



Exablate Prime

Checklists Handbook

For Exablate 4000 Type 1.1 Systems with Software Version 9.01



WARNING:

This document constitutes a shortened reference manual. It does not replace the Operator Manual. Adhere to all warnings and precautions as detailed in the Exablate Prime (4000 Type 1.1 SW9.01) Operator Manual



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REVISION INFORMATION

This is the **Revision 1** release of the Exablate 4000 Type 1.1 Handbook for SW version 9.01.

Please contact Insightec Marketing Support to determine if this is the most current release.

Each chapter of this manual has a chapter revision level and date at the bottom. This indicates the release level & date for the individual chapters. Note that when the manual is updated, not all of the chapters are necessarily updated, so some chapters may have a revision level earlier than the release revision level.

The cover page and this page are all **Revision 1.0** with the corresponding chapters of the manual:

Chapter #	Chapter Name	Chapter Revision, Date	# of Pages in Chapter
Chapter 1	System Setup Checklist	1.0, 4/24	2
Chapter 2	Preparation and DQA Checklist	1.0, 4/24	2
Chapter 3	Treatment Checklist	1.0, 4/24	2
Chapter 4	Cleaning Procedure Checklist	1.0, 4/24	2

System Set Up Checklist



WARNING:

Visually inspect the Exablate System to:

- Verify the integrity of the Transducer, Front End and MR Table
- Confirm that the connectors are properly fastened
- Confirm that the Exablate MR Baseplate and Helmet System are properly docked

Failure to follow these instructions may result in improper system function.



NOTE:

Multiple flows exist for System setup.

Select the option most suitable to your workflow and preferences.

If turning on the System prior to connecting the Helmet System cables to the Front End Unit, press the Operator Stop Sonication Button to re-initialize connections.



NOTE:

The water system will reach its optimal operating conditions within 30 minutes.

Take this into consideration and turn on the system as early as possible before the treatment, to avoid downtime when the patient arrives. You may proceed with System Set Up while water preparation is ongoing, Degassing will proceed (unless manually halted) until the operator fills the Transducer

Connecting the Helmet System Cables to the Front End Unit

- Unlock the Storage and Transfer Cart (STC) wheels and position it near the Front End Unit (FE).
- Connect the Water Cable and the two, uniquely labeled, Quick Coupler Cables to the Front End.



CAUTION:

Verify that each Quick Coupler connector is connected to its intended labeled position. The connectors must be gently aligned into place before locking. Ensure that the water cable is fully coupled, as indicated by a 'Click' sound.

System Power On

- Wake the system up by moving the mouse.
- Login with your Username and Password provided
(**Note:** Windows® login parameters are case sensitive)
- Select the **appropriate** Application option (commercial, legacy viewer, planning mode...).
- The Exablate disclaimer popup window will open; click "OK" to continue.

Preparing the Water System

- Unload the Water Reservoir from The Water Reservoir Compartment in the Front End Unit and disconnect it via the Quick Release Cable.
- Fill the Reservoir up to the marking, connect and return it to its designated compartment.
All activities (treatments, DQA, and cleaning) require purified water complying with ISO3696 (1987) Grade 2, or ASTM (D1193-91) Type II, or NCCLS (1988) Type II.
- Set the water system to "Prepare Water" either from the Workstation "System Settings" menu or from the Water System Control Touchscreen.
- Degassing will start. The status of the Water System and Dissolved Oxygen (DO) levels [in PPM] are indicated on the status bar on the bottom of the Workstation screen and the screen in the FE Unit.



**Preparing the MR Table**

- Bring the MR cradle all the way out of the MRI bore.
- Remove any imaging coils or MRI Baseplates currently connected to the MRI Table.
- Place the Exablate MR Baseplate on the MR Table and ensure it is fully coupled.

**Positioning the Helmet System on the MR Table**

- Unlock the STC wheels and roll it towards the MR Table while releasing the cables.
- Place the STC perpendicularly to the MR Table, so that the markings are aligned.
- Release and lower the Coupling Bridge. Ensure full connection between Coupling bridge and MR table.
- Lock the STC wheels.




CAUTION:

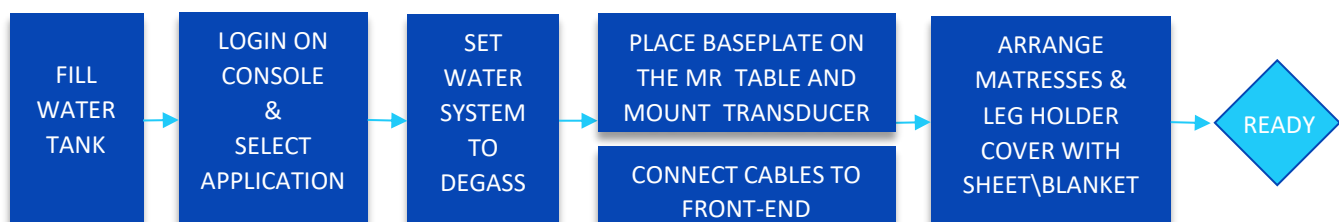
To avoid damage to the system components, ensure there is a clear path between the Helmet System and its designated position on the MR Adapter Baseplate. Base lock latch should be folded back.

Note some systems require undocking\angling MR table for proper docking

- Place your hands on the Auxiliary and Main Handles. While pressing the "Transducer Release Button", slowly and firmly slide the Helmet System into place. A 'Clicking' sound denotes full coupling.
- Lower the Base Lock to secure the Helmet System in place.
- Connect Tracking and Head coil Connector/s to the MRI Table.
- Connect the Patient Stop Sonication Button cord to the socket on the MRI Table.
- Unlock the STC wheels and roll it away from the MR table. It will not be needed during the treatment.
- Philips:** slide coil holders and landmark accessory into the groves on the baseplate side



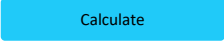
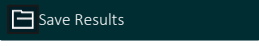
✓ Verify System is Ready for Treatment

- Confirm that the MR console was rebooted at the beginning of the day. If not, reboot it.
- Confirm that the System and MR status fields are "Ready" on Workstation screen, and the FUS and Host Power Indicators on the operator console are illuminated.
- GE:** on SW version DV26 and up you may need to press the 'External Host' button on the MR WS: select 'Exablate' from the drop down menu in order to enable communications. 
- SIEMENS:** Ensure "remote connection" icon on bottom of the MR workstation screen is enabled: If Disabled () click on it to enable communication. 



📊 Recommended Setup Flow Chart

Preparation Checklist

Screening - SDR Calculation (can be performed ahead of the treatment day)

- From the main screen, select **SCREENING**. 
- Import **CT images** via the image retrieval dialog 
- Select intended target side and location (or adjust transducer location manually)
- Press  to observe estimated SDR value and additional treatment parameters
- To keep calculation results in Database for reference, press 

Pre-Planning Session (optional, can be performed ahead of the treatment day)

- From the main screen, select **PRE-PLANNING**. Define username, indication and target. 
- REGISTRATION**: Load, register and approve registration for images of interest. 
- AC-PC Plane**: Review, adjust as needed, and approve AC and PC location as well as midline alignment.
- NPR REVIEW**: Review, augment, and approve non-pass regions on CT and MR images as needed.
- TARGET & SAVE**: Set a target. Patient SDR and other parameters are available.
- TARGET & SAVE**: Save the preparation session to disk for future reference and use.

DQA - Daily Quality Assurance (perform at the start of each treatment day)




System Set-Up for DQA

- Perform one of the System Setup flow options as defined by the **System Set Up Checklist**.
- Affix the Patient Membrane intended for the treatment into the **DQA Holder Setup**.
- Place a **DQA Phantom** into **DQA Holder Setup**, and mount it onto the Transducer.
- Plug the Head Coil into its dedicated connector (if applicable). Make sure the transducer isn't tilted.
- Make sure the transducer's **Air Release Valve** is **open**. **Fill transducer** with water.
- Close Air Release Valve**. Release excess air from pipes via the **Red Excess Air Release button**.
- Perform short mandatory fill to replace lost water. Ensure no leaks. Begin water **Circulation**.

DQA Procedure

- On MR scanner console**: Open New Exam\Register Patient. Use the Exablate imaging protocol
- In MR room**: Set **Landmark/Iso-center/Lightvizer** and **Advance Cradle** to scan position.
- Start a **New DQA** from the **DQA** tab in the main menu of the Exablate application software.
- PLAN screen**: Locate Transducer, Find Central Frequency, and Acquire Planning Scan.
- In MR Room**: Press Patient Stop Sonication Button. A prompt will appear on the WS screen.
- Advance to the **SONICATE** stage and press the **SONICATE** button. A DQA sonication will commence.

Review the results:

-  Two thermal spots, each centered around a target (green dot)
-  The peak temperature at the center of each spot is at least 46°C
-  The sonication concluded with a cavitation halt.
- Perform at least two DQA sonications using different scan orientations (e.g. Axial, Sagittal).
- QUIT

Following the DQA procedure

- Drain water from transducer and set water system to **Degassing mode**.
- Wipe and Dry** the **DQA Setup** and **Membrane**, stow the DQA holder setup away.
- Make sure the Transducer is set as **Superiorly as possible** to accommodate **patient** placement.
- Discard DQA Phantom.





Patient preparation and positioning

Required accessories

- Make sure all necessary INSIGHTEC accessories are available – For one treatment procedure:

INSIGHTEC PATIENT AND TREATMENT ACCESSORIES			
<input type="checkbox"/> Head Frame Set	<input type="checkbox"/> Patient Membrane	<input type="checkbox"/> Patient Fixation Kit	
PATIENT MANAGEMENT			
<input type="checkbox"/> Surgical Marker	<input type="checkbox"/> Razor/shaving tools	<input type="checkbox"/> Warming Blankets	<input type="checkbox"/> Ear Plugs
<input type="checkbox"/> IV Line	<input type="checkbox"/> Compression Stockings	<input type="checkbox"/> Blood Pressure/pulse Oxy	<input type="checkbox"/> Pin Site Anesthesia

Ensure availability of a CT scan (mandatory) and pre-treatment MR (optional).

Patient Preparation

- Prepare MR table for patient arrival: mattresses (cover with blankets), cushions, warm blankets,
- Confirm patient is **shaved** and the **scalp** is **clean**.
- Ensure **IV line** is in place.
- Fit the patient with **Compression Stockings** [recommended].
- Affix the **Head Frame**, as inferiorly as possible above the eyebrows.
- Place the **Patient Membrane** on the patient's head, as low as possible. Ensure the Head Coil connectors are in the right location according to the coil socket position next to the transducer

Patient Positioning


- Bring the patient into the MR suite. Assist patient on **Table**.
- Attach **Frame** to **Frame holders**
- Move **Transducer** to estimated clinical position. **Ensure clearance between patient and Transducer.**
- Latch the **Membrane** to the **Transducer** (ensuring all latches are fastened).
 - Plug the Head Coil into its dedicated connector (if applicable).
- Fit **earplugs**, Cover patient with warming **Blankets**.
 - Restrain patient's feet and body with straps and use patient Leg holder (if needed).
- Equip patient with **Stop Sonication** button.
- Fill transducer** with water until slightly convex (via Water Control Screen or Remote Controller).
- Close Air Release Valve**. Release excess air from pipes via the **Red Excess Air Release button**.
- Fill additional water to replace lost water. Ensure no leaks. Begin **Treatment Circulation**.
- Minimize membrane air folds** within transducer's pass zone.
- Ensure cables are free to move and **advance cradle to scan** position.

On MR Scanner Console and in MR Room

- On MR scanner console:** Open New Exam\Register Patient. Use the Exablate imaging protocol
- In MR room:** Set **Landmark/Iso-center/Lightvizer** and **Advance Cradle** to scan position.
- Recommended – mark landmark position using labels or accessory (Philips systems)
- Set landmark\iso-center\lightvizer center according to labels.



Entrance Screen TREATMENT Tab

- Define username, indication and target, and select desired Defaults Profile.
- Verify active exam on MR belongs to the intended patient.
- Select the applicable Patient Membrane code OR press  to register a new Membrane.
-

Treatment Checklist

PLAN Stage

CALIBRATION Substage:


Press  to perform automatic calibration sequence.

! Pre-operative images and NPR can be reviewed during calibration.

! Individual calibration scans can be prescribed from the “Manual Calibration” expandable menu.

Load a CT scan and (optional) Pre-op MR images , or a ready planning session 

SCAN Substage

Define desired scan type, protocol, and location. Press  to acquire images. Acquire at least one volumetric scan or three planar slabs using protocol of choice.

Note: You may press  to acquire scans as manually defined on MR console.

NPR REVIEW Substage

Review, refine, and  NPR markings on CT and MR images.

! Removal and recalculation options are available from the “More” menu.

REGISTRATION Substage

Review, adjust, and  for any image set to be used in Treatment.

! The approve button is available only once all 3 image windows are populated.

! Thumbnails marks:  – Auto-registration awaiting.  – Approved.  – Reference series.

! Advanced options are available by clicking the right mouse button over the thumbnails.

AC-PC PLANE Substage: Review, adjust, and 

! Upon entry, auto-calculated AC-PC locations are presented for review.

! AC-PC markers from loaded pre-planning session have their own dedicated markers.

TARGETING Substage

Place target at suitable anatomic location 

Inspect distance to focal point, adjust transducer location if needed and 

Note: required adjustment values are also displayed on the Front-End screen.

Instruct Patient to press Stop Sonication Button

Ensure compliance with local inclusion criteria and labeling

 and proceed to THERAPY.



CAUTION:

Automatic registration and AC-PC location are meant to serve as a base for user review. Automatic NPR calculation is not expected to detect all abnormalities, please review carefully and adjust as needed.

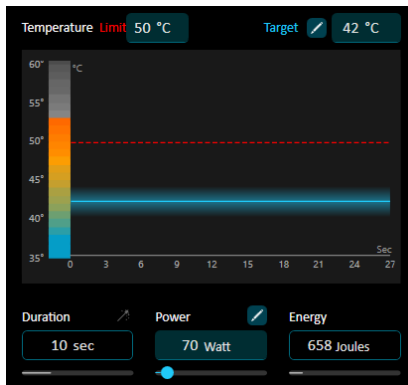





Therapy Stage

DEFINE Substage

- Define Sonication Parameters: Target **Temperature**, sonication **Duration** and **Power**:



- Two of the parameters are set manually while the third is automatically calculated to reach Target Temperature.
- Press  to toggle Manual\Auto.
- The Target Temperature (when manual) can also be adjusted by dragging the teal temperature line.
- No suitable parameters exist for gray temperatures on the temperature bar (for a set Power\Duration value).
- Prediction results change adaptively during treatment.

- Set the Temperature Safety Limit, according to the selected mode (see Sonication Pref. Tab):

- 1) By Prediction: Aligned to Target Temperature.
- 2) By Levels: Set between four predefined values, marked by dashed red line.
- 3) Manual: Set temperature limit manually. marked by draggable dashed red line.

- Set thermal scan parameters: **Orientation**, **Frequency** direction, and **number of slices**.

- Review target coordinates. Unlock and adjust as needed.

Note: The SONICATE button is disabled while coordinates are unlocked (or if the spot is invalid).

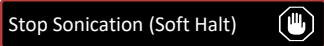
- Press **SONICATE** to initiate sonication.

- Gradually increase parameters to achieve clinical effect & permanent lesioning temperatures.

SONICATE Substage

! Observe and monitor thermal map for unintended heating.

! Observe CT to anatomy image alignment to account for patient movement.

! You may stop the sonication at any time by pressing  or the physical **STOP SONICATION** button on the Exablate Console (which will also terminate scan on MR).

REVIEW Substage

- Evaluate spot and dose location and size, and check for heating outside of treatment area.

- Make sure spot is aligned along all orientations before proceeding to lesional temperatures.

- Evaluate Patient before & between sonications and drive sonication according to clinical feedback

! Refer to the  and  to evaluate previous sonications.

! The "Tools" tab includes controls for updating peak temperature, spot alignment correction, Background Elimination state Patient movement detection image review.

! The "Evaluation" tab includes additional relevant information, and a space for comments

- Press  to proceed to the next sonication.

In case of partial or corrupted data:      



Post-Treatment Procedures

- Drain the water from the Transducer, Perform a Front-End drain, and discard of the water.

- Move transducer as superiorly as possible. Disconnect Head Coil (if applicable).

- Release the Membrane and assist the patient off the table.

- Perform cleaning as defined below and stow away system components until the next treatment.

Cleaning Procedure Checklist

✓ General instructions

- It is recommended to wear personal protective equipment (i.e. gloves).
- Patient membranes and coils are provided non-sterile and are intended for single use only. Discard of membranes and their storage box after each use according to the local/site procedures.
- Required materials:
 - ! **Purified water** - ISO 3696 (1987) Grade 2, or Type II (ASTM (D1193-91) or NCCLS (1988))
 - ! **lint free cloths and/or paper towels**
 - ! **Water Tank Disinfectant** – 50 ml Sodium Hypochlorite (CAS # 7681-52-9) 4.00% - 4.99% (For full system Cleaning)
 - ! **IPA 70% (“rubbing alcohol”)** – isopropyl alcohol 70% in water



🔧 Basic System Cleaning Procedure

Basic Cleaning should be performed after each case

- After the transducer has been fully drained, perform a Front-End drain as well. Discard of water.
- Wipe the Transducer gently with wipes. Do not apply force and ensure no leftover residue\debris!
- Immediately after use, wipe and dry all components with paper towel or lint free cloth.
- For basic Head Frame cleaning wipe components with the purified water to remove any residue of Betadine or other debris immediately after use.

💧 Full Water System Cleaning Procedure

Perform after 5 cases or if over a week has passed from last case (whichever comes first)

- Drain Transducer and discard of water in Water System Reservoir (“Water Tank”).
- Attach Cleaning Cover\ DQA holder to the Transducer.
- Fill the water tank with 13 liters (~3.5 US gallons) of fresh purified water.
- Pour **Water Tank Disinfectant** in the Tank and re-connect it to the Front-End.
- On the Water System home screen (Figure A), press the “Clean” option .
- Ensure all prerequisites have been fulfilled and press “START”  (Figure B).

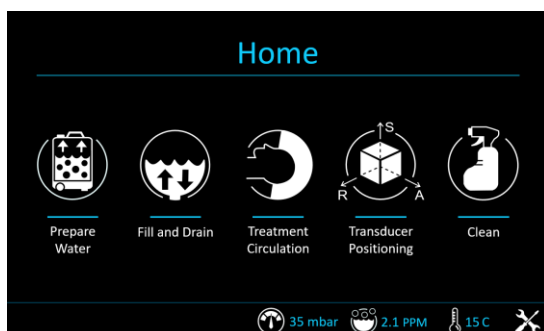


Fig. A: Water System Touchscreen “Home” Menu

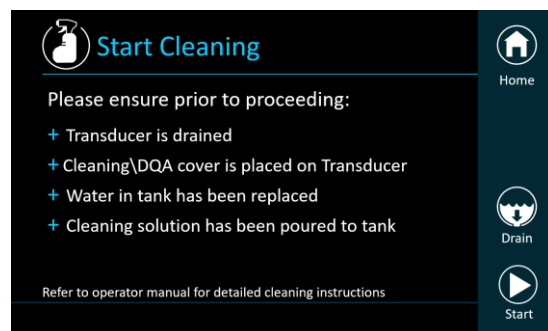




Fig. B: Water System “Clean” Menu – on Hold

- A countdown timer displays the remaining cleaning time of the Tank (Figure C).
- Tank cleaning is complete (Figure D). Fill Transducer by pressing the “Fill” button  on the Screen or Water System Remote Controller. Close Valve once the Transducer is full. “Proceed” 



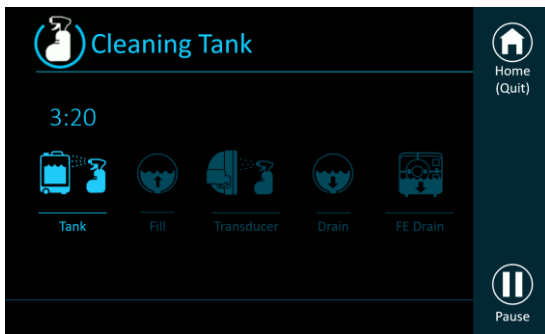


Fig. C: "Tank Cleaning in Progress"

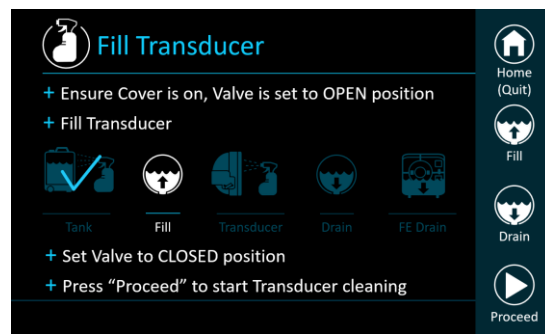




Fig. D: "Cleaning Tank Completed"

- A countdown timer displays the remaining cleaning time of the Tank (Figure E).
- When timer is over, open valve to air and drain the water from the Transducer by pressing the "Drain" button  on the Screen or on the Water System Remote Controller (Figure F). "Proceed" 

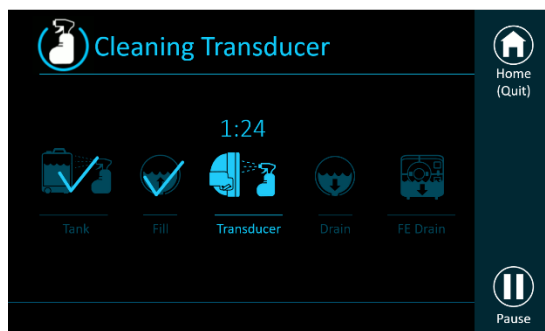


Fig. E: "Cleaning Transducer in Progress"

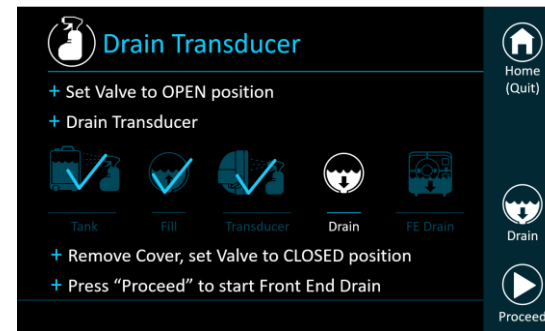


Fig. F: "Cleaning Transducer Complete"

- A countdown timer displays remaining Front-End draining time (Figure G).
- Cleaning is now complete (Figure H). Dispose of water according to site and/or local regulations.

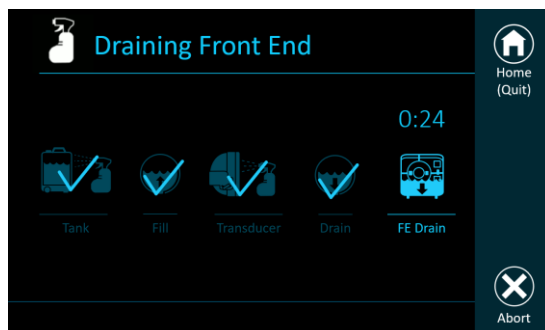


Fig. G: "Draining Front-End"

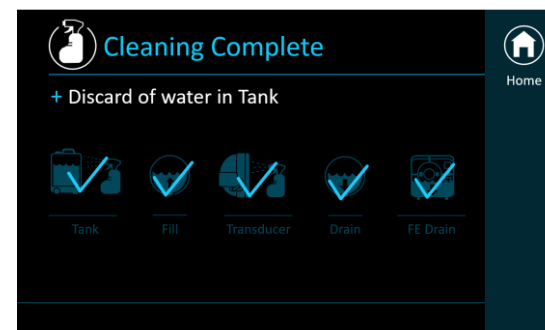


Fig.H: "Cleaning Complete"

- Leave the Tank open to air (without the cap).
- Wipe the Transducer gently with wipes. Do not apply force and ensure no leftover residue\debris!
- Place protective transducer cover on transducer.

Full Head Frame Cleaning Procedure

- Disassemble the head frame and its posts using the dedicated head frame assembly wrenches.
- Spray Head Frame components with IPA 70% until visibly wetted. Leave exposed for 6 minutes.
- Wipe components using 2 lint free cloths soaked with the purified water for at least 4 minutes.
- Spray the Head Frame components thoroughly with IPA 70% again.
- Wipe components using 2 lint free cloths soaked with the purified water for at least 2 minutes.
- Wipe the Head Frame components to dry using dry lint free cloths.

(For additional Headframe cleaning options see operator manual)

Note that this procedure may also be applied to other parts, such as DQA membrane, Helmet system or Baseplate