

# QRS 1010 Pelvicenter

**Repetitive peripheral magnetic stimulation to correct functional pelvic floor disorders**

Scientific documentation and medical information

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## **Explanation of oxygen delivery during a QRS Pelvicenter rPMS therapy series**



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**The delivery of supplemental oxygen during a QRS Pelvicenter rPMS session offers an additional aspect in terms of microcirculation, in addition to the patient's well-being.**

The oxygen transporter "hemoglobin" only has a limited ability to bind oxygen, which under normal conditions is quite sufficient to saturate about 94-98% of the hemoglobin.

It is not the amount of oxygen that decides whether muscle fibers or organs receive enough O<sub>2</sub>, but the blood vessel system. The final flow path of our blood supply, known as microcirculation, always depends first and foremost on the condition of our smallest blood vessels.

With a lack of exercise and increasing age or stress, the oxygen partial pressure decreases. While this is still 90 mmHg for young people, it is only 80 for 40-year-olds and even just 70 mmHg for 70-year-olds. A deterioration in the microcirculation or an O<sub>2</sub> deficiency is also reflected in swelling of the vascular wall cells (endothelium), which makes it difficult for the red blood cells to overcome the resulting constrictions.

During physical activity, the oxygen partial pressure increases (Manfred von Ardenne model) and then falls back to the previous level. If oxygen is additionally supplied during physical activity and this is maintained over several training sessions, the phenomenon of endothelial swelling occurs, which corresponds to a lasting improvement in microcirculation.

With multiple Pelvicenter rPMS sessions with a simultaneous supply of oxygen, the possibly disturbed microcirculatory switch mechanism can be "repaired" via endothelial swelling.

For this reason, we recommend the parallel use of oxygen administration during a QRS Pelvicenter therapy session as an additional benefit for the patient!