

CONVENIENT, COMFORTABLE AND CLINICALLY PROVEN VTE PREVENTION

## Flowtron® Active Compression System

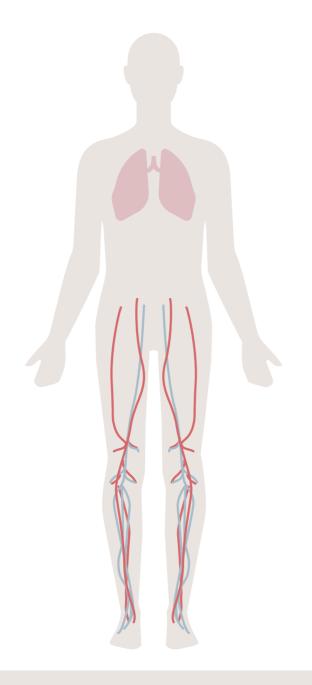
Featuring SmartSense™ 2 with Compliance Monitoring technology



# Safeguarding your patients at risk of VTE

Venous thromboembolism (VTE), which includes both Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE), is a life-threatening condition that can have a significant cost burden on acute care providers and healthcare systems.<sup>1,2</sup>

While healthcare facilities are aware of the risk of VTE, care providers may lack the time, training and resources to optimally implement prevention strategies. In order to safeguard the well-being of at-risk patients, comprehensive prevention strategies that take into account individual clinical needs are essential.





Based on clinical evidence, today's guidelines recommend Intermittent Pneumatic Compression (IPC) either as an effective standalone modality, for patients at high risk of bleeding, or as a combined therapy for patients at high risk of VTE.<sup>3-7</sup>

## Clinical relevance

Two Cochrane reviews, published in 2008 and 2016 respectively, assessed the efficacy of combined mechanical and pharmacological prophylaxis versus single modalities in the prevention of VTE in high-risk patients. In the most recent meta-analysis, data from 22 randomised or controlled trials and more than 9,100 patients was included. The selection of studies covered a wide range of patient groups undergoing a variety of surgical procedures, including orthopaedic, urologic, cardiothoracic, neuro, trauma, gynaecologic and general surgery interventions.

Both reviews concluded that the combined modalities of IPC and anticoagulants are more effective in reducing incidence of VTE than either modality used in isolation. While the DVT incidence rate in the anticoagulant group was 4.23/6.2% (2008/2016), the addition of IPC further reduced the risk to 0.65/2.9%, demonstrating an opportunity for significant improvement in the interval of 53-85% by adding IPC to pharmacological prophylaxis. These results support current guidelines which recommend multi-modal prophylaxis in high-risk patients.<sup>6,7</sup>

## What is IPC?

IPC is a well-established and proven type of active compression and mechanical prophylaxis, commonly used to prevent VTE. As a therapy with a convincing evidence base and few side effects, IPC is indicated for use across a wide range of hospitalised patients at risk of VTE. IPC devices consist of a pneumatic pump that inflates air into garments wrapped around the foot, calf, thigh, or a combination of the three. Garments may have one (uniform) or more (sequential) chambers. By mimicking the action of the calf muscle pump that occurs during natural ambulation, the method increases the circulation of blood in the deep veins of the legs, helping to prevent the formation of blood clots.8

# Understanding the burden of VTE and the importance of prevention



There are a number of factors that place patients at risk of VTE. Patients undergoing surgical procedures (>30 min) have always been considered one of the most significant risk groups for developing this condition. At the same time, awareness of other high-risk hospitalised patient groups, such as critical care, cancer, obstetric, bariatric and stroke patients, have steadily been increasing over recent years with emphasised importance of prophylaxis. <sup>4,9,10</sup>



With 10 million cases each year, VTE is a serious condition that causes death and disability worldwide.<sup>1</sup>



VTE-related events kill more than double the number of people than breast cancer, prostate cancer, motor vehicle accidents and AIDS combined.9



Pulmonary embolism, resulting from DVT, is a potentially fatal condition.<sup>11</sup>



While early diagnosis and treatment may lead to recovery, long-term complications can result in lifelong treatment and patient suffering.<sup>13</sup>



In the US, it is estimated that VTE affects 350,000 to 600,000 individuals annually, with almost \$40B spent on treatment of hospital-acquired VTE. 2,15



US data states that up to 60% of VTE cases occur during or shortly after hospitalisation, making it the leading preventable cause of hospital death.<sup>1,12</sup>



In Europe, more than 1 million VTE cases occur annually, resulting in approximately 544,000 deaths and a cost burden estimated at €1.5-2.2B in direct cost and €13.2B in total cost. 9,14



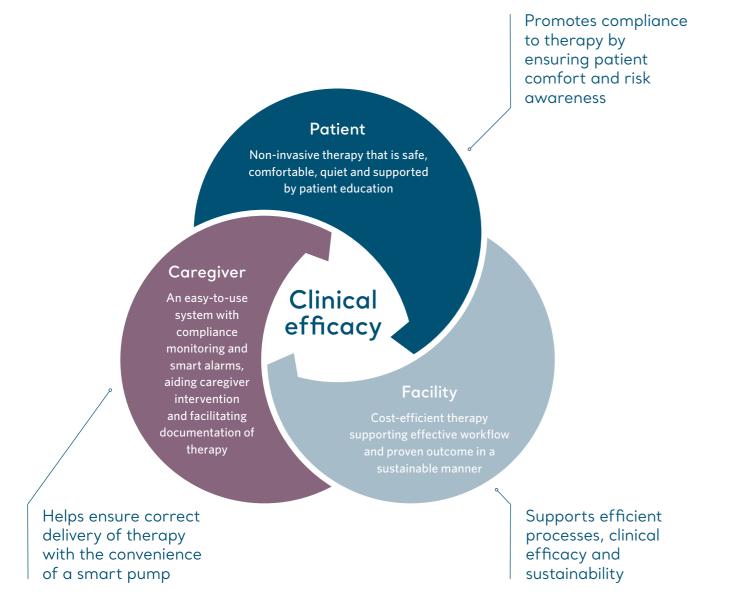
VTE is associated with prolonged and recurring hospital stays and treatment causing significant economic burden to healthcare systems globally.<sup>16</sup>

2 FLOWTRON ACTIVE COMPRESSION SYSTEM FLOWTRON ACTIVE COMPRESSION SYSTEM 3

## The link between compliance and clinical efficacy in VTE prevention

When compliance is fulfilled by all those involved in patient care, optimal clinical efficacy may be attained.

By helping to achieve compliance in patient care, the Flowtron Active Compression System and associated service offering is designed to support clinical efficacy.



## Introducing the Flowtron Active **Compression System**

Designed to give you freedom of choice, the Flowtron system offers both uniform and sequential modes in one easy-to-use pump.



Flowtron ACS900 pump



Tri Pulse garments



Uniform DVT garments



SmartSense 2 **Auto Garment** Recognition



SmartSense 2 Compliance Monitoring











Flowtron Active Compression System is the safe, convenient and flexible way to deliver VTE prevention therapy.<sup>17-20</sup> At Arjo, we have built on the Flowtron legacy for decades, continuously improving our offering to

ensure the best possible performance of IPC therapy across healthcare environments. We continuously strive to make everyday tasks easier for caregivers, and enable them to spend more time caring for their patients.

#### Flowtron ACS900 reviewed in independent evaluation

An evaluation conducted by the ECRI Institute, an independent non-profit organisation focused on identifying the safest and most effective solutions for care, rated the Flowtron ACS900 against a comparable Sequential

Compression System in terms of performance, safety, workflow, patient experience and cost of ownership. For information on how to obtain a copy of the report, please contact your local Arjo representative or visit www.ecri.org.

## **Enabling caregivers to** prevent the preventable



Reduce the risk of VTE in your facility with the Flowtron ACS900 pump, featuring SmartSense 2 Automatic Garment Recognition and Compliance Monitoring technology.

#### The challenge

Caregivers are often under a lot of pressure in their daily work and may struggle to support the correct use and documentation of mechanical prophylaxis. The Flowtron solution is designed to help address caregiver challenges such as:

- Lack of time and resources
- Time spent on non-patient activities
- Managing inventory and troubleshooting equipment
- Use of multiple systems and new technologies
- Need for continuous training and education
- Being responsive to individual patient needs
- Addressing non-compliance and documenting actual therapy

#### Clinical relevance

Non-compliance to therapy remains the principal barrier to IPC effectiveness<sup>21</sup>, however compliance is not only linked to the patient but also to caregiver adherence.

Studies have reported a misapplication of IPC devices in as many as 50% or more of the cases observed<sup>22-24</sup>. A consistent trend in many published studies indicates that a major barrier to compliance is the failure of healthcare professionals to provide IPC when mechanical prophylaxis has been prescribed, and vigilance in reapplying garments throughout the hospital stay<sup>22-29</sup>. This, in turn, can be attributed to nursing workload and acuity<sup>30</sup>, resulting in lack of therapy or garment application after temporary removal<sup>28</sup>.

## Proven ease of use and safety supporting clinical efficacy

A study performed with 118 users at 32 hospitals in 4 different countries demonstrated the clinical application of the Flowtron ACS900 and Tri Pulse garment range. User data from caregivers was collected in areas such as patient compliance, ease of use and safety.31



The case study results showed that 99.2% of the users considered Flowtron ACS900 to be easy to use in general, easy to operate (99.1%) and easy to clean (99.1%).

The plug-and-play element was found to free up time to care for patients by most users (94.9%) as it reduces time spent on non-patient related activities.

Having one pump covering all IPC therapy needs was deemed to contribute to ease of use by all users and to facilitate training by 99.1% of the respondents.

Regarding safety, the majority of users (94.0%) confirmed the safety features of the pump to limit the risk of operator error and facilitate troubleshooting when using the Flowtron ACS900.





A single pump that offers both uniform and sequential compression via a variety of garment types, reducing the need to have multiple pump models in the facility. The easy-to-use Flowtron ACS900 makes it simple to tailor VTE prevention with one pump covering all therapy needs.

**Flowtron ACS900** 

amua



## **SmartSense 2 Automatic Garment** Recognition

Arjo's patented garment detection technology automatically sets the correct pressure and compression cycle, without the need for any additional user intervention. Simply attach the snap-lock connectors to the Flowtron ACS900 pump and the system easily and safely does the rest.



## **SmartSense 2 Compliance Monitoring**

To aid concordance and facilitate tracking and documentation of therapy, ACS900 provides intuitive compliance monitoring that detects garment wear-time during IPC. It allows the pump to record and display actual therapy as well as non-compliant time, and alert upon lack of adherence. This makes it easier for caregivers to ensure compliance with prescribed therapy and to enter accurate data into patient records.

The Compliance Monitoring feature was designed to:

- Support clinical outcome by helping to ensure effective delivery of IPC therapy
- Assist caregiver intervention by alerting upon noncompliance to IPC therapy
- Aid documentation of delivered therapy by providing data for patient records

# A smart system designed to solve challenges in the clinical setting







#### Smart and adaptive

Automatic garment recognition together with one-button start make Flowtron a true plug-and-play solution that is easy to set up and operate. Reducing the need for user intervention by automatically identifying garments connected and setting the correct compression profile – for safety and efficacy. <sup>18,19,31</sup>





### **Compliance monitoring**

Intuitive on-screen compliance monitoring, recording and displaying actual therapy as well as non-compliant time in an accurate manner. Alerts the caregiver upon garment removal to aid concordance, and facilitates tracking and documentation of IPC therapy.<sup>32,33</sup>





#### Alarms and indicators

Advanced alarms, including visual indicators allowing operation to be clearly seen from any direction, and real-time pressure indication designed to limit the risk of operator error and potential patient harm – for safety and caregiver peace of mind.<sup>31</sup>





### **Quiet operation**

QuietConcept<sup>TM</sup> noise reduction technology significantly reducing pump noise to minimise patient and caregiver disruption. Allowing the ACS900 to deliver therapy in a quiet manner across all garment types, contributing to a quieter care environment.<sup>34</sup>





#### Complete range of garments

A wide variety of garment types and sizes ensuring effective and comfortable therapy for all patients and clinical needs<sup>31,35,36</sup>. The system allows for any combination of foot, calf and calf-and-thigh garments to be used simultaneously.





### Durable and energy efficient

VTE prevention around the clock\* with SmartEnergy<sup>TM</sup> enhanced power management ensuring uninterrupted calf therapy for a minimum of 24 hours when the pump is not connected to a power outlet<sup>37</sup>. SmartEnergy also contributes with reduced power consumption, CO<sub>2</sub> emissions and cost<sup>38</sup>.





#### Fixed tubesets

Ready for therapy at all times with fixed tubesets preventing disconnection and loss of tubing, hence eliminating the inconvenience and cost of replacements.<sup>31</sup>





## Integrated cable management system

Integrated cable management system aiding tubeset and power cord management in the clinical area and during storage/transportation, promoting caregiver convenience and patient safety.<sup>17-19,31</sup>

## Recognising noise pollution as a growing problem



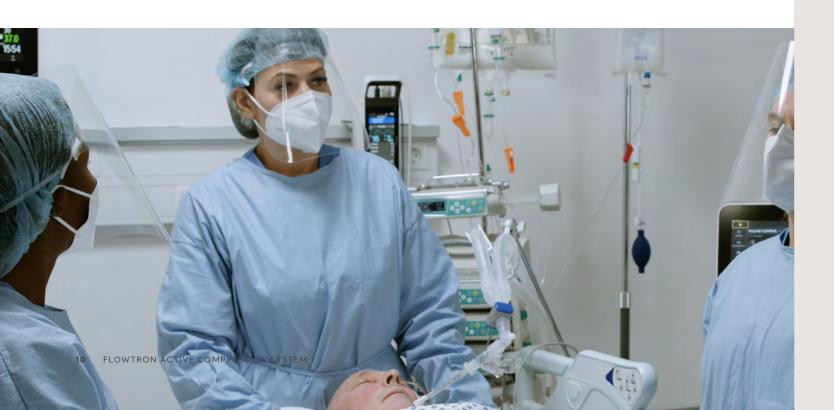
Featuring the latest technological advancements, Flowtron ACS900 outperforms its competition in terms of noise level<sup>34</sup>, which helps promote patient rest, recovery and overall compliance to IPC therapy.

#### The challenge

Hospitals can be a stressful environment for both patients and caregivers. With the growing amount of electrical equipment in care facilities, and development of new medical technologies, increasing noise and alarms from diverse medical devices around the patient's bedsides are becoming an issue. Results from a number of studies<sup>39-45</sup> confirm noise levels in clinical settings to be unacceptably high, consistently and significantly exceeding recommended thresholds. IPC devices require continuous use to be effective in preventing VTE, and with high rates of non-adherence to prescribed therapy<sup>46</sup>, noise should be considered a key factor in achieving patient comfort, compliance and clinical efficacy.

#### **Clinical relevance**

The World Health Organization (WHO) recommends average hospital sound levels should not exceed 35 dB(A) in rooms where patients are treated or observed, and 30 dB(A) in ward rooms, with a maximum of 40 dB(A) overnight<sup>47,48</sup>. Similarly, the International Noise Council (INC) has stipulated that noise levels in intensive care units (ICUs) should not exceed 30 dB(A) at night<sup>49-51</sup>. However, several studies show that from 1960 to 2003, noise levels in the ICU have increased from 57 dB to 72 dB daytime and from 42 dB to 60 dB during night<sup>52</sup>. A number of studies have found noise to be the most significant cause of sleep disruption in the hospital setting<sup>43,48,53-55</sup>.



## Proven low noise emissions contributing to a quiet care environment

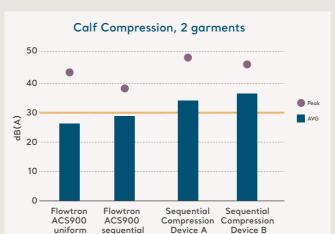
Independent testing confirms Flowtron ACS900 average noise emissions to be below the 30 dB(A) limit, irrespective of garment type in use and measured at 1m distance as per ISO standards<sup>34</sup>.

Compared to two of the most recent and relevant competitive devices, ACS900 measures significantly lower for all types of compression (calf, thigh, foot, uniform, sequential), proving Flowtron ACS900 superior both on average and peak noise levels.

With noise emissions measuring well below thresholds stipulated by WHO and INC as well as the US Environmental Protection Agency (EPA)<sup>56</sup>, our aim is to contribute to a hospital environment with less noise.

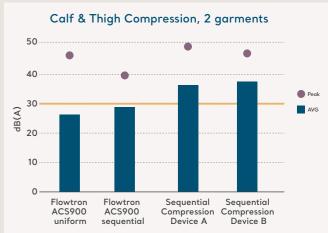
In addition to low emissions of noise with QuietConcept technology, Flowtron ACS900 comes with the option to select volume level or mute audible notifications and certain alerts to adapt to care setting and user preference.

Furthermore, the pump display and LED indicators will dim to reduce brightness and further minimise disruption in the hospital environment during operation. This helps to support not only patient comfort and compliance but also contributes to a sustainable and efficient work environment for caregivers.



Foot Compression, 2 garments





- Measurements taken at 1m distance in an anechoic chamber setting as per ISO standards.
- Note 2: Competitor pump ventilation fan was not running during the
- Sequential Compression Device A manufactured 2019-11-13 and Device B 2021-04-23, both of the most recent
- Note 4: An increase of 10 dB(A) translates into a perceived doubling of loudness by the average listener.<sup>57</sup>

## Addressing comfort as key to patient compliance



In addition to a quiet operating pump, lightweight, breathable and vapour permeable garments promote patient compliance to therapy by helping to prevent the build-up of heat and moisture.

## The challenge

The use of IPC as a prophylactic method requires the patient to wear garments continuously over time. This is vital to the success of IPC in reducing the risk of VTE in the hospital environment. Guidelines recommend therapy to take place continuously for 18-24 hours per day, and for no less than 72 hours or until the patient is fully mobile. Mechanical prophylaxis has been suggested for as long as 10-14 days post-operatively for patients undergoing major orthopaedic surgery.<sup>3,58</sup>

Patients may remove sleeves if they are uncomfortable, particularly if they make the skin feel too hot, sweaty or itchy, or if the sleeves in other ways irritate the skin. Patient discomfort may increase the need for caregivers to perform manual checks and refit sleeves to noncompliant patients that otherwise risk missing out on therapy.

#### **Clinical relevance**

Increasing emphasis has been placed on the comfort of VTE garments in improving wear-time which is linked with reduced VTE event rates. 59,60

A randomised, controlled trial evaluating patient compliance with IPC therapy, demonstrated that a garment which was more comfortable was worn for longer periods.<sup>61</sup>

## Proven comfort and design promoting effective prevention

With comfortable premium fabrics, making the patient more inclined to wear the garments during therapy, Flowtron addresses the core challenge of comfort in VTE prevention. Proven comfortable, Flowtron garments promote effective prevention and improved patient outcomes.<sup>31,35,36,61</sup>

In the case study earlier introduced, 97.5% of the users responded that they experience patients to comply with Flowtron therapy.

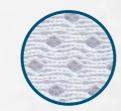
In addition, patients were very positive with regards to the fit (98.3%) and comfort (96.5%) of the garments, and most caregivers (99.1%) liked the anterior placement of the single air inlet tube and felt this could help in reducing the risk of pressure injuries.

Caregivers commented that once the device and treatment was explained to patients, they would comply with prescribed therapy and find the garments to be comfortable.

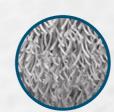
Almost all users (97.5%) who took part in the case study indicated that they would recommend other facilities and caregivers to use the Flowtron system.







Soft and breathable inner fabric transfers heat and moisture away from the skin through micro vents



Cushioning interior fibres designed to aid patient

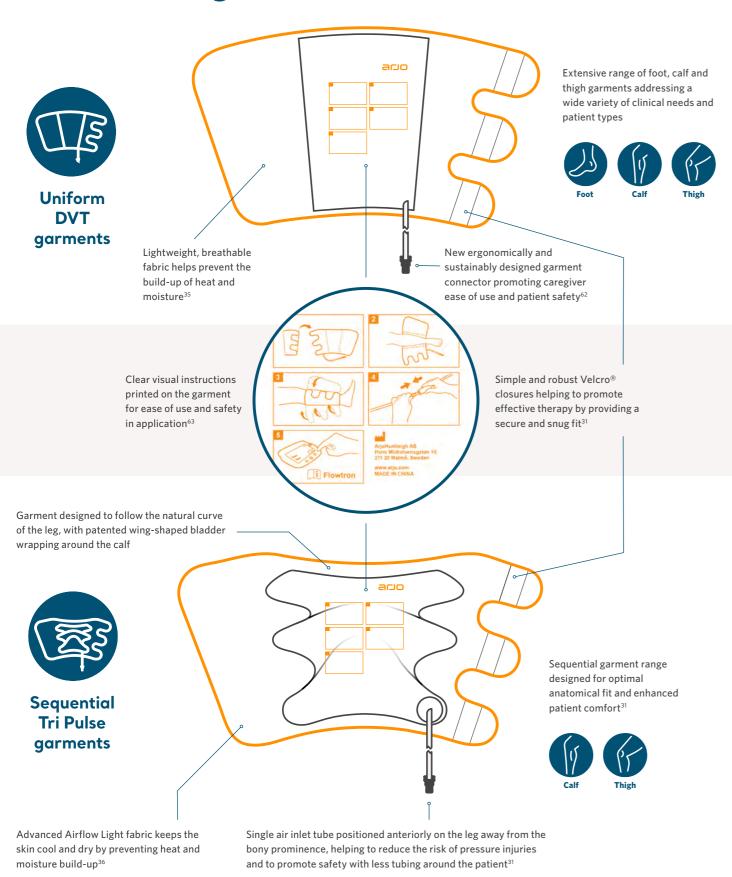


Simple and robust Velcro® closures that help keep the



Lightweight mesh outer fabric helps prevent the build-up of heat to keep the patient cool and dry

## Freedom of choice with Flowtron garments





14 FLOWTRON ACTIVE COMPRESSION SYSTEM

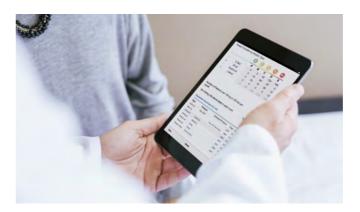
## Your partner in safe and effective VTE prevention



With over 60 years of experience, Arjo is a clinically focused company that works together with healthcare professionals to better understand the evolving needs and challenges of today's complex healthcare environments.

Our commitment to VTE prevention goes beyond acting merely as a supplier of pumps and garments, but instead becoming your partner in the fight against venous thromboembolism.

We do this by offering clinically proven prevention solutions supporting healthcare economic value and increased overall efficiency in the facility. This offering includes a comprehensive range of services and training programmes designed to boost your VTE prevention strategies.



## **Clinical support**

Designed to help you improve patient outcomes and reduce VTE rates by promoting best practice and evidence-based VTE prevention strategies. The goal is to improve quality of care and reduce cost by providing you with clinical support to optimise device utilisation.

#### Training programmes and support

We offer comprehensive training and support services to ensure the most effective use of your VTE prevention devices and other Arjo products. Our team not only provides you with an in-depth understanding of VTE and its associated complications and costs; we also provide education on how a complete Arjo solution can help reduce VTE rates while achieving a more efficient workflow in your care facility. After implementation, you will benefit from ongoing support to continuously improve workflows and patient outcomes.



#### Rental and financial solutions

Nothing is more important than giving patients the best possible care. Arjo offers comprehensive solutions to help ensure you have the right equipment at the right time, and that your facility is prepared to meet the changing needs of a diverse patient population. Our rental solutions give you access to specialised equipment and proven therapies to meet specific care needs – whenever and wherever they occur. We also offer financing solutions supported by qualified analysis to help you make the most of your investments.

#### **Arjo Care**

Our comprehensive service ensures that you get the most out of your equipment, and that problems are prevented before they arise. This includes a tailored service agreement, from sourcing genuine replacement parts, to supporting compliant processes with clear documentation of servicing records. Let us focus on the care of your products, so that you can focus on caring for your patients.

Arjo's history and legacy in VTE prevention

1957: Arjo is founded by Swedish entrepreneur Arne Johansson 1973: The first company to demonstrate haematological effects from IPC 1998: Flowtron DVT Foot garment range is introduced and becomes the first foot garment on the market with gentle inflation compression for added comfort

2001: Introduction
of Advanced Clinical
Education program,
later to become Arjo
Clinical Education (ACE),
to provide customer
education on VTE and its
prevention

2007: Getinge
Group acquires
Huntleigh
Technology PLC,
combining it with
Arjo to create the
ArjoHuntleigh brand

2017: Arjo becomes an independent publicly listed company 2018: Reprocessing service launched under the Arjo ReNu brand name in the US, setting a clear direction for Arjo's sustainability and partnership ambitions

**2022:** Launch of SmartSense 2 with Compliance Monitoring to aid concordance and facilitate tracking and documentation of IPC therapy

1950

Early 1970s: The first trials of DVT prophylaxis at Hammersmith Hospital and Kings College Hospital in London, leading to the development of Flowtron Aire **1979:** Flowtron Aire Ltd becomes Huntleigh, instrumental in developing robust and clinically effective IPC products

**1995:** Arjo is acquired by Getinge Group

2002: Flowtron Universal becomes the first IPC pump on the market with automatic garment recognition and capacity to run calf, thigh and foot compression from the same pump

2014: Flowtron ACS800, later replaced by the ACS900, becomes the first pump on the market capable to deliver both uniform and sequential therapy 2018: Arjo acquires US based company ReNu Medical, specialising in non-toxic and environmental friendly reprocessing of single-use non-invasive medical devices

2022: Launch of ACS900 update incorporating QuietConcept for reduced noise level, and SmartEnergy for lower energy consumption and increased battery run time

2030



## **Environmental** sustainability

Through a number of initiatives, we continuously work to minimise the environmental impact of our products, enabling caregivers to provide optimal care in a sustainable manner. This includes reducing scrap and waste as well as using more sustainable materials and processes throughout the development, manufacturing, distribution, use, reprocessing and final disposal or recycling stages of our products' lifecycle.

Within VTE prevention, our acquisition of ReNu Medical\* enables us to offer non-toxic reprocessing of non-invasive medical devices, without chemical residue or emissions. It is part of our efforts to reduce environmental impact and medical waste, improving the footprint of our business as well as that of our customers, while ensuring the safety of patients and caregivers.

## Consumes less power and lasts longer with improved energy efficiency



Reduced power consumption

SmartEnergy technology contributes to reduced power consumption (and associated CO<sub>2</sub> emissions and cost) - approximately 40% lower than the main competitor

Improved battery operation

New technology providing a significant increase in battery run time - a 50-100% (depending on garment type) improvement from previous ACS900 version and up to four times better than the main competitor

## New ergonomically and sustainably designed garment connector



Reduced medical waste

With a more environmentally sustainable connector design using less plastic material

Designed to reduce the risk of patient discomfort and medical device-related pressure injury With a new low-profile garment connector design

## User-friendly garment packaging with less waste throughout the product lifecycle



New manufacturing and packaging process Less material use and reduced scrap in garment manufacturing and packaging

New polybag material Higher quality, fully recyclable and easier to open User instructions printed on polybag / Application guide printed on garment Improved legibility, ease of use and safety

Elimination of paper format Instruction For Use (IFU) Preservation of our environment and forests by less paper waste

<sup>\*</sup>Reprocessing currently only available in the US

## Compression type



Sequential



Uniform

## Application



Foot



Calf



Thigh

## Sizing



Small



Medium



Large



X-large, bariatric



## Flowtron ACS900 pump

| Model  | Туре                | Tube length |
|--------|---------------------|-------------|
| ACS900 | Standard            | 2.1m/7ft    |
| ACS900 | OR (Operating Room) | 4.0m/13ft   |



## Flowtron Tri Pulse garments

| Application | Item ref | Size | Measurement |
|-------------|----------|------|-------------|
| (y)         | TRP10    | M    | ≤ 43cm/17in |
| (y)         | TRP20    | L    | ≤ 58cm/23in |
| (y)         | TRP60L   | XL   | ≤81cm/32in  |
|             | TRP30    | M    | ≤71cm/28in  |
|             | TRP40    | L    | ≤89cm/35in  |



## Flowtron DVT garments

| Application | ltem ref | Size   | Measurement   |
|-------------|----------|--------|---|
| (y)         | DVT5     | S      | ≤ 36cm/14in   |
| (f)         | DVT10    | M      | ≤ 43cm/17in   |
| (y)         | DVT20    | L      | ≤58cm/23in  |
| (f)         | DVT60L   | XL     | ≤ 81cm/32in   |
|             | DVT30    | M      | ≤ 71cm/28in   |
|             | DVT40    | L      | ≤89cm/35in  |
|             | FG100    | S-M    | US (M) ≤ 7<br>US (F) ≤ 9<br>EU ≤ 40<br>UK ≤ 7       |
|             | FG200    | (L-XL) | US (M) ≥ 7.5<br>US (F) ≥ 9.5<br>EU ≥ 41<br>UK ≥ 7.5 |



**Wall mount** Item ref: 526366



IV pole mount Item ref: 526359



#### References

- 1 Jha AK, Larizgoitia I, Audera-Lopez C et al. The global burden of unsafe medical care: analytic modelling of observational studies. BMJ Qual Saf. 2013; 22:809-15.
- 2 Mahan CE, Borrego ME, Woersching AL et al. Venous thromboembolism: annualised United States models for total hospital-acquired and preventable costs utilising long-term attack rates. Thromb Haemost. 2012; 108(2):291-302.
- 3 Guyatt GH, AKL EA, Crowther M et al. Executive Summary: Antithrombotic Therapy and Prevention of Thrombosis. 9th edition. American College of Chest Physicians, Evidence-Based Clinical Practice Guidelines. Chest. 2012; 141(2):75-475.
- 4 Nicolaides A, Fareed J, Kakkar A et al. Prevention and Treatment of Venous Thromboembolism International Consensus Statement. International Angiology. 2013; 32(2):111-260.
- 5 National Institute of Health & Clinical Excellence (NICE). Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism. https://www.nice.org.uk/guidance/ng89. Last accessed December 2019.
- 6 Kakkos SK, Caprini JA, Geroulakos G et al. Combined intermittent pneumatic leg compression and pharmacological prophylaxis for prevention of venous thromboembolism. Cochrane Database of Systematic Reviews. 2016; 9:CD005258.
- 7 Kakkos SK, Caprini JA, Geroulakos G et al. Combined intermittent pneumatic leg compression and pharmacological prophylaxis for prevention of venous thromboembolism in high-risk patients. Cochrane Database of Systematic Reviews. 2008; 4:CD005258.
- 8 Morris RJ, Woodcock JP. Evidence based compression: Prevention of stasis and deep vein thrombosis. Annals of Surgery. 2004; 239(2):162-171.
- 9 Cohen AT, Agnelli G, Anderson FA et al. Venous thromboembolism (VTE) in Europe The number of VTE events and associated morbidity and mortality. Thromb Haemost. 2007: 98:756-764.
- 10 Heit JA, Silverstein MD, Mohr DN et al. Risk factors for deep vein thrombosis and pulmonary embolism: a population-based case-control study. Arch Intern Med. 2000: 160(6):809-15.
- 11 Know Thrombosis: Think Venous Thromboembolism. World Thrombosis Day. https://www.worldthrombosisday.org/issue/vte/. Last accessed December 2019.
- 12 Heit JA, O'Fallon WM, Petterson TM et al. Relative impact of risk factors for deep vein thrombosis and pulmonary embolism: a population based study. Arch Intern Med. 2002 Jun 10; 162(11):1245-8.
- 13 Prevention and treatment of venous thromboembolism. Heart.org. https://www.heart.org/en/health-topics/venous-thromboembolism/prevention-andtreatmentof-venous-thromboembolism-vte. Last accessed December 2019.
- 14 European Thrombosis & Haemostasis Alliance Consensus Statement. http://etha.eu/wp-content/uploads/2018/03/European-Thrombosis-Consensus-Statement.pdf. Last accessed December 2019.
- 15 Maynard G. Preventing hospital-associated venous thromboembolism: a guide for effective quality improvement. 2nd Edition. Agency for Healthcare Research and Quality. August 2016. AHRQ Publication No. 16-0001-EF.
- 16 Gerotziafas GT, Papageorgiou L, Salter S et al. Updated models for VTE prediction in hospitalised medical patients. Thrombosis Research. 2018;
- 17 Arjo Data on File: Summative Usability Validation Report 100035519. December 2014.
- 18 Arjo Data on File: Customer Acceptance Test (CAT) Report 100035688. June 2015.
- 19 Arjo Data on File: Functional Test Report 100035587. December 2019.
- 20 Arjo Data on File: Software Test Report 100035545. December 2019.
- 21 Obi AT, Alvarez R, Reames BN et al. A prospective evaluation of standard versus battery-powered sequential compression devices in postsurgical patients. The American Journal of Surgery. 2015; 675-681.
- 22 Elpern E, Killeen K, Patel G et al. The application of intermittent pneumatic compression devices for thromboprophylaxis: an observational study found frequent errors in the application of these mechanical devices in ICUs. Am J Nurs. 2013; 113:30-6.
- 23 Craigie S, Tsui JF, Agarwal A et al. Adherence to mechanical thromboprophylaxis after surgery: a systematic review and meta-analysis. Thromb Res 2015; 136:723-6.
- 24 Tarone D. Selected long abstracts from the St. Luke's University Health Network Quality Awards Program. Int J Acad Med. 2017; 3:S176-S188.
- 25 Ritesma DF, Watson JM, Stiteler AP et al. Sequential compression devices in postoperative urologic patients: an observational trial and survey study on the influence of patient and hospital factors on compliance. BMC Urology. 2013; 13:20. http://www.biomedcentral.com/1471-2490/13/20. Last accessed July 2021.
- 26 Cornwell EE, Chang D, Velmahos G et al. Compliance with sequential compression device prophylaxis in at risk trauma patients: a retrospective analysis. American Surgeon. 2002; 68(5):470-473.
- 27 Maxwell GL, Synan I, Hayes RP et al. Preference and compliance in postoperative thromboembolism prophylaxis among gynecologic oncology patients. Obstet Gynecol. 2002; 100:451-5.
- 28 Brady D, Raingruber B, Peterson J et al. The use of knee-length versus thigh-length compression stockings and sequential compression devices. Crit Care Nurs Q. 2007; 30:255-62.
- 29 Bockheim HM, McAllen KJ, Baker R et al. Mechanical prophylaxis to prevent venous thromboembolism in surgical patients: a prospective trial evaluating compliance. J Crit Care 2009; 24:192-6.
- **30** Murakami M et al. Deep venous thrombosis prophylaxis in trauma: improved compliance with a novel miniaturised pneumatic compression device. J Vascular Surg. 2003; 38(5):923-7.
- **31** Busby J, Holst K, Hansson K. User feedback on the Flowtron® ACS900 pump and Tri Pulse garment range. Arjo Whitepaper. June 2021. Arjo. A00491.1.0.INT.EN.
- 32 Arjo Data on File: Compliance Monitoring Test Report 100126883. November 2021.
- 33 Arjo Data on File: Summative Evaluation Report (SER) 100116863. November 2021.

- 34 Arjo Data on File: Audible Test Report 100127045. ACS900 MLU. Acoustic Noise Testing of Medical Pumps. Southwest Research Institute. November 2021.
- **35** Ellis J. The textile properties of Deep Vein Thrombosis (DVT) garments: a factor in patient compliance with Intermittent Pneumatic Compression (IPC) systems. Arjo Whitepaper. March 2019. Arjo. A00096.1.0.INT.EN.
- **36** Arjo Independent Test Data on File. Tri Pulse: water vapour resistance, thermal resistance (single plate method), drying time, liquid wicking rate and water vapour permeability testing. September 2019. Test report E-008677/C.
- 37 Arjo Data on File: Battery Study Report 100127047. ACS900 MLU. November 2021.
- 38 Arjo Data on File: Electrical Efficiency Measurements Report 100127046. ACS900 MLU. November 2021.
- 39 Elliott RM, McKinley SM, Eager D. A pilot study of sound levels in an Australian adult general intensive care unit. Noise Health. 2010 Jan-Mar; 12(46):26-36.
- 40 Pope D. Decibel levels and noise generators on four medical/surgical nursing units. J Clin Nurs. 2010 Sep; 19(17-18):2463-70.
- **41** Xie H, Kang J. The acoustic environment of intensive care wards based on long period nocturnal measurements. Noise Health. 2012 Sep-Oct; 14(60):230-6.
- 42 Darbyshire JL, Young JD. An investigation of sound levels on intensive care units with reference to the WHO guidelines. Crit Care. 2013 Sep 3; 17(5):R187.
- 43 Park MJ, Yoo JH, Cho BW et al. Noise in hospital rooms and sleep disturbance in hospitalized medical patients. Environ Health Toxicol. 2014 Aug 18; 29:e2014006.
- 44 Scquizzato T, Gazzato A, Landoni G et al. Assessment of noise levels in the intensive care unit using Apple Watch. Crit Care. 2020 Apr 6; 24(1):130.
- 45 Choiniere DB. The effects of hospital noise. Nurs Adm Q. 2010 Oct-Dec; 34(4):327-33.
- 46 Craigie S, Tsui JF, Agarwal A et al. Adherence to mechanical thromboprophylaxis after surgery: A systematic review and meta-analysis. Thromb Res. 2015 Oct; 136(4):723-6.
- 47 Berglund B, Lindvall T, Schwela DH. Guidelines for Community Noise. Geneva: World Health Organization. 1999. https://www.who.int/docstore/peh/noise/Comnoise-1.pdf. Last accessed November 2021.
- 48 Cunha M, Silva NRN. Hospital noise and patients' wellbeing. Procedia Social and Behavioral Sciences. 2015; 171:246-251.
- 49 Liu EH, Tan S. Patients' perception of sound levels in the surgical suite. J Clin Anesth. 2000 Jun; 12(4):298-302.
- 50 Kam PC, Kam AC, Thompson JF. Noise pollution in the anaesthetic and intensive care environment. Anaesthesia. 1994 Nov; 49(11):982-6.
- 51 Delaney LJ, Currie MJ, Huang HC et al. The nocturnal acoustical intensity of the intensive care environment: an observational study. J Intensive Care. 2017 Jul 11: 5:41.
- 52 Busch-Vishniac IJ, West JE, Barnhill C et al. Noise levels in Johns Hopkins Hospital. J Acoust Soc Am. 2005 Dec; 118(6):3629-45.
- 53 Xie H, Kang J, Mills GH. Clinical review: The impact of noise on patients' sleep and the effectiveness of noise reduction strategies in intensive care units. Crit Care. 2009: 13(2):208.
- 54 Jones C, Dawson D. Eye masks and earplugs improve patient's perception of sleep. Nurs Crit Care. 2012 Sep-Oct; 17(5):247-54.
- **55** Li SY, Wang TJ, Wu SFV et al. Efficacy of controlling night-time noise and activities to improve patients' sleep quality in a surgical intensive care unit. J Clin Nurs. 2011 Feb: 20(3-4):396-407.
- 56 Kahn DM, Cook TE, Carlisle CC et al. Identification and modification of environmental noise in an ICU setting. Chest. 1998 Aug; 114(2):535-40.
- 57 Cmiel CA, Karr DM, Gasser DM et al. Noise control: a nursing team's approach to sleep promotion. Am J Nurs. 2004 Feb; 104(2):40-8; quiz 48-9.
- **58** Kearon C, Akl EA, Ornelas J et al. Antithrombotic Therapy for VTE Disease: CHEST Guideline and Expert Panel Report. Chest. 2016; 149(2):315-352.
- **59** Kucher N, Koo S, Quiroz R et al. Electronic alerts to prevent venous thromboembolism among hospitalized patients. N Engl J Med. 2005; 352:969-977. **60** Froimson MI, Murray TG, Fazekas AF. Venous thromboembolic disease reduction with a portable pneumatic compression device. J Arthroplasty. 2009;
- 24(2):310-316.
- 61 Pagella P, Cipolle M, Sacco E et al. A randomised trial to evaluate compliance in terms of patient comfort and satisfaction of two pneumatic compression devices. Orthop Nurs. 2007; 26(3):169-74.
- $\textbf{62} \ \mathsf{Arjo} \ \mathsf{Data} \ \mathsf{on} \ \mathsf{File} : \mathsf{SmartSense} \ \mathsf{2} \ \mathsf{Connector} \ \mathsf{Design} \ \mathsf{Report} \ \mathsf{100127048}. \ \mathsf{Memo} \ \mathsf{to} \ \mathsf{File}. \ \mathsf{November} \ \mathsf{2021}.$
- 63 Arjo Data on File: Formative Evaluation Report 100082820. December 2019

22 FLOWTRON ACTIVE COMPRESSION SYSTEM 5LOWTRON ACTIVE COMPRESSION SYSTEM 23



# Boost your VTE prevention strategies with active compression therapy from Arjo

Scan the QR code to view the demonstration video. Just point your smartphone camera at the QR code\*

\*Android phones might need a QR reader app

Only Arjo designed parts, which are designed specifically for the purpose, should be used on the equipment and products supplied by Arjo. As our policy is one of continuous development we reserve the right to modify designs and specifications without prior notice. ® and ™ are trademarks belonging to the Arjo group of companies.

© Arjo, 2021

 $Velcro @\ copyright, trademarks\ and\ logos\ are\ the\ intellectual\ property\ of\ Velcro\ IP\ Holdings\ LLC.$ 

At Arjo, we believe that empowering movement within healthcare environments is essential to quality care. Our products and solutions are designed to promote a safe and dignified experience through patient handling, medical beds, personal hygiene, disinfection, diagnostics, and the prevention of pressure injuries and venous thromboembolism. With over 6000 people worldwide and 60 years caring for patients and healthcare professionals, we are committed to driving healthier outcomes for people facing mobility challenges.

Arjo AB · Hans Michelsensgatan 10 · 211 20 Malmö · Sweden · +46 10 335 4500

www.arjo.com

