

# Innocor<sup>®</sup>

## Cardiopulmonary Exercise Testing with Non-Invasive Measurement of Cardiac Output



- Hemodynamic measurements by inert gas rebreathing
- True breath-by-breath metabolic gas exchange analysis
- Spirometry and SpO<sub>2</sub>

**innovision**

Unique non-invasive solutions  
for hemodynamic exercise testing

# Complete CPET

Innocor® combines direct, non-invasive hemodynamic measurements with traditional metabolic measurements using true breath-by-breath gas exchange analysis for determination of  $\dot{V}O_2$ ,  $\dot{V}CO_2$  and  $\dot{V}_E$  plus a large number of derived variables such as peak  $\dot{V}O_2$ , AT, and  $\dot{V}_E/\dot{V}CO_2$ .

Innocor® gives the complete metabolic and hemodynamic profile comprising a conventional cardiopulmonary exercise test (CPET) together with non-invasive measurement of cardiac output. This unique combination enables the possibility to distinguish between ventilatory, central circulatory or peripheral causes of exercise intolerance.

By using inert gas rebreathing for the hemodynamic measurements the hazards and costs of using PA-catheters are eliminated and inaccuracies of other non-invasive methods avoided.

All in all, Innocor® represents a significant contribution to enhanced patient care, safety and reduced health care costs.

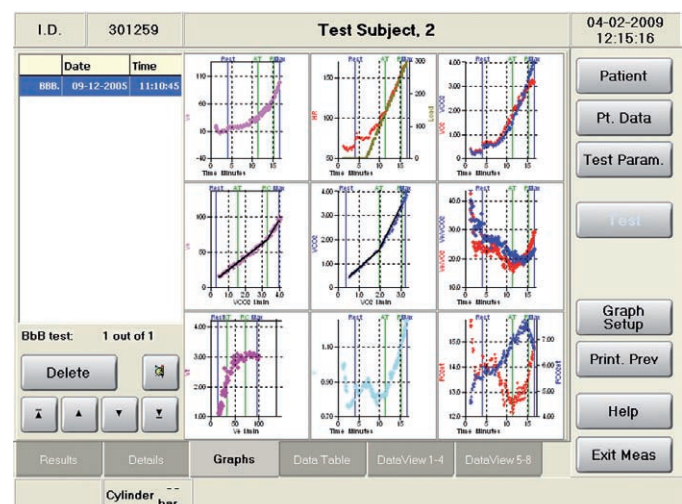
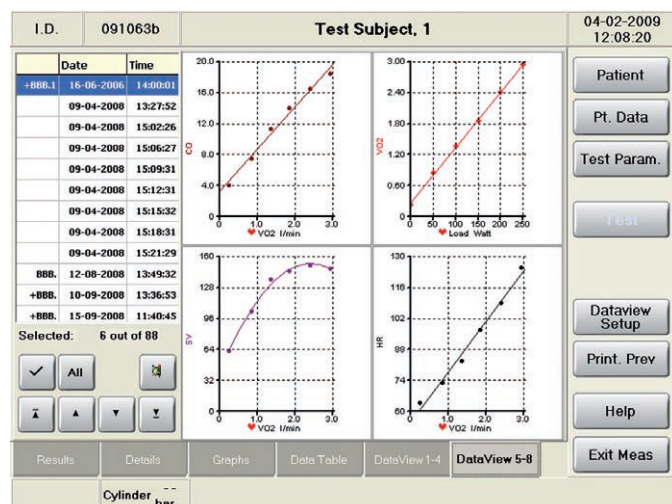
## Objective Functional Assessment of Patients with Cardiovascular Disorders

Innocor® provides the most comprehensive system available for evaluation of CHF patients or use in all other cases where cardiovascular disorders are suspected or being treated.

- Innocor® is used to assess and monitor cardiovascular disorders
- Innocor® provides important additional information for prognostic evaluation of HF patients
- Innocor® is ideal for monitoring during rehabilitation and recovery of HF patients
- Innocor® provides objective treatment evaluation
- Innocor® is suitable for accurate performance testing

Hemodynamic (cardiac output and stroke volume) response to graded exercise.

9-plots Wasserman screen from breath-by-breath test to maximum exertion.



# The Exclusive Solution to Non-invasive Hemodynamic Exercise Testing

Innocor® is the only instrument on the market utilising the physiologically sound and well-tested principle referred to as Inert Gas Rebreathing for hemodynamic measurements. This principle is 100% analytical and has no empirical base.

During a rebreathing test the subject rebreathes an oxygen enriched mixture containing very small amounts of two physiologically inert gases - one blood soluble and one insoluble component - from a closed rebreathing system. The test lasts about 5 breaths or 15 seconds. During this time the blood soluble gas is dissolved in the blood perfusing the ventilated parts of the lungs. Innocor® measures the concentration curve of the blood soluble gas and calculates the wash-out rate, which is proportional to the Cardiac Output. In patients with a significant intra-pulmonary shunt, the shunt flow is calculated by using the well proven Fick principle for oxygen. The blood insoluble gas is measured to determine the lung volume and to account for other factors that affect the distribution of the blood soluble gas.

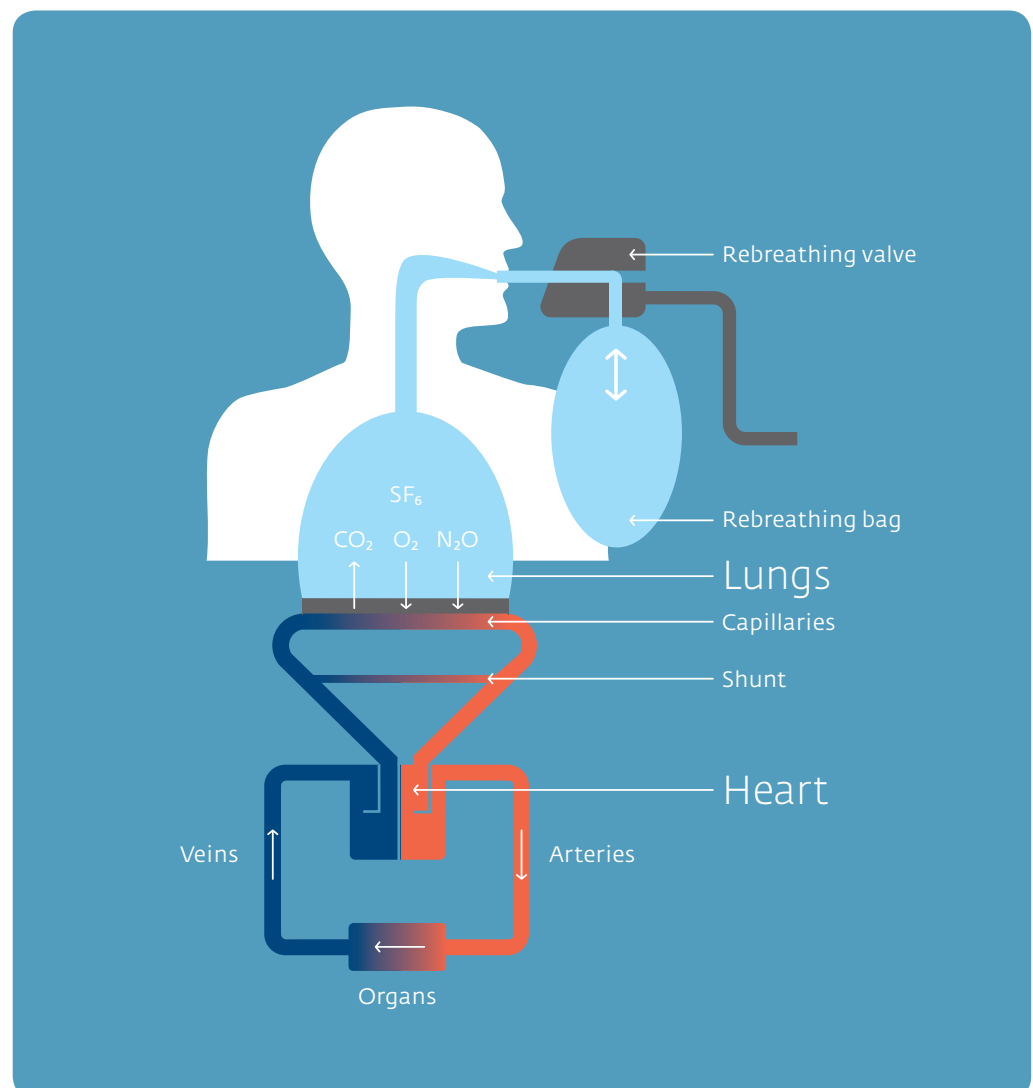
It is reassuring for the Innocor® users to know that the validity of Inert Gas Rebreathing is documented in an impressive number of peer reviewed scientific papers. This documentation applies to diverse conditions in both health and disease and is conclusively far better than for any other non-invasive method. As opposed to other non-invasive techniques, Innocor® can be used equally well in patients at rest and during exercise.

## Innocor® Technologies

Innocor® utilises Innovision's proprietary gas analyser technology for measuring nitrous oxide ( $N_2O$ , blood soluble), sulphur hexafluoride ( $SF_6$ , insoluble) and  $CO_2$  continuously and simultaneously. The advanced analyser is a photoacoustic infrared type which combines a fast response with unsurpassed sensitivity and accuracy and inherent stability. No tedious calibrations are required - all you

need is a yearly calibration check. This technology replaces a medical mass spectrometer for inert gas analysis and offers superior performance, compactness and reduced cost.

The oxygen sensor uses laser diode absorption spectroscopy, meaning no limited life parts. A Nafion sampling tube ensures optimal humidity removal.



# Features

- Proven analytical methodology
- Compact and portable
- No daily calibration of gas analyser

## Innocor® is easy to use

Innocor® is small and portable. Switch it on and you are ready to go. No tedious gas calibrations to distract you from the full attention to your patient. The rebreathing test takes less than 1 minute and can be repeated within short intervals. Training in the use of Innocor® takes short time. The software is intuitive with only one interface for the operator: a bright and colourful 12-inch LCD touch screen.

## Innocor® is cost effective

Compared to other methods of assessment Innocor® is competitive both in cost of the device, maintenance and daily use. Therefore, Innocor® is a realistic option not only in specialised hospital departments but also in most other segments of the health care system including out-patients departments dealing with cardiovascular diseases.

## Innocor® connects to other systems

The built-in Ethernet and USB interfaces allow data exchange between Innocor® and other data storage and analysis systems, including other medical devices (e.g. ECGs) and the offline Viewer version of Innocor®. All major treadmills and bicycle ergometers can be controlled by Innocor® during an exercise protocol.



Space efficient and portable with integrated lifting slot, allowing free movement.



Pneumatic rebreathing valve with replaceable insert for maximum hygiene.

Miniature gas cylinder with self-dispensing valve for rebreathing gas mixture. Test capacity is expanded typically tenfold by automatic dilution with air, thereby avoiding a bulky external cylinder.

Connectors for networking, printing and PC interface.

Quick connector panel for rebreathing valve, SpO<sub>2</sub> and optional NIBP interfaces.



LCD colour display with high resolution and wide viewing angle.

Intuitive Windows software and touch screen for effortless operation.





# Product Line Innocor<sup>®</sup>

Test parameters \ product models	INN00010 CPET	INN00050 <sup>*</sup> CO	INN00100 CO	INN00200 <sup>*</sup> CO + NIBP	INN00300 CO + NIBP	INN00400 CPET + CO	INN00500 CPET + CO + NIBP
Hemodynamic parameters (Inert Gas Rebreathing) CO, CI, SV, SI, PBF, V <sub>L</sub> , HR, SpO <sub>2</sub>		•	•	•	•	•	•
Derived hemodynamic parameters I SvO <sub>2</sub> , A-V O <sub>2</sub> diff., VO <sub>2</sub> , VO <sub>2</sub> /kg, Shunt			•		•	•	•
Derived hemodynamic parameters II SYS, DIA, MAP, SVR, SVRI, CPO, CPI				•	•		•
Metabolic parameters (Breath-by-breath technique) VO <sub>2</sub> , VO <sub>2</sub> /kg, VO <sub>2</sub> /HR, VCO <sub>2</sub> , R, V <sub>E</sub> , V <sub>A</sub> , V <sub>D</sub> , V <sub>T</sub> , f <sub>B</sub> , F <sub>ET</sub> O <sub>2</sub> , F <sub>ET</sub> CO <sub>2</sub> , V <sub>E</sub> /VO <sub>2</sub> , V <sub>E</sub> /VCO <sub>2</sub> , V <sub>E</sub> /VCO <sub>2</sub> slope, AT, RC, BR	•					•	•
Spirometry parameters FEV <sub>1</sub> , FVC, FEV <sub>1</sub> %, PEF, MEF 75, MEF 50, MEF 25, FET, MVV	•					•	•

<sup>\*</sup> Restricted availability in certain markets

## Parameters

### Hemodynamic

CO . . . . . Cardiac output  
CI . . . . . Cardiac index  
SV . . . . . Stroke volume  
SI . . . . . Stroke index  
PBF . . . . . Pulmonary blood flow  
V<sub>L</sub> . . . . . Lung volume (or FRC)  
HR . . . . . Heart rate  
SpO<sub>2</sub> . . . . . Arterial oxygen saturation

### Derived hemodynamic

SvO<sub>2</sub> . . . . . Mixed venous oxygen saturation  
A-V O<sub>2</sub> diff. . . . . Arterio-venous O<sub>2</sub> saturation difference  
VO<sub>2</sub> . . . . . Oxygen uptake (by rebreathing)  
VO<sub>2</sub>/kg . . . . . Oxygen uptake per kg (by rebreathing)  
Shunt . . . . . Intrapulmonary shunt fraction  
SYS . . . . . Systolic blood pressure  
DIA . . . . . Diastolic blood pressure  
MAP . . . . . Mean arterial blood pressure  
SVR . . . . . Systemic vascular resistance  
SVRI . . . . . Systemic vascular resistance index  
CPO . . . . . Cardiac power output  
CPI . . . . . Cardiac power index

### Metabolic

VO<sub>2</sub> . . . . . Oxygen uptake  
VO<sub>2</sub>/kg . . . . . Oxygen uptake per kg

VO<sub>2</sub>/HR . . . . . Oxygen pulse  
VCO<sub>2</sub> . . . . . Carbon dioxide excretion  
R . . . . . Respiratory exchange ratio  
V<sub>E</sub> . . . . . Expiratory minute ventilation  
V<sub>A</sub> . . . . . Alveolar ventilation  
V<sub>D</sub> . . . . . Anatomical dead space  
V<sub>T</sub> . . . . . Tidal volume  
f<sub>B</sub> . . . . . Respiratory rate  
F<sub>ET</sub>O<sub>2</sub> . . . . . End-tidal concentration of oxygen  
F<sub>ET</sub>CO<sub>2</sub> . . . . . End-tidal concentration of carbon dioxide  
V<sub>E</sub>/VO<sub>2</sub> . . . . . Ventilatory equivalent for oxygen  
V<sub>E</sub>/VCO<sub>2</sub> . . . . . Ventilatory equivalent for carbon dioxide  
V<sub>E</sub>/VCO<sub>2</sub> slope . . . . . Slope of V<sub>E</sub> versus VCO<sub>2</sub>  
AT . . . . . Anaerobic threshold (V-slope method)  
RC . . . . . Respiratory compensation (V-slope)  
BR . . . . . Breathing reserve

### Spirometric

FEV<sub>1</sub> . . . . . Forced expiratory volume in 1 second  
FVC . . . . . Forced vital capacity  
FEV<sub>1</sub>% . . . . . FEV<sub>1</sub>/FVC  
PEF . . . . . Peak expiratory flow  
MEF 75, . . . . . Max. instantaneous forced expiratory flow  
MEF 50, . . . . . (75%, 50% and 25% of FVC remaining,  
MEF 25 . . . . . respectively)  
FET . . . . . Forced expiratory time  
MVV . . . . . Maximum voluntary ventilation

