

Study Explores the Ability of NOL Technology to Detect Pain in the ICU

A peer-reviewed observational study reveals promising findings regarding the ability of Medasense's NOL monitor to detect pain response levels in ICU patients.

RAMAT GAN, ISRAEL, January 4, 2022 /EINPresswire.com/ -- The peer-reviewed journal Journal of

“

This study demonstrates that NOL monitoring has the potential to improve pain management in the ICU.”

Galit Zuckerman-Stark

Pain Research has published the results of an observational study exploring the utilization of NOL[®] monitoring to assess pain in postoperative awake patients after cardiac surgery in the intensive care unit (ICU). [The study](#) further validated NOL's applicability and feasibility in the ICU, following the results from another pilot study.¹

Pain assessment in the ICU is a huge challenge for

clinicians. Many ICU patients are unable to self-report their pain due to their critical condition, and the use of behavioural indicators may be limited particularly in deeply sedated or paralyzed patients.²

The purpose of NOL monitoring is to enable clinicians to optimize pain management leading to improved patient outcomes. Currently, NOL technology is primarily used for optimizing pain management in operating room settings, with anesthetized patients. In the ICU, ineffective pain assessment worsens patient outcomes, such as cardiac instability, respiratory compromise and immunosuppression² and is a risk factor for developing chronic pain.³

The study, led by Dr. Céline Gélinas (Ingram School of Nursing, McGill University; Centre for Nursing Research and Lady Davis Institute, Jewish General Hospital – CIUSSS West-Central-Montreal) and Dr. Philippe Richebé (Department of Anesthesiology and Pain Medicine, Maisonneuve-Rosemont Hospital – CIUSSS de l'Est-de-l'Île-de-Montréal – Université de Montréal) from Montreal (QC, Canada), is one of the first studies evaluating NOL monitoring in postoperative ICU patients who were able to self-report their pain. The study demonstrated that NOL could detect pain during chest tube removal, compared to a non-nociceptive procedure, correlating with patient's self-reported pain levels. “This study demonstrates that NOL monitoring has the potential to improve pain management in the ICU” says Medasense Founder & CEO, Galit Zuckerman-Stark “by helping to detect pain, NOL monitoring shows the capacity to optimize and personalize pain management and improve patient outcomes post-surgery.”

Access the full article at: <https://doi.org/10.2147/JPR.S332845>

*NOL monitoring is currently not commercially available in the U.S.

About Medasense and NOL Technology

Medasense (www.medasense.com) offers a breakthrough technology that enables clinicians to optimize and personalize pain control and avoid overmedication. Medasense's flagship product, the PMD-200™ with its NOL® index, is a unique platform that objectively monitors and quantifies the patient's pain response by means of artificial intelligence and a proprietary non-invasive sensor platform. The benefits of NOL technology have been clinically validated in multiple clinical studies.

The PMD-200 is distributed in Europe by Medtronic (NYSE:MDT), is cleared for marketing also in Canada, Latin America, Australia and Israel, and enables connectivity with Philips and Mindray patient monitors.

1. Shahiri TS, Richard-Lalonde M, Richebé P, Gélinas C. Exploration of the nociception level (NOLTM) index for pain assessment during endotracheal suctioning in mechanically ventilated patients in the intensive care unit: an observational and feasibility study. *Pain Manag Nurs*. 2020;21(5):428–434. doi:10.1016/j.pmn.2020.02.067
2. Devlin J.W, Skrobik Y, Gélinas C, et al. Clinical Practice Guidelines for the Prevention and Management of Pain, Agitation/Sedation, Delirium, Immobility, and Sleep Disruption in Adult Patients in the ICU. *Critical care medicine*. 2018; 46(9), e825–e873.
<https://doi.org/10.1097/CCM.0000000000003299>
3. Otto JM, Minna EB, Janne L, etl al. Persistent pain in intensive care survivors: a systematic review. *British Journal of Anaesthesia*. 2020; 125(2): 149-158.
<https://doi.org/10.1016/j.bja.2020.04.084>

Joella Nussbaum

Medasense

+972536405542 ext.

joella@medasense.com

Visit us on social media:

[Facebook](#)

[Twitter](#)

[LinkedIn](#)

[Other](#)

This press release can be viewed online at: <https://www.einpresswire.com/article/559816525>

EIN Presswire's priority is source transparency. We do not allow opaque clients, and our editors try to be careful about weeding out false and misleading content. As a user, if you see something we have missed, please do bring it to our attention. Your help is welcome. EIN Presswire, Everyone's Internet News Presswire™, tries to define some of the boundaries that are reasonable in today's world. Please see our Editorial Guidelines for more information.

