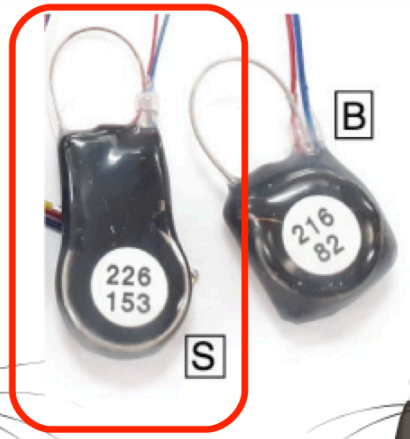
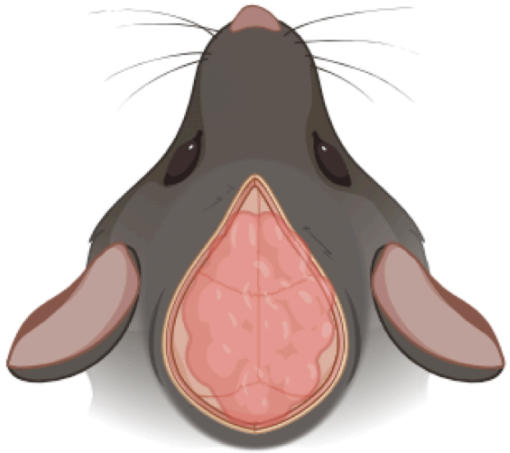
Transmitter implantation

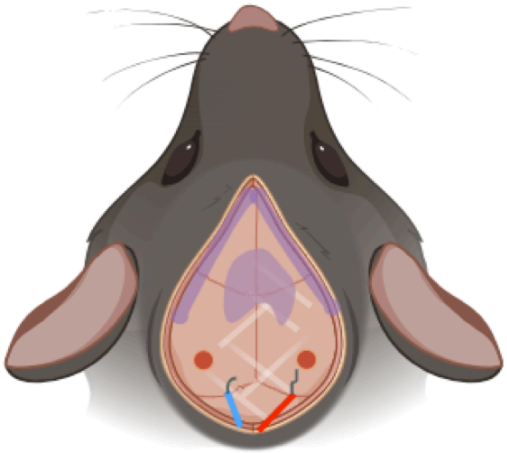
S: OSI Part Number A3048S2-AA-C45-D

B: OSI Part Number A3049B2-AA-B45-B

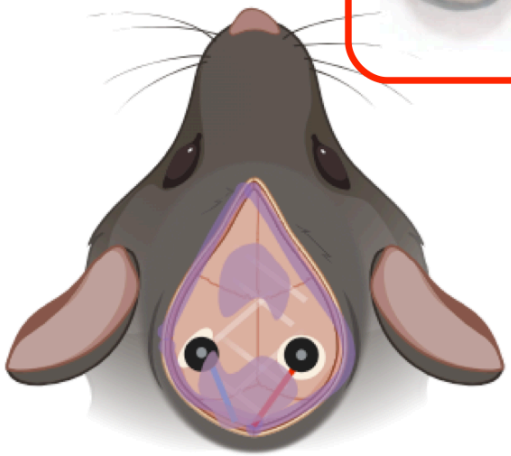




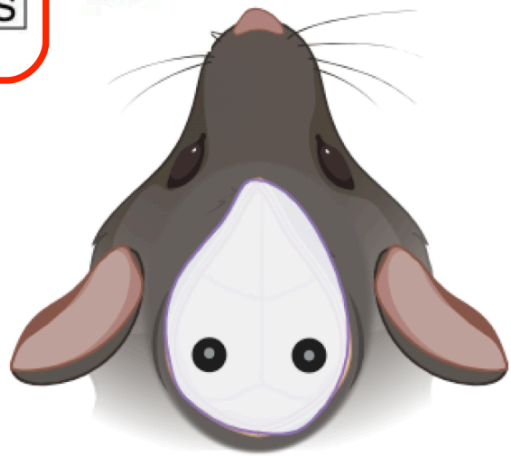
> Expose the skull
> Clear of connective tissue
> Clean (saline) and dry skull
> Level skull



> Key the skull with a needle.
> Glue the skin to frontal bone
> Fuse the frontal bones together*
> Drill holes (AP -3, ML +/-3)
> Insert transmitter
> Feed wires through neck
>Straighten the coiled wire to form a hook long enough to touch cortex



> Insert cannula into the drilled holes whilst pinning the wires into the hole.
> Affix the cannulas to the skull with Relyx 3M (blue light)
>Affix the wires to the skull with Medbond



>Form the headplate using simplex cement
>Screw on cannula caps

Know your glue properties

GLUture – KA surgery wound closing

>Flexible hold that dissolves in 5 days
>Great for wound closing on scalp
>NOT suitable for headplates or anything permanent

Medbond – sealing skin and silicon to skull and bone to bone

>Not flexible, slow to dissolve
>Great for sealing skin to bone
>Excellent for bonding silicone of transmitter wires to the skull
>Should be keyed after applying
>Is suitable for base of headplates
>If used in excess on skin can cause inflammation

3M Relyx Unicem – Adhering plastic cannula to bone

>Rapid curing under blue light
>Ideal for adhering cannula in place over bone.
>Probably not as strong a bond as simplex
>Does not bind well to silicon of transmitter wires.
>Used in excess the transmitter wires will slip out the headpiece!

Transmitter implantation

> The A3049 transmitter requires a large pocket on the flank of the animal. Animals can access this site, overgroom and the skin in this area has a habit of sticking/putting pressure to the transmitter causing loss of blood supply and necrosis.

> The A3048 transmitter is best situated along the spine.

> Check cannula sizes