PeriFlux 6000 | peripheral pressure made intelligent

ABI and toe pressure
Assess limb circulation by performing an intelligent PAD diagnosis

**Example: Toe and ankle pressure workflow**

- **Patient born 1950**
- **Diabetes**
- **Suspected ischemia**

Prepare for ABI and toe pressure
Attach cuffs and probes

Start pressure measurements
Follow instructions on screen

**ABI values**

- **Right foot = 2.1**
- **Left foot = 2.1**

**Suspected medial sclerosis**

- **Falsely high ABI due to arterial calcification?**
- **Extend with toe pressure measurement**

**Conclusions of the examination**

- **ABI values > 1.4 indicate incompressible arteries in both legs.**
- **Toe pressure values below threshold value for critical limb ischemia (< 50 mmHg).**

**Patient with Critical Limb Ischemia**

**Left foot = 29 mmHg**

**Right foot = 25 mmHg**

**Toe pressure values**

- **Right foot = 25 mmHg**
- **Left foot = 29 mmHg**

**Why diagnose Peripheral Arterial Disease with objective tests?**

Two-thirds of all patients with PAD are asymptomatic. Diabetics have reduced pain perception due to neuropathy. Neuropathy may also result in relatively warm feet (diagnostic for ischemia), due to the increased arteriovenous shunt blood flow. Many patients with PAD are sedentary, and do therefore not experience typical symptoms of claudication. Palpable pedal pulses need to be excluded in PAD (it is therefore recommended to use objective vascular tests to verify and confirm the diagnosis of PAD). 1-3

**Objective vascular tests available using the Peri Flux 6000**

- **ABI/ABPI: Pressure**
- **Ankle pressure and the Ankle-Brachial Index (ABI) are the most common vascular tests used to diagnose PAD. Its diagnostic accuracy is unfortunately limited in patients with incomparable aneurysms (abdominal, pericardial renal disease, Critical limb ischemia), resulting in falsely elevated ABI values.**

- **The Peri Flux 6000 offers straightforward solutions to combine ABI tests with toe pressure measurements to improve the PAD diagnosis in these patients.**

- **Conclusion:**
  - "True ABI when used but not when used incorrectly."** The pressures have proven to be an excellent option in the diagnosis of PAD parameters and do not falsely elevate ABI values. The digital veins are not as affected by calcifications. Accurate detection of toe pressure requires careful technique. The Peri Flux 6000 uses laser Doppler for localization and includes an unique local heating feature, ensuring excellent sensitivity. Different sized cuffs and small probes make it possible to measure on all toes.

A treadmill exercise test is performed on patients with typical symptoms of PAD, but with a normal ABI. ABI values at rest are compared to values during exercise. Treadmill protocols are available in the software.

- **SPF:**

  Pulse Volume Recording (PVR) reflects arterial pulsatility and can be used to locate significant occlusive lesions. Arterial calcifications will not result in false PVR interpretations, but accuracy is still limited. 1-3

- **Segmental pressure:**

  Segmental pressures can provide an arterial indication on the localization of the occlusive lesion. Values are affected by several factors, such as arterial calcifications, and are therefore often combined with PVR. 2

- **SPP:**

  Skin Perfusion Pressure (SPP) measures the local pressure of the skin microcirculation. It has been successfully employed as an arterial level determination, in particular major amputations. SPP measurements are performed in a similar way as toe pressure measurements but with the probe located underneath the pressure cuff.

- **Tissue response to local heating:**

  Tissue response to local heating gives valuable information about the status of the microcirculation and reflects the endothelial function as a response to local heating. 4 Must be used in conjunction with laser Doppler measurement.

- **Proximal pressure:**

  Proximal pressure can be attached to the digits to measure systolic finger pressures. The PeriDop probes are water resistant and may be submerged into cold water, when, for example, evaluating hand-arm vibration syndrome (HAVS).

**Peri Flux 6000 - Peripheral pressure**

**Laser Doppler probes for detection**

- Excellent sensitivity, no need for pulsatility
- Unique local heating feature to dilate vessels in cold feet
- Excellent sensitivity, no need for pulsatility

**Laser Doppler probes**

- For use in cold feet
- To improve the PAD diagnosis in cases of falsely elevated ABI values

**Finger pressure**

- Laser Doppler for detection
- Unique local heating feature

**Skin Perfusion Pressure (SPP)**

- Measures the local pressure of the skin microcirculation
- Useful for arterial level determination

**Segmental pressure**

- Provides arterial indication on localization of occlusive lesion
- Values affected by several factors

**Tissue response to local heating**

- Reflects endothelial function

**Proximal pressure**

- Laser Doppler probes
- Attachable to digits

**Why measure tpdO2?**

Transcutaneous oxygen monitoring (tDPO2, tcO2) is a non-invasive way to evaluate the microvascular status of the patient. Today, tDPO2 is primarily used to evaluate the microvascular status of the patient. It is a non-invasive and painless method to evaluate the microvascular status of the patient. It is a commonly used method in clinical applications such as wound healing assessment, hyperbaric medicine, angioplasty and revascularization and more.

PeriFlux 6000 offers straight forward solutions to combine ABI tests with toe pressure measurements to improve the PAD diagnosis in these patients.
Streamline your workflow to secure accurate vascular diagnosis

Excellent toe pressure detection
Accurate toe pressure measurements require precise techniques. The PeriFlux 6000 uses laser Doppler for detection. Accuracy is further improved with local heating at the measurement point, enhancing the detection on cold ischemic feet.

HL7 and DICOM compatible
The PSW ExM software is DICOM (Digital Imaging and Communication in Medicine) and HL7 (Healthcare Language Level 7) compatible. Patient information (worklists) may be imported and data exported automatically.

Configurable examinations
The PeriFlux 6000 is operated using the PSW ExM application software. Examinations and workflows are adapted to specific needs. A toe and ankle pressure measurement may, for example, be preceded by pulse volume recording.

Extend with tcpO₂ modules
The PeriFlux 6000 has a modular design and is easily extended with transcutaneous oximetry (tcpO₂). The tcpO₂ test provides useful information for wound healing prediction, as it reflects the metabolic state of the limb.

Automatic report generator
All test results are displayed in an automatically generated report that may be printed or exported as a PDF file. The report template can be customized according to the user requirements.

Billing and reimbursement codes
Use CPT codes 93922 and 93923 for billing and reimbursement.

PenFlux 6000 Specifications

- **Start-up time**: Maximum 60 seconds
- **Automatic calibration**: In air (tcpO₂) / with TC 600 (tcpCO₂), 8-electrode simultaneously
- **Memory storage capacity**: 2 GB
- **Display**: Touchscreen, 8.4" color TFT LCD, Resolution: 800x600 px
- **Power consumption**: 100 to 240 VAC, 16 or 20 Hz, 45 VA
- **External connections**: 2 USB hosts (for connecting printer, camera, keyboard, pointer device), 1 USB device (for connecting PC)
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Table: Standard PeriFlux 6000 configurations

<table>
<thead>
<tr>
<th>tcpO₂</th>
<th>PRESSURE Standard</th>
<th>COMBINED Standard</th>
<th>PRESSURE Premium</th>
<th>COMBINED Premium</th>
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Available: Included: Not applicable

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References