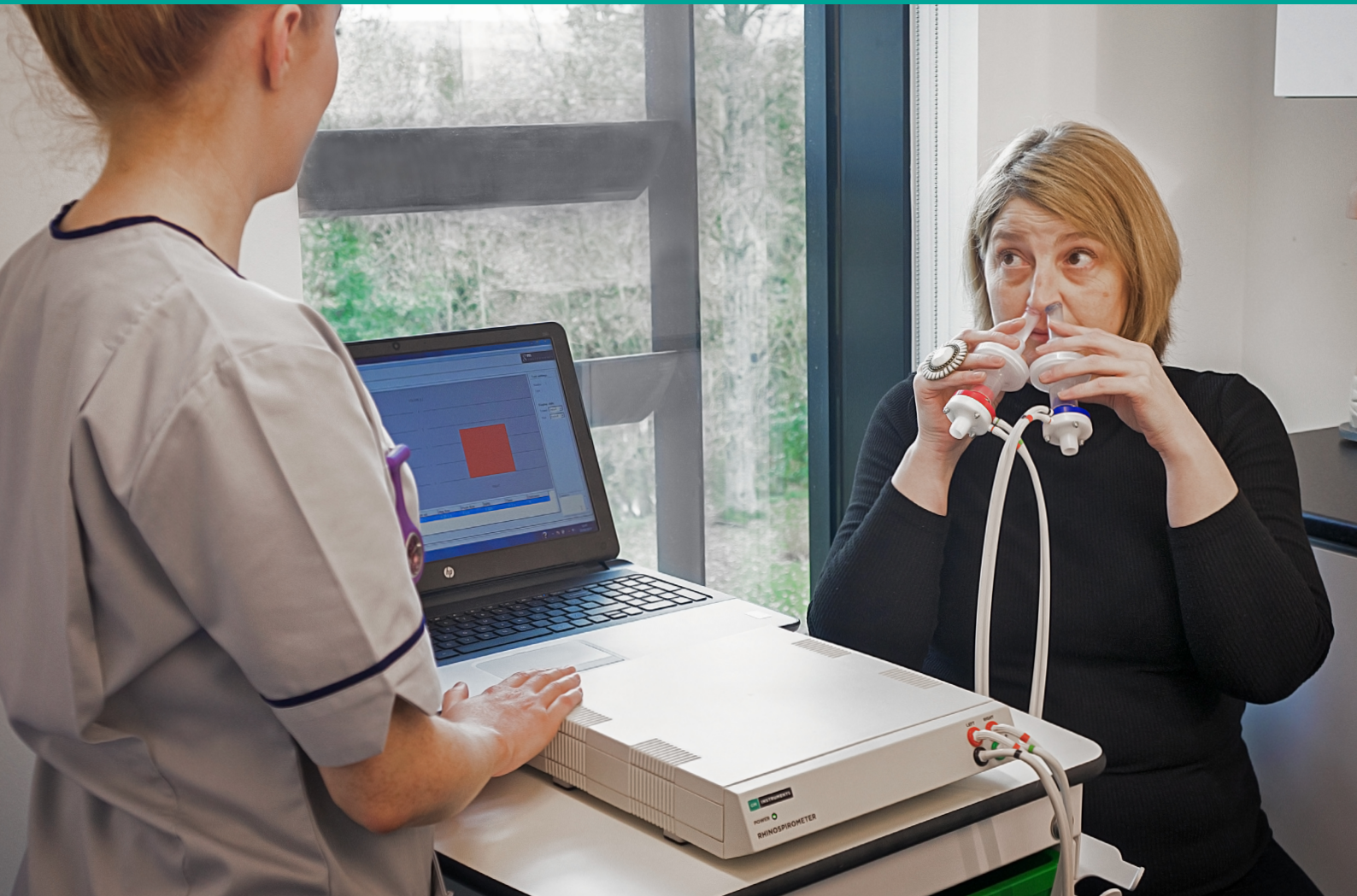


GM**INSTRUMENTS***Precision in measurement...*

NV2 RHINOSPIROMETER



INTRODUCING THE **NV2 RHINOSPIROMETER**

Our latest PC based screening tool, helping to identify those likely to benefit from septal surgery, by measuring the partitioning of nasal airflow.

Developed from the original NV1 Rhinospirometer, this new version measures the difference in volume, average flow and peak flow between the two nasal passages, from a single or multiple inspiration or expiration. In addition, it calculates a nasal partition ration (NPR).

Clinical work suggests that the value of NPR achieved can help indicate whether or not the subject is likely to benefit from septal surgery.

These quantified measurements, in conjunction with the clinician's assessment, can provide the best outcome for the subject by helping avoid unnecessary trauma, and save on the expense of an unnecessary hospital procedure.

In addition to the uses mentioned above, the instrument has also been used to study the nasal cycle and other respiratory related conditions.

NV2 RHINOSPIROMETER

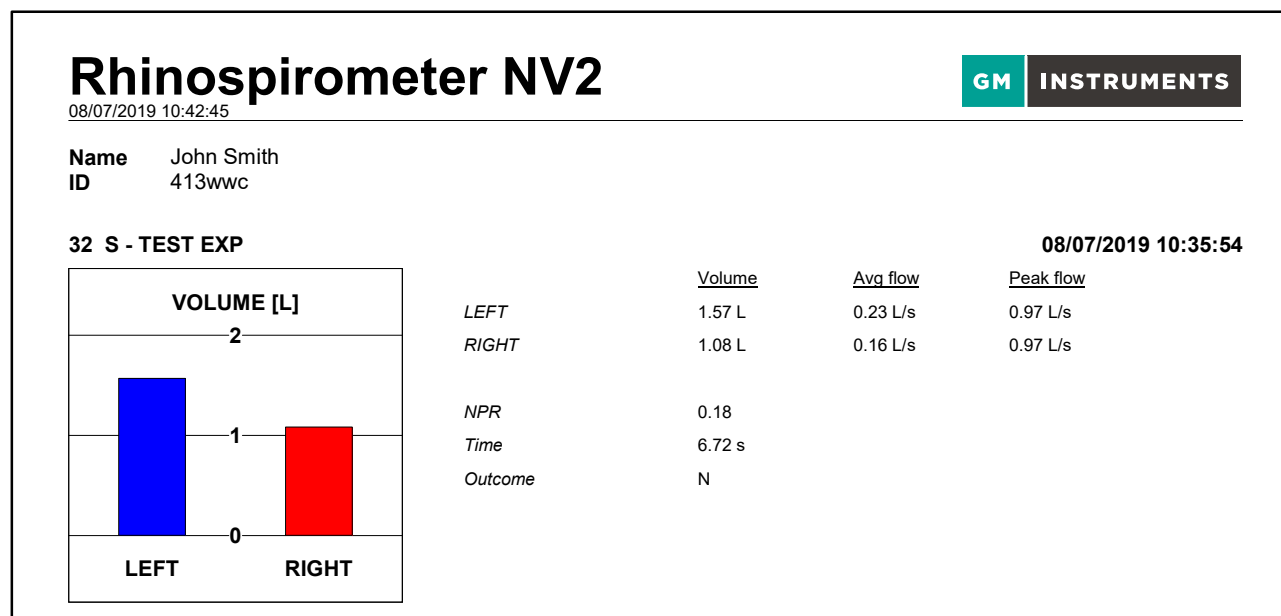
Nasal Investigation



The NV2 Rhinometer is able to provide:

- » Objective measurement of the severity of a subject's septal deviation
- » Measurement of volume, average flow and peak flow in each nostril, from a single or multiple inspiration or expiration
- » Results which are independent of subject effort
- » Typical testing times of one to two minutes
- » USB Connection to standard PCs and printers

Typical NV2 Printout:



Test Time	Typically 1-2 minutes
Repeatability	>2% FSD
Vol. Accuracy	>3% FSD
Standards	Electrical Safety BS EN 60601 CE Marked
Warm up	>5 minutes
Size	21 x 8 x 15 cm
Weight	2kg
Power	3W

References:

Cuddihy PJ, Eccles R. 'The use of nasal spirometry as an objective measure of nasal septal deviation and the effectiveness of septal surgery.' Clin Otolaryngol 2003;28(4):325-30.

Cuddihy PJ, Eccles R. 'The use of nasal spirometry for the assessment of unilateral nasal obstruction associated with changes in posture in healthy subjects and subjects with upper respiratory tract infection.' Clin Otolaryngol 2003;28(2):108-11.

Other references are available on request...

This product has been developed in conjunction with the Common Cold Centre, Cardiff University



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