proGAV 2.0 ®

The proGAV 2.0 valve represents a technically advanced version of the current proGAV valve, a product that has seen widespread use throughout the world over the last 10 years. From the beginning, we have worked with patients, doctors, distribution partners and critics to confidently deliver a superior product.

The proGAV 2.0 like its predecessor, is a posture-dependent valve, primarily providing reliable protection to prevent over-drainage complications. It consists of an adjustable differential pressure unit and a gravitational unit. The proGAV 2.0 combines improved and innovative new features:

Tactile Feedback mechanism for easy and safe readjustment User-friendly measurement and readjustment with the innovative soft touch instruments Active-Lock mechanism prevent unintentional readjustment via external magnetic fields (up to 3 tesla) Modified rotor design ensuring improved protection from valve obstructions brought on by higher CSF flow rates Improved magnet strength Enhanced X-ray identification in Scout View

Horizontal Position

In the horizontal position, the gravitational unit opens completely leaving no flow resistance. Under these circumstances, the opening pressure of the proGAV 2.0 is solely defined by the adjustable unit. The opening pressure setting is determined by the clinical needs of the patient. The range of the adjustable unit is defined from 0 to 20 cmH2O. As long as the IVP (intraventricular pressure) is under the defined opening pressure the adjustable unit is closed and the CSF-drainage is prevented. If the patient's IVP increases and continues to rise, the spring pressure of the ball-cone unit will eventually be overcome and the sealing ball will move away from the cone. Now the proGAV 2.0 is open and CSF can flow.

Vertical Position

In the vertical position, the gravitational and the adjustable unit operate collectively. As soon as the patient moves into an upright position, the gravitational unit closes and therefore the total opening pressure of the proGAV is significantly increased. The flow of CSF is blocked until the sum of the intraventricular and hydrostatic pressures exeeds the total opening pressure of the proGAV. In this case the gravitational unit opens and the drainage of CSF is possible. The opening pressure of the gravitational unit increases steadily as the patient moves to the upright position. This provides effective protection against overdrainage.