Minimally Invasive Interfascicular Nerve Stimulation System for Pain Management

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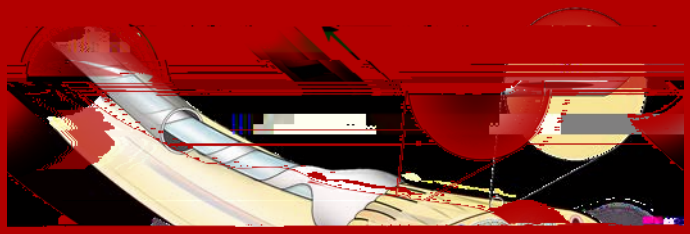
Need

Chronic pain is a complex, poorly understood disease. Al- though several treatments exist for its management, one in five adults still suffer from unmanaged chronic pain in the US. Chronic neuropathic pain specifically affects nearly 10 million Americans. The continuum of pain management includes pharmaceuticals, physical therapy, injections, surgical intervention, and neuromodulation. Spinal cord stimulation (SCS) is currently the most common neuromodulation intervention. Patients report extensive side effects with pharmaceutical treatment and drug resistance over time. Surgical and SCS interventions are invasive and very expensive.

Many patients are on multiple treatments simultaneously to manage their pain. Even with all these available treatments, 50% of patients report less than 50% pain reduction. Unmanaged chronic neuropathic pain has multiple co-morbidities including but not limited to increased cardiovascular risk, cognitive decline, sleep disorders, and early mortality.

Device



A "needle" canula is advanced under ultrasound visualization to the nerve. The MiiNS is advanced out of the canula, inserting the tines into the nerve. It is important to note that the tines will not penetrate through the perineurium and into the nerve bundles, but reside between the bundles, minimizing the risk of nerve damage.

Solution

Opportunity

We seek commercialization partners with commitment to and a leadership position in global health issues. Opportunities for collaboration may take a variety of forms, including license of IP, participation directly or in

Intellectual Property