PAJUNK®

BO-Inject Therapeutic injection of botulinum toxin

BO-NanoInject and BO-SonoInject Opting for maximum efficacy

When injecting botulinum toxin (BoNT), the exact placement of the cannula is extremely important in order to minimise side effects and achieve the best possible therapeutic effects with an economical dosage.¹ In order to achieve optimum efficacy, the "Botulinum toxin working party" strongly recommends the administration of BoNT in the immediate vicinity of neuromuscular synapses, because at a distance of only 0.5 cm the effect is reduced by 50%. However, pinpoint administration requires a knowledge of the distribution of the neuromuscular synapses of the target muscle. The working party therefore recommends the use of electrostimulation and ultrasound as the most appropriate localisation technique.²

With its NanoLine and Cornerstone Technology, PAJUNK[®] offers a totally convincing range of cannulas where precision and visibility are concerned during stimulation and under ultrasound. With these monopolar, echogenic cannulas, PAJUNK[®] has assumed a pioneering role in regional anaesthesia. BO-SonoInject and BO-NanoInject are two cannula types specially developed for the injection of BoNT, combining the expertise of PAJUNK[®] with the special requirements of this form of administration.

Application area for BoNT

- Spasticies of the upper and lower extremities
- ➡ Focal dystonia

The product variants

Both cannula types are in each case available in two alternative variants:

- → With EMG cable for a combined application of electromyography and muscle stimulation
- → With stimulation cable for nerve stimulation (in combination with MultiStim Switch)



BO-NanoInject High-precision stimulation and perfect slide properties

The very thin NanoLine coating of BO-NanoInject, a technology specially developed and patented by PAJUNK[®], ensures maximum insulation of the cannula. Nerve or muscle stimulation is provided solely via the electrically conductive contact point and the grinding areas on the cannula tip, creating a high-precision electrical field.

- ➡ Increase of application safety
- ➡ Precise stimulation and excellent gliding properties with NanoLine (only at PAJUNK[®])
- ➡ Magnetisable cannula
- → Combination of EMG and muscle stimulation
- ➡ Optimum puncture accuracy by precise nerve stimulation







NanoLine coating

The advantages of NanoLine coating



Precise stimulation The very thin NanoLine coating guarantees total insulation except for the entire grinding area and the bare tip.

 Allows precise derivation of the EMG signal or similarly exact stimulation



Minimum coating thickness The outer diameter stays unchanged in contrast to conventional coating processes.

- Evenly smooth surface
- NanoLine cannulas glide easily through tissue
- ➡ Do not require great puncture force



Coated inner lumen The thin coating technology used allows coated inner lumen

- Smooths out any unevenness
- Allows better flow of the BoNT

BO-SonoInject Combines benefits of ultrasound and electrostimulation

The use of ultrasound is recommended in principle for all BoNT injections, as it allows the simple, non-invasive visualisation of muscles, glandular tissue, and the surrounding structures in real time. The main benefit is that the whole process of administration of botulinum toxin can be visualised by ultrasound with due allowance for the patient's individual anatomy. Verification and documentation of the injection site and the quantity injected are also possible.⁴ With BO-SonoInject, PAJUNK[®] offers a special cannula for the combined use of ultrasound and electrostimulation and thus provides the user with double security.

Specific benefits of ultrasound technology

- Real-time visualisation of the target muscles and the cannula
- Visualisation of bones, blood vessels and nerves in the immediate vicinity of the target muscle⁶
- Real-time visualisation of the emission and distribution of BoNT⁷
- ➡ Allows cost reductions⁶
- ➡ Economical dosage of BoNT⁸



4 Walter, Dressler, Ultrasound-guided botulinum toxin ..., 2014; 14(8): 923
5 Edgcombe, Hocking, Sonographic identification of needle tip ..., 2010; 35(2): 207–211
6 Fietzek et al., Split-Screen video ..., 2010; 25(13): 2225
7 Fujimoto et al., Sonographic Guidance ..., 2012; 27(7): 928
8 Schramm et al., Relevance for sonography ..., 2014; 4–9



A test with various insertion angles, rising at 20° increments to 60° confirms that BO-SonoInject cannulas are highly visible, irrespective of the insertion angle.



Bevelled tip with back cut

Cornerstone Reflectors



Echogenic Cornerstone Geometry

The embossed structures in the Cornerstone Reflectors form three surfaces which meet each other at a 90° angle.

 This guarantees direct or indirect reflection of the ultrasound waves even at very steep insertion angles



OptiView

The first two cannula segments – both 10mm long – are arranged 360° evenly around the cannula shaft. Quantity and arrangement are precisely aligned to the cannula diameter.

- Reflection of the ultrasonic waves on a length of 20 mm
- → Optimum cannula visibility from shaft to tip, irrespective of the insertion angle⁵
- Perfect cannula identification is guaranteed in every position

BO-Inject All information at a glance

BO-Inject

Product	Size	ltem No.	PU	Size	ltem No.	PU
BO-Sonolnject Injection cannula, Cornerstone Reflectors, bevelled tip with back cut, cable 90 cm long	for EMG devices			for MultiStim Switch		
	27G x 37 mm	001188-90	10	27G x 37 mm	001191-90	10
	25G x 60mm	001188-89	10	25G x 60 mm	001191-89	10
	25G x 50mm	001188-81	10	25G x 50mm	001191-81	10
	25G x 37 mm	001188-82	10	25G x 37 mm	001191-82	10
	24G x 50mm	001188-85	10	24G x 50 mm	001191-85	10
	24G x 40 mm	001188-78	10	24G x 40 mm	001191-78	10
	24G x 25 mm	001188-75	10	24G x 25 mm	001191-75	10
BO-NanoInject						
Injection cannula,	27G x 37 mm	001168-90	10	27G x 37 mm	001169-90	10
bevelled tip with back cut, cable 90 cm long	25G x 50 mm	001168-81	10	25G x 50 mm	001169-81	10
	25G x 37 mm	001168-82	10			
	24G x 50 mm	001168-85	10	24G x 50mm	001169-85	10
	24G x 25 mm	001168-75	10	24G x 25 mm	001169-75	10

Studies

- Edgcombe H., Hocking G. Sonographic identification of needle tip by specialists and novices: a blinded comparison of 5 regional block needles in fresh human cadavers, Reg. Anesth. Pain Med. 2010 March–April; 35(2): 207–211
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