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Precision™ Montage™
MRI Spinal Cord
Stimulator System

Information for Prescribers

Rx ONLY

CAUTION: Federal law restricts this device to sale,
distribution and use by or on the order of a physician.

91053659-02

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Guarantees

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Additional Information

For Indications and related information, see the *Indications DFU*. For other device-specific information not included in this manual, labeling symbols, and warranty information, refer to the appropriate DFU for your SCS System as listed on your *Reference Guide*.

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Device and Product Description

The Precision™ Montage™ MRI Spinal Cord Stimulator System consists of an Implantable Pulse Generator (IPG), temporary percutaneous Leads, permanent MRI percutaneous leads, Surgical Paddle Leads, Lead Extensions, OR Cables, Trial Stimulator, Remote Control, Clinician Programmer, and Programming Wand, each packaged as a separate kit. Single use accessories and disposable tools are also included in these kits.

Features of the Precision Montage MRI System include:

- Stimulation electrode field navigation
- Sixteen independent current-controlled electrodes
- Four programmable stimulation areas per program; sixteen possible programs
- Long-life operation
- High-range parameter capability
- Small size
- Two-foot programming range
- This product was not made with natural latex.

Precision Montage MRI System Clinical Summary

Determination of the safety and effectiveness of the Precision Montage MRI System was based on available published clinical studies for similar implanted spinal cord stimulation systems. The Precision Montage MRI System is similar to the SCS systems reported in published literature in intended use, target patient population, technology, device design, and output characteristics. Therefore, the clinical data from the published literature described below represents evidence supporting the safety and effectiveness of the Precision Montage MRI System for the treatment chronic intractable pain of the trunk and/or limbs, including unilateral or bilateral pain associated with the following: failed back surgery syndrome, intractable low back and leg pain.

Efficacy Evaluation

Three (3) clinical literature studies were used to support the effectiveness of the Precision Montage MRI System (Ohnmeiss et al. 1996, Villavincencio et al. 2000, Hassenbach SJ et al. 1995). The studies included a total of 116 patients that were implanted with an SCS system. A total of approximately 3166 device months of experience was depicted from the retrospective clinical evaluation. All three studies examined the effectiveness of SCS on patients with chronic pain of the trunk and/or limbs including unilateral or bilateral pain associated with the following: failed back surgery syndrome or intractable low back and leg pain. In all studies, a totally implantable spinal cord stimulator was used in association with a percutaneous and/or surgical lead. These studies provide the same diagnostic or therapeutic intervention for the same disease/conditions and patient population as the Precision Montage MRI System.

The prospective study by Ohnmeiss et al. 1996, examined the long-term effectiveness of SCS in patients with intractable leg pain. Forty patients were implanted with SCS systems and evaluated at 6 weeks, 12 months, and 24 months follow-up. Outcome measures included the VAS, pain drawings, medication use, SIP (Sickness Impact Profile), isometric lower extremity testing, and patient questionnaires. An intent-to-treat analysis was performed. After patients had SCS for 24 months, leg pain, pain when walking, standing pain, pain's effect on overall lifestyle, and the total analog scale scores were significantly improved from baseline. In this study, 25% of the implanted patients had greater than 50% improvement in pain rating.

In addition, 3 patients from this study had their stimulators repositioned due to pain at the original location. Three patients had reoperations to adjust lead position; 1 patient required 2 reoperations, 1 patient had the device removed due to infection and later to have a new device implanted. A diabetic patient had skin problems which required device removal; a new device was later implanted. Two patients had the device removed due to unsatisfactory pain relief.

The prospective study performed by Villavicencio et al. 2000 included 41 patients with pain of various etiologies. The majority of the patients, 24 (59%), had Failed Back Surgery Syndrome (FBSS), 7 (17%) had Complex Regional Pain Syndrome (CRPS I and II), 4 (10%) had neuropathic pain syndrome, and 6 (15%) were diagnosed as stroke or other. Patients underwent an initial trial period for SCS with temporary leads. If the trial resulted in greater than 50% reduction in the patient's pain, as measured by the VAS, the patient was implanted with a SCS system. In this study, 27/41 patients, 66%, had permanent implants. All patients were examined after 6 weeks. Pain measurements were assessed at 3-6 month intervals for the first year and annually thereafter. The median long-term follow-up was 34 months. A total of 24/27 (89%), reported greater than 50% reduction in pain.

Since the majority of the patients were treated for FBSS, this article supports the use of SCS for the treatment of FBSS.

In this study, one patient required a revision because of electrode fracture. One patient required removal of the system due to local infection. One patient required replacement of the IPG due to mechanical failure. Overall, 16 of 27 (59%) patients required a total of 36 repositioning procedures.

A retrospective analysis performed by Hassenbusch SJ et al. 1995 included patients with chronic lower body pain, predominately neuropathic pain and pain either midline lower back and/or unilateral or bilateral leg pain treated over a 5 year period. The study was a comparison of SCS to spinal infusion of opioids. For patients with radicular pain involving one leg with or without unilateral buttock pain, a trial of SCS was recommended first. For patients with midline back pain and /or bilateral leg pain, a trial of long-term spinal infusion was recommended first. If the patients failed screening with either of these modalities, the other was then tested. If the

treatment reduced the pain by 50%, the systems were internalized. A retrospective analysis of patients with unilateral leg and/or buttock pain treated initially with SCS and bilateral leg or mainly low back pain treated initially with spinal infusions of opioids was then done.

In this study, 42 patients were screened; 26 (62%) patients received spinal stimulation; 16 (38%) received opioids via a spinal infusion pump. Five patients did not receive adequate pain relief with SCS; 3 (7%) of these patients underwent trial spinal infusions and had effective pain relief.

There were 4 (10%) patients who underwent a trial of spinal infusion of opioid but did not receive adequate pain relief; these patients were not tested with SCS. Pain severity was rated using a verbal digital pain scale: "On a scale of 0 to 10 where 0 is no pain and 10 is the worst pain you could ever imagine, what is your pain now?" 16/26 patients (62%) had greater than 50% pain relief with SCS. In this study, 2/16 (13%) had greater than 50% pain relief with opioids. Mean follow-up was 2.1 ± 0.3 years. This analysis supports the use of SCS for intractable low back and leg pain.

In this study, 7 (17%) patients suffered complications after implantation of the device; 5 (12%) patients required repositioning of catheter type electrodes and 2 patients required revision of the stimulator generator.

Safety Evaluation

Eleven studies were identified based on the detailed inclusion/exclusion criteria to demonstrate the safety of the Precision Montage MRI System. The studies included a total of 1056 patients that were trialed with SCS systems and 880 patients that received implants. The table below depicts the number of patients, the number of events, and the percentage of occurrences of each event compared to the total number of patients. It should be noted that citations cover both IPG and RF Systems. The clinical experience reported in the literature on RF systems is relevant to determining the safety of totally implantable IPG systems.

Table 1: Summary of Risks Identified in the Retrospective Clinical Studies

Risks	# Patients With Adverse Event	Intent-to-Treat Basis N = 1056	Implanted Patient Basis N = 880
Lead Migration	175	16.6%	19.9%
Infection	39	3.7%	4.4%
Epidural Hemorrhage	0	0%	0%
Seroma	0	0%	0%
Hematoma	1	0.1%	0.1%
Paralysis	0	0%	0%
CSF Leak	5	0.5%	0.6%
Over/Under Stimulation, Ineffective Pain Control	46	4.4%	5.2%
Intermittent Stimulation	0	0%	0%
Pain Over Implant	16	1.5%	1.8%
Allergic Reaction	6	0.6%	0.7%
Skin Erosion	0	0%	0%
Lead Breakage	35	3.3%	4.0%
Hardware Malfunction	22	2.1%	2.5%
Loose Connection	0	0%	0%
Battery Failure	2	0.2%	0.2%
Other	45	4.3%	5.1%

Clinical Experience-Safety

Clinical data has been collected during a clinical study of the Precision System. As of January 15, 2004, 35 subjects were enrolled in the study at multiple sites and 26 subjects had a successful trial stimulation period and were implanted with the Precision System. The follow-up period for the 26 implanted patients ranged from two weeks to six months. The following major adverse events were reported.

Table 2: Clinical Experience Safety

Type	Number of Patients	Resolution
Lead Migration	1	Lead repositioning and subsequent replacement
Output malfunction	1	Device replaced
Infection	1	Infection treated
Pain	1	Lead explanted

Other minor adverse events reported by at least one patient included: receiver malfunction, skin irritation, unpleasant stimulation, CSF leak, infection at implant site, lead migration, and OR cable malfunction. Two of the subjects reported multiple events.

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Subperception Therapy - Clinical Summary

Determination of the safety and effectiveness of the Boston Scientific Spinal Cord Stimulator (SCS) Systems for subperception therapy was based on a prospective, randomized, multicenter, crossover study with the primary endpoint of responder rate (proportion of subjects with 50% or greater improvement in overall pain) at 3 month post-device activation. A crossover design provided within-subject comparison between the supra-perception and subperception settings.

The primary objective of this study was to demonstrate sustained clinically significant pain relief in patients with chronic pain when using the Boston Scientific SCS Systems at subperception amplitude.

Of the 197 subjects that provided consent to participate in the study, 136 were randomized to either receive subperception followed by supra-perception settings or vice versa for 90 days post-activation. The study cohort was comprised of subjects who have been treated successfully with paresthesia-inducing stimulation for at least six months.

Efficacy Outcomes

The study successfully met its primary effectiveness endpoint, demonstrating that the proportion of overall pain responders at 90 days post-activation with subperception settings is non-inferior compared to supra-perception settings at a statistically significant level ($p < 0.001$). The study also successfully demonstrated non-inferiority in the Per Protocol group indicating the robustness of the study.

At the end of the crossover period, subjects were asked to choose between supra-perception and subperception settings. Of the 70 subjects included in the primary effectiveness cohort, 53 subjects (76%) chose subperception whereas only 17 (24%) chose supra-perception as their preferred treatment settings. Additionally, 40 subjects (57%) preferred to keep both the stimulation treatments if given the option.

Safety Outcomes

A total of 27 adverse events were reported among 20 subjects across the entire study experience. Of the 27 adverse events, 12 were serious adverse events (SAEs) and 15 nonserious adverse events. All serious adverse events were unrelated to the study-device and/or study-procedure. There were no unanticipated events.

Contraindications

Patients contraindicated for permanent Spinal Cord Stimulation (SCS) therapy are those who:

- are unable to operate the SCS system
- have failed trial stimulation by failing to receive effective pain relief
- are poor surgical risks
- are pregnant

Safety Information

WARNING: Unauthorized modification to the medical devices is prohibited. System integrity could be compromised and harm or injury to the patient could occur if the medical devices are subjected to unauthorized modification.

Instructions for the Patient

Warnings

Heat Due to Charging. Patients should not charge while sleeping. This may result in a burn. While charging, the Charger may become warm. It should be handled with care. Failure to use the Charger with either the Charging Belt or an adhesive patch, as shown, may result in a burn. If patients experience pain or discomfort, they should cease charging and contact Boston Scientific.

Magnetic Resonance Imaging (MRI).

- The Precision Montage MRI Spinal Cord Stimulator (SCS) System is “MR Conditional”. An MRI examination can be conducted safely using only a 1.5 Tesla horizontal closedbore whole-body MRI system for the MRI scan when all instructions in the supplemental manual “ImageReady™ MRI Full Body Guidelines for Precision Montage MRI Spinal Cord Stimulator System” are followed. The 1.5T MRI system can be configured to use the Full Body, Head, and Extremity transmit/receive RF quadrature coils, and receive only coils of any type. It is important to read the information in this supplemental manual in its entirety before conducting or recommending an MRI examination on a patient with a Precision Montage MRI SCS System. The “ImageReady™ MRI Full Body Guidelines for Precision Montage MRI Spinal Cord Stimulator System” manual appears on the Boston Scientific websites (www.bostonscientific.com/MRI and www.bostonscientific.com/ImageReady). MRI examinations performed on patients with the Precision Montage MRI System using open-sided MRI systems, or other types of MRI systems operating at other static magnetic field strengths (higher or lower) have not been assessed and, as such, should not be performed.
- **External Devices:** Boston Scientific external components (i.e., External Trial Stimulator and OR Cable, Remote Control and Accessories, Battery Charger) are **MR Unsafe**. They must not be taken into any MR environment such as the MRI scanner room.

Pediatric Use. The safety and effectiveness of spinal cord stimulation has not been established for pediatric use.

Diathermy. Shortwave, microwave and/ or therapeutic ultrasound diathermy should not be used on SCS patients. The energy generated by diathermy can be transferred through the Stimulator system, causing tissue damage at the lead site and resulting in severe injury or death. The IPG, whether it is turned on or off, may be damaged.

Implanted Stimulation Devices. Spinal cord stimulators may interfere with the operation of implanted sensing stimulators such as pacemakers or cardioverter defibrillators. The effects of implanted stimulation devices on neurostimulators is unknown.

Stimulator Damage. Burns may result if the pulse generator case is ruptured or pierced and patient tissue is exposed to battery chemicals. Do not implant the device if the case is damaged.

Postural Changes. Patients should be advised that changes in posture or abrupt movements may cause decreases, or uncomfortable or painful increases in the perceived stimulation level. Patients should be advised to turn down the amplitude or turn off the IPG before making posture changes. If using therapy that does not produce a sensation (subperception), postural changes are less likely to affect the patient.

Important: *If unpleasant sensations occur, the IPG should be turned off immediately.*

Electromagnetic Interference. Strong electromagnetic fields can potentially turn the Stimulator off, or cause uncomfortable or jolting stimulation or affect wireless communication. Patients should be counseled to avoid or exercise care around:

- Theft detectors or security screeners such as those used at entrances/exits of department stores, libraries, and other public establishments, and/or airport security screening devices. It is recommended that patients request assistance to bypass the device. If they must proceed through the device, the patient should turn off the Stimulator and proceed with caution, moving through the center of the screener as quickly as possible.
- Power lines or power generators
- Electric steel furnaces and arc welders
- Large, magnetized stereo speakers
- Tag deactivators such as those found in retail stores and libraries.

Note: When in close proximity, equipment that generate strong electromagnetic fields might cause uncomfortable or jolting stimulation or interfere with wireless communication even if they comply with CISPR requirements.

If the patient is near these devices, he may become aware of changing stimulation levels. In rare instances, if the stimulation is on, the patient could experience an increase in stimulation level to the point that the sensation is uncomfortably strong or possibly “jolting.” If this happens, the patient should turn off the Stimulator. If the Stimulator suddenly turns off by itself, the patient should first move away from the area. Next, check the stimulation status with the Remote Control by pressing the Unlock button and observing the screen. The implant may need to be recharged before stimulation can be restarted. The patient can refer to the Charging Handbook for further information.

The patient should be counseled to always be aware of his surroundings, particularly near theft detectors/security screeners. He should ask for assistance to go around these devices if he feels at all uncomfortable.

Precautions

Physician training is required.

Medical Devices/Therapies. The following medical therapies or procedures may turn stimulation off or may cause permanent damage to the Stimulator, particularly if used in close proximity to the device:

- lithotripsy
- electrocautery (See “Instructions for the Physician” on page 13)
- external defibrillation

- radiation therapy (Any damage to the device by radiation may not be immediately detectable.)
- ultrasonic scanning
- high-output ultrasound

X-ray and CT scans may damage the Stimulator if stimulation is on. X-Ray and CT Scans are unlikely to damage the Stimulator if stimulation is turned off.

If any of the above is required by medical necessity, refer to “Instructions for the Physician” on page 13. Ultimately, however, the device may require explantation as a result of damage to the device.

Subperception Therapy. Subperception stimulation has been demonstrated to be safe and effective in patients who have been treated successfully with conventional, paresthesia-inducing stimulation for at least six months. Full stimulation parameter ranges and options for both paresthesia-based and subperception therapy are available for clinician’s use throughout the patient’s experience and treatment with SCS.

Automobiles and Other Equipment. Patients using therapy that generates paresthesia should not operate motorized vehicles such as automobiles or potentially dangerous machinery and equipment with the stimulation on. Stimulation must be turned off first in such cases. For these patients, any sudden stimulation changes may distract patients from proper operation of the vehicle, machinery, or equipment. For therapy that does not generate paresthesia (i.e., subperception therapy) it is less likely that sudden stimulation changes resulting in distraction could occur while having stimulation on when operating moving vehicles, machinery, and equipment.

Post Operative. During the two weeks following surgery, it is important that patients use extreme care so that appropriate healing will secure the implanted components and close the surgical incisions:

- Patients should not lift objects of more than five pounds.
- Patients should not engage in rigorous physical activity such as twisting, bending, or climbing.
- If new leads were implanted, patients should not raise their arms above their head.

Temporarily, there may be some pain in the area of the implant as the incisions heal. Patients should be instructed that if discomfort continues beyond two weeks, they should contact their physician.

If patients notice excessive redness around the wound areas during this time, they should contact their physician to check for infection and administer proper treatment. In rare cases, adverse tissue reaction to implanted materials can occur during this period.

Patients should consult their physician before making lifestyle changes due to decreases in pain.

Stimulator Location. Patients should never attempt to change the orientation or “flip” (rotate or spin) the Stimulator. Patients should not “finger” or play with the Stimulator. If the Stimulator flips over in the patient’s body, it cannot be charged. If the patient knows that the device has turned, or if stimulation cannot be turned on after charging, the patient should contact his or her physician to arrange an evaluation of the system. In some cases, the skin over the Stimulator may become very thin over time. If this occurs, patients should contact their physicians.

Lead Location. In some instances a lead can move from its original location, and stimulation at the intended pain site can be lost. If this occurs, patients should consult their physician who may be able to restore stimulation by reprogramming the Stimulator in the clinic or repositioning the lead during another operation.

Device Failure. Stimulators can fail at any time due to random component failure, loss of battery functionality, or lead breakage. If the device stops working even after complete charging (up to four hours), patients should turn off the Stimulator and contact their physician so that the system can be evaluated.

Operating Temperature. The operating temperature of the Trial Stimulator, Remote Control, and Programming Wand is 10–40 °C (50–104 °F). For proper operation, do not use the Charger if the ambient temperature is above 35 °C (95 °F).

Storage, Handling and Transport. Do not expose the Remote Control or Charging System components to excessively hot or cold conditions. Do not leave the devices in your car or outdoors for extended periods of time. The sensitive electronics can be damaged by temperature extremes, particularly high heat.

If the Remote Control or the Charging System is to be stored for a period of time without batteries, the storage temperature should not exceed -20 to 60 °C (-4 to 140 °F).

Handle the system external components and accessories with care. Do not drop them or submerge them in water. Although reliability testing has been performed to ensure quality manufacturing and performance, dropping the devices on hard surfaces or in water, or other rough handling, can permanently damage these components. (See “Limited Warranty - IPG”.)

Upon completion of the Patient Trial, remove the batteries from the Trial Stimulator.

Component Disposal. Do not dispose of the Remote Control or Charger in fire. The battery in these devices can explode in fire. Dispose of used batteries in accordance with local regulations. The IPG should be explanted in the case of cremation, and returned to Boston Scientific. External devices to be disposed of per local regulatory requirements. Please contact your healthcare professional.

Remote Control, Charging System, External Trial Stimulator and Wand Cleaning. The charging system components can be cleaned using alcohol or a mild detergent applied with a cloth or tissue. The Remote Control, External Trial Stimulator and Programming Wand can be cleaned using a mild detergent applied with a lightly dampened cloth or tissue. Residue from soapy detergents should be removed with a cloth lightly dampened with water. Do not use abrasive cleansers for cleaning. Cleaning wipes for the External Trial Stimulator can also be ordered through Boston Scientific customer service.

Cell Phones. While we do not anticipate any interference caused by cell phones, the full effects of interaction with cell phones are unknown at this time. If there is a concern or a problem is encountered, the patients should contact their physician.

Adverse Effects

Potential risks are involved with any surgery.

The possible risks of implanting a pulse generator as part of a system to deliver spinal cord stimulation include:

- Lead migration, resulting in undesirable changes in stimulation and subsequent reduction in pain relief.
- System failure, which can occur at any time due to random failure(s) of the components or the battery. These events, which may include device failure, lead breakage, hardware malfunctions, loose connections, electrical shorts or open circuits and lead insulation breaches, can result in ineffective pain control.
- Tissue reaction to implanted materials can occur. In some cases, the formation of reactive tissue around the lead in the epidural space can result in delayed onset of spinal cord compression and neurological/sensory deficit, including paralysis. Time to onset is variable, possibly ranging from weeks to years after implant.
- Skin erosion at the IPG site can occur over time.
- Possible surgical procedural risks are: temporary pain at the implant site, infection, cerebrospinal fluid (CSF) leakage and, although rare, epidural hemorrhage, seroma, hematoma and paralysis.
- External sources of electromagnetic disturbance may cause the device to malfunction and affect stimulation.
- Exposure to magnetic resonance imaging (MRI) can result in discomfort or injury due to heat near the Stimulator or the leads, tugging or vibration of the implanted system, induced stimulation, damage to the device requiring its replacement and may distort the image needed for diagnosis.
- Undesirable stimulation may occur over time due to cellular changes in tissue around the electrodes, changes in electrode position, loose electrical connections and/or lead failure.

- The patient may experience painful electrical stimulation of the chest wall as a result of stimulation of certain nerve roots several weeks after surgery.
- Over time, the Stimulator may move from its original position.
- Weakness, clumsiness, numbness or pain below the level of implantation.
- Persistent pain at the IPG or lead site.

In any event, instruct the patient to contact their physician to inform him/her.

Instructions for the Physician

Implanted Stimulation Devices. If such implanted devices are indicated for the patient, careful screening is required to determine if safe results can be achieved before permanently implementing concurrent electrical therapies.

Postural Changes. Depending on the activity level of the patient, postural changes may affect stimulation intensity. Instruct patients to keep the Remote Control on hand at all times, and ensure that they understand how to adjust stimulation levels. Refer to Postural Changes in the Instructions for Patients section of this manual, page 8, for additional information. If using therapy that does not produce a sensation (subperception), postural changes are less likely to affect the patient.

Medical Devices/Therapies. If the patient is required to undergo lithotripsy, electrocautery, external defibrillation, radiation therapy, ultrasonic scanning, high-output ultrasound, X-Ray or CT Scan:

- Turn off stimulation at least five minutes before the procedure or application.
- All equipment, including ground plates and paddles, must be used as far away from the IPG as possible.
- Every effort should be taken to keep fields, including current, radiation, or high-output ultrasonic beams, away from the IPG.
- Equipment should be set to the lowest energy setting clinically indicated.
- Instruct patients to confirm IPG functionality following treatment by turning on the IPG and gradually increasing stimulation to the desired level.

Quality of Wireless Service

The Precision Montage MRI uses a Half-Duplex, direct point-to-point, primary-secondary communication system with the following characteristics:

- Typical range:
 - » 36 inches (91.4 cm) between Remote Control and Stimulator with 95% or higher communication success rate.
 - » 33 inches (83.8 cm) between Wand and Stimulator with 95% or higher communication success rate.
- Timing: Once a command is initiated by the user, the system will respond in less than 1.5 seconds.
- Telemetry failures:
 - » The signal to noise ratio is measured before initiating a communication. Telemetry failures can occur if signal-to-noise ratio is low. Signal to noise measurement is retried up to three times in case of insufficient range or in the presence of electromagnetic disturbances. User is notified of the communication failure after 3 failed attempts.
 - » Packet and message errors are verified for accuracy. Any erroneous packets/messages are rejected and re-sent up to 3 times. User is notified of the communication failure after 3 failed attempts.
 - » User may re-try the command or follow on-screen instructions for telemetry help.

Wireless Security

The Precision Montage MRI System has a short range inductively coupled telemetry system. A Remote Control (or Wand) has to be linked with a stimulator to allow communication. The Stimulator will not respond to any device that it is not linked to. There are additional mechanisms that ensure the integrity of the communicated data.

Telemetry Information

Frequency Band: 119 – 131 kHz

Effective Radiated Power: 0.05 mW (-13 dBm) maximum

Magnetic Field Strength (at 3 m distance): 46 μ A/m

The Remote Control communicates with the Stimulator (ETS or IPG) through an RF telemetry link from a distance of up to 36 inches (91.4 cm). Beyond this range, the RC is more likely to experience difficulty communicating commands to the Stimulator. When the RC is unable to communicate a command to the Stimulator, it will display a “Communication Failed” screen and provide two options: Retry and Telemetry Help. The Retry option resends the last command. The Telemetry Help option assists the user in discovering an optimal position to hold the RC to

ensure communication with the Stimulator. The user may test the Remote Control in different positions and observe which positions produce an acceptable number of signal bars. Refer to the “Telemetry Help” section of the Clinician Remote Control Handbook for more information. Reduction of range may occur when in close proximity of sources of electromagnetic disturbance such as:

- Television and computer monitors
- Short range RFID electronic tracking systems such as badge scanners and parking lot scanners

Reduction of range may also occur within 18 feet of another Precision Montage MRI System. Refer to the tables in the “Electromagnetic Compatibility” section to determine the recommended separation distances between the Precision Montage MRI System and other transmitters.

The optimal orientation between the Stimulator and Remote Control is illustrated below. The Remote Control may be rotated 360° as shown in the illustration and still maintain the same communication range.

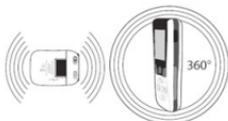


Figure 1: Orientation of External Trial Stimulator and Remote Control



Figure 2: Orientation of Implantable Pulse Generator and Remote Control

The Programming Wand communicates with the Stimulator through a RF telemetry link from a distance of up to 33 inches (83.8 cm). Beyond this range, the Wand is more likely to experience difficulty communicating commands to the Stimulator. Signal strength bars on the Programming Wand indicate the strength of wireless communication between the Stimulator and the Wand. The Stimulator Communication Indicator on the Wand flashes when data is successfully transmitted between the stimulator and the Wand. If communication fails, the Wand beeps up to three times. The Clinician Programmer displays an “Action unsuccessful” message and instructs the user to move the Wand closer to the Stimulator and retry. Moving the Wand closer to the Stimulator and or/changing the orientation of the Wand can improve communication. Common sources of electromagnetic disturbance such as computers and their power adapters

can reduce the wireless range. To increase range, move the Wand six inches or more from these devices. The optimal orientation for communication between the Stimulator and the Wand is illustrated below.



Figure 3: Orientation of External Trial Stimulator and Programming Wand



Figure 4: Orientation of Implantable Pulse Generator and Programming Wand

Wireless Charging Information

Charging Frequency: 77 – 90 kHz

The charging distance between the Charger and the IPG is between 0.5 to 2 cm. Centering the charger over the stimulator ensures the shortest charging time. The Charger will beep as it searches for the IPG and will stop beeping when it is aligned with the IPG. Please refer to the instructions provided in the “Charging Steps” Section of IPG Directions for Use for instructions on aligning the Charger.

Essential Performance

The essential performance of the system consists of the following:

- » Delivery of stimulation
- » Wireless data communication via RF telemetry between the Remote Control/Wand and Stimulators
- » Wireless charging of the IPG

Note: Wireless data communication and wireless charging may be temporarily interrupted by electromagnetic disturbances.

Electromagnetic Compatibility

Guidance and manufacturer's declaration – electromagnetic immunity			
The Precision Montage MRI Spinal Cord Stimulator System is intended for use in the electromagnetic environment specified below. The customer or the user of the Precision Montage MRI Spinal Cord Stimulator System should assure that it is used in such an environment.			
Immunity Test	IEC 60601 Test Level	Compliance Level	Electromagnetic environment – guidance
Electrostatic discharge (ESD) IEC 61000-4-2	± 6 kV contact ± 8 kV air	± 6 kV contact ± 8 kV air	Floors should be wood, concrete or ceramic tile. If floors are covered with synthetic material, the relative humidity should be at least 30 %. Note: Applies to the Implantable Pulse Generator only during the implant procedure and shipping and handling.
Electrical fast transient/burst IEC 61000-4-4	± 2 kV for power supply lines ± 1 kV for input/output lines	± 2 kV for power supply lines ± 1 kV for input/output lines	Mains power quality should be that of a typical commercial or hospital environment.
Surge IEC 61000-4-5	± 1 kV line(s) to line(s) ± 2 kV line(s) to earth	± 1 kV line(s) to line(s) ± 2 kV line(s) to earth	Mains power quality should be that of a typical commercial or hospital environment.

Guidance and manufacturer's declaration – electromagnetic immunity			
Voltage dips, short interruptions and voltage variations on power supply input lines IEC 61000-4-11	<p>$<5\% U_T$ ($>95\%$ dip in U_T) for 0,5 cycle</p> <p>$40\% U_T$ (60% dip in U_T) for 5 cycles</p> <p>$70\% U_T$ (30% dip in U_T) for 25 cycles</p> <p>$<5\% U_T$ ($>95\%$ dip in U_T) for 5 s</p>	<p>$<5\% U_T$ ($>95\%$ dip in U_T) for 0,5 cycle</p> <p>$40\% U_T$ (60% dip in U_T) for 5 cycles</p> <p>$70\% U_T$ (30% dip in U_T) for 25 cycles</p> <p>$<5\% U_T$ ($>95\%$ dip in U_T) for 5 s</p>	Mains power quality should be that of a typical commercial or hospital environment. If the user of the Precision Montage MRI Spinal Cord Stimulator System requires continued operation during power mains interruptions, it is recommended that the Precision Montage MRI Spinal Cord Stimulator System be powered from an uninterruptible power supply or a battery.
Power frequency (50/60 Hz) magnetic field IEC 61000-4-8	3 A/m	30 A/m	Power frequency magnetic fields should be at levels characteristic of a typical location in a typical commercial or hospital environment. Magnetic fields from common appliances are not expected to affect the device.
NOTE U_T is the a.c. mains voltage prior to application of the test level.			

Guidance and manufacturer's declaration – electromagnetic immunity

The Precision Montage MRI Spinal Cord Stimulator System is intended for use in the electromagnetic environment specified below. The customer or the user of the Precision Montage MRI Spinal Cord Stimulator System should assure that it is used in such an environment.

Immunity Test	IEC 60601 Test Level	Compliance Level	Electromagnetic Environment - guidance
Conducted RF IEC 61000-4-6	3 Vrms 150 kHz to 80 MHz	3 Vrms 150 kHz to 80 MHz Outside ISM and amateur radio bands ^a	Portable and mobile RF communications equipment should be used no closer to any part of the Precision Montage MRI Spinal Cord Stimulator System, including cables, than the recommended separation distance calculated from the equation applicable to the frequency of the transmitter. Recommended separation distance $d=1.2\sqrt{P}$
Radiated RF IEC 61000-4-3	3 V/m 80 MHz to 2,5 GHz	6 Vrms 150 kHz to 80 MHz Inside ISM and amateur radio bands ^a 10 V/m 80 M Hz to 2,5 GHz	$d=0.58\sqrt{P}$ $d=0.35 \sqrt{P}$ 80 MHz to 800 MHz $d=0.70 \sqrt{P}$ 800 MHz to 2.5 GHz where P is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer and d is the recommended separation distance in meters (m).

			<p>Field strengths from fixed RF transmitters, as determined by an electromagnetic site survey,^b should be less than the compliance level in each frequency range.^c Interference may occur in the vicinity of equipment marked with the symbol shown below:</p> 
<p>NOTE 1 At 80 MHz and 800 MHz, the higher frequency range applies.</p> <p>NOTE 2 These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and reflection from structures, objects and people.</p>			
<p>a The ISM (industrial, scientific and medical) bands between 0.15 MHz and 80 MHz are 6.765 MHz to 6.795 MHz; 13.553 MHz to 13.567 MHz; 26.957 MHz to 27.283 MHz and 40.66 MHz to 40.70 MHz. The amateur radio bands between 0.15 MHz and 80 MHz are 1.8 MHz to 2.0 MHz; 3.5 MHz to 4.0 MHz; 5.3 MHz to 5.4 MHz; 7.0 MHz to 7.3 MHz; 10.1 MHz to 10.15 MHz; 14 MHz to 14.2 MHz; 18.07 MHz to 18.17 MHz; 21.0 MHz to 21.4 MHz; 24.89 MHz to 24.99 MHz; 28.0 MHz to 29.7 MHz; and 50.0 MHz to 54.0 MHz.</p> <p>b Field strengths from fixed transmitters, such as base stations for radio (cellular/cordless) telephones and land mobile radios, amateur radio, AM and FM radio broadcast and TV broadcast cannot be predicted theoretically with accuracy. To assess the electromagnetic environment due to fixed RF transmitters, an electromagnetic site survey should be considered. If the measured field strength in the location in which the Precision Montage MRI Spinal Cord Stimulator System is used exceeds the applicable RF compliance level above, the Precision Montage MRI Spinal Cord Stimulator System should be observed to verify normal operation. If abnormal performance is observed, additional measures may be necessary, such as re-orienting or relocating the Precision Montage MRI Spinal Cord Stimulator System.</p> <p>c Over the frequency range 150 kHz to 80 MHz, field strengths should be less than 3 V/m.</p>			

Recommended separation distances between portable and mobile RF communications equipment and the Precision Montage MRI Spinal Cord Stimulator System

The Precision Montage MRI Spinal Cord Stimulator System is intended for use in an electromagnetic environment in which radiated RF disturbances are controlled. The customer or the user of the Precision Montage MRI Spinal Cord Stimulator System can help prevent electromagnetic interference by maintaining a minimum distance between portable and mobile RF communications equipment (transmitters) and the Precision Montage MRI Spinal Cord Stimulator System as recommended below, according to the maximum output power of the communications equipment.

Rated maximum output power of transmitter

Separation distance according to frequency of transmitter (meters)

RF emissions CISPR 11 W	150 kHz to 80 MHz $d = 1.2 \sqrt{P}$ Outside ISM and Amateur radio bands	150 kHz to 80 MHz $d = 0.58 \sqrt{P}$ Inside ISM and Amateur radio bands	80 MHz to 800 MHz $d = 0.35 \sqrt{P}$	800 MHz to 80 GHz $d = 0.70 \sqrt{P}$
0.01	0.12	0.06	0.04	0.07
0.1	0.37	0.18	0.11	0.22
1	1.2	0.58	0.35	0.70
10	3.7	1.8	1.1	2.2
100	12	5.8	3.5	7.0

For transmitters operating below 150 kHz (RFID devices such as access control devices), the recommended separation distance is at least 1.17 m. For transmitters rated at a maximum output power not listed above, the recommended separation distance d in meters (m) can be estimated using the equation applicable to the frequency of the transmitter, where P is the maximum output power rating of the transmitter in watts (W) according to the transmitter manufacturer.

NOTE 1 At 80 MHz and 800 MHz, the separation distance for the higher frequency range applies.

NOTE 2 These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and reflection from structures, objects and people.

Guidance and Manufacturer's Declaration - electromagnetic emissions		
The Precision Montage MRI System is intended for use in the electromagnetic environment specified below. The customer or user of the Precision Montage MRI System should assure that it is used in such an environment.		
Emissions Test	Compliance	Electromagnetic Environment Guide
RF emissions CISPR 11	Group 1	The Precision Montage MRI System uses RF energy only for its internal function. Therefore, its RF emissions are very low and are not likely to cause any interference in nearby electronic equipment.
RF emissions CISPR 11	Class B	The Precision Montage MRI System is 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.
Harmonic emissions IEC 61000-3-2	Class B	
Voltage fluctuations / Flicker emissions IEC 61000-3-3	Complies	

Sterilization

All Precision Montage MRI System implantable and surgical components are sterilized with ethylene oxide.

- Inspect the condition of the sterile package before opening the package and using the contents. Do not use the contents if the package is broken or torn, or if contamination is suspected because of a defective sterile package seal.
- Do not use any component that shows signs of damage.
- Do not resterilize the package or the contents. Obtain a sterile package from Boston Scientific.
- Do not use if the product is past the labeled expiration date.
- All components are for single use only. Do not reuse.
- Do not use if package is opened or damaged.
- Do not use if labeling is incomplete or illegible.

WARNING: Contents supplied *STERILE* using an ethylene oxide (EO) process. Do not use if sterile barrier is damaged. If damage is found, call your Boston Scientific representative.



For Single Use Only.
Do Not Reuse.



Do Not Resterilize



Do not use if package is damaged.

For single patient use only. Do not reuse, reprocess or resterilize. Reuse, reprocessing or resterilization may compromise the structural integrity of the device and/or lead to device failure which, in turn, may result in patient injury, illness or death. Reuse, reprocessing or resterilization may also create a risk of contamination of the device and/or cause patient infection or crossinfection, including, but not limited to, the transmission of infectious disease(s) from one patient to another. Contamination of the device may lead to injury, illness or death of the patient.

After use, dispose of product and packaging in accordance with hospital, administrative and/or local government policy.

FCC Rules

The following is federal government communications regulation information about the Precision Montage MRI Spinal Cord Stimulator System.

This device complies with part 15 of the FCC Rules. Operation is subject to the following two conditions: (1) This device may not cause harmful electromagnetic disturbance, and (2) This device must accept any electromagnetic disturbance received including electromagnetic disturbance that may cause undesired operation.

The Precision Montage MRI System components should only be serviced by Boston Scientific. Do not attempt to open or repair any of the components. Unauthorized opening of or attempts to repair the components will void the warranty.

Changes of modifications to this product not authorized by Boston Scientific Corporation could void the FCC Certification and negate your authority to operate this product.

Technical Service

Boston Scientific has highly trained service professionals located worldwide to assist you. The Technical Service Department is available to provide technical consultation 24 hours a day.

In North America, please call (866) 566-8913 to speak to a representative.

End of Programmed Service

The Precision Montage MRI System IPG software is programmed to end service after 12 years. As the IPG nears the end of the programmed period, the Remote Control and Clinician Programmer provide the following indicators to inform the user that end of the programmed period is approaching:

- Remote Control - Approximately six months before the end of programmed period, the Remote Control displays a weekly message indicating the number of service days remaining. Approximately one month before the end of the programmed period, the message displays daily.
- Clinician Programmer - When less than six months of service period remain, an indicator displays on the Connect screen of the Clinician Programmer. When end of the programmed period has been reached, a message displays when connecting to the Stimulator to indicate that end of the programmed period has been reached and programming is not allowed.

Patients should contact their health care provider upon first receiving a message regarding the number of programmed service days remaining.

IPG Battery Life

The rechargeable battery in the Precision Montage MRI System IPG should provide at least five years of service.¹ In most cases, the Stimulator will need to be recharged at intervals ranging from once a week to once a month. Over time, the IPG battery will need more frequent recharges. Like all rechargeable batteries, use over time and repeated recharge cycles reduce the maximum charge capacity of the IPG battery.

The Precision Montage MRI System's programming software gives you an estimate of charging time based on 24 hours per day of stimulation at the programmed settings. Depending on the program parameters, the patient may expect daily recharging times from as low as 10 minutes up to four hours, or weekly recharging times from as low as one hour up to four hours.

¹ The expected years of battery operation are defined as the longer of either:

A. Typical case: the time at which therapy cannot be maintained with daily charging.

OR

B. High energy case: when the maximum recharge interval has decreased by more than 50 % from the initial recharge interval.

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Boston Scientific

Advancing science for life™



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91053659-02 2017-12