

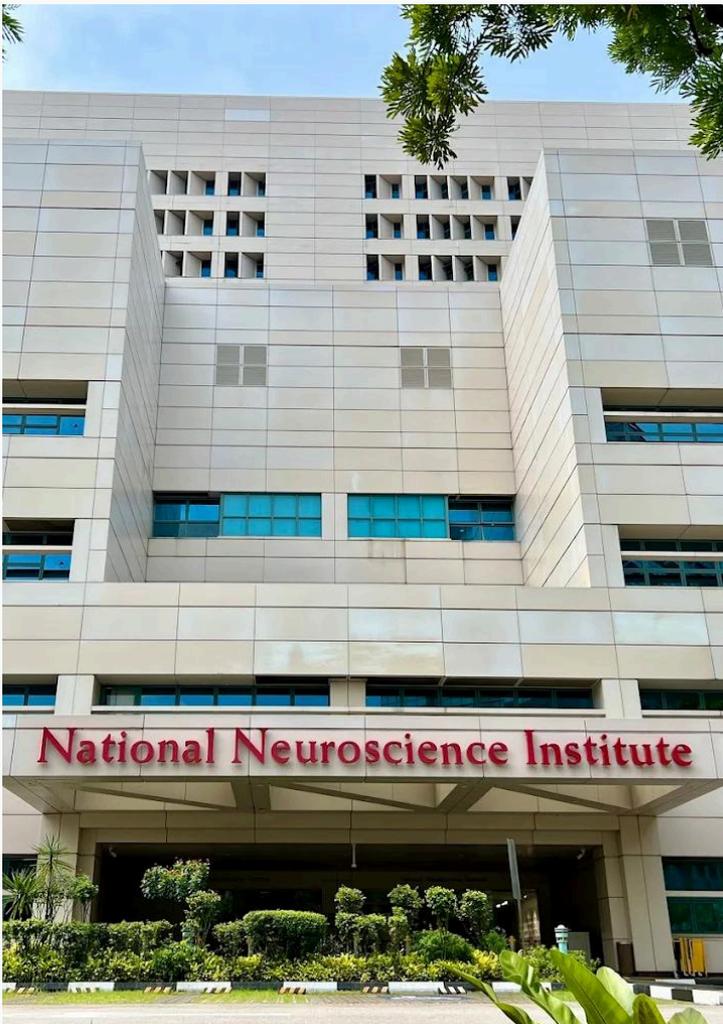
EVD

EXTERNAL
VENTRICULAR
DRAIN

SINGAPORE HOSPITAL

Bedside precision.
Without the OR.

ZETA was deployed in a first-in-human clinical trial at Singapore's National Neuroscience Institute to guide bedside EVD placement, without skull fixation, general anesthesia, or operating room infrastructure.



THE CHALLENGE

Emergent EVD placement is often performed freehand in ICU or ER settings, where traditional navigation systems are unavailable due to their reliance on skull fixation, general anesthesia, and OR-based infrastructure.

In these high-pressure scenarios, accuracy matters and variability can lead to complications or revision procedures, that add time, burden, cost and creates significant medical risks to patients.

CLINICAL RESULTS: IN THE FIRST-IN-HUMAN STUDY

100%

Ideal catheter placement
(vs. 32% freehand)

0%

Adverse events
(vs. 28% freehand)

100%

Single-pass success
(vs. 81% freehand)

0%

Revision surgeries
(vs. 19% freehand)

OUR APPROACH

ZETA enabled frameless, real-time navigation at the bedside:

- No skull fixation
- No general anesthesia
- No heavy OR setup
- Portable, single-cart deployment

Navigation was performed directly in the ICU, bringing neurosurgical-level guidance into emergent care.