



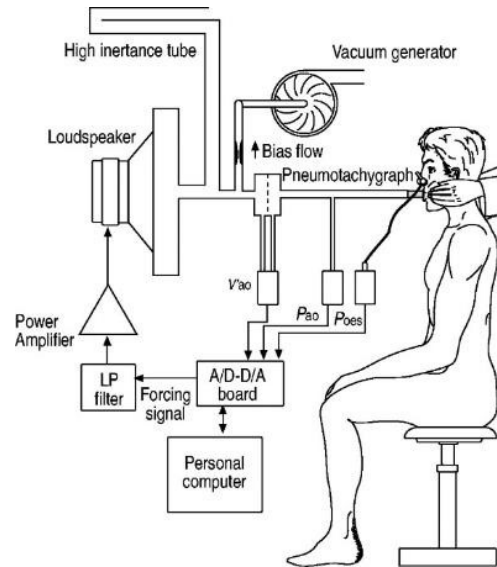
RESMON
First
THE FIRST MINI OSCILLOMETER

“L' oscillometro portatile potrebbe essere una vera rivoluzione nella diagnostica respiratoria”



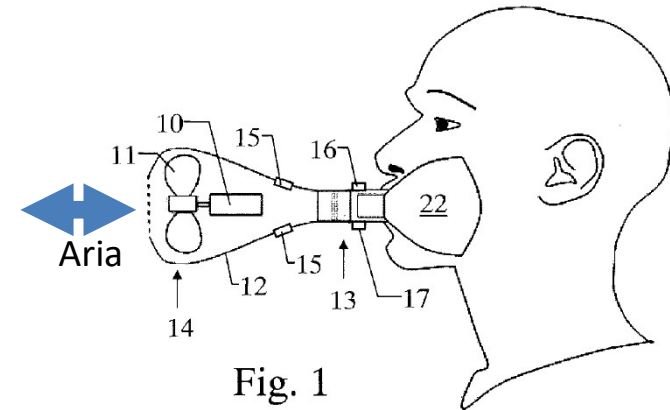
NUOVA TECNOLOGIA PER OSCILLOMETRIA PORTATILE

TECNOLOGIA DEI DISPOSITIVI STAZIONARI



TECNOLOGIA PORTATILE

(brevetto n. WO2014024A1)



- Attuatori più grandi (ad esempio, altoparlanti);
- Utilizza un tubo ad alta inerzia;
- Utilizza un flusso di bias per ridurre lo spazio morto;

Anche se le tecnologie attuali consentono di ridurre le dimensioni e il peso dei componenti, c'è un limite alle dimensioni minime e ai costi associati a questa configurazione.

- Una ventola centrifuga miniaturizzata produce le oscillazioni del flusso, mentre il paziente può respirare attraverso di esso;
- Non sono necessari tubi aggiuntivi;
- Lo spazio morto è molto limitato.

Questo approccio consente la produzione di oscillometri piccoli, leggeri ed economici.

FIRST: il PRIMO MINI OSCILLOMETRO

RESMON
First
THE FIRST MINI OSCILLOMETER



Caratteristiche principali:

- ✓ Sistema “stand-alone” e portatile
- ✓ Sistema a turbina per la misurazione dell'impedenza respiratoria a 5 Hz e del pattern respiratorio
- ✓ Sensore SpO2 a pulsossimetria integrato
- ✓ Accelerometro integrato per il controllo della posizione dell collo/testa del paziente durante il test
- ✓ Alimentazione a batteria (ricaricabile tramite USB-C, es. caricatore del telefono)
- ✓ Peso <400 gr
- ✓ I dati possono essere scaricati nel dispositivo RESMON PRO v3 per un'ulteriore analisi di altri parametri, che vengono registrati ma non visualizzati sul FIRST.

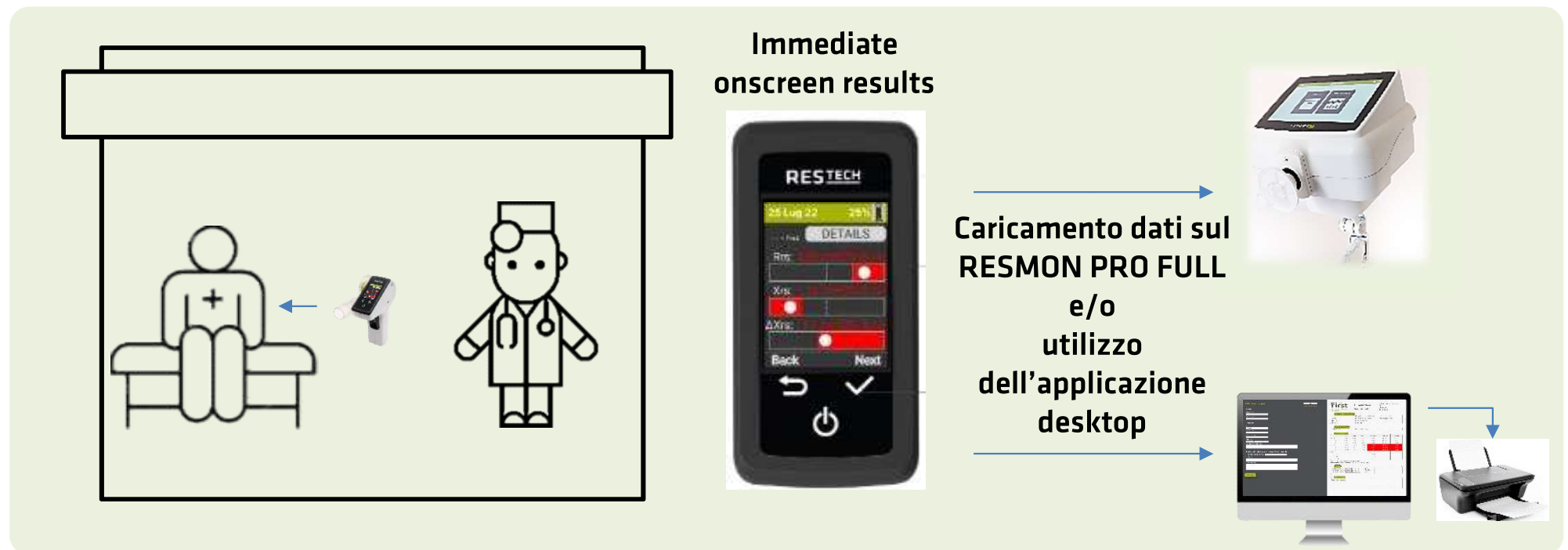
Parametri misurati (con CoV% e avvisi con codice colore) :

- ✓ **3 Parametri di funzionalità polmonare (oscillometria):** resistenza e reattanza intra-respiro e totale (INSP, EXP e TOT), limitazione del flusso espiratorio a riposo (ΔX_{rs} , brevettato).
- ✓ **Pattern respiratorio:** ventilazione minuto (VE), Volume tidal, frequenza respiratoria
- ✓ **SpO2 e frequenza cardiaca (spot check)**

APPLICAZIONE 1: VALUTAZIONE RAPIDA DELLA FUNZIONE DEL POLMONE IN OSPEDALE, clinica privata, specialista, anche in luoghi remoti.

SCENARIO UTENTE:

1. Il medico in ospedale utilizza il dispositivo FIRST come strumento portatile durante le visite in reparto/al letto.
2. L'operatore inserisce nel dispositivo le informazioni antropometriche di base del paziente
3. Il paziente esegue la sessione di misurazione (3 misure), secondo gli standard tecnici internazionali ERS, in pochi minuti.
4. Al termine delle misurazioni, il dispositivo mostra sullo schermo i risultati di Rrs, Xrs e DXrs comparati agli intervalli di normalità, evidenziando i valori anomali.
5. Se il laboratorio dispone di un RESMON PRO FULL v3, i dati raccolti possono essere caricati sul dispositivo e ulteriormente analizzati e modificati, valutare tendenze dei risultati nel tempo, oppure è possibile utilizzare l'applicazione PC Data Viewer.



APPLICAZIONE 1/A: Riabilitazione di pazienti respiratori e neuromuscolari.

VALUTAZIONE DELLE SESSIONI DI RIMOZIONE DELLE SECREZIONI

SCENARIO UTENTE :

1. Il fisioterapista utilizza il dispositivo FIRST **PRIMA** della sessione di rimozione delle secrezioni (Fisioterapia) per stabilire le condizioni delle vie aeree del paziente al basale, entita' e localizzazione.
2. Il paziente si sottopone alla sessione di rimozione delle secrezioni
3. Il fisioterapista utilizza il dispositivo FIRST subito **DOPO** l'intervento per valutare l'efficacia dell'intervento.

PRIMA



DOPO



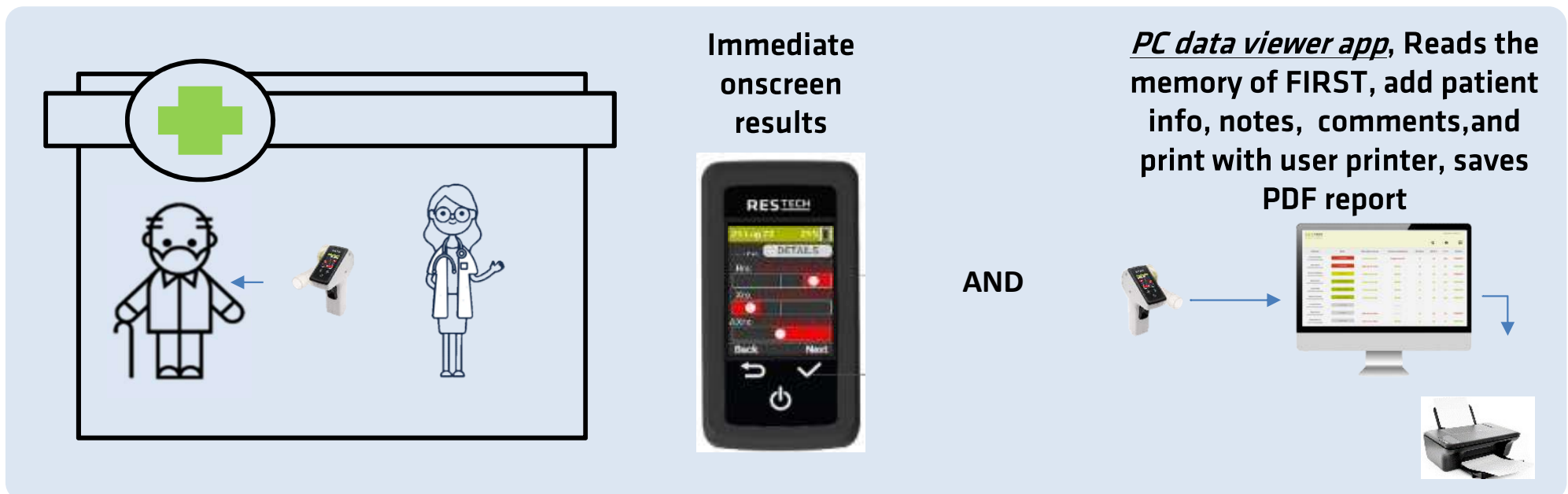
Caricamento dati sul
RESMON PRO FULL
e/o
utilizzo
dell'applicazione
desktop



APPLICAZIONE 2: SCREENING PRIMARY CARE (Medico di Medicina Generale, Pediatra di Famiglia, Farmacia) e screening in MEDICINA DEL LAVORO

SCENARIO UTENTE (cure primarie):

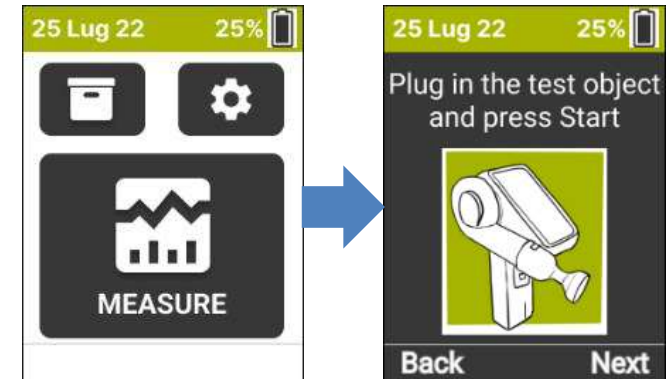
1. Un paziente con sintomi respiratori o esposto a fattori di rischio si rivolge al medico di base per chiedere aiuto.
2. Il medico raccoglie informazioni sulla storia clinica del paziente (diagnosi precedenti, sintomi, terapie).
3. L'operatore inserisce nel dispositivo le informazioni antropometriche di base del paziente
4. Il paziente esegue la sessione di misurazione (3 misure), come previsto dagli standard tecnici internazionali ERS, in meno di 5 min.
5. Al termine delle misurazioni, il dispositivo mostra sullo schermo i risultati di Rrs, Xrs e DXrs rispetto agli intervalli di normalità, evidenziando i valori anomali.
6. Il medico utilizza i risultati sullo schermo per supportare l'ipotesi diagnostica e/o per indirizzare il paziente a uno pneumologo per ulteriori valutazioni (stampa di un rapporto di base).



FIRST: 6 passi per valutare facilmente la funzione polmonare

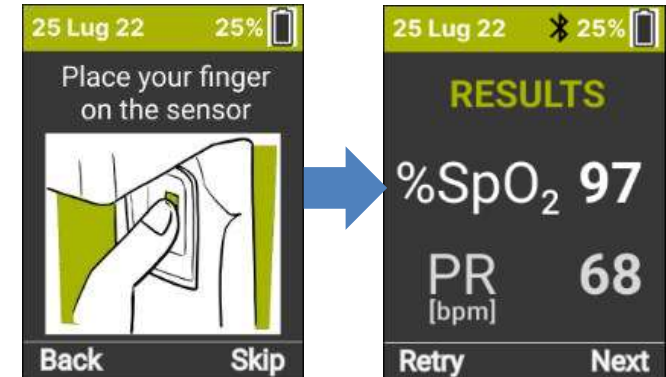
1

Accensione e verifica giornaliera della calibrazione del dispositivo



2

Misura della SpO2 e frequenza cardiaca



Inserimento delle informazioni antropometriche del paziente per la determinazione degli intervalli di normalità.

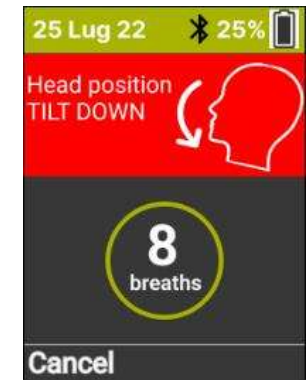
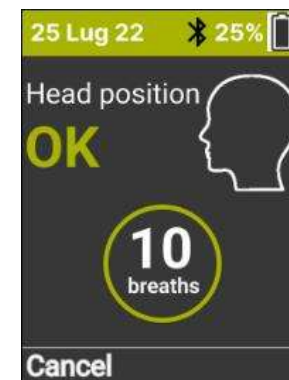
3



FIRST: 6 passi per valutare facilmente la funzione polmonare

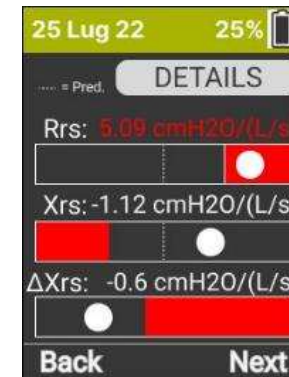
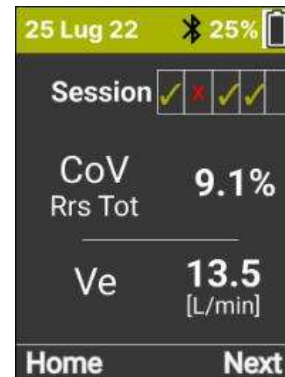
4

Esecuzione della misura (10 respiri accettati, con conto alla rovescia) e filtro, verificando la posizione del collo del paziente (può essere disabilitata per la riabilitazione con paziente sdraiato)



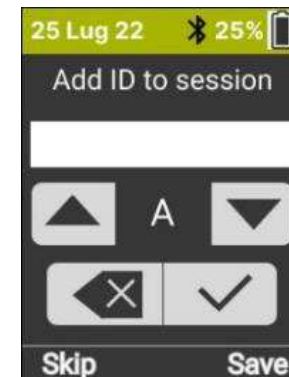
5

Valutazione dei dati, misurazioni valide e sessione Rrs, Xrs e EFL con "Videata rapida" e "Dettagli"



6

Inserire l'ID del paziente per la stampa dei dati e/o l'esportazione in Resmon Full V3.



FIRST - data viewer, desktop software

- ✓ Versione per WINDOWS, presto disponibile la versione per macOS
- ✓ Legge la memoria del FIRST: 15 sessioni (sino a 5 misure ognuna) visualizzate sullo schermo, 210 nella memoria interna


THE FIRST MINI OSCILLOMETER

X
www.restech.it

Connected to: 2305RD004 (v9.8.0)

DOWNLOAD

	Date	ID	Sex	Age	SpO ₂ [%]	HR [bpm]	#	R _{tot} CoV [%]	Ve [L/min]	R _{tot}	X _{tot}	ΔXrs	Report
1	2023-10-03 15:51	MAT	M	32	96	71	2	9.7	15.2	3.40	-1.15	-0.62	
2	2023-09-29 21:05	ELK01	M	7	-	-	2	2.3	14.6	6.17	-3.10	0.03	
3	2023-09-29 20:48	SAM01	M	4	-	-	2	5.6	6.1	8.86	-4.48	1.38	
4	2023-09-28 18:16	BOND	M	60	-	-	2	1.1	14.7	3.22	-1.31	0.12	
5	2023-09-22 12:07	AE	M	47	93	84	2	7.1	11.2	3.98	-1.74	0.66	
6	2023-09-22 11:26		M	47	98	78	3	11.7	12.2	4.52	-2.13	1.17	
7	2023-09-22 10:57	PA	M	48	93	71	2	4.4	13.2	3.08	-0.67	-0.36	
8	2023-09-21 18:01	GHI	M	60	95	73	2	5.7	7.1	3.32	-2.01	0.68	
9	2023-09-21 17:56		M	35	-	-	1	0.0	14.0	3.08	-1.21	-0.52	

FIRST - data viewer, desktop software

FUNZIONALITA' PRINCIPALI

- ✓ Inserimento dati paziente
- ✓ Inserimento note del medico e tecnico
- ✓ Generazione di un report clinico in formato PDF per archiviazione o stampa

Edit clinical report

X

Load sample data

Staff:
Physician:
Technician:

Patient:
ID:
First name:
Last name:
Ethnicity:
Smoking history:

Technical notes and physician's comments:
Reason for testing:
Notes:
Comments:

PRINT

First
THE FIRST MINI OSCILLOMETER
www.restech.it

Hospital Name
Respiratory Lab

Date of test: 2023-09-08
11:26
Physician:
Technician:

PATIENT INFORMATION
Name: Height: 145 cm (4 ft 9 in) Waveform: 5Hz
Sex: M Weight: 35 kg (77 lbs) Smoking History:
Age: 13 BMI: 16.6 kg/m²
ID: JIMMY Ethnicity:

PULSE OXIMETRY
SpO₂ at rest: 93 % PR at rest: 87 bpm

OSCILLOMETRY

	LLN	Pred	ULN	Baseline	%Pred	Z-Score
Rrs 5	3.29	5.02	6.74	7.94	158.26	0.40
Rrs 5 ins	3.08	4.66	6.24	9.26	198.64	1.04
Rrs 5 exp	3.32	5.31	7.31	7.48	140.95	-0.28
Xrs 5	-2.68	-1.70	-0.72	-6.06	356.26	-6.96
Xrs 5 ins	-2.50	-1.51	-0.51	-7.34	485.90	-7.26
Xrs 5 exp	-2.84	-1.81	-0.77	-5.61	309.68	-6.22
ΔXrs	--	--	--	-1.73	--	--
Ve (L/min)	--	--	--	8.14	--	--
RR (bpm)	--	--	--	14.78	--	--
Vt (L)	--	--	--	0.55	--	--

All FOT mechanics are measured in cmH₂O/(L/s)
Reference values: Ducharme et al., Ped. Pulmon., May 2022

NOTES
Measurements
Accepted breaths
Discarded breaths
CoV
Rrs Tot
0.4%

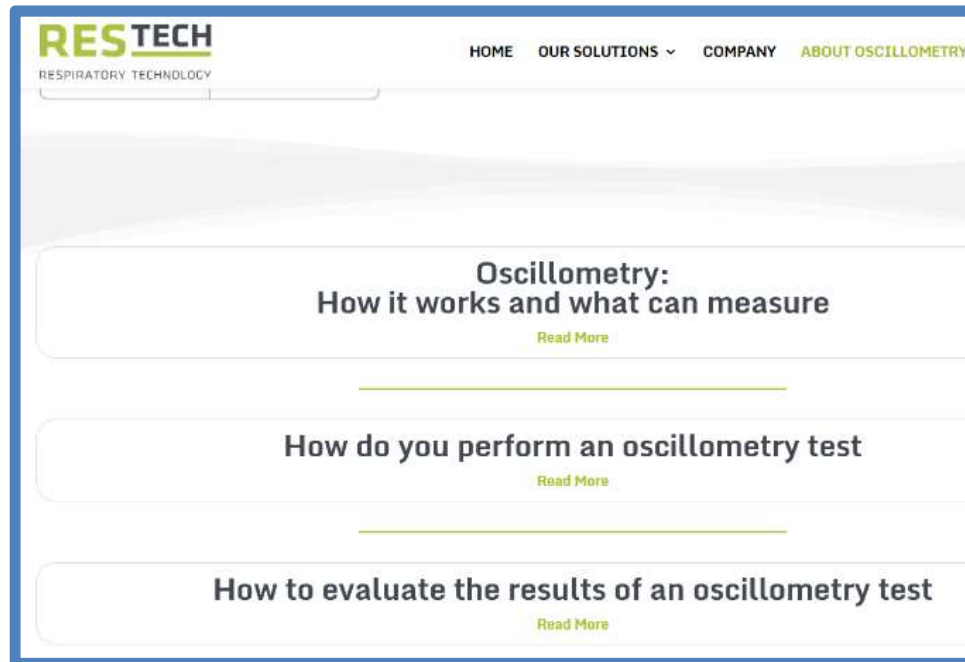
COMMENTS
Reason for testing:

Il nuovo sito web RESTECH:

a breve in Italiano

www.restech.it

- Prodotti (FIRST e Resmon Pro Full V3), con video, campi di applicazione, parametri, specifiche, video dei dispositivi in uso
- Profilo dell' azienda
- Per aggiornamenti del software, il download di FIRST DATA VIEWER APP
- Informazioni sull'OSCILLOMETRIA - una bellissima pagina didattica con :



Link alle pagine dei prodotti:

FIRST:

www.restech.it/project/first/

RESMON PRO FULL:

www.restech.it/project/resmon-pro/



Prodotti Resmon FOT

MATRICE COMPARATIVA

Revisione 5 - 21 Ottobre 2023

	First	RESMON PRO_FULL
Descrizione generale e usi		
Identificazione automatica del respiro con scarto automatico dei respiri affetti da artefatti	Sì, NON MODIFICABILE	Sì, con visualizzazione dei respiri selezionati con selezione manuale dei respiri e ricalcolo dei risultati
Selezione automatica delle 3 migliori misurazioni che riducono al minimo la variabilità della sessione (CoV)	Sì, NON MODIFICABILE	Sì, MODIFICABILE: l'utente può attivare/disattivare singole misurazioni all'interno di una sessione.
Memorizzazione della memoria	> 200 sessioni FOT (fino a 5 misurazioni ciascuna)	> 15.000 sessioni FOT (fino a 5 misurazioni ciascuna).
Soddisfa gli standard tecnici dell'Oscillometria Respiratoria ERS 2020	sì	sì
Intervallo di età della misurazione	pazienti pediatrici da 3 anni e adulti	pazienti pediatrici da 3 anni e adulti
Equazioni di riferimento	Equazioni di riferimento preimpostate che coprono l'intera gamma di età. Non selezionabile dall'utente (consultare il manuale per i dettagli).	Equazioni di riferimento selezionabili dall'utente tra una serie di 7 diverse equazioni per diverse fasce d'età ed etnie
Aggiornamenti periodici del software	N/D all'utente finale	Rilascio regolare annuale di aggiornamenti gratuiti distribuiti all'utente finale
Database interno	N/D	Database relazionale che consente la memorizzazione, la ricerca, la modifica e la revisione dei dati dei pazienti e delle sessioni.
Account utente programmabili	N/D	Fino a 9 account definiti dall'utente e personalizzabili con impostazioni specifiche (stimolo del test, durata, opzione di referto clinico, equazioni di riferimento preferite, impostazioni del grafico)

	First	RESMON PRO FULL
Modalità e parametri misurati		
Modalità a frequenza singola	5 Hz	5 Hz, 6 Hz, 8 Hz, 10 Hz
Modalità multifrequenza	N/D	5-11-19Hz Rumore pseudo casuale (5-37 Hz)
modalità intra-respiro	Sì	Sì
Spirometria lenta	N/D	Misura di IC e VC con valori teorici da GLI 2020.
Parametri oscillometrici	✓ "intra- respiro" (I_{nsp} , E_{xp} e Tot): B_{rs} a frequenza singola, X_{rs} a 5 Hz e EFL	✓ "intra- respiro" (I_{nsp} , E_{xp} e Tot) : B_{rs} , X_{rs} a tutte le frequenze e EFL ✓ Parametri spettrali: A_x e F_{res} , R5-19
Parametri del modello di respirazione	VE, RR	VE, RR, V_t , T_i/Tot , V_T/T_i , V_t/Te
Parametri del volume di chiusura	N/D	Volume di chiusura ($C_{V_{EQT}}$) e valore di reattanza critico (X_{crit})
Conduttanza specifica delle vie aeree (sGr_s)	N/D	Sì
Analisi del ciclo TIDAL all'interno del respiro	N/D	Sì
Saturazione e frequenza cardiaca	Sì	N/D
Reporting ed esportazione dei dati		
Report clinico	Report PDF di base di una singola sessione generato con il supporto di un'APP DATA VIEWER esterna.	✓ Report PDF programmabile che include i dati demografici del paziente, le sessioni pre e post, i grafici a barre, gli spettri di frequenza, curve a volume corrente e valori numerici. ✓ Report dei trend programmabili per monitorare i progressi del paziente nel tempo
Esportazione/importazione di dati	✓ Importazione dei dati nel data base del RESMON RPO FULL per l'analisi dei trend e l'esportazione dei dati in CSV/XLS. ✓ Disponibilità di output di dati CSV di soli numeri tabellari (senza dati grezzi), tramite l'applicazione per PC DATA VIEWER	✓ Output completo dei dati CSV/XLS : ✓ File di dati grezzi ✓ Importazione/esportazione di dati dai software EXPAIR e BreezeSuite ✓ Protocollo HL7 integrato (in fase di sviluppo) ✓ Importazione dei dati dal dispositivo FIRST ✓ Collegamento diretto con le stampanti PS

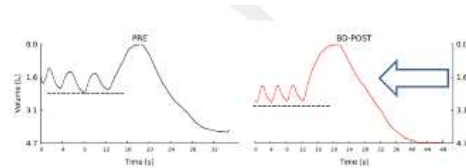
RESMON **PRO**FULL-V3

Non solo uno strumento per le FOT ma un **HUB** per varie misure diagnostiche

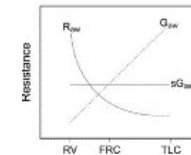
FOT «Within-breath», Rrs, Xrs e Tidal EFL (flusso limitazione a riposo)



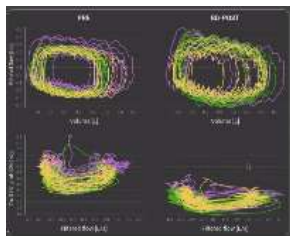
Capacità Vitale Lenta con analisi della iperinsufflazione polmonare (IC and SVC)



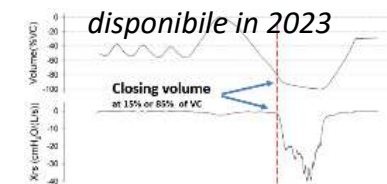
Conduttanza specifica sGr_s, via input manuale di TLC or FRC, dati numerici e grafici dei volumi polmonari



Curve a volume corrente tidal, flusso e volume e FOT



Closing Volume (Xcrit) o Volume di chiusura con FOT, durante manovra SVC



RESMON **PRO**FULL-V3

Integrazione dati nei sistemi MGCD/Medisoft PFT, FeNO, Body Box, DLCO, etc.



Opzione Neonatale/Infant con FOT e misura dei loops a volume corrente, grafici e parametri numerici – disponibile in 2023



FIRST, il primo mini-oscillometro, con trasferimento risultati nel Resmon PRO FULL V3 – disponibile in 2023

FIRST
THE FIRST MINI OSCILLOMETER



Oscillometria – applicazioni cliniche

Possili utilizzi: Reparti:			
	Misura del grado di ostruzione	Test di reversibilità bronchiale	Valutazione degli interventi di rimozione delle secrezioni
Pneumologia e unità di valutazione pazienti POST- COVID	✓	✓	✓
Pneumologia pediatrica, per valutazione anche presso scuole e centri sportivi	✓	✓	
Riabilitazione respiratoria e neurologica, Chirurgia toracica, fisioterapia	✓		✓
Allergologia, adulti e pediatrica		✓	
Medicina del lavoro, per valutazioni in ambulatori e sul campo(aziende, uffici, ecc.)	✓	✓	
Unità' di Fibrosi Cistica			✓

Perché usare l'oscillometria nella routine clinica ?

1 Misure più rapide

Il test di oscillometria richiede 3 misurazioni di 5-10 respiri ciascuna, per un totale di circa 5 minuti.

3 Facile per il paziente

L'oscillometria è una misura a volume corrente ideale per i soggetti meno collaboranti, compresi bambini e anziani.

2 Misure più complete

L'oscillometria fornisce una valutazione più completa della funzione polmonare, inclusiva della rilevazione e localizzazione delle ostruzioni centrali e periferiche, che la spirometria spirometria potrebbe non rilevare, e rilevazione e misura della flusso limitazione a riposo (Tidal Expiratory Flow Limitation, EFL_t)

4 Più sensibile

L'oscillometria è più sensibile a variazioni anche minime della funzione respiratoria, rendendola utile nella rilevazione dei segni precoce di patologia respiratoria e per misure e monitoraggi nel tempo.

5 Accettata e standardizzata

L'oscillometria è ora standardizzata a livello internazionale attraverso norme tecniche pubblicate, con raccomandazioni, regole di misurazione e soglie per le risposte significative al trattamento.



Migliore diagnosi della funzionalità respiratoria

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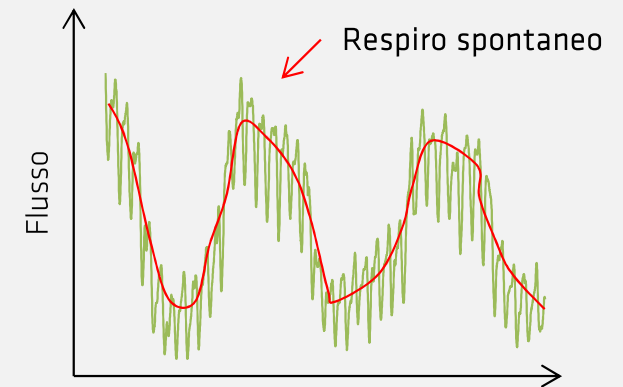
Materiale informativo aggiuntivo

Tecnica delle oscillazioni forzate (FOT, oscillometria)

PRINCIPIO DI FUNZIONAMENTO:

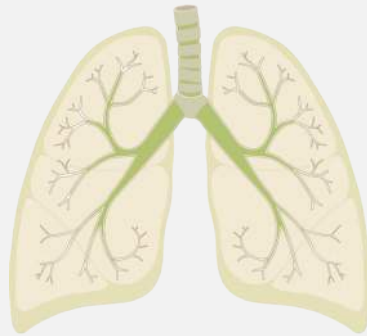
Durante una misura oscillometrica, **uno stimolo di pressione oscillante**, generato esternamente, viene **sovrapposto al respiro spontaneo** per stimolare il sistema respiratorio.

L'oscillometria misura quanto è facile per l'aria muoversi attraverso il sistema respiratorio. I risultati sono rappresentati tramite i valori di **RESISTENZA (Rrs)** e **REATTANZA (Xrs)** del SISTEMA RESPIRATORIO



RESISTENZA (Rrs):

- ✓ **Misura il grado di ostruzione delle vie aeree** a volume corrente
- ✓ Può essere usato sia negli adulti che nei bambini come surrogato della spirometria nei test di reversibilità bronchiale



REATTANZA (Xrs):

- ✓ Permette di valutare quanto è facile per l'aria raggiungere le vie aeree periferiche.
- ✓ **Ampie variazioni intrarespiro di Xrs** ($\Delta Xrs = X_{exp} - X_{isp}$) costituiscono un marker validato di presenza di tidal expiratory flow limitation (EFLt)



VANTAGGI:

- ✓ Il test è di facile esecuzione e **può essere eseguito anche in assenza di supervisione medica.**
- ✓ **Adatto a bambini, anziani, pazienti severi, applicazioni di monitoraggio domiciliare, auto-valutazione della funzione polmonare, screening e misure durante ventilazione noninvasiva.**

Oscillometria: letture suggerite e corsi

King GG, Bates J, Berger KI, et al. Technical standards for respiratory oscillometry. Eur Respir J. 2020;55(2):1900753. doi:10.1183/13993003.00753-2019

Kaminsky DA, Simpson SJ, Berger KI, et al. Clinical significance and applications of oscillometry. Eur Respir Rev. 2022;31(163):1-19. doi:10.1183/16000617.0208-2021

2022 - Corso ECM gratuito sull'oscillometria organizzato dalla European Respiratory Society (ERS):

<https://www.ersnet.org/news-and-features/news/cme-online-oscillometry-forced-oscillation-technique-in-the-assessment-of-respiratory-disease/>

ERS OFFICIAL DOCUMENTS
CRS TECHNICAL STANDARDS

Technical standards for respiratory oscillometry

Gregory G. King¹, Jason Bates², Kenneth I. Berger³, Peter Calverley⁴, Pedro L. de Melo⁵, Raffaele L. Dellacà⁶, Ramon Farré^{7,8}, Graham L. Hall⁹, Julia Iqbal^{10,11}, Charles B. Irwin¹², David W. Kaczka¹³, Hajime Kurosawa¹⁴, Enrico Lombardi¹⁵, Geoffrey N. Maksym¹⁶, François Marchal^{17,18}, Beno W. Oppenheimer¹⁹, Shannon J. Simpson²⁰, Cindy Thamrin²¹, Maarten van den Berge²² and Ellie Oostveen¹⁷

With increasing clinical and research use of oscillometric measurements of respiratory system resistance and reactance, an update to the 2003 technical standards has been developed by international experts. <https://doi.org/10.1183/13993003.00753-2019>

Cite this article as: King GG, Bates J, Berger KI, et al. Technical standards for respiratory oscillometry. Eur Respir J. 2020;55(2):1900753. <https://doi.org/10.1183/13993003.00753-2019>.

ABSTRACT Oscillometry (also known as the forced oscillation technique) measures properties of the respiratory system (resistance and reactance) during lung disease and quiet tidal breathing by the application of an oscillating pressure signal (input) or by commonly at the mouth. With increasing clinical and research use it is critical that all the hardware design, signal processing and analysis, and testing protocols are transparent to allow standardisation, comparison and replication of clinical and research data. This is the aim of the 2003 European Respiratory Society (ERS) technical standards produced by an ERS task force of experts who are active in clinical oscillometry research. The aim of the task force was to provide technical recommendations regarding measurement including hardware, software, testing protocols and quality control. The new changes in this update, compared with the 2003 ERS task force document, cover procedures which reflect use of "real-time" analysis, and methods of how recommendation to discuss signal processing, quality control, artifact handling and data log, number and duration of acquisitions in research and publications to allow comparison between devices and laboratories; a summary review of new data to support for bronchodilation and bronchial challenge tests; and an updated list of predicted airway and children.

CLINICAL SIGNIFICANCE AND APPLICATIONS OF OSCILLOMETRY

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ABSTRACT Oscillometry (also known as the forced oscillation technique) measures properties of the respiratory system (resistance and reactance) during lung disease and quiet tidal breathing by the application of an oscillating pressure signal (input) or by commonly at the mouth. With increasing clinical and research use it is critical that all the hardware design, signal processing and analysis, and testing protocols are transparent to allow standardisation, comparison and replication of clinical and research data. This is the aim of the 2003 European Respiratory Society (ERS) technical standards produced by an ERS task force of experts who are active in clinical oscillometry research. The aim of the task force was to provide technical recommendations regarding measurement including hardware, software, testing protocols and quality control. The new changes in this update, compared with the 2003 ERS task force document, cover procedures which reflect use of "real-time" analysis, and methods of how recommendation to discuss signal processing, quality control, artifact handling and data log, number and duration of acquisitions in research and publications to allow comparison between devices and laboratories; a summary review of new data to support for bronchodilation and bronchial challenge tests; and an updated list of predicted airway and children.

ERS

CME Online: Oscillometry – Forced oscillation technique in the assessment of respiratory disease

Measurement of lung function – forced oscillation technique (FOT) is the technique in the detection of respiratory disease in the outpatient assessment of chronic obstructive pulmonary disease (COPD). There has been emerging interest in the use of FOT in the assessment of lung disease in children. The forced oscillation technique (FOT) is a non-invasive technique.

Use of FOT in the clinical setting is the focus of this CME course. The first module is an overview of the FOT technique and its use in the clinical setting. The second module is an overview of the FOT technique and its use in the clinical setting. The third module is an overview of the FOT technique and its use in the clinical setting. The fourth module is an overview of the FOT technique and its use in the clinical setting. The fifth module is an overview of the FOT technique and its use in the clinical setting. The sixth module is an overview of the FOT technique and its use in the clinical setting. The seventh module is an overview of the FOT technique and its use in the clinical setting. The eighth module is an overview of the FOT technique and its use in the clinical setting. The ninth module is an overview of the FOT technique and its use in the clinical setting. The tenth module is an overview of the FOT technique and its use in the clinical setting. 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ATS 2022 - VALIDAZIONE



In-vitro Validation Of A Novel Handheld Oscillometry Device

D. Bizzotto¹, P. P. Pompilio², A. Gobbi², R. L. Dellacà¹

Rationale

The forced oscillation technique (FOT), or oscillometry, uses the flow-response to high-frequency, low-amplitude pressure oscillations applied at the airway opening to evaluate respiratory mechanics during spontaneous breathing. It requires minimal patient cooperation, making this technique ideal for home monitoring [1] and in-field lung function testing. However, current oscillometry devices are too complex, cumbersome, and expensive for large scale applications. Recently, a new small handheld FOT device based on a miniaturized fan for generating a sinusoidal forcing waveform has been developed. This study aims to evaluate the performances of this novel technology on an in-vitro setting.

Methods

The accuracy of oscillatory parameters measured by the handheld FOT device (FOT HH, see Figure 1, RESTECH SRL, Milano, Italy) using 5 Hz pressure waveforms was evaluated against a commercially-available oscillometric device for ambulatory use (FOT PRO, Resmon PRO FULL, RESTECH SRL, Milano, Italy).

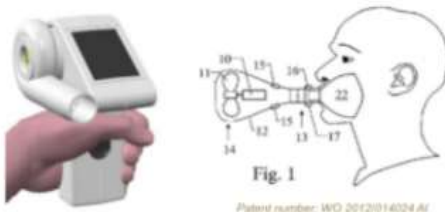


Figure 1: Handheld FOT device

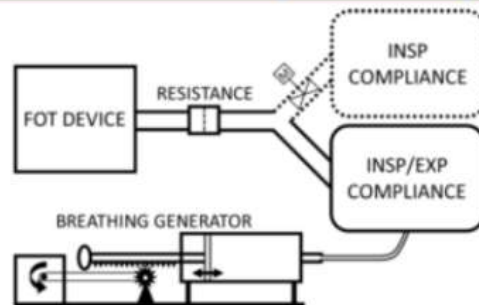


Figure 2: Experimental setup

The comparison was done in vitro by using a specifically-developed breathing test lung. It consisted of mesh-type resistances (Hans Rudolph, Shawnee, KS, USA) connected to glass bottles and a piston-type servocontrolled volume generator used to reproduce human pre-recorded breathing patterns (Figure 2).

The tests were performed on several combinations of two resistances (5 and 15 cmH₂O*s/l) and three glass bottles (3, 5 and 15 l, leading to a reactance of approximately -10.5, -6.9 and -2.3 cmH₂O*s/l, respectively) to simulate different degrees of lung disfunction. Each condition was measured under two different breathing patterns (1: Vt 0.4 l, RR 17 bpm, Ti 1.60 s; 2: Vt 0.28 l, RR = 23.5 bpm, Ti 1.19 s). Within-breath changes of Xrs, hallmark of patients with tidal Expiratory Flow Limitation [2], were simulated by using an electrically-controlled valve activated synchronously with the breathing phase to close the connection of an additional gas bottle during expiration, leading to a decreased expiratory compliance.

Results

The performance of the novel device is reported in the Table 1 as linear regression parameters and average errors. The correlation coefficient was always > 0.99.

Table 1: Linear regression parameters and relative errors between FOT HH and FOT PRO.

	Linear Regression (FOT HH vs. FOT PRO)			Error (FOT HH vs. FOT PRO)		
	R ²	Slope (CI 95%)	Intercept (CI 95%)	mean (%)	std (%)	Range max-min (%)
R _{HH}	1.000	0.98 (0.97;1.00)	-0.28 (-0.48;0.07)	-4.4	1.7	7.2 - 2.8
R _{PR}	1.000	0.92 (0.90;0.95)	0.24 (-0.16;0.65)	-5.5	1.6	8.0 - 2.9
R _{EXP}	1.000	0.95 (0.94;0.96)	-0.01 (-0.18;0.17)	-5.0	0.3	5.5 - 4.6
X _{HH}	1.000	1.11 (1.09;1.12)	0.31 (0.24;0.39)	2.3	5.3	7.4 - 4.3
X _{PR}	0.999	0.99 (0.92;1.05)	-0.01 (-0.47;0.46)	-1.9	3.3	5.4 - 1.7
X _{EXP}	1.000	1.04 (1.00;1.08)	0.14 (-0.13;0.41)	0.1	3.8	5.6 - 0.9
ΔX	0.999	1.04 (0.94;1.15)	0.07 (-0.41;0.54)	5.5	5.5	13.9 - 1.5

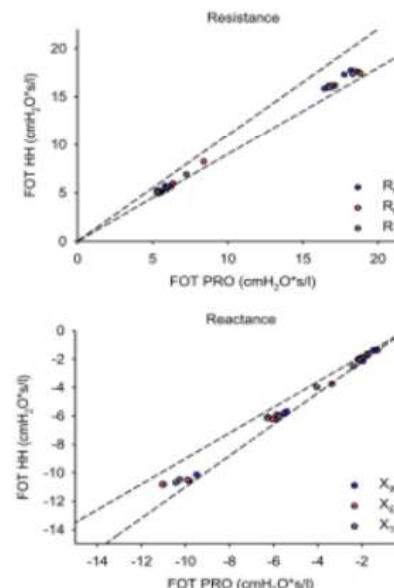


Figure 3: Comparison of resistance and reactance measured by the FOT HH and FOT PRO. Dashed lines represent ± 10% error.

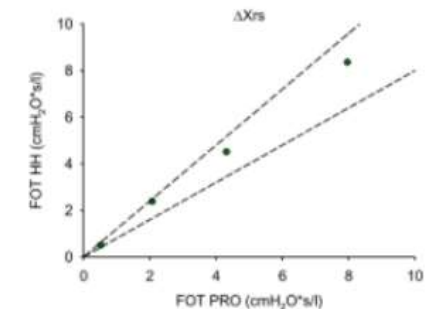


Figure 4: ΔXrs measured by the FOT HH and FOT PRO. Dashed lines represent ± 20% error.

Discrepancies of Rrs and Xrs were always within the 10% limit of agreement (Figure 3), satisfying current FOT technical standards [3]. The maximum error for ΔXrs was lower than the limit of 20% (Figure 4).

Conclusions

The novel fan-based approach allows accurate measurements of oscillatory mechanics with a handheld compact, portable and more accessible device, opening new applications for the diagnosis and management of respiratory conditions outside the lung function test laboratory.

References

1. Walker et al. AJRCCM 2018
2. Dellacà et al. ERJ 2004
3. King et al. ERJ 2020

Disclosures

P.P., A.G. and R.D. are co-founders and serve as board members of RESTECH s.r.l.

ERS 2022 - VALIDAZIONE

Accuracy of impedance measurements of a novel handheld oscillometry device

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Introduction

The forced oscillation technique (FOT), or oscillometry, is a noninvasive method to assess lung function during quiet tidal breathing.

FOT is gaining popularity as a complementary or alternative tool to spirometry for assessing physiological dysfunctions of the respiratory system at their early stages.

Moreover, since it requires minimal patient cooperation, this technique has been used for remote patient monitoring programs [1-2] and potentially usable for lung function testing outside the pulmonary function test lab.

Despite these advantages, current oscillometry devices are relatively cumbersome and expensive for large scale applications.

This study aims to evaluate the performances of a recently developed small handheld FOT device based on a miniaturized fan for generating a Pseudorandom Noise (PSRN) forcing waveform[3] in an in-vitro setting.

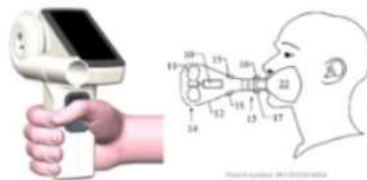


Figure 1: Handheld FOT device

References:
1. Walker et al. AJRCCM 2018
2. Gobbi et al. AJRCCM 2017
3. 950330-2014034 - System and method for measuring the mechanical impedance of the respiratory system.

Methods

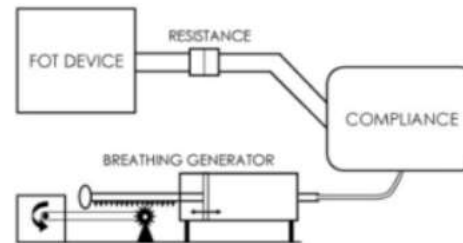


Figure 2: Experimental setup

The handheld device (FOT HH) has been validated against a commercial oscillometry device (Resman Pro Full V3, Restech srl, Italy) using an active test lung that comprises multiple combinations of resistances and reactances among:

- Two resistance values
 - 5 cmH₂O*s/L
 - 15 cmH₂O*s/L
- Three glass bottles
 - 3 L (Xrs = -10.5 cmH₂O*s/L)
 - 5 L (Xrs = -6.9 cmH₂O*s/L)
 - 15 L (Xrs = -2.3 cmH₂O*s/L)

During the tests, a flow-volume simulator was used to reproduce pre-recorded breathing patterns:

1. Vt = 0.40 L, RR = 17.0 bpm, Ti = 1.60 s
2. Vt = 0.28 L, RR = 23.5 bpm, Ti = 1.19 s

The tests were performed using PSRN (5-11-19 Hz) excitation signal for both oscillometry devices.

Results

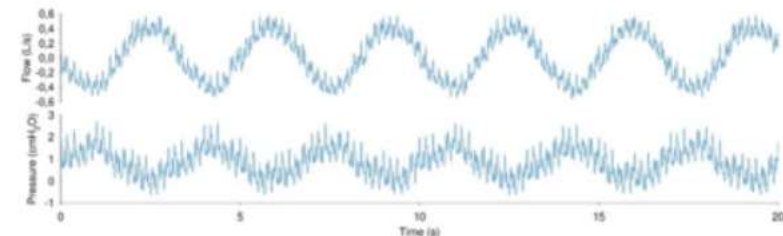


Figure 3: Example of flow and pressure signals during the application of the PSRN using the handheld FOT device.

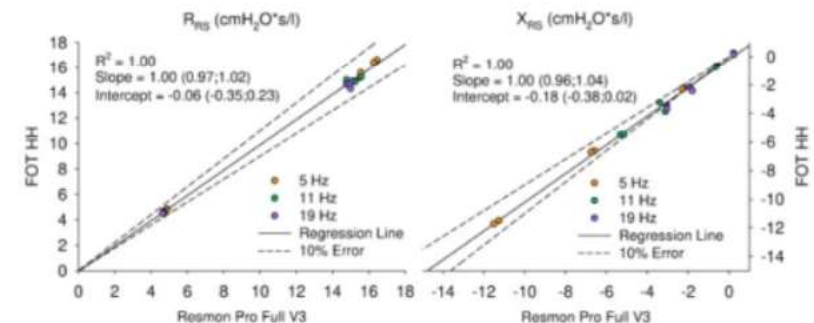


Figure 4: Comparison of resistance and reactance measured by the FOT HH and Resman Pro Full V3.

The fan/blower-based handheld oscillometer provides accurate measurements of respiratory resistance and reactance using PSRN at 5-11-19 Hz.

With a patient breathing load < 1 cmH₂O*s/L and an overall dead space of ~17 ml, the handheld oscillometer is suitable for oscillometry applications in adult and pediatric range.

Conclusions:

- The novel fan-based oscillometry device is accurate and smaller, more lightweight, and less expensive compared to current devices;
- These features enable new applications of oscillometry outside the lung function test laboratories (e.g., home monitoring, points of care, GPs, pharmacies, etc.).

Disclosures: P.P., A.G. and R.D. are co-founders and serve as board members of RESTECH s.r.l.