



AIIMS/R/CS/Neuro/18/102/OT/corrigendum/

दिनांक:- 28.02.2019

### Corrigendum

**Tender ID No.:** 2018\_IMSRP\_434818\_1

With Reference to above tender ID No., the following amendment is being issued for the tender “Supply of Advanced Navigation system for Cranial & Spinal Navigation” for the Department of Neurosurgery at AIIMS Raipur:-

#### Annexure I

S.No.	Existing sentence	To be read as/Addendum
<b>System Specification :</b>		
Page no. 17 Point no. 1.03	The display should be full HD resolution (1920x1200) with minimum 21.5" widescreen one monitors. The second surgeon viewing monitor should be size of at least 26" to 30" Monitor/screen with high resolution (at least 1920 * 1200, 60 Hz). The system should also have the feature of navigation control from sterile with a viewable from the same company Both the monitors should be touch screen with capacitive touch. The navigation workflow should be controlled from any of the two monitors	The display should be full HD resolution (1920x1200) with minimum 24" widescreen one monitors. The second surgeon viewing monitor should be size of at least 26" to 30" Monitor/screen with high resolution (at least 1920 * 1200, 60 Hz). The system should also have the feature of navigation control from sterile with a viewable from the same company Both the monitors should be touch screen with capacitive touch. The navigation workflow should be controlled from any of the two monitors
Page no. 18 Point no. 1.10	The camera should have 360 degree articulating arm for rotation of camera to 360 degree and to position the camera in any desired angle and elevation	The camera should be capable of being rotated and positioned to any desired angle and elevation
Page no. 18 Point no. 2.04	The system should have the feature of automatic 3D tumor model building and automatic 3D anatomical landmarks building with blood vessels and other structures; Trajectories for all Cranial procedures including trans nasal approach	The system should have the feature of automatic 3D tumor model building and automatic 3D anatomical landmarks building Trajectories for all Cranial procedures including trans nasal approach
Page no. 18 Point no. 2.07	The Probe should have capability to show images at 0mm-300mm in front of it (tool tip extension) The virtual tip should be differentiated from the real tip by color	The Probe should have capability to show images at 0mm-180mm in front of it (tool tip extension) The virtual tip should be differentiated from the real tip by color



<p>Page no. 19 Point no 3.4</p>	<p>The Probe should have capability to show images at 0mm-300mm in front of it (tool tip extension) .</p> <p>The virtual tip should be differentiated from the real tip by color WEDGE or similar layout should come as virtual extension for deformity procedure planning especially for PSO and PCO.</p> <p>System software should also have ability to demonstrate reverse virtual extension to simulate guidewires</p> <p>The system should have exhaustive set of spine instruments, dedicated trackers and navigable AWL.</p>	<p>The Probe should have capability to show images at 0mm-180mm in front of it (tool tip extension).</p> <p>The virtual tip should be differentiated from the real tip by color wedge or similar layout should come as virtual extension for deformity procedure planning especially for PSO and PCO.</p> <p>System software should also have ability to demonstrate reverse virtual extension to simulate guide wires</p> <p>The system should have exhaustive set of spine instruments, dedicated trackers and navigable AWL.</p>
<p>Page no. 19 Point no 3.5</p>	<p>The system should have exhaustive set of spine instruments, dedicated trackers and navigable AWL, Probe and Taps, Navigated Screwdrivers.</p> <p>The system should have separate reference frame for Cervical procedures with separate Cervical taps and drill guides.</p> <p>The system should come with Universal Drill Guide and also have provision for navigation other third party navigable instruments</p> <p>Along with regular Spine instruments, system should navigated tactile instruments also for better access and ease of use for doctors.</p> <p>The system should have dedicated navigated MIS instruments along with Navigated PAK or equivalent needles and Nerve monitoring and Navigated enabled PAK or equivalent needles.</p> <p>The system should also additional navigated instruments for performing revision surgeries under navigation</p> <p>The system should at least have factory calibrated image guided jamshedi needle.</p>	<p>The system should have exhaustive set of spine instruments, dedicated trackers and navigable AWL, Probe and Taps, Navigated Screwdrivers.</p> <p>The system should have separate reference frame for Cervical procedures with separate Cervical taps and drill guides.</p> <p>The system should come with Universal Drill Guide and also have provision for navigating other third party navigable instruments</p> <p>Along with regular Spine instruments, system should navigated tactile instruments also for better access and ease of use for doctors.</p> <p>The system should also additional navigated instruments for performing revision surgeries under navigation</p> <p>The system should at least have factory calibrated image guided jamshedi needle.</p>



**Added**

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|  |  | <p>A. System should be upgradable for ultrasound integration from a vendor of international repute</p> <ol style="list-style-type: none"><li>1. 3D ultrasound probe or 2D probe with 2D/3D image output facility is required for overlay and blend U/S &amp; pre-operative images.</li><li>2. Should have automatic probe and settings recognition by navigation</li></ol> <p>B. The system should be upgradable to seamlessly integrate with the surgical navigation system in a way that it allows for a seamless intra-operative automatic image registration workflow</p> <p>C. The system should be compatible &amp; integrate with C-arm image intensifiers including Ziehm Vision RFD 3D and certificate has to be produced regarding satisfactory working of the same</p> |
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