponding to each PERCENT ENERGY dial setting.
3. It displays the *stimulus program in effect* when the dial is *pressed*.
4. It displays the options for the stimulus programs when the dial is *pressed, held in and rotated*. Releasing the dial, selects that program.

**Dot L.E.D.s** Located on the front panel

1. The L.E.D. labeled “FLEXDIAL” flashes when the *FlexDial™* is activated.
2. The L.E.D. labeled “SAFETY MONITOR ACTIVATED” flashes when the *Safety Monitor* has been activated.
3. The L.E.D. labeled “PRESET” lights when the *LOW 0.5 program* is in effect.
4. The L.E.D. labeled “USER SET” lights when a *user set selection* is in effect.
5. The L.E.D. directly above the “EEG/ECG/EMG” monitoring jack stays lit unless channel 4 is being used to monitor the patient’s ECG. When channel 4 is connected, the light goes off.

#### SAFETY MONITOR CIRCUIT ALARM TEST

The Thymatron® System IV has a *Safety Monitor Circuit* test button on the back panel labeled “ALARM TEST”. This test can be performed annually or as hospital regulations require. The *Safety Monitor Circuit* test is performed as follows:

1. Power on the Thymatron® System IV and connect the ECT stimulus cable.
2. *Rotate* the PERCENT ENERGY dial to any setting.
3. Connect the ECT stimulus cable banana plugs to a 200 ohm, 10 watt load resistor (or insert these banana plugs into the designated jacks of the ECTOBRAIN™ II testing device).
4. First *press and hold down* the rear panel “ALARM TEST” button. Next, *press and hold* the “TREAT” button, and then *release* the “ALARM TEST” button.
5. Continue *pressing* the “TREAT” button while the Thymatron® System IV goes through the full cycle of stimulus warning signal and stimulus indicator tones, then *release* the “TREAT” button.

At the end of the stimulus indicator tones the “SAFETY MONITOR ACTIVATED” dot L.E.D. will go on and a high-pitched, continuous signal tone will sound until the unit is powered off. *This shows the alarm signal is operating correctly*. If the indicator light and alarm signal tone do not occur, do not use the unit to treat patients until it has been examined and cleared by authorized biomedical personnel.

## FRONT PANEL JACKS

### *ECT Stimulus Jack*

This 2-pin jack labeled “ECT” is located below and to the *left* of the IMPEDANCE TEST button. It accepts the plug from the *ECT stimulus cable*.

### *EEG/ECG/EMG Monitoring Jack*

This 9-pin jack labeled “EEG/ECG/EMG” is located below and to the *right* of the IMPEDANCE TEST button. It accepts the plug from the *EEG/ECG/EMG monitoring cable*.

△ CAUTION: It is impossible to insert the plug from the stimulus cable into the monitoring jack and vice versa. Forcing the wrong cable in will break the connector.

## FLEXDIAL™ OPERATION

The *FlexDial™* has 18 different user-selectable functions, plus the ability to change EEG gain *while the printer is running*. All functions and options can be displayed, then selected with alternating *rotations* and *presses* of the *FlexDial™*, according to the following general principles:

1. *Rotating the FlexDial™* in either direction provides a sequential display of all functions or options in that particular level. You can reach any other function or option in the same level by *rotating* the dial.
2. *Pressing the FlexDial™* selects the function or option displayed in the 8-character L.E.D. and advances to the next choice.
3. *Pressing, holding in, and rotating the FlexDial™ while the printer is running* allows the operator to rapidly change the gain in all EEG channels.

### TO ENTER FLEXDIAL™ MODE:

With power on, *press* the *FlexDial™*. The most recently selected *function* in the “SETTING” level will appear in the 8-character L.E.D. The *FlexDial™* dot L.E.D. will flash to indicate that you are now in the *FlexDial™* mode.

These function headings (e.g., “SETTING”, “PROGRAMS”, “INDEXES”, etc.) do not change a particular setting, but are the *FlexDial™* locations from which to select a range of related options. For example, selecting the “PROGRAMS” function, leads you to the options of: the traditional *DGx program*, three *Low Charge Rate programs*, the *Intermittent* (Pulse Volley) stimulus mode, the *double dose program* (where available) and the *USER* mode.

*NOTE: Pressing the FlexDial™ will select the above program being displayed. Once a function or option is selected with the FlexDial™ it remains in effect until changed, even when the unit is powered off.*

## TO EXIT FLEXDIAL™ MODE:

There are two ways to exit *FlexDial™* mode: *Pressing* the START/STOP button of the printer or *pressing* the IMPEDANCE TEST button. The *FlexDial™* dot L.E.D. will stop flashing upon exit.

1. *Pressing* the START/STOP button locks in the selection, generates a printed report of the 13 *FlexDial™* selections in effect and exits the *FlexDial™* mode.
2. *Pressing* the IMPEDANCE TEST button locks in the selections and exits the *FlexDial™* mode *without* generating a printed report.

## FLEXDIAL™ MODEL PROCEDURE

For the remainder of this manual, selection of *FlexDial™* functions and options will be shown by the following shorthand notation with the explanation listed below:

FLEXDIAL™ → [*function*] → [*options*]

1. *Press* the *FlexDial™* to display the most recently adjusted *FlexDial™* function.
2. *Rotate* the *FlexDial™* in either direction to display the desired function.
3. *Press* the *FlexDial™* to flash-display the option in effect for that function.
4. *Rotate* the *FlexDial™* to flash-display the other options.
5. *Press* the *FlexDial™* to select the desired option and advance to the next option (if there is one) or to return to *FlexDial™* function level.
6. *Press* the IMPEDANCE TEST or START/STOP button to lock in the option and to exit the *FlexDial™* mode.

*Example:*

FLEXDIAL™ → CH 3-4 → EMG-ECG, EEG-EEG means

1. *Press* the *FlexDial™* to display the most recently-adjusted *FlexDial™* function.
2. *Rotate* the *FlexDial™* in either direction to display the “CH 3-4” function.
3. *Press* the *FlexDial™* to flash-display the option in effect.
4. *Rotate* the *FlexDial™* to flash-display the options, EMG-ECG or EEG-EEG.
5. *Press* the *FlexDial™* to select the desired option and return to *FlexDial™* function level, “CH 3-4”.
6. *Press* the IMPEDANCE TEST or START/STOP button to lock in the option and to exit the *FlexDial™* mode.

## FLEXDIAL™ FUNCTIONS AND WHAT THEY CONTROL

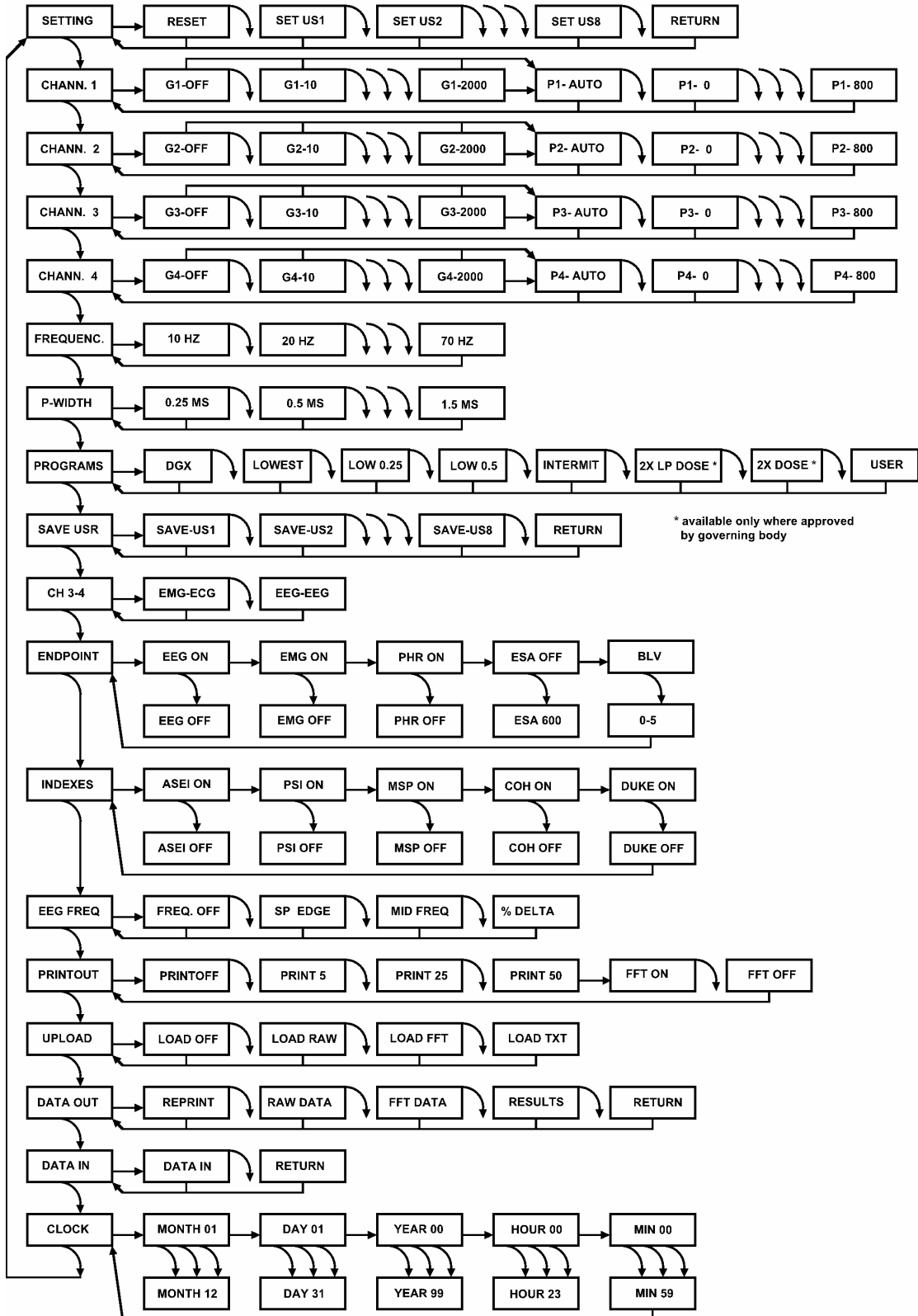
### FLEXDIAL™

#### FUNCTION      SELECTS THESE OPTIONS

<b>SETTING</b>	<b>Resets to factory specifications, loads up to 8 user set selections</b>
<b>CHANN. 1</b>	<b>Channel 1 gain and position settings</b>
<b>CHANN. 2</b>	<b>Channel 2 gain and position settings</b>
<b>CHANN. 3</b>	<b>Channel 3 gain and position settings</b>
<b>CHANN. 4</b>	<b>Channel 4 gain and position settings</b>
<b>FREQUENC</b>	<b>Stimulus frequency (10 Hz – 70 Hz in 7 steps)</b>
<b>P-WIDTH</b>	<b>Stimulus pulsewidth (0.25 ms – 1.5 ms in 6 steps) (0.3 ms available)</b>
<b>PROGRAMS</b>	<b>Selects from 7 factory pre-programmed or user stimulus programs</b>
<b>SAVE USR</b>	<b>Stores up to 8 user set selections</b>
<b>CH 3-4</b>	<b>Enables channels 3-4 to monitor either EMG-ECG or EEG-EEG</b>
<b>ENDPOINT</b>	<b>Enables endpoint detection of EEG, EMG, HR measures, prolonged seizure alert signal and Baseline Retention, BLV</b>
<b>INDEXES</b>	<b>Enables seizure quality measures</b>
<b>EEG FREQ</b>	<b>Selects one of three EEG measures</b>
<b>PRINTOUT</b>	<b>Enables printer and FFT printout, sets paper speed</b>
<b>UPLOAD</b>	<b>Enables sending treatment data to a PC automatically</b>
<b>DATA OUT</b>	<b>Reprints treatment just given; sends treatment data to PC</b>
<b>DATA IN</b>	<b>Accepts hospital's name from PC for the printed report; Accepts treatment data for re-printing treatment record</b>
<b>CLOCK</b>	<b>Sets month, day, year, hour, and minute on printed report</b>

*Additionally, pressing, holding in, and rotating the FlexDial™ while the thermal printer is running will change the gain in all EEG monitoring channels.*

*If the 0.3 ms pulsewidth is enabled, there are no 0.25 ms pulsewidth settings. All other pulsewidths are available.*



\* available only where approved by governing body

↓ PRESS ↻ ROTATE

## PAPER LOADING INSTRUCTIONS

The Thymatron® System IV printer paper holder is located just below Somatics' logo on the right side of the front panel. Press the arrow on the top cover release bar to open the printer cover door. Remove the cardboard sheets and place the fan folded paper pad inside. Make sure the black squares are on the right side and the warning strips on the bottom of the pad. Fold over the top sheet and feed these double sheets into the printer, just below the roller. The printer will automatically advance the paper to the correct point and stop. *Press and release* the START/STOP button to feed a sheet of paper.

## STIMULUS CABLE CONNECTION

Connect the plug of the *black* ECT stimulus cable into the jack labeled "ECT", located on the lower left front panel.

## MONITORING CABLE CONNECTION

Connect the plug of the *gray* EEG/ECG/EMG monitoring cable into the jack labeled "EEG/ECG/EMG", located on the lower left front panel, just to the right of symbol of the human figure inside a box.

**CAUTION:** The Treatment and Monitoring Cables are not interchangeable. They can not be inserted into the wrong connector. However, forcing them into the wrong place will damage the connectors or the cables.

## LEAD-WIRE CONNECTIONS

The Thymatron® System IV is shipped with 9 standard length (24 inch) lead-wires: 4 red, 4 black, and 1 green. Also included are 2 extra length (60 inch) brown lead-wires for recording EMG from the leg, if desired. Any combination of channels (from 1 to 4) can be used to monitor the patient. *Not all channels need to be used.* However, channel 1 *must* be used to obtain baseline EEG and seizure endpoints.

Plug the red lead-wires into the receptacles for channels 1, 2, 3 & 4 indicated by red dots at the flared end of the *gray* monitoring cable, and plug the black lead-wires into the *corresponding* receptacles for channels 1, 2, 3 & 4 indicated by black dots. Plug the green lead-wire into the green receptacle marked "*Iso Gnd*". If monitoring EMG from the leg, insert the brown lead-wires into the channel 3 receptacles (in any order) instead of the red and black lead-wires. The ordinary lifespan of a lead-wire is one year. With infrequent use some will last longer. Replacement lead-wires are available separately from the entire monitoring cable.

## SEIZURE MONITORING CONSIDERATIONS

Somatics' stick-on, snap monitoring electrodes, [Cat. # EEDS] are ideal for EEG, ECG and EMG monitoring. Their size and rectangular shape facilitate fronto-mastoid and bifrontal application without interfering with the stimulus electrodes. Prepare the skin sites by vigorously rubbing with an alcohol swab and wiping dry.

Polarity of recording electrodes can be important for EEG recording, so carefully follow the instructions below. Each recording channel takes one negative and one positive lead-wire, designated as black and red, respectively. On the monitoring cable, the holes facing the label are designated red (positive), and those on the side opposite from the label are designated black (negative). The 2 long lead-wires for recording EMG from the foot are color-coded brown for quick recognition since polarity is not an issue with either EMG recording.

The green ground lead-wire always plugs into the green-coded socket labeled ISO-GRND; only one ground is required no matter how many channels you monitor.

### Monitoring Electrode Placement:

We recommend two-channel EEG monitoring because it takes full advantage of all the special and unique monitoring features of the Thymatron® System IV, and with the splitter included, requires only one more lead-wire than single-channel EEG monitoring. If you do choose single-channel EEG monitoring we recommend a left fronto-mastoid placement because it can demonstrate seizure generalization to the left hemisphere when giving right unilateral ECT.

Regardless of how many channels you choose to monitor, Channel 1 must always be used for EEG in order to obtain a baseline EEG sample for the determination of the EEG endpoint and the EEG indexes, channel 3 must always be used to monitor EMG, channel 4 must always be used to monitor ECG, and the green ISO-GRND channel must always be used for the ground.

*The preferred 4-channel monitoring configuration using the splitter (EEG in channels 1 & 2, EMG in channel 3, and ECG in channel 4)*

**EEG:** fronto-mastoid EEG electrode placements are recommended. Place a monitoring electrode in the center of the forehead, another electrode over the left mastoid bone, and a third electrode over the right mastoid bone. Plug the two narrow ends of the splitter into the black positions for channel 1 and 2. Then connect a black lead-wire to the channel 1 position on the splitter, leaving the channel 2 position on the splitter empty. Connect this black lead-wire to the top front forehead monitoring electrode. Connect two red lead-wires to channel 1 & 2 red positions and clip the ends to the corresponding mastoid electrodes. Apply a monitoring electrode to either shoulder as a ground and connect it to the green lead-wire.

**ECG:** The great advantage of monitoring ECG with the Thymatron® System IV rather than (or in addition to) equipment provided by the anesthetist is that you get a permanent record of the heart rate printed every three seconds on the recording strip, plus an end-of-treatment printout of the baseline and peak heart rates, to help you assess the efficacy of the seizure just given.

Apply two monitoring electrodes over the anterior chest above and below the heart, spaced about 8” apart. Connect the channel 4 red and black lead-wires to the precordial electrodes in any order of polarity, and insert in the channel 4 holes.

**EMG:** The purpose of monitoring EMG is to provide an automated and highly accurate estimate of the motor seizure duration. Apply two monitoring electrodes spaced about 3” apart to a limb that has been cuffed to prevent the effects of the muscle-relaxant drug. Connect the channel 3 red and black lead-wires in any order of polarity to monitor from the patient’s arm and plug into the channel 3 holes. (Use the brown 60 inch lead-wires to monitor from the patient’s foot, as illustrated.)

*A 3-channel monitoring setup (EEG in channel 1, EMG in channel 3, and ECG in channel 4)*

For the preferred left fronto-mastoid EEG configuration, place one monitoring electrode above the left eyebrow and the other electrode over the left mastoid bone. Connect the channel 1 lead-wires to the monitoring electrodes in any order of polarity (no splitter is used), and connect the ECG and EMG electrodes, ground electrode, and lead-wires as described above.

*For 3 or 4-channel EEG monitoring (primarily used for research) use the electrode placements of your choice, remembering to keep the polarity (relationship of red and black lead-wires) consistent for corresponding channels on each side of the head. If you connect the red and black lead-wires to frontal and temporal monitoring electrodes, respectively, on the *left* side of the head, be sure to maintain the same polarity relationship when connecting the corresponding pair of frontal and temporal electrodes on the *right* side of the head. Apply a monitoring electrode to either shoulder as a ground and connect it to the green lead-wire clip.*

#### **CHANNELS 3 & 4 SELECTION**

EEG is always monitored from channels 1 & 2 and they are not user selectable. Channels 3 & 4 can monitor either EMG and ECG or two more channels of EEG. To select the monitoring options for channels 3 & 4, follow the procedure below:

***FlexDial™* → CH 3-4 → EMG-ECG; EEG-EEG**

## STIMULUS ELECTRODE APPLICATION

Apply the Thymapad™ adherent stimulus electrodes [Cat. # EPAD] supplied with the Thymatron® System IV, according to the directions, “Use of Thymapad™ Disposable ECT Stimulus Electrodes”. Clean the patient’s skin sites by rubbing vigorously with a *saline* moistened swab and pat dry. *Do not use solvents (e.g., alcohol) with Thymapad™ stimulus electrodes.* Spread 1-2 drops of Pre-Tac solution over the site and rub into the skin with a fingertip *until dry*. Remove a Thymapad™ from its wrapper, peel it from the plastic backing, and apply it firmly to the bare skin.

Insert the banana plug from the ECT stimulus cable into the plastic receptacle at the end of each Thymapad™ wire, until the entire conducting surface of each banana plug is covered and no metal shows. *Press* firmly once more on each Thymapad™ to ensure that it is properly applied and then test impedance.

For conventional *bitemporal* stimulus electrode placement, clean the skin sites over the temples as above. Remove a Thymapad™ from its wrapper and apply it firmly to the bare skin of the temple. Apply a second Thymapad™ to the other temple.

For *bifrontal* placement, place the center of each Thymapad™ 5 cm above the lateral angle of each orbit, about 14-15 cm apart. Before peeling the Thymapad™ from the backing, bend it to match the shape of the skull at each electrode site.

For Swartz’ *left-anterior right-temporal* (LART) placement, place the left-sided Thymapad™ above the left eye, with its lateral edge bordering the bony ridge between the forehead and the temple. Before peeling the left Thymapad™ from its backing, bend it to match the forehead’s curve. Place the right frontotemporal electrode exactly as described above for bitemporal ECT.

For *right unilateral* stimulus electrode placement, the d’Elia placement is recommended. Clean and dry the skin over the patient’s right temple as above. Remove a Thymapad™ from its wrapper, peel it from its plastic backing, and apply it firmly to the bare skin at the right temple. Part the hair on the right side of the head near the vertex and moisten the scalp thoroughly with a saline-soaked gauze pad or saline solution spray. Patients with dense, wiry hair may require full saline saturation of the hair and scalp area directly under the electrode. Apply a Thymapad™ to the site, holding it firmly in place with the special foam handle applicator supplied. (If the patient is bald at the near-vertex site, the upper Thymapad™ can be applied directly to the bare scalp after cleaning and drying as described above.)

## **IMPEDANCE TEST (FOR *STATIC* IMPEDANCE)**

Be sure the front panel **POWER** button is on, the ECT stimulus cable connected to the front panel and both stimulus electrodes are firmly applied. *Press* the front panel **IMPEDANCE TEST** button and observe the static impedance displayed in ohms, in the 8-digit L.E.D. Repeatedly checking impedance does not prevent ongoing monitoring or affect baseline EEG collection.

### **CAUTION: DO NOT PRESS THE “TREAT” BUTTON WHEN TESTING THE IMPEDANCE**

The static impedance test checks the quality of the skin-to-electrode contact. With the Thymatron® System IV, the static impedance should be greater than 100 ohms and less than 3000 ohms before the treatment stimulus dose is administered. A static impedance reading of less than 100 ohms suggests a short circuit, probably in the stimulus cable. An impedance reading of 3000 ohms or more appears as the flashing number 3000; if this occurs the impedance should be reduced by the following steps:

- a) Try pressing firmly on each Thymapad™ again while testing the impedance. This is especially important for the vertex electrode with unilateral ECT, which should be pressed vigorously in place with the foam handle applicator provided. Also for unilateral ECT, make sure that the hair and scalp under the vertex stimulus electrode are thoroughly moistened with a saline-soaked pad.
- b) If necessary, remove the Thymapad™, pass it under running water, shake off the excess water, wait a few minutes and then reapply the Thymapad™ by pressing it firmly into place.
- c) Check to make sure the electrodes have not slipped or twisted.
- d) Reposition the stimulus electrodes to minimize the amount of hair underneath.
- e) Increase pressure on the stimulus electrode by pressing harder with the foam handle applicator.
- f) Gently rub the skin under the stimulus electrodes with a fine emery board or Skin Prep tape (3-M) to remove the top layer of dead cells and sebum. Reapply the stimulus electrodes exactly as before.

A common reason for high impedance is that one or more steps were omitted from skin site preparation. Please be sure to follow each instruction step when using Thymapad™ stimulus electrodes.

During cold weather skin thickens and hardens, causing the static impedance to rise. Also, some patients have high readings despite all procedures. Try applying skin lotion to the electrode sites between treatments and shortly after waking on ECT days.

If the static impedance reading remains >3000 ohms after trying the above procedures, try replacing each Thymapad™, the lead-wires or the stimulus cable, in that order.

## **BASELINE EEG COLLECTION**

Prior to collecting a baseline EEG, be sure the automatic EEG endpoint detection feature of the Thymatron® System IV is enabled; the EEG monitoring electrodes are properly applied to the patient; the monitoring cable with attached lead-wires is connected to the front panel; and the lead-wires are clipped to the monitoring electrodes.

When the IMPEDANCE TEST button is pressed and held, the word “TESTING”, will briefly appear in the 8-digit L.E.D. Then a number ranging from 0 to >3000 ohm, representing the static impedance, will appear. When the IMPEDANCE TEST button is released, the number is replaced by the message “BASELINE”. The “BASELINE” message indicates that baseline EEG collection *is in progress*. When baseline EEG collection has been accomplished, the word “READY” will appear in the L.E.D. It normally takes about 6-10 seconds for “READY” to appear.

*However, moving the patient’s head, touching or moving the monitoring electrodes, lead-wires, or monitoring cable during baseline EEG collection will prolong the process by introducing EEG artifact. The less the patient and monitoring connections are moved or touched during baseline EEG collection, the sooner the “READY” message will appear and the patient will be ready to treat. If necessary, stop ventilating the patient for the few seconds it takes for the “READY” message to appear. Place the lead-wires so that they will not be disturbed by the anesthetist. Each pair of wires can be taped together about every 6 inches to minimize movement and artifact.*

*NOTE: If the “READY” message does not appear before the treatment stimulus dose is administered, there will be neither an Ictal Line™ nor EEG endpoint determinations or seizure quality measurements because an adequate baseline was not obtained. However, the treatment itself will not be affected.*

It is *not* necessary for the Thymapad™ stimulus electrodes to be applied in order to obtain a baseline EEG collection. Do not be concerned with an impedance reading >3000 ohms when no stimulus electrodes have been applied; baseline EEG collection will proceed anyway. Static impedance will be tested *after* the stimulus electrodes have been applied. Repeated pressing of the IMPEDANCE TEST button does not interfere with baseline EEG collection.

*TIP: It is strongly recommended to initiate baseline EEG collection by pressing the IMPEDANCE TEST button on the Thymatron® System IV’s front panel as soon as the monitoring electrodes and a ground electrode have been applied., even before applying the Thymapad™ stimulus electrodes (e.g., while the patient is fully awake and before anesthesia has been administered). This will provide the longest possible period of baseline EEG collection, maximizing the likelihood that a good baseline will be collected by the time the treatment stimulus is administered.*

## STIMULUS DOSE SELECTION

The Thymatron® System IV is shipped with the *LOW 0.5* program enabled. This is the recommended choice for the first treatment in all patients for whom there is no prior information concerning ECT response or seizure threshold. When desired, the *FlexDial™* can be used to select stimulus parameters specifically tailored to the patient's established requirements, or to select from among other factory- or user-set stimulus programs. However, we recommend use of the *LOW 0.5* program wherever possible, because it provides a broadly effective stimulus that is in the physiological range for most patients.

*Rotate* the PERCENT ENERGY dial to display the available stimulus settings (range: 5% to 100% ENERGY in 5% increments). Stop *rotating* the dial at the desired PERCENT ENERGY setting. A 1-second display then appears of the charge (mC) that corresponds to the PERCENT ENERGY setting, followed by a return to the PERCENT ENERGY number.

**NOTE:** The stimulus dose in mC that corresponds to any PERCENT ENERGY figure shown in the L.E.D. can be viewed again for 1 second by *rotating* the PERCENT ENERGY dial to either side and then back again.

Because stimulus duration is limited to a maximum of 8 seconds, the higher PERCENT ENERGY settings may not be available when the user selects pulsewidth or frequency values at the lower end of their ranges. Whenever the PERCENT ENERGY setting for a given pulsewidth and frequency would deliver a stimulus exceeding 8 seconds, the message “>8 S” will appear.

*However, all the factory-programmed preset programs shown in the next paragraph will work at all PERCENT ENERGY settings.*

Table 1 shows all the standard dosages and stimulus parameters for each PERCENT ENERGY setting.

## STIMULUS PROGRAMS: FACTORY PROGRAMMED

There are 7 factory set stimulus programs. The “LOW” programs automatically adjust the frequency to provide the longest stimulus duration available for a given PERCENT ENERGY setting; providing the optimum stimulus for each dose. The *LOW 0.5* program is the *only* preset program that will show as “PRESET” on the front panel L.E.D. (*Both Double Dose Programs are not available in USA or Canada*)

DGX	Reproduces the standard stimulus of the Thymatron® DGx
LOWEST	Automatically adjusts parameters to provide the lowest charge rate
LOW 0.25	Fixed 0.25 ms pulsewidth varies frequency to maximize duration
LOW 0.5	Fixed 0.5 ms pulsewidth, varies frequency to maximize duration
INTERMIT	Intermittent pulse-volley stimulus mimics the Siemens <i>Konvulsator</i>
2X LP	Double dose stimulus program using the lowest pulsewidth available*
2X DOSE	Double dose stimulus program* ( <i>*not available in USA or Canada</i> )

## STIMULUS PROGRAM SELECTION

Any standard (factory-programmed) setting can be selected using the procedure listed below. Or, to quickly change programs without the *FlexDial*<sup>™</sup>, *press, hold in* and *rotate* the PERCENT ENERGY dial. *Releasing* it selects the program displayed.

**FLEXDIAL<sup>™</sup> → PROGRAMS → DGX, LOWEST, LOW 0.25,  
LOW 0.5, INTERMIT, 2X LP, 2X DOSE, USER**

*Press* and *hold in* the PERCENT ENERGY dial at any time to display the stimulus program in effect. *Release* the dial to return to the PERCENT ENERGY display.

## FREQUENCY SELECTION

When a factory-programmed preset stimulus is in effect, frequency is *automatically adjusted* for any given PERCENT ENERGY setting. Selecting a specific frequency takes the Thymatron® System IV out of any preset program. To select a specific stimulus frequency:

**FLEXDIAL<sup>™</sup> → FREQUENC → 10, 20, 30, 40, 50, 60, 70 Hz**

## PULSEWIDTH SELECTION

When a factory-programmed preset stimulus is in effect, the pulsewidth is *automatically adjusted* for any given PERCENT ENERGY setting. Selecting a specific pulsewidth takes the Thymatron® System IV out of any preset program. To select a specific stimulus pulsewidth:

**FLEXDIAL<sup>™</sup> → P-WIDTH → 0.25, 0.5, 0.75, 1.0, 1.25, 1.5 ms**

Because stimulus duration is limited to a maximum of 8 seconds, the higher PERCENT ENERGY settings will not be available when *manually* setting the 0.25 ms pulsewidth, which will provide stimuli only up to the 50% ENERGY. However, when the LOW 0.25 program is in effect, stimuli of up to 100% ENERGY can be delivered because, for this program only, the frequency can go as high as 140 Hz.

## STIMULUS DOSE FOR *BILATERAL*, *BITEMPORAL*, *BIFRONTAL*, *LART ECT*

For the initial treatment, select the LOW 0.5 program. The PERCENT ENERGY dial should be set to approximately one-half the patient's age (e.g., 25% for a 50 year-old). If no seizure activity results, the PERCENT ENERGY setting should be increased to 100% and the patient re-stimulated within 30-60 seconds to maximize the likelihood of obtaining a therapeutically satisfactory seizure at the first treatment session.

Before the next treatment day, the patient's history and records should be reviewed to ensure that dehydration or ingestion of sedative-hypnotic or anticonvulsant medications have not contributed to the difficulty in obtaining a good seizure. Consideration should be given at the next treatment session to administering a stimulus dose at the patient's age or at maximum charge.

#### **STIMULUS DOSE FOR UNILATERAL ECT**

Satisfactory therapeutic results can be obtained with right unilateral ECT by simply setting the PERCENT ENERGY dial to approximate the patient's age in years (e.g., 75% for a 72 year-old patient). If a satisfactory seizure is not obtained to the initial stimulus with right unilateral ECT, proceed as described in the paragraphs above for bilateral ECT.

**NOTE:** Once a patient obtains a satisfactory seizure with a given PERCENT ENERGY stimulus dose with unilateral ECT, we *do not* recommend administering subsequent treatments with progressively lower settings in an attempt to deliver the smallest stimulus that will still induce a seizure. This is because minimum stimulus dosing has been associated with inadequate therapeutic efficacy for right unilateral ECT.

#### **STIMULUS TITRATION PROCEDURE**

For those who prefer to set the initial stimulus dose relative to the seizure threshold, a simple and practical stimulus titration schedule for unilateral ECT starts with an initial setting of 5% ENERGY, followed by re-stimulations at 5% ENERGY increments until a seizure occurs, to a maximum of 4 stimulations in a treatment session (on average, fewer than three stimuli are required). Once the seizure threshold is determined for a specific PERCENT ENERGY setting, the recommended dosing level for unilateral ECT is 4-6 times that threshold value (e.g., 60% to 90% ENERGY for a threshold value of 15% ENERGY).

Because seizure thresholds for bitemporal and bifrontal ECT are higher than those for right unilateral ECT, the initial dose for stimulus titration with bitemporal ECT should be 10% Energy, with 5% ENERGY increments as described above. The subsequent treatments should be administered at doses approximately 2 times this threshold (e.g., 40% ENERGY for a patient with 20% ENERGY seizure threshold).

#### **“BENCHMARK” METHOD FOR SETTING AND ADJUSTING STIMULUS**

Because neither seizure duration nor seizure threshold are systematically related to the clinical efficacy of an ECT treatment, you may wish to consider regulating the stimulus dose according to a physiological measurement that has been reported to correlate with treatment response (the "target measurement"). Possible target measurements include Postictal Suppression Index (PSI), Maximum Sustained Power (MSP), or peak heart rate (PEAK HR).

Unlike stimulus threshold titration, the benchmark method does not require administering consecutively increasing sub-threshold stimulus doses until a seizure is obtained. Rather, at the first ECT treatment a high enough stimulus dose is given to induce an expected vigorous and effective seizure in virtually all patients. The value for the benchmark measurement reported in the end-of-treatment report for this first ECT treatment is then used as a target for all subsequent treatments.

Selection of the initial stimulus dose for the benchmark method can be made by the fixed-dose method or an age-based method. A fixed dose of 75-90% ENERGY should be high enough for most patients, regardless of treatment electrode placement. Alternatively, the PERCENT ENERGY dial can be set to the patient's age for unilateral ECT, or to 50-75% ENERGY of the patient's age for the various bilateral placements: bitemporal, bifrontal, or LART.

Dosage should be adjusted for subsequent treatments to maintain the selected variable (PSI, MSP, peak HR) within about 5% of the established target, keeping in mind the often dramatic rise in seizure threshold across a course of treatment. Lower target values suggest that the treatment was less than fully effective; this might be acceptable for selected patients, but is clearly a matter of medical judgment.

Of course, as everywhere in medicine, clinical response is overriding. Patients whose EEG or peak heart rate reflect a high seizure quality at lower dosage levels, but who are not showing clinical improvement, might benefit from higher doses. Those who are enjoying a satisfactory clinical response despite apparently poor quality seizures may require no dose adjustment.

#### **DOUBLE DOSE STIMULUS PROGRAM** (*Not Available in USA or Canada*)

The double dose programs *automatically* vary the pulsewidth and frequency to obtain the longest duration possible for any given PERCENT ENERGY dial setting, up to 200% ENERGY or 1008 mC. The PERCENT ENERGY settings are in increments of 5% up to 100% ENERGY and then in increments of 10% up to 200% ENERGY. The double dose programs are selected as follows:

**FLEXDIAL™ → PROGRAMS → 2X DOSE**

**FLEXDIAL™ → PROGRAMS → 2X LP**

Table 2 of this manual shows the doses, pulsewidths, and frequencies that correspond to the PERCENT ENERGY dial settings for the double dose programs. The pulsewidth varies between 0.5 ms and 1.0 ms, while the frequency varies between 10 and 140 Hz.

## TREATMENT STIMULUS ADMINISTRATION

Flip up the clear plastic hinged cover over the “TREAT” button. *Press and hold* the button down until the treatment light comes on and then goes off again. While the “TREAT” button is held down, the following events will occur:

- a. A one second continuous tone warning signal comes on, during which no current is delivered. If the impedance is >3000, the warning tone is extended to 3 seconds. If the “TREAT” button is still pressed, the treatment will be delivered.
- b. The “TREAT” button lights up *and* an intermittent buzzing tone sounds while the current is being delivered.
- c. The “TREAT” button light and buzzing tone both turn off when the treatment stimulus ends. The “TREAT” button can then be released.
- d. The *Audible EEG*<sup>TM</sup> seizure monitor is activated (unless the volume is turned off) and the 4-channel printer automatically starts to provide a paper recording. If the printer is already running when the treatment stimulus is delivered, the printer will stop and automatically resume when the stimulus current ends.
- e. The 8-digit L.E.D. on the front panel automatically displays the number of seconds elapsed since the end of the stimulus.

*NOTE: It is important to continue pressing the “TREAT” button until the light and buzzing tone stop. Releasing the button early terminates the stimulus and delivers a smaller charge than intended. However, keeping pressure on the “TREAT” button after the stimulus ends, will not deliver additional stimulation. When holding the patient’s jaw or touching the patient, make sure electrically insulated gloves are used.*

## SEIZURE MONITORING

The Thymatron® System IV allows the physician to monitor the physiological variables of EEG, ECG, and EMG. The paper tracing provides the wave forms and beats per minute for the ECG. The EEG and EMG also appear on the tracings, with additional information provided.

### EEG SEIZURE MONITORING

- 1) The *Audible EEG*<sup>TM</sup> seizure monitor
- 2) The EEG paper recording
- 3) The Ictal Line<sup>TM</sup> seizure indicator
- 4) The EEG endpoint and indexes determined values

#### *Audible EEG*<sup>TM</sup> Seizure Monitor

This feature operates automatically when the “TREAT” button is pressed and released. The knob marked “VOLUME” on the back panel controls the volume of the tone. To inactivate this feature, turn the volume control knob all the way counterclockwise.

The pitch of the *Audible EEG™* signal varies with the amplitude of the EEG. It will waver and warble intensely and rapidly during the initial tonic phase. It becomes increasingly irregular, with superimposed staccato bursts, during the clonic phase, and tends to correspond to each muscular contraction. Seizure termination is marked by a change to a nearly steady tone with little modulation or variability. Each Thymatron® System IV is supplied with a cassette tape guide for the interpretation of the *Audible EEG™* seizure monitor.

### *EEG paper recording*

- a) *Paper EEG recording prior to the treatment stimulus* can be initiated (after the EEG electrodes have been properly applied) by pressing the “START/STOP” button on the front panel. This will provide a paper record of the patient’s baseline recording. The printer stops during treatment stimulus administration.
- b) *Automatic paper EEG recording* begins or resumes when the treatment stimulus ends. The EEG recording continues through ictal and postictal periods, until the “START/STOP” button is pressed, which generates the end-of-treatment report.

**NOTE:** Obtaining a paper baseline EEG record does not replace *the baseline EEG collection* procedures described above.

### *Ictal Line™ Seizure Indicator*

After baseline EEG collection is completed by the Thymatron® System IV and the “READY” message light appears, a thin black line is printed along the top of the paper recording strip when the EEG amplitude exceeds a specified baseline value. An unbroken, solid black line reflects continuous seizure activity. A broken or intermittent line reflects waxing and waning, or intermittent seizure activity. Complete cessation of the black line reflects EEG seizure termination, as determined by the Thymatron® System IV. *Wait several seconds before pressing the “START/STOP” button to terminate recording because the computer takes that long to process and report the seizure endpoints and indices.*

### *Endpoints and Indices*

A unique feature of the Thymatron® System IV, (U.S. patents: 4873981, 4878498, 5269302 and 5871517), provides two computer-determined estimates of the duration of the induced seizure, derived from the EEG and EMG data.

### **Automatic EEG Seizure Endpoint Determination**

The Thymatron® System IV continuously monitors the EEG for the endpoint of seizure activity and prints the EEG seizure duration, in seconds, on the end-of-treatment report, *provided the baseline EEG collection procedures have been properly followed and the “READY” message has appeared. (If the treatment stimulus is administered before the “READY” message appears, automatic EEG analysis will not occur and the end-of-treatment report will state the message “Baseline not available.”)*

In about 10-20% of ECT treatments, the EEG endpoint is not readily determined (Abrams, 1997). This typically occurs when paroxysmal activity decreases too gradually to provide a clear visual endpoint, or when the immediate post-seizure EEG contains high amplitude activity. In these circumstances, inability to detect a precise EEG endpoint is expected with any method of examination. The Ictal Line™ might show an on-again-off-again broken line pattern, and the end-of-treatment report might state: “EEG Endpoint is not detected”.

### Automatic EMG (Motor) Seizure Endpoint Determination

The Thymatron® System IV is shipped with the EMG monitor enabled in channel 3. When EMG monitoring electrodes have been properly applied, the lead-wires and monitoring cable connected, then EMG tracing automatically appears on the paper record after the treatment stimulus ends.

The Thymatron® System IV continuously monitors the EMG for motor seizure activity and prints the EMG endpoint seizure duration in seconds, on the end-of-treatment report. Baseline EMG collection is neither required, nor possible, in obtaining this measure.

*CAUTION: The computer-derived endpoint seizure duration measures, including the Ictal Line™ seizure indicator, are derived solely by calculation and are provided to aid, not replace, the physician’s judgment. It is possible for seizure activity to continue in the brain after any or all of the computer reports indicate seizure termination. It is also possible for artifact to be interpreted by the computer programs as seizure activity.*

### GAIN AND POSITION SETTINGS

The factory preset “GAIN” and “POSITION” settings should produce the best results. For those who prefer individualized settings, please note that “POSITION” is always set *after* “GAIN”, because positioning of the tracing on the recording paper depends on the amplitude, or gain of the signal. Thus, it is always necessary to set the “GAIN” in a specific channel *before* setting the “POSITION”.

**FLEXDIAL™ → CHANN. [n] → G[n]-10 to G[n]-2000 → P[n]-AUTO, P[n]-0 to P[n]-800**

G[n]-OFF	Turns off printing in channel [n]
G[n]-10 to G[n]-2000	Adjusts channel [n] gain (in microvolts)
P[n]-AUTO	Selects <i>automatic</i> positioning for printing channel [n]
P[n]-0 to P[n]-800	Adjusts position on strip from 0 (bottom) to 800 (top)

*NOTE: The amplitudes of the tracings decrease as the gain numbers increase.*

## TURN OFF PRINTING IN A CHANNEL

To turn off printing in a given channel, set the gain for that channel to “OFF”. If a given channel has been turned off, the other channels should be set to the “AUTO” position in order to evenly space the remaining tracings on the paper.

**FLEXDIAL™ → CHANN. [n] → G[n]-OFF**

## CHANGING EEG GAIN RAPIDLY

***TIP:** To rapidly change the gain in all EEG channels, while the printer is running, press, hold in and then rotate the FlexDial™ to print successive new gain values on the paper chart; release the FlexDial™ to lock in the desired value when it appears.*

## SEIZURE QUALITY MEASURES

The Thymatron® System IV provides 7 Seizure Quality Measures under the “INDEXES” function level that can be individually enabled/disabled. EEG monitoring must be enabled to obtain these measures. Their names and FlexDial™ designations are as follows:

<i>Average Seizure Energy Index</i>	ASEI ON/OFF
<i>Postictal Suppression Index</i>	PSI ON/OFF
<i>Maximum Sustained Power and Time to Peak Power</i>	MSP ON/OFF
<i>Maximum Sustained Coherence and Time to Peak Coherence</i>	COH ON/OFF
<i>Duke University Amplitude Measures</i>	DUKE ON/OFF

The AVERAGE SEIZURE ENERGY INDEX (ASEI) integrates the total ictal EEG power across the entire seizure and divides the result by the total seizure duration.

The POSTICTAL SUPPRESSION INDEX (PSI) measures the percentage decrease in ictal EEG amplitude immediately following seizure termination.

The MAXIMUM SUSTAINED POWER (MSP) measure reports the mean value of the 10-second EEG segment with the highest average power recorded during the seizure.

TIME TO PEAK POWER is the time elapsed from stimulus termination to the point of maximum EEG power.

The MAXIMUM SUSTAINED COHERENCE (COH) measure reports the mean value of the 5-second EEG segment with the highest average coherence recorded during the seizure.

**TIME TO PEAK COHERENCE** is the time elapsed from stimulus termination to the point of maximum EEG coherence.

**DUKE UNIVERSITY AMPLITUDE MEASURES** display the amplitudes of the 3 seizure segments (early ictal, mid-ictal, and post-ictal) reported by Duke University investigators to correlate with ECT treatment response.

#### **BASELINE RETENTION**

Baseline Retention, BLV, found under **ENDPOINTS**, is the length of time the EEG baseline will be kept in memory after the treatment. It can be set from 0 - 5 minutes. After this time a new EEG baseline must be acquired. This feature is useful for re-stimulation without acquiring a new EEG baseline.

#### **TO ENABLE/DISABLE SEIZURE QUALITY MEASURES**

**FLEXDIAL™ → INDEXES → AESI ON/OFF, PSI ON/OFF, MSP ON/OFF, COH ON/OFF, DUKE ON/OFF**

In the “INDEXES” function level, repeatedly *pressing* the *FlexDial™* will show a sequential flashing status display (ON/OFF) for ASEI, PSI, MSP, COH, and DUKE measures, in that order. *Rotating* the *FlexDial™* will flash-display the enable/disable (ON/OFF) options, for each index. *Press* the *FlexDial™* to select “ON” or “OFF” for each index and advance to the next. When the last index (DUKE) is enabled/disabled the display returns to INDEXES function level.

#### **EEG FREQUENCY MEASURES**

The Thymatron® System IV provides a continuously updated display of the user’s choice of one of 3 additional EEG measures: the *95% Spectral Edge Frequency* (the EEG frequency below which 95% of the total EEG power is found), the *Median Frequency* (the EEG frequency above and below which 50% of power is found) and the *Relative Delta Power* (the % EEG power found in the delta bandwidth: 1.5–3.5 Hz).

**FLEXDIAL™ → EEG FREQ → SP. EDGE, MID FREQ, % DELTA**

<b>SP. EDGE</b>	<b>95% Spectral Edge Frequency</b>
<b>MID FREQ</b>	<b>Median EEG frequency</b>
<b>% DELTA</b>	<b>Relative EEG power in the delta bandwidth</b>

When EEG FREQ is enabled with one of these options, baseline EEG collection has been obtained and the “READY” message appears, the values are continuously displayed in the 8-character L.E.D. After several seconds, the “READY” is replaced with the letter “R” to the right of the EEG values being displayed.

## PRINTER PAPER SPEED SELECTION

The Thymatron® System IV is shipped with the paper speed set to 25 mm/sec. Alternate paper speeds of 5 mm/sec and 50 mm/sec may be selected *or the printing turned off entirely*, as follows.

**FLEXDIAL™ → PRINTOUT → PRINT 5, PRINT 25, PRINT 50  
TURN OFF PRINTING ENTIRELY**

**FLEXDIAL™ → PRINTOUT → PRINTOFF**

## POWER SPECTRAL ANALYSIS (FFT) SELECTION

After the paper speed has been selected by *rotating* and then *pressing* the *FlexDial™*, the FFT option (“ON” or “OFF”) flash-displays. FFT (“Fast Fourier Transform”) is an algorithm for extracting frequency information from the EEG signal to perform a *Power Spectral Analysis* that displays the EEG frequencies in various bandwidths for advanced clinical or research purposes. The Thymatron® System IV is shipped with the FFT printout disabled; to enable this feature:

**FLEXDIAL™ → PRINTOUT → FFT ON, FFT OFF**

## USER SPECIFIED FLEXDIAL™ SELECTIONS

This feature allows the user to save and then recall up to 8 user-specified *FlexDial™* selections in the Thymatron® System IV memory. Individual doctors’ preferred range of *FlexDial™* settings can be saved as “USER” selections, or specific *FlexDial™* settings within a factory program can be saved, (e.g., turn channel 4 “OFF” and “UPLOAD” automatically.) Once the different user-specified selections have been made and locked in by *pressing* the IMPEDANCE TEST button or the START/STOP button, they may be saved as a USER selection as follows:

**FLEXDIAL™ → SAVE USR → SAVE US1-SAVE US8**

After they have been saved, these user-specified selections can be recalled using the “SETTING” function of the *FlexDial™* shell by selecting from the options “SET US1” through “SET US8”. *Be sure to remember or write down which number this specific configuration was saved as, so it can easily be recalled.*

**FLEXDIAL™ → SETTING → SET US1 – SET US8**

When a user-specified *FlexDial™* selection is in force, the “USER SET” dot L.E.D. on the front panel will light.

## RESET FLEXDIAL™ SETTINGS TO FACTORY VALUES

The factory-programmed values listed below for the 13 *FlexDial*™-selectable settings can be *reset* as a group as follows:

### FLEXDIAL™ → SETTING → RESET

Chann. 1.....G1--200  $\mu$ V; P1--AUTO  
Chann. 2.....G2--200  $\mu$ V; P2--AUTO  
Chann. 3.....G3--1000  $\mu$ V; P3--AUTO  
Chann. 4.....G4--1000  $\mu$ V; P4--AUTO  
FREQUENC.....Variable with LOW 0.5 program  
P-WIDTH.....0.5mS  
PROGRAMS....LOW 0.5 program  
CH. 3-4.....EMG-ECG  
ENDPOINT.....EEG-ON; EMG-ON; HR-ON; PHR-ON; ESA-OFF; BLV-2  
INDEXES.....ASEI-ON; PSI-ON; MSP-ON; COH-ON; DUKE-OFF  
EEG FREQ.....FREQ. OFF  
PRINTOUT.....PRINT-25; FFT-OFF  
UPLOAD.....LOAD - OFF

**TIP:** To quickly reset all values to factory settings right after the “SELFTEST” has been performed at power-on, *press* the *FlexDial*™ three times in a row, then *press* the IMPEDANCE TEST button.

To print a report showing all the *FlexDial*™ settings in effect at any given time, simply *press* the *FlexDial*™ to enter any function level and then *press* the START/STOP button.

## TRANSFERRING DATA BETWEEN A PC AND THYMATRON® SYSTEM IV

The Thymatron® System IV allows the operator either to send data (upload) or to receive data (input or download) from a personal computer. The data transfers all require using GENIE™ IV software, which is included with the Thymatron® System IV. The data can be *alphanumeric*, such as the name of the hospital or patient information, or it can be *digitized* EEG, ECG, or EMG.

With the exception of the hospital’s name, all data to be downloaded must have been first uploaded to a PC using the GENIE™ IV software. One reason for downloading this data to the Thymatron® System IV would be to print a paper copy of an earlier treatment.

**NOTE:** All procedures listed below require the GENIE™ IV software to be installed on a PC connected to the Thymatron® System IV through the rear panel RS 232 serial port and the GENIE™ IV software program opened to the proper section. Please consult the GENIE™ IV manual for further details.

## INPUT HOSPITAL NAME FOR THE PRINTED REPORT

This name will replace the Thymatron® System IV, S/N line on the start-up report.

### FLEXDIAL™ → DATA IN → DATA IN

1. Press the *FlexDial*™ to display the most recently adjusted *FlexDial*™ function.
2. Rotate the *FlexDial*™ until “DATA IN” is displayed.
3. Press the *FlexDial*™ once; “DATA IN” will flash-display.
4. Press the *FlexDial*™ again; “IN ← ← ←” will flash-display.
5. On the PC, from the GENIE™ IV software main menu, click on CONNECT → SEND NAME.
6. Type in hospital name in the “Name to Send” box and click “Send”.
7. Press the “IMPEDANCE TEST” or “START/STOP” button to exit the *FlexDial*™ mode.

## DOWNLOAD PRE-RECORDED TREATMENT DATA FROM PC FOR REPRINTING BY THYMATRON® SYSTEM IV

### FLEXDIAL™ → DATA IN → DATA IN

This feature allows for previously recorded treatment data to be sent back to the Thymatron® System IV. Once the data has been received back in the Thymatron® System IV, it can then be reprinted using the “REPRINT” option in the “DATA OUT” function level.

1. Press the *FlexDial*™ to display the most recently adjusted *FlexDial*™ function.
2. Rotate the *FlexDial*™ until “DATA IN” is displayed.
3. Press the *FlexDial*™ once; “DATA IN” will flash-display.
4. Press the *FlexDial*™ again; “IN← ← ←” will flash-display.
5. On the PC, from the GENIE™ IV software main menu, click on FILE → OPEN. Highlight the file to be sent and click OPEN. From the main menu, click on CONNECT → SEND DATA.
6. Transfer is complete when the display stops flashing and returns to “DATA IN”.
7. Press the “IMPEDANCE TEST” or “START/STOP” button to exit the *FlexDial*™ mode.

This treatment data will now replace that of the last treatment given and will stay in the Thymatron® System IV memory until the unit is turned off or another treatment is given. To reprint this treatment on a paper record, see the DATA OUT section below.

## UPLOAD TREATMENT DATA AUTOMATICALLY TO A PC

This feature allows for the automatic transfer of the treatment data to a PC after the printed end-of-treatment report. The PC must be connected to the Thymatron®

System IV and the Genie™ IV software opened to the correct function; please review the GENIE™ IV manual for further details. The options are as follows:

<b>LOAD OFF</b>	Disables UPLOAD function and no data will be transferred.
<b>LOAD RAW</b>	Sends all EEG data, including the FFT points and end-of-treatment report.
<b>LOAD FFT</b>	Sends all FFT points and end-of-treatment report.
<b>LOAD TXT</b>	Sends ASCII file of the end-of-treatment report.

**FLEXDIAL™ → UPLOAD → LOAD OFF, LOAD RAW, LOAD FFT, LOAD TXT**

1. *Press the FlexDial™ to display the most recently adjusted FlexDial™ function.*
2. *Rotate the FlexDial™ until “UPLOAD” is displayed.*
3. *Press and rotate the FlexDial™ to flash-display the above options.*
4. *Press the FlexDial™ to select the desired option, usually “LOAD RAW”.*
5. *Press the “IMPEDANCE TEST” or “START/STOP” button to exit the FlexDial™ mode.*

After the patient is treated and the end-of-treatment report is printed, the Thymatron® System IV is ready to send the data to the PC. Make sure all the connections are correct and the GENIE™ IV software is opened. From the GENIE™ IV main menu click on CONNECT → AUTO UPLOAD. A small screen will pop up showing the progress of the transfer. When the transfer is complete a new REPORT screen pops up with the treatment date and time.

*Note: The transferred file will be automatically saved as the “date and time” of the treatment. This file can then be renamed and saved under the proper patient’s file by selecting from the GENIE™ IV main menu FILE → SAVE AS.*

#### **MONITOR EEG/EMG/ECG ON THE PC SCREEN**

This feature allows for real-time monitoring of all enabled EEG/EMG/ECG channels via the PC screen, providing a constantly updated display of the actual EEG/EMG/ECG tracings before and after the treatment stimulus has been administered. *This monitoring will not affect the printed paper recording.*

Before starting to monitor, make sure all the connections are correct and the GENIE™ IV software is opened. From the GENIE™ IV main menu, click on WINDOW → GRAPH. From the main menu, click on TOOLS → PLAY CONTROL and then TOOLS → CHANNEL SETTING. Adjust the size of the graph screen to allow for these two pop up screens. To start the monitoring, follow the procedure below:

1. *Press the IMPEDANCE TEST button to begin sending data.*
2. *Click on MONITOR in the PLAY CONTROL section.*

The monitoring will stop while the treatment stimulus is given with the “TREAT” button and it will automatically re-start after the stimulus is completed. The monitoring function will not interfere with the paper recording function as both will proceed at the same time. When the “START/STOP” button is pressed, the monitoring will also stop.

*NOTE: To combine the monitoring and automatic upload features, go to the GENIE™ IV main menu, click on CONNECT → AUTO UPLOAD. A small screen will pop up with the date & time for the name. Re-name the file using the patient’s information, if desired and click UPLOAD. From the GENIE™ IV main menu, click on WINDOWS → GRAPH and then TOOLS → PLAY CONTROL and TOOLS → CHANNEL SETTING as above.*

## OUTPUT TREATMENT DATA MANUALLY

This feature allows for manual transfer of the treatment data after the end of a given treatment. The Thymatron® System IV stores only the last treatment in memory. If the unit is turned off or another treatment is given before data transfer, this data will be lost. This feature can be used when an occasional treatment is to be stored on the PC. Make sure all the connections are correct and the GENIE™ IV procedures are followed. Please review the GENIE™ IV manual. The options for “DATA OUT” are:

- REPRINT** Reprints a complete record of the treatment just given, or can be used to reprint the treatment data just received from the PC.
- RAW DATA** Sends all data including the FFT points and end-of-treatment report.
- FFT DATA** Sends the FFT points and end-of-treatment report.
- RESULTS** Sends ASCII files of end-of-treatment report.
- RETURN** Returns to the DATA OUT function level of the *FlexDial™*.

## FLEXDIAL™ → DATA OUT → REPRINT, RAW DATA, FFT DATA, RESULTS, RETURN

1. Press the *FlexDial™* to display the most recently adjusted *FlexDial™* function.
2. Rotate the *FlexDial™* until “DATA OUT” is displayed.
3. Press and rotate the *FlexDial™* to flash-display the options listed above.
4. Press the *FlexDial™* to select the desired option, usually “RAW DATA”.
5. The message “OUT → → →” appears as the data is transferred to the computer.
6. If no treatment data is stored in memory the message “EMPTY” will flash and no data transfer will occur.
7. From the GENIE™ IV main menu, click on CONNECT → RECEIVE DATA. The small pop up screen will display the transfer progress. When finished, a new pop up screen, REPORT will contain the data. This file may be saved using the main menu FILE → SAVE AS feature.
8. When the transfer is complete, the *FlexDial™* display returns to “DATA OUT”.
9. Press the “IMPEDANCE TEST” or “START/STOP” button to exit the *FlexDial™* mode.

## REPRINT THE LAST TREATMENT

The Thymatron® System IV automatically stores the last treatment in memory. If the recording paper runs out or is damaged, the last treatment can be reprinted using this feature. This “REPRINT” feature also allows for the reprinting of the treatment data *just* transferred to the Thymatron® System IV from the PC. In either case, the only treatment reprinted will be the last one in the memory. *If the unit is turned off, another treatment is transferred from the computer or another treatment is given, the earlier treatment data will be lost.* The procedure for reprinting the treatment data is:

### FLEXDIAL™ → DATA OUT → REPRINT

While the treatment data is being reprinted, the “REPRINT” message will flash until all the data has been reprinted, after which the printer will automatically stop, providing the original data contained an end-of-treatment report.

## SET DATE & TIME IN PRINTED REPORT

To change/reset the time or date, use the following procedure. Enter the *FlexDial*™ mode, *rotate* to the “CLOCK” function level and then alternate *pressing* and *rotating* the *FlexDial*™ to make the following selections:

### FLEXDIAL™ → CLOCK → MONTH → DAY → YEAR → HOUR → MIN

MONTH	01 - 12
DAY	01 - 31
YEAR	00 - 99
HOUR	00 - 24
MIN	00 - 60

**TABLE 1: STANDARD DOSE STIMULUS PARAMETERS: STIMULUS DURATION (in seconds), CHARGE (in mC), AND JOULES (AT 220 OHMS IMPEDANCE) AT EVERY PERCENT ENERGY DIAL SETTING FOR ALL PW AND FREQUENCY COMBINATIONS**

FREQ = 10		PW= .25	
DIAL	DURATION	mC	JOULES
5 %	5.60	25.2	5.0
FREQ = 20		PW= .25	
DIAL	DURATION	mC	JOULES
5 %	2.80	25.2	5.0
10 %	5.60	50.4	10.0
FREQ = 30		PW= .25	
DIAL	DURATION	mC	JOULES
5 %	1.87	25.2	5.0
10 %	3.73	50.4	10.0
15 %	5.60	75.6	15.0
20 %	7.47	100.8	20.0
FREQ = 40		PW= .25	
DIAL	DURATION	mC	JOULES
5 %	1.40	25.2	5.0
10 %	2.80	50.4	10.0
15 %	4.20	75.6	15.0
20 %	5.60	100.8	20.0
25 %	7.00	126	24.9
FREQ = 50		PW= .25	
DIAL	DURATION	mC	JOULES
5 %	1.12	25.2	5.0
10 %	2.24	50.4	10.0
15 %	3.36	75.6	15.0
20 %	4.48	100.8	20.0
25 %	5.60	126	24.9
30 %	6.72	151.2	29.9
35 %	7.84	176.4	34.9
FREQ = 60		PW= .25	
DIAL	DURATION	mC	JOULES
5 %	0.93	25.2	5.0
10 %	1.87	50.4	10.0
15 %	2.80	75.6	15.0
20 %	3.73	100.8	20.0
25 %	4.67	126	24.9
30 %	5.60	151.2	29.9
35 %	6.53	176.4	34.9
40 %	7.47	201.6	39.9
FREQ = 70		PW= .25	
DIAL	DURATION	mC	JOULES
5 %	0.80	25.2	5.0
10 %	1.60	50.4	10.0
15 %	2.40	75.6	15.0

20 %	3.20	100.8	20.0
25 %	4.00	126	24.9
30 %	4.80	151.2	29.9
35 %	5.60	176.4	34.9
40 %	6.40	201.6	39.9
45 %	7.20	226.8	44.9
50 %	8.00	252	49.9
FREQ = 10 PW= .5			
DIAL	DURATION	mC	JOULES
5 %	2.80	25.2	5.0
10 %	5.60	50.4	10.0
FREQ = 20 PW= .5			
DIAL	DURATION	mC	JOULES
5 %	1.40	25.2	5.0
10 %	2.80	50.4	10.0
15 %	4.20	75.6	15.0
20 %	5.60	100.8	20.0
25 %	7.00	126	24.9
FREQ = 30 PW= .5			
DIAL	DURATION	mC	JOULES
5 %	0.93	25.2	5.0
10 %	1.87	50.4	10.0
15 %	2.80	75.6	15.0
20 %	3.73	100.8	20.0
25 %	4.67	126	24.9
30 %	5.60	151.2	29.9
35 %	6.53	176.4	34.9
40 %	7.47	201.6	39.9
FREQ = 40 PW= .5			
DIAL	DURATION	mC	JOULES
5 %	0.70	25.2	5.0
10 %	1.40	50.4	10.0
15 %	2.10	75.6	15.0
20 %	2.80	100.8	20.0
25 %	3.50	126	24.9
30 %	4.20	151.2	29.9
35 %	4.90	176.4	34.9
40 %	5.60	201.6	39.9
45 %	6.30	226.8	44.9
50 %	7.00	252	49.9
55 %	7.70	277.2	54.9
FREQ = 50 PW= .5			
DIAL	DURATION	mC	JOULES
5 %	0.56	25.2	5.0
10 %	1.12	50.4	10.0
15 %	1.68	75.6	15.0
20 %	2.24	100.8	20.0
25 %	2.80	126	24.9
30 %	3.36	151.2	29.9
35 %	3.92	176.4	34.9
40 %	4.48	201.6	39.9
45 %	5.04	226.8	44.9

50 %	5.60	252	49.9
55 %	6.16	277.2	54.9
60 %	6.72	302.4	59.9
65 %	7.28	327.6	64.9
70 %	7.84	352.8	69.9

FREQ = 60 PW= .5

DIAL	DURATION	mC	JOULES
5 %	0.47	25.2	5.0
10 %	0.93	50.4	10.0
15 %	1.40	75.6	15.0
20 %	1.87	100.8	20.0
25 %	2.33	126	24.9
30 %	2.80	151.2	29.9
35 %	3.27	176.4	34.9
40 %	3.73	201.6	39.9
45 %	4.20	226.8	44.9
50 %	4.67	252	49.9
55 %	5.13	277.2	54.9
60 %	5.60	302.4	59.9
65 %	6.07	327.6	64.9
70 %	6.53	352.8	69.9
75 %	7.00	378	74.8
80 %	7.47	403.2	79.8
85 %	7.93	428.4	84.8

FREQ = 70 PW= .5

DIAL	DURATION	mC	JOULES
5 %	0.40	25.2	5.0
10 %	0.80	50.4	10.0
15 %	1.20	75.6	15.0
20 %	1.60	100.8	20.0
25 %	2.00	126	24.9
30 %	2.40	151.2	29.9
35 %	2.80	176.4	34.9
40 %	3.20	201.6	39.9
45 %	3.60	226.8	44.9
50 %	4.00	252	49.9
55 %	4.40	277.2	54.9
60 %	4.80	302.4	59.9
65 %	5.20	327.6	64.9
70 %	5.60	352.8	69.9
75 %	6.00	378	74.8
80 %	6.40	403.2	79.8
85 %	6.80	428.4	84.8
90 %	7.20	453.6	89.8
95 %	7.60	478.8	94.8
100 %	8.00	504	99.8

FREQ = 10 PW= .75

DIAL	DURATION	mC	JOULES
5 %	1.87	25.2	5.0
10 %	3.73	50.4	10.0
15 %	5.60	75.6	15.0
20 %	7.47	100.8	20.0

FREQ = 20 PW= .75

DIAL	DURATION	mC	JOULES
5 %	0.93	25.2	5.0
10 %	1.87	50.4	10.0
15 %	2.80	75.6	15.0
20 %	3.73	100.8	20.0
25 %	4.67	126	24.9
30 %	5.60	151.2	29.9
35 %	6.53	176.4	34.9
40 %	7.47	201.6	39.9

FREQ = 30 PW= .75

DIAL	DURATION	mC	JOULES
5 %	0.62	25.2	5.0
10 %	1.24	50.4	10.0
15 %	1.87	75.6	15.0
20 %	2.49	100.8	20.0
25 %	3.11	126	24.9
30 %	3.73	151.2	29.9
35 %	4.36	176.4	34.9
40 %	4.98	201.6	39.9
45 %	5.60	226.8	44.9
50 %	6.22	252	49.9
55 %	6.84	277.2	54.9
60 %	7.47	302.4	59.9

FREQ = 40 PW= .75

DIAL	DURATION	mC	JOULES
5 %	0.47	25.2	5.0
10 %	0.93	50.4	10.0
15 %	1.40	75.6	15.0
20 %	1.87	100.8	20.0
25 %	2.33	126	24.9
30 %	2.80	151.2	29.9
35 %	3.27	176.4	34.9
40 %	3.73	201.6	39.9
45 %	4.20	226.8	44.9
50 %	4.67	252	49.9
55 %	5.13	277.2	54.9
60 %	5.60	302.4	59.9
65 %	6.07	327.6	64.9
70 %	6.53	352.8	69.9
75 %	7.00	378	74.8
80 %	7.47	403.2	79.8
85 %	7.93	428.4	84.8

FREQ = 50 PW= .75

DIAL	DURATION	mC	JOULES
5 %	0.37	25.2	5.0
10 %	0.75	50.4	10.0
15 %	1.12	75.6	15.0
20 %	1.49	100.8	20.0
25 %	1.87	126	24.9
30 %	2.24	151.2	29.9
35 %	2.61	176.4	34.9
40 %	2.99	201.6	39.9
45 %	3.36	226.8	44.9

50 %	3.73	252	49.9
55 %	4.11	277.2	54.9
60 %	4.48	302.4	59.9
65 %	4.85	327.6	64.9
70 %	5.23	352.8	69.9
75 %	5.60	378	74.8
80 %	5.97	403.2	79.8
85 %	6.35	428.4	84.8
90 %	6.72	453.6	89.8
95 %	7.09	478.8	94.8
100 %	7.47	504	99.8

FREQ = 60 PW= .75

DIAL	DURATION	mC	JOULES
5 %	0.31	25.2	5.0
10 %	0.62	50.4	10.0
15 %	0.93	75.6	15.0
20 %	1.24	100.8	20.0
25 %	1.56	126	24.9
30 %	1.87	151.2	29.9
35 %	2.18	176.4	34.9
40 %	2.49	201.6	39.9
45 %	2.80	226.8	44.9
50 %	3.11	252	49.9
55 %	3.42	277.2	54.9
60 %	3.73	302.4	59.9
65 %	4.04	327.6	64.9
70 %	4.36	352.8	69.9
75 %	4.67	378	74.8
80 %	4.98	403.2	79.8
85 %	5.29	428.4	84.8
90 %	5.60	453.6	89.8
95 %	5.91	478.8	94.8
100 %	6.22	504	99.8

FREQ = 70 PW= .75

DIAL	DURATION	mC	JOULES
5 %	0.27	25.2	5.0
10 %	0.53	50.4	10.0
15 %	0.80	75.6	15.0
20 %	1.07	100.8	20.0
25 %	1.33	126	24.9
30 %	1.60	151.2	29.9
35 %	1.87	176.4	34.9
40 %	2.13	201.6	39.9
45 %	2.40	226.8	44.9
50 %	2.67	252	49.9
55 %	2.93	277.2	54.9
60 %	3.20	302.4	59.9
65 %	3.47	327.6	64.9
70 %	3.73	352.8	69.9
75 %	4.00	378	74.8
80 %	4.27	403.2	79.8
85 %	4.53	428.4	84.8
90 %	4.80	453.6	89.8
95 %	5.07	478.8	94.8
100 %	5.33	504	99.8

FREQ = 10		PW= 1	
DIAL	DURATION	mC	JOULES
5 %	1.40	25.2	5.0
10 %	2.80	50.4	10.0
15 %	4.20	75.6	15.0
20 %	5.60	100.8	20.0
25 %	7.00	126	24.9

FREQ = 20		PW= 1	
DIAL	DURATION	mC	JOULES
5 %	0.70	25.2	5.0
10 %	1.40	50.4	10.0
15 %	2.10	75.6	15.0
20 %	2.80	100.8	20.0
25 %	3.50	126	24.9
30 %	4.20	151.2	29.9
35 %	4.90	176.4	34.9
40 %	5.60	201.6	39.9
45 %	6.30	226.8	44.9
50 %	7.00	252	49.9
55 %	7.70	277.2	54.9

FREQ = 30		PW= 1	
DIAL	DURATION	mC	JOULES
5 %	0.47	25.2	5.0
10 %	0.93	50.4	10.0
15 %	1.40	75.6	15.0
20 %	1.87	100.8	20.0
25 %	2.33	126	24.9
30 %	2.80	151.2	29.9
35 %	3.27	176.4	34.9
40 %	3.73	201.6	39.9
45 %	4.20	226.8	44.9
50 %	4.67	252	49.9
55 %	5.13	277.2	54.9
60 %	5.60	302.4	59.9
65 %	6.07	327.6	64.9
70 %	6.53	352.8	69.9
75 %	7.00	378	74.8
80 %	7.47	403.2	79.8
85 %	7.93	428.4	84.8

FREQ = 40		PW= 1	
DIAL	DURATION	mC	JOULES
5 %	0.35	25.2	5.0
10 %	0.70	50.4	10.0
15 %	1.05	75.6	15.0
20 %	1.40	100.8	20.0
25 %	1.75	126	24.9
30 %	2.10	151.2	29.9
35 %	2.45	176.4	34.9
40 %	2.80	201.6	39.9
45 %	3.15	226.8	44.9
50 %	3.50	252	49.9
55 %	3.85	277.2	54.9
60 %	4.20	302.4	59.9

65 %	4.55	327.6	64.9
70 %	4.90	352.8	69.9
75 %	5.25	378	74.8
80 %	5.60	403.2	79.8
85 %	5.95	428.4	84.8
90 %	6.30	453.6	89.8
95 %	6.65	478.8	94.8
100 %	7.00	504	99.8

FREQ = 50

PW= 1

DIAL	DURATION	mC	JOULES
5 %	0.28	25.2	5.0
10 %	0.56	50.4	10.0
15 %	0.84	75.6	15.0
20 %	1.12	100.8	20.0
25 %	1.40	126	24.9
30 %	1.68	151.2	29.9
35 %	1.96	176.4	34.9
40 %	2.24	201.6	39.9
45 %	2.52	226.8	44.9
50 %	2.80	252	49.9
55 %	3.08	277.2	54.9
60 %	3.36	302.4	59.9
65 %	3.64	327.6	64.9
70 %	3.92	352.8	69.9
75 %	4.20	378	74.8
80 %	4.48	403.2	79.8
85 %	4.76	428.4	84.8
90 %	5.04	453.6	89.8
95 %	5.32	478.8	94.8
100 %	5.60	504	99.8

FREQ = 60

PW= 1

DIAL	DURATION	mC	JOULES
5 %	0.23	25.2	5.0
10 %	0.47	50.4	10.0
15 %	0.70	75.6	15.0
20 %	0.93	100.8	20.0
25 %	1.17	126	24.9
30 %	1.40	151.2	29.9
35 %	1.63	176.4	34.9
40 %	1.87	201.6	39.9
45 %	2.10	226.8	44.9
50 %	2.33	252	49.9
55 %	2.57	277.2	54.9
60 %	2.80	302.4	59.9
65 %	3.03	327.6	64.9
70 %	3.27	352.8	69.9
75 %	3.50	378	74.8
80 %	3.73	403.2	79.8
85 %	3.97	428.4	84.8
90 %	4.20	453.6	89.8
95 %	4.43	478.8	94.8
100 %	4.67	504	99.8

FREQ = 70		PW= 1	
DIAL	DURATION	mC	JOULES
5 %	0.20	25.2	5.0
10 %	0.40	50.4	10.0
15 %	0.60	75.6	15.0
20 %	0.80	100.8	20.0
25 %	1.00	126	24.9
30 %	1.20	151.2	29.9
35 %	1.40	176.4	34.9
40 %	1.60	201.6	39.9
45 %	1.80	226.8	44.9
50 %	2.00	252	49.9
55 %	2.20	277.2	54.9
60 %	2.40	302.4	59.9
65 %	2.60	327.6	64.9
70 %	2.80	352.8	69.9
75 %	3.00	378	74.8
80 %	3.20	403.2	79.8
85 %	3.40	428.4	84.8
90 %	3.60	453.6	89.8
95 %	3.80	478.8	94.8
100 %	4.00	504	99.8

FREQ = 10		PW= 1.25	
DIAL	DURATION	mC	JOULES
5 %	1.12	25.2	5.0
10 %	2.24	50.4	10.0
15 %	3.36	75.6	15.0
20 %	4.48	100.8	20.0
25 %	5.60	126	24.9
30 %	6.72	151.2	29.9
35 %	7.84	176.4	34.9

FREQ = 20		PW= 1.25	
DIAL	DURATION	mC	JOULES
5 %	0.56	25.2	5.0
10 %	1.12	50.4	10.0
15 %	1.68	75.6	15.0
20 %	2.24	100.8	20.0
25 %	2.80	126	24.9
30 %	3.36	151.2	29.9
35 %	3.92	176.4	34.9
40 %	4.48	201.6	39.9
45 %	5.04	226.8	44.9
50 %	5.60	252	49.9
55 %	6.16	277.2	54.9
60 %	6.72	302.4	59.9
65 %	7.28	327.6	64.9
70 %	7.84	352.8	69.9

FREQ = 30		PW= 1.25	
DIAL	DURATION	mC	JOULES
5 %	0.37	25.2	5.0
10 %	0.75	50.4	10.0
15 %	1.12	75.6	15.0
20 %	1.49	100.8	20.0
25 %	1.87	126	24.9

30 %	2.24	151.2	29.9
35 %	2.61	176.4	34.9
40 %	2.99	201.6	39.9
45 %	3.36	226.8	44.9
50 %	3.73	252	49.9
55 %	4.11	277.2	54.9
60 %	4.48	302.4	59.9
65 %	4.85	327.6	64.9
70 %	5.23	352.8	69.9
75 %	5.60	378	74.8
80 %	5.97	403.2	79.8
85 %	6.35	428.4	84.8
90 %	6.72	453.6	89.8
95 %	7.09	478.8	94.8
100 %	7.47	504	99.8

FREQ = 40

PW= 1.25

DIAL	DURATION	mC	JOULES
5 %	0.28	25.2	5.0
10 %	0.56	50.4	10.0
15 %	0.84	75.6	15.0
20 %	1.12	100.8	20.0
25 %	1.40	126	24.9
30 %	1.68	151.2	29.9
35 %	1.96	176.4	34.9
40 %	2.24	201.6	39.9
45 %	2.52	226.8	44.9
50 %	2.80	252	49.9
55 %	3.08	277.2	54.9
60 %	3.36	302.4	59.9
65 %	3.64	327.6	64.9
70 %	3.92	352.8	69.9
75 %	4.20	378	74.8
80 %	4.48	403.2	79.8
85 %	4.76	428.4	84.8
90 %	5.04	453.6	89.8
95 %	5.32	478.8	94.8
100 %	5.60	504	99.8

FREQ = 50

PW= 1.25

DIAL	DURATION	mC	JOULES
5 %	0.22	25.2	5.0
10 %	0.45	50.4	10.0
15 %	0.67	75.6	15.0
20 %	0.90	100.8	20.0
25 %	1.12	126	24.9
30 %	1.34	151.2	29.9
35 %	1.57	176.4	34.9
40 %	1.79	201.6	39.9
45 %	2.02	226.8	44.9
50 %	2.24	252	49.9
55 %	2.46	277.2	54.9
60 %	2.69	302.4	59.9
65 %	2.91	327.6	64.9
70 %	3.14	352.8	69.9
75 %	3.36	378	74.8
80 %	3.58	403.2	79.8

85 %	3.81	428.4	84.8
90 %	4.03	453.6	89.8
95 %	4.26	478.8	94.8
100 %	4.48	504	99.8

FREQ = 60		PW= 1.25	
DIAL	DURATION	mC	JOULES
5 %	0.19	25.2	5.0
10 %	0.37	50.4	10.0
15 %	0.56	75.6	15.0
20 %	0.75	100.8	20.0
25 %	0.93	126	24.9
30 %	1.12	151.2	29.9
35 %	1.31	176.4	34.9
40 %	1.49	201.6	39.9
45 %	1.68	226.8	44.9
50 %	1.87	252	49.9
55 %	2.05	277.2	54.9
60 %	2.24	302.4	59.9
65 %	2.43	327.6	64.9
70 %	2.61	352.8	69.9
75 %	2.80	378	74.8
80 %	2.99	403.2	79.8
85 %	3.17	428.4	84.8
90 %	3.36	453.6	89.8
95 %	3.55	478.8	94.8
100 %	3.73	504	99.8

FREQ = 70		PW= 1.25	
DIAL	DURATION	mC	JOULES
5 %	0.16	25.2	5.0
10 %	0.32	50.4	10.0
15 %	0.48	75.6	15.0
20 %	0.64	100.8	20.0
25 %	0.80	126	24.9
30 %	0.96	151.2	29.9
35 %	1.12	176.4	34.9
40 %	1.28	201.6	39.9
45 %	1.44	226.8	44.9
50 %	1.60	252	49.9
55 %	1.76	277.2	54.9
60 %	1.92	302.4	59.9
65 %	2.08	327.6	64.9
70 %	2.24	352.8	69.9
75 %	2.40	378	74.8
80 %	2.56	403.2	79.8
85 %	2.72	428.4	84.8
90 %	2.88	453.6	89.8
95 %	3.04	478.8	94.8
100 %	3.20	504	99.8

FREQ = 10		PW= 1.5	
DIAL	DURATION	mC	JOULES
5 %	0.93	25.2	5.0
10 %	1.87	50.4	10.0
15 %	2.80	75.6	15.0
20 %	3.73	100.8	20.0

25 %	4.67	126	24.9
30 %	5.60	151.2	29.9
35 %	6.53	176.4	34.9
40 %	7.47	201.6	39.9

FREQ = 20		PW= 1.5	
DIAL	DURATION	mC	JOULES
5 %	0.47	25.2	5.0
10 %	0.93	50.4	10.0
15 %	1.40	75.6	15.0
20 %	1.87	100.8	20.0
25 %	2.33	126	24.9
30 %	2.80	151.2	29.9
35 %	3.27	176.4	34.9
40 %	3.73	201.6	39.9
45 %	4.20	226.8	44.9
50 %	4.67	252	49.9
55 %	5.13	277.2	54.9
60 %	5.60	302.4	59.9
65 %	6.07	327.6	64.9
70 %	6.53	352.8	69.9
75 %	7.00	378	74.8
80 %	7.47	403.2	79.8
85 %	7.93	428.4	84.8

FREQ = 30		PW= 1.5	
DIAL	DURATION	mC	JOULES
5 %	0.31	25.2	5.0
10 %	0.62	50.4	10.0
15 %	0.93	75.6	15.0
20 %	1.24	100.8	20.0
25 %	1.56	126	24.9
30 %	1.87	151.2	29.9
35 %	2.18	176.4	34.9
40 %	2.49	201.6	39.9
45 %	2.80	226.8	44.9
50 %	3.11	252	49.9
55 %	3.42	277.2	54.9
60 %	3.73	302.4	59.9
65 %	4.04	327.6	64.9
70 %	4.36	352.8	69.9
75 %	4.67	378	74.8
80 %	4.98	403.2	79.8
85 %	5.29	428.4	84.8
90 %	5.60	453.6	89.8
95 %	5.91	478.8	94.8
100 %	6.22	504	99.8

FREQ = 40		PW= 1.5	
DIAL	DURATION	mC	JOULES
5 %	0.23	25.2	5.0
10 %	0.47	50.4	10.0
15 %	0.70	75.6	15.0
20 %	0.93	100.8	20.0
25 %	1.17	126	24.9
30 %	1.40	151.2	29.9
35 %	1.63	176.4	34.9

40 %	1.87	201.6	39.9
45 %	2.10	226.8	44.9
50 %	2.33	252	49.9
55 %	2.57	277.2	54.9
60 %	2.80	302.4	59.9
65 %	3.03	327.6	64.9
70 %	3.27	352.8	69.9
75 %	3.50	378	74.8
80 %	3.73	403.2	79.8
85 %	3.97	428.4	84.8
90 %	4.20	453.6	89.8
95 %	4.43	478.8	94.8
100 %	4.67	504	99.8

FREQ = 50		PW= 1.5	
DIAL	DURATION	mC	JOULES
5 %	0.19	25.2	5.0
10 %	0.37	50.4	10.0
15 %	0.56	75.6	15.0
20 %	0.75	100.8	20.0
25 %	0.93	126	24.9
30 %	1.12	151.2	29.9
35 %	1.31	176.4	34.9
40 %	1.49	201.6	39.9
45 %	1.68	226.8	44.9
50 %	1.87	252	49.9
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90 %	3.36	453.6	89.8
95 %	3.55	478.8	94.8
100 %	3.73	504	99.8

FREQ = 60		PW= 1.5	
DIAL	DURATION	mC	JOULES
5 %	0.16	25.2	5.0
10 %	0.31	50.4	10.0
15 %	0.47	75.6	15.0
20 %	0.62	100.8	20.0
25 %	0.78	126	24.9
30 %	0.93	151.2	29.9
35 %	1.09	176.4	34.9
40 %	1.24	201.6	39.9
45 %	1.40	226.8	44.9
50 %	1.56	252	49.9
55 %	1.71	277.2	54.9
60 %	1.87	302.4	59.9
65 %	2.02	327.6	64.9
70 %	2.18	352.8	69.9
75 %	2.33	378	74.8
80 %	2.49	403.2	79.8
85 %	2.64	428.4	84.8
90 %	2.80	453.6	89.8

95 %	2.96	478.8	94.8
100 %	3.11	504	99.8

FREQ = 70

PW= 1.5

DIAL	DURATION	mC	JOULES
5 %	0.13	25.2	5.0
10 %	0.27	50.4	10.0
15 %	0.40	75.6	15.0
20 %	0.53	100.8	20.0
25 %	0.67	126	24.9
30 %	0.80	151.2	29.9
35 %	0.93	176.4	34.9
40 %	1.07	201.6	39.9
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80 %	2.13	403.2	79.8
85 %	2.27	428.4	84.8
90 %	2.40	453.6	89.8
95 %	2.53	478.8	94.8
100 %	2.67	504	99.8

**TABLE 2: DOUBLE DOSE PARAMETERS: Frequency (in Hertz), Pulsewidth (in milliseconds) and Stimulus Duration (in seconds), for each Energy Dial Setting above 100%. *\*(Not available in USA or Canada)***

The 2X Dose and 2X LP programs provide the only method for exceeding the 100% Energy maximum of the Thymatron® System IV. When selected, either program automatically chooses the requisite frequency and pulsewidth, which are then NOT user-selectable. It is not possible to further set either frequency or pulsewidth because the Thymatron® System IV will not go past 100% Energy with manual (FlexDial) selection of these variables.

% Energy	2X Dose			2X Dose Lowest Pulsewidth		
	Freq. Hz	Pulse Width	Duration Sec.	Freq. Hz	Pulse width	Duration Sec.
5	10 Hz	0.5 ms	2.75 sec	10 Hz	0.25 ms	5.55 sec
10	10	0.5	5.55	20	0.25	5.58
15	20	0.5	4.18	30	0.25	5.58
20	20	0.5	5.58	30	0.25	7.45
25	30	0.5	4.65	40	0.25	6.99
30	30	0.5	5.58	50	0.25	6.71
35	30	0.5	6.52	50	0.25	7.83
40	30	0.5	7.45	60	0.25	7.46
45	40	0.5	6.29	70	0.25	7.19
50	40	0.5	6.99	70	0.25	7.99
55	50	0.5	6.15	80	0.25	7.69
60	50	0.5	6.71	90	0.25	7.46
65	50	0.5	7.27	100	0.25	7.28
70	50	0.5	7.83	100	0.25	7.84
75	60	0.5	6.99	110	0.25	7.63
80	60	0.5	7.46	120	0.25	7.46
85	70	0.5	6.79	120	0.25	7.93
90	70	0.5	7.19	130	0.25	7.75
95	70	0.5	7.59	140	0.25	7.60
100	70	0.5	7.99	140	0.25	8.00
110	60	0.75	6.83	100	0.4	7.70
120	60	0.75	7.46	110	0.4	7.63
130	70	0.75	6.83	120	0.4	7.58
140	70	0.75	7.46	100	0.5	7.84
150	70	0.75	7.99	110	0.5	7.63
160	60	1.0	7.46	120	0.5	7.46
170	60	1.0	7.93	120	0.5	7.93
180	70	1.0	7.19	110	0.6	7.63
190	70	1.0	7.59	120	0.6	7.38
200	70	1.0	7.99	100	0.7	8.00

## EMC SUPPLEMENT

- 1. An externally generated artifact is indicated if all the channels exhibit the same pattern superimposed on or interfering with the signal. Try repositioning the electrode leads to eliminate this pattern.**
- 2. A power mains artifact is indicated if all channels exhibit a thick solid line. Try repositioning the electrode leads to eliminate this.**
- 3. A large static discharge may cause the system to reset. The system would go through the “SELFTEST” again and be ready to treat in about five seconds. To minimize static electricity make sure to maintain sufficient humidity in the treatment room and have a good grounding system on your mains.**
- 4. A large high frequency pulse (e.g., as from electromagnetic imaging equipment) may cause the system to reset. The system would go through the “SELFTEST” again and be ready to treat in about five seconds. If this occurs make sure to identify the device(s) producing these pulses and maintain sufficient distance between the Thymatron® System IV and the device(s) to prevent reoccurrence; if this is not possible, shielding may be required.**

## EMC DECLARATION

<b>Guidance and manufacturer's declaration – electromagnetic emissions</b>		
<b>Thymatron® ECT Systems are intended for use in the electromagnetic environment specified below. The customer or the user of a Thymatron® System should assure that it is used in such an environment.</b>		
Emissions Test	Compliance	Electromagnetic Environment - Guidance
<b>RF emissions CISPR 11</b>	<b>Group 1</b>	<b>Thymatron® Systems use RF energy only for internal functions. Therefore, RF emissions are very low and are not likely to cause any interference in nearby electronic equipment.</b>
<b>RF emissions CISPR 11</b>	<b>Class B</b>	<b>Thymatron® Systems are suitable for use in all establishments, including domestic establishments and those directly connected to the public low-voltage power supply network that supplies buildings used for domestic purposes.</b>
<b>Harmonic emissions, IEC 61000-3-2</b>	<b>Class A</b>	
<b>Voltage fluctuations/ flicker emissions IEC 61000-3-3</b>	<b>Complies</b>	

**EC DECLARATION OF CONFORMITY  
to the Medical Device Directive 93/42/EEC**

**SOMATICS, LLC.  
910 Sherwood Drive  
Lake Bluff IL 60044, USA**

**Represented in EEC by Fred Berninger Importe OHG, Bergstrasse 12, 82024  
Taufkirchen, Germany**

**Declares that the distributed CE marked products conform to the types covered by  
the EC Type-Examination Certificate  
issued by TUV Product Service, in accordance with Annex III of the  
Medical Directive 93/42/EEC**

**In addition, we ensure and declare that the distributed CE marked products,  
as mentioned and falling within Class IIb meet the provisions of  
the EC-Directive which apply to them.**

**This declaration is based on the application of the Quality System approved  
for the manufacture and final inspection of the products concerned, in  
accordance with Annex V of the EC-Directive. The conformity of the  
production quality assurance set out in Annex V, coupled with the procedure  
set out in Annex III, as certified by TUV, is included in the CE Marking of  
Conformity Certificate.**

**This declaration is supported by the Quality System certification based on the  
harmonized standards ISO 13485:2003  
Quality System Certificate No. *10440.01***

**This Declaration of Conformity covers Thymatron Electroconvulsive Therapy  
Devices and is valid for all products distributed by Somatics, Inc. bearing the CE  
mark, including the Thymatron® System IV, starting with serial No. *40020 and*  
Thymatron System® II, starting with serial No. *40236***

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## ADDENDUM I

### SOFTWARE UPGRADES TO THYMATRON® SYSTEM IV

***NB: The software version of your Thymatron® System IV is automatically printed at power-up.***

Each of the following Thymatron® System IV and GENIE™ IV software upgrades includes all previous upgrades.

<b>SOFTWARE VERSION</b>	<b>DATE</b>	<b>DESCRIPTION</b>	<b>REQUIRES GENIE VERSION</b>
4.31	6/1/99	The initial software	4.5
4.32	6/15/99	DOS-compatible	4.5
5.00	9/1/00	Real time PC monitoring Palm® connection.	5.0
5.10	5/1/01	Diagnostic messages for EEG endpoint.	5.0
5.20	8/1/01	LOW 0.25 program	5.0
5.30	5/1/02	Automatic upload to PC SEI upgraded to ASEI SGI retired Impedance test increased to 800 Hz.	6.3
5.40	11/15/02	EEG Frequency Measures	6.3
5.41	2/1/03	Eliminates need for recalibration after chip upgrade.	6.3
5.50	7/1/04	Improved algorithm for PSI Change program via Percent Energy Dial Change EEG gain <i>while</i> recording 2X Dose, (where available) changes by 5% increments, up to 100%, then by 10% to 200%	6.3
5.60	6/15/09	Adjust baseline retention (BLV), 0-5 minutes Reset EEG Baseline when pushing Impedance Test & Energy Buttons simultaneously Allows for setting either 0.25 or 0.3 pulsewidths 2X LP Program where available	6.3

**ADDENDUM II**  
**ELECTRODE PLACEMENTS**