air-free
PATIENT WARMING

HotDog Warms Significantly Faster than Forced-air

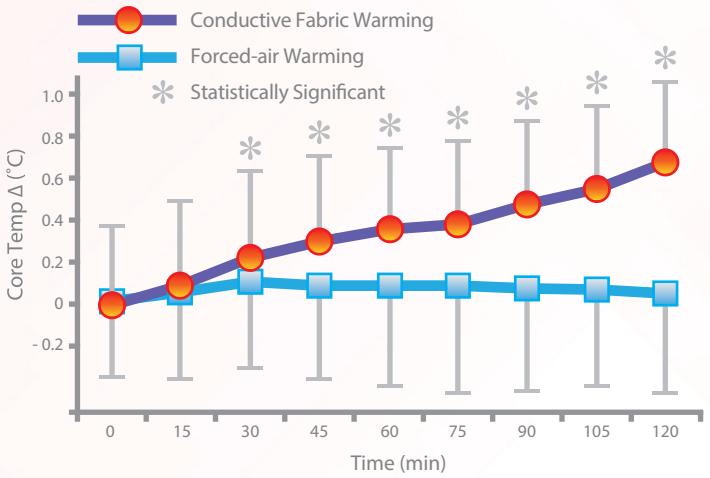
Conductive fabric warming (HotDog) showed significantly higher warming rates than forced-air warming (FAW) (0.35˚C/hr vs 0.01˚C/hr) when all other relevant variables were held constant in a prospective, randomized, controlled trial. The temperature difference between the two groups was statistically significant at each data point after 30 minutes.

The authors' conclusion: "We conclude from these data that the clinical heat transfer effectiveness of [HotDog warming] is significantly greater than FAW convection. This is due to the combination of conductive heat transfer and the larger surface area of simultaneously heating from above and below the patient."

"[T]he perioperative use of Bair Hugger alone is not sufficient to prevent hypothermia in every orthopedic patient."

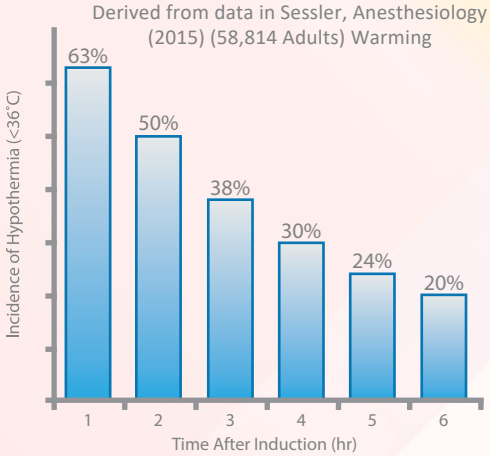
Hayashi, H; Koizumi, T; Sumita, S.; Yamakage, M. Relative clinical heat transfer effectiveness: Forced-air warming vs. Conductive fabric electric warming. ASA abstract 2015. Submitted for publication.

Clinical Warming Effectiveness of Conductive Fabric Warming vs Forced-air Warming



Forced-Air Leaves Patients Cold

Hypothermia with Forced-air
Derived from data in Sessler, Anesthesiology (2015) (58,814 Adults) Warming



HotDog has shown a 96.2% normothermia rate in multiple trials.*

One Controller can power up to one blankets and one mattress for difficult-to-warm cases.

*Internal data on file

Effective Warming Improves Outcomes and Reduces Costs

Warming Saves Lives

Hypothermia causes many complications:

- Increased wound infections[1]
- Increased blood loss[2]
- Increased ICU times and hospital stays[1]
- Higher mortality rates[3]
- Increased transfusion requirements[4]

"Even mildly hypothermic patients could suffer an increase in adverse outcomes that can add costs of as much as $2,500-7,000 per patient."[5]

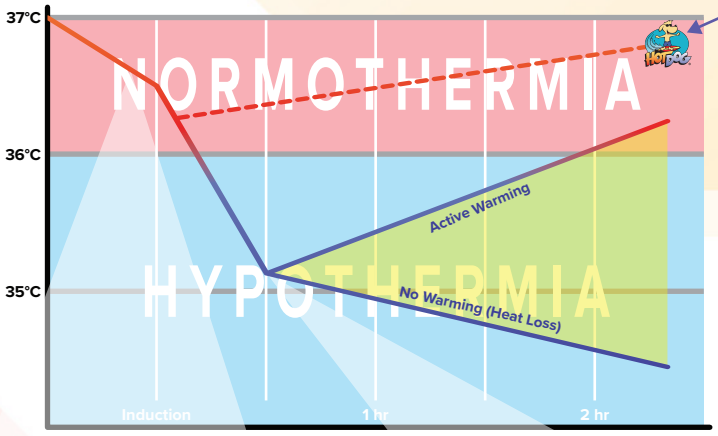
Reference citations and internal data available at www.hotdogwarming.com

HotDog Meets the Challenge

The HotDog system is versatile and adaptable, able to meet all of your patient-warming needs. Consider using HotDog for these challenging cases to really experience the difference:

- Large Heat-Loss Abdominal Cases
- Full Front Prep (i.e. Cardiac)
- Wet Cases (i.e. Plastics)
- Steep Trendelenburg Positioning
- Avoiding Implant Infections

Typical Pattern of Hypothermia

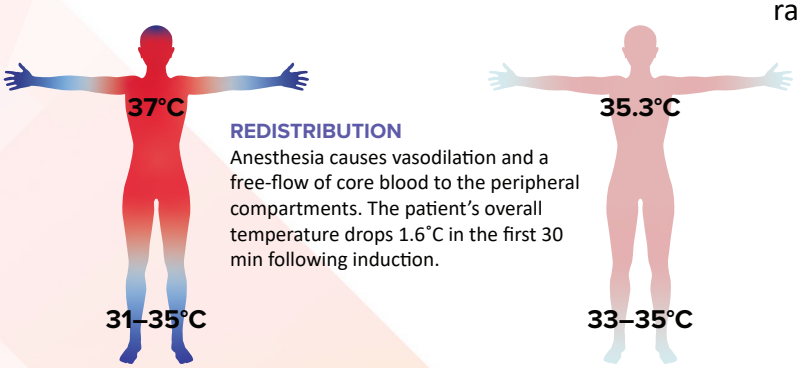


Pre-Warming

The only way to reduce heat redistribution from hypothermia is by pre-warming, specifically pre-warming the legs. HotDog can effectively pre-warm patients to reduce hypothermia.

Poikilothermic

Under anesthesia, the patient becomes poikilothermic (temperature varies with environment). Rate of re-warming depends on the delta between active warming and heat loss from conduction, convection, radiation, and evaporation.



REDISTRIBUTION
Anesthesia causes vasodilation and a free-flow of core blood to the peripheral compartments. The patient's overall temperature drops 1.6˚C in the first 30 min following induction.

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Making Surgery Safer

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