

VenaPure Anti-Embolism Stockings					
	Thigh Circumference	Calf Circumference	Leg Length	Code	Size
KNEE		<30.5	<41	400R-2	S
			>41	400L-2	
		30.5-38	<43	400R-3	M
			>43	400L-3	
		38-44.5	<46	400R-4	L
			>46	400L-4	
	44.5-51	<46	400R-5	XL	
		>46	400L-5		
	51-58.4	<46	400R-6	XXL	
		>46	400L-6		
	58.5-66	<46	400R-7	XXXL	
		>46	400L-7		

THIGH WITHOUT BELT	<63.5	<30.5	<74	401S-2	S
			74-84	401R-2	
			>84	401L-2	
		30.5-38	<74	401S-3	M
			74-84	401R-3	
			>84	401L-3	
	38-44.5	<74	401S-4	L	
		74-84	401R-4		
		>84	401L-4		
	63.5-81.5	44.5-55	<74	401S-5	XL
			74-84	401R-5	
			>84	401L-5	
	81-91	55-66	<74	401S-6	XXL
				401R-6	
			>84	401L-6	

THIGH WITH BELT	<63.5	<30.5	<74	402S-2	S
			74-84	402R-2	
			>84	402L-2	
		30.5-38	<74	402S-3	M
			74-84	402R-3	
			>84	402L-3	
	38-44.5	<74	402S-4	L	
		74-84	402R-4		
		>84	402L-4		
	63.5-81.5	44.5-55	<74	402S-5	XL
			74-84	402R-5	
			>84	402L-5	
	81-91	55-66	<74	402S-6	XXL
				402R-6	
			>84	402L-6	

VenaFlow Elite Intermittent Pneumatic Compression			
Part Number	Description	Quantity	Max Calf Circumference
30BI	VenaFlow Elite System	1	
30BI-I	VenaFlow Elite System with battery	1	

3040	VenaFlow Elite Calf Cuff	Pair	48.26cm
3041	VenaFlow Elite Sterile Calf Cuff	Single	48.26cm
3042	VenaFlow Elite XL Calf Cuff	Pair	55.88cm
3043	VenaFlow Elite Baritric Calf Cuff	Pair	76.2cm
3044	VenaFlow Elite XL Sterile Calf Cuff	Each	55.88cm
3045	VenaFlow Elite Thigh Cuff	Pair	One Size
3046	VenaFlow Elite Foot Cuff	Pair	One Size

3008	Tube Assembly 1.68m	Each	
3008XL	Tube Assembly 2.6m	Each	
3008XXL	Tube Assembly 3.2m	Each	
3008XXXL	Tube Assembly 3.8m	Each	

Clinical references

1. Bjørnara BT, et al. Frequency and timing of clinical venous thromboembolism after major joint surgery. J Bone Joint Surg (BR) 88-B, No 3:386-91, 2006
2. Molnar RB, et al. The Australian Arthroplasty Thromboprophylaxis Survey. The Journal of Arthroplasty. Vol 27 (2):173-9, 2012
3. Samama C-M, et al. Epidemiology of venous thromboembolism after lower limb arthroplasty: the FOTO study. J Thromb Haemost 5:2360-7, 2007
4. Khatod M, et al. Pulmonary Embolism Prophylaxis in More Than 30,000 Knee Arthroplasty Patients: Is there a Best Choice? The Journal of Arthroplasty Vol 27 No 2:167-172, 2012
5. Howie C, et al. Venous thromboembolism associated with hip and knee replacement over a ten-year period. A population based study. J Bone Joint Surg (Br) 87-B, Vol 12:1675-80, 2005
6. Pedersen AB, et al. Risk Factors for Venous Thromboembolism in Patients Undergoing Total Hip Replacement and Receiving Routine Thromboprophylaxis. J Bone Joint Surgery Vol 92, Issue 12:2156-2164, 2010
7. AAOS Clinical Guideline on Preventing Venous Thromboembolism Disease in Patients undergoing Elective Hip and Knee Arthroplasty. 2011
8. Daniel J, et al. Multimodal thromboprophylaxis following primary hip arthroplasty. The role of adjuvant intermittent pneumatic calf compression. J Bone Joint Surg Br 90-B, no 5 562-569 May 2008
9. Whitelaw GP, et al. Evaluation of Intermittent Pneumatic Compression Devices. Orthopedics 24(3):257-261, 2001
10. Lachiewicz PF, et al. Two mechanical devices for prophylaxis of thromboembolism after total knee arthroplasty, a prospective, randomised study. J Bone Joint Surg (BR) 86-B(8):1137-1141, 2004
11. Eisele R, et al. Rapid -Inflation Intermittent Pneumatic Compression for Prevention of Deep Vein Thrombosis. J Bone Joint Surg Am. 89:1050-6, 2007
12. Westrich GH, et al. Thromboembolic disease prophylaxis in patients with hip fracture. A multi-modal approach. Journal of Orthopedic Trauma, 19(4):234-240, 2005
13. Silbersack Y, et al. Prevention of deep-vein thrombosis after total hip and knee replacement. Low molecular weight heparin in combination with intermittent pneumatic compression. J Bone Joint Surg (Br) Vol 86-B(6):809-812, 2004
14. Autar R, et al. A review of the evidence for the efficacy of Anti-Embolism Stockings (AES) in Venous Thromboembolism (VTE) prevention. J Orthopaedic Nursing 13:41-49, 2009
15. Dahl OE, et al. Fatal vascular outcomes following major orthopaedic surgery. Thrombosis and Haemostasis 93/5 (may):860-866, 2005
16. Kakkos SK, et al. Combined intermittent pneumatic leg compression and pharmacological prophylaxis for prevention of venous thromboembolism in high-risk patients. Cochrane Database of Systemic Reviews 2008, Issue 4.

DJO Global | 1a Guildford Business Park | Guildford | Surrey | GU2 8XG | UNITED KINGDOM

Tel: +44 (0) 1483 459 659 | Fax: +44 (0) 1483 459 470 | www.DJOglobal.eu



Together in Motion™



AIRCAST®

The Silent Killer

It can be stopped

Venous
Thromboembolism
(VTE) in Orthopaedics

It may be silent, but VTE still exists!

Even with the increasing awareness of VTE and the use of anticoagulants, we are still seeing comparatively high rates of VTE. ^{1, 2}

This disease can be prevented with minimal disruption to you or side effects to your patients.

Orthopaedics and the VTE Risk

- Every orthopaedic procedure carries a risk for VTE
- Younger first time patients are on the increase
- There are more revisions following first time implants from 10-15 years ago
- Patient life spans are increasing. The World Health Organisation estimate that with each year advanced, there is a 3% increase in pulmonary embolism (PE).
- Clinical VTE is often silent and can be masked by the post-op inflammatory healing process & short hospitalisation.
- Despite technological advances in reducing procedure time, risks still exist during surgery.
 - The patient is immobilised
 - Tourniquets are frequently used
 - The use of general anaesthetic adds to the risk⁴
 - Soft tissue disruption can be extensive.

So you think it doesn't affect you?

- Venous events are rarely mentioned but continue to be a cause of mortality in Orthopaedics. ¹⁵
- According to a recent Australian study, there is an 18% incidence rate of DVT for patients undergoing hip and knee surgery, ²
- It is still seen as one of the most common post-surgical complications, with clinically manifest rates of between 2.9%-3.7%, ¹
- The risk of VTE doesn't stop once the patient leaves hospital and has been shown to continue for at least three months post-surgery, ⁵ with rates up to almost 3% in some studies. ^{1, 5, 6}

Anticoagulants are not enough

Anticoagulants are a highly effective method of prophylaxis, but there are still risks.

How do you deal with patients with a high risk of bleeding? A recent study quoted that even when using LMWH, there was still a risk of significant bleed at 1%, with mortality of up to 0.9%.³

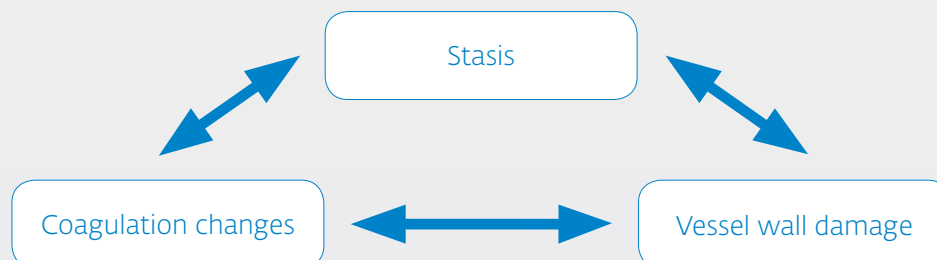
How do you manage patients with liver disease, for whom anticoagulants are a significant risk?

What prophylaxis do you use whilst waiting for anticoagulants to take effect or to be first administered?

Guidelines exist: Most often recommended is a combination of mechanical and anticoagulant therapies to provide the best prophylaxis ⁷.

DJO can help to limit the silent nature of this disease

Many years ago, Virchow understood the importance of preventing blood clots and his triad of factors is still used worldwide to identify risk. It is clear that to prevent VTE, a multi-factorial approach is required.



By using mechanical prophylaxis as an adjunct to anticoagulant therapy, the risk to your patients of suffering from a VTE are considerably reduced. In the most recent Cochrane review, the rate of DVT was significantly reduced from 4.21% to 0.65% ¹⁶.

In a study by Daniel, the use of calf intermittent pneumatic compression significantly decreased the rate of VTE over the hospital's normal thromboprophylaxis regimen (10.2% in control versus 4.6% in IPC), when used in primary hip arthroplasty, and did not subject the patients to a higher risk of bleeding. ⁸

Making VTE prevention a priority



VenaPure® offers distinct clinical advantages in preventing VTE:

- Endothelial damage is minimised
- Venous stasis is encouraged

The use of anti-embolism stockings to prevent VTE is supported by a wealth of clinical evidence.¹⁴

The wide range of sizes and styles ensures that the majority of the population are protected.

VenaPure® Anti-Embolism stockings

VenaFlow® Elite is clinically safe and especially effective at preventing VTE:

- The normal inflation technology has been proven to mimic ambulation and is more effective at moving blood than other devices⁹, together with enhanced fibrinolysis.
- Not only does the VenaFlow Elite device move blood but it has been clinically proven to reduce the incidence of VTE¹⁰, by around 50% in one study, with no side effects.
- Our sterile sleeve is ideal for safe, intra-operative use to ensure continuity of VTE prevention



VenaFlow® Elite intermittent pneumatic device

Together we are even more effective

A multi-modal approach, using our VenaFlow technology with VenaPure anti-embolism stockings – either with or without anticoagulants – ensures that patients are receiving the best prophylaxis with minimal risk. This approach bridges the gap at times when the use of anticoagulants may be contra-indicated. When a combination approach is used, DVT rates in orthopaedics are significantly lower – 0.4% versus 1.7%¹¹, 3.5% following hip fractures¹², and zero rates versus much higher incidence in joint replacement surgery,¹³

We don't need to stay silent!