AIRCAST®

Trust and Technology

Walk Away From Risk

References

1. Pneumatic Compression Devices Are an Effective Therapy for Restless Legs Syndrome. A Prospective, Randomized, Double-Blinded, Sham-Controlled Trial Lettieri et al., *Chest* January 2009
2. Rapid-Inflation Intermittent Pneumatic Compression for Prevention of Deep Venous Thrombosis Eisele et al., *JBJS Am. Vol. 89, Nr. 5, pp. 1050-1056.* May 2007
3. Thromboembolic Disease Prophylaxis in Patients With Hip Fracture: A Multimodal Approach Westrich, G H. *J Orthop Trauma 19 (4): 234-240.* 2005
4. Prophylaxis for deep venous thrombosis in Craniotomy patients: a decision analysis Danish SF, Burnett MG, et al: *Neurosurgery 56:1286-1294.* 2005
5. Two mechanical devices for prophylaxis of thromboembolism after total knee arthroplasty. A prospective, randomised study. Lachiewicz PF, *et al. J Bone & Joint Surg 86(8):* 1137-1141, 2004
6. Mechanical prophylaxis of deep-vein thrombosis after total hip replacement: a randomised clinical trial. Pitto R P, Hamer H, Heiss-Dunlop W, Kuehle J: *J Bone Joint Surg Br 86(5):* 639-42, 2004
7. Prevention of deep-vein thrombosis after total hip and knee replacement Silbersack Y, Taute BM, Hein W, Podhaisky H: *J Bone Joint Surg 86-B:* 809-812, 2004.
8. Asprin plus Venaflow vs. Lovevnex plus Venaflow for DVT prophylaxis in TKA patients Westrich G H, Sculco T, et al: *Journal of Arthroplasty 19(2):* February 2004
9. Improved venous return by elliptical, sequential and seamless air-cell compression Labropoulos N, Oh DS, Golts E, et al: *International Angiology 22(3):* 317-321, 2003
10. Prevention of Venous Thromboembolism in the ICU Geerts W, Selby, R: *CHEST 124(6):* 357S-363S, 2003
12. Effect of Mechanical Compression on the Prevalence of Proximal Deep Venous Thrombosis as Assessed by Magnetic Resonance Venography Ryan MG, Westrich GH, Potter HG, et al: *J Bone Joint Surg 84-A(11):* 1998-2003, 2002
13. Prophylaxis Against Venous Thromboembolic Disease in Patients Having a Total Hip or Knee Arthroplasty Sculco TP, Colwell CW, Pellegrini Jr. VD, et al: *J Bone Joint Surg 84(3):* 466-477, 2002
14. Current Recommendations for Prevention of Deep Venous Thrombosis Heit JA. Handbook of Venous Disorders 2nd Edition Chapter 23: 224-234, 2001
15. Evaluation of Intermittent Pneumatic Compression Devices Whitelaw GP, Oladipo OJ, Shah BP, et al: *Orthopedics 24(3):* 257-261, 2001
16. An in vitro cell culture system to study the influence of external pneumatic compression on endothelial function Dai G, Tsukurov O, Orkin RW, et al: *Journal of Vascular Surgery* 977-987,2000
17. Evaulation of Thromboembolic Disease Using the VenaFlow Mechanical Compression Device in Orthopedic Surgery Trauma Patients Westrich GH, Jhon P, Helfet DL: New York Presbyterian Hospital, NYC. NY, 2000
18. Pneumatic Compression Hemodynamics in Total Hip Arthoplasty Westrich GH, Specht LM, Sharrock NE, et al: *Clin Ortho and Rel Research 372:*180-191, 2000
19. Influences of Inflation Rate and Duration on Vasodilatory Effect by Intermittent Pneumatic Compression in Distant Skeletal Muscle Liu K, Chen LE, Seaber AV, et al: *Journal of Orthopaedic Research 17(3):* 415-420, 1999
20. Intermittent Pneumatic Compression of Legs Increases Microcirculation in Distant Skeletal Muscle Liu K, Chen LE, Seaber AV, et al: *Journal of Orthopaedic Research 17(1):* 88-95, 1999
21. The Effects of External Compression on Venous Blood Flow and Tissue Deformation in the Lower Leg Dai G, Gertler J, Kamm RD: *Journal of Biomechanical Engineering 121:* 1-8, 1999
22. Venous Haemodynamics After Total Knee Arthroplasty. Westrich GH, Specht NE, Sharrock RE, et al: *J Bone Joint Surg Br 80:* 1057-1066, 1998
23. Evaluation of Pneumatic Compression Devices and Compression Stockings Boegli S, Fennell C: Middleton Regional Hospital, Ohio, 1998
24. Prevention of Venous Thromboembolism International Consensus Statement (Guidelines According to Scientific Evidence). London, Med-Orion Publishing Company, 1997
25. Blood-Flow Augmentation of Intermittent Pneumatic Compression Systems Used for the Prevention of Deep Vein Thrombosis Prior to Surgery Flam E, Berry S, Coyle A, et al: *Am J Surgery 171:* 312-315, 1996
26. Prophylaxis against Deep Venous Thrombosis after Total Knee Arthroplasty Westrich GH, Sculco TP: *J Bone Joint Surg 78-A(6):* 826-834, 1996
28. The Return of Blood to the Heart: Venous pumps in health and disease Gardner AMN, Fox RH. Second Edition. London, John Libbey and Company Ltd., 1993
29. Effect of Optimization of Hemodynamics on Fibrinolytic Activity and Antithrombotic Efficacy of External Pneumatic Calf Compression Salzman EW, McManama GP, Shapiro AH, et al: *Ann Surgery 206(5):* 636-641, 1987
30. Optimisation of Indices of External Pneumatic Compression for Prophylaxis against Deep Vein Thrombosis: Radionuclide Gated Imaging Studies Kamm R, Butcher R, Froelich J, et al: *Cardiovascular Research 20(8):* 588-596, 1986
32. Bioengineering Studies of Periodic External Compression as Prophylaxis against Deep Vein Thrombosis - Part I: Numerical Studies Kamm RD. *J Biomech Engineering 104(I):* 87-95, 1982
33. Bioengineering Studies of Periodic External Compression as a Prophylaxis against Deep Vein Thrombosis - Part II: Experimental Studies on a Simulated Leg Olson DA, Kamm RD, Shapiro AH. J *Biomech Engineering 104(II):* 96-104, 1982
34. Intermittent Sequential Pneumatic Compression of the Legs in the Prevention of Venous Stasis and Postoperative Deep Venous Thrombosis Nicolaides AN, Fernanades e Fernandes J, Pollock AV. *Surgery 87(1):* 69-76,1980
35. The Effect of Intermittently Applied External Pressure on the Haemodynamics of the Lower Limb in Man Roberts VC, Sabri S, Beeley AH, et al: *Brit J Surg 59(3):* 223-226, 1972
36. Analysis of the operation of the SCD Response intermittent compression system Rh. J. Morris, et al: *J of Medical Engineering & Technology, 26(3):* p111-116, 2002
37. The Role of Nitric Oxide in Vasodilation in Upstream Muscle during Intermittent Pneumatic Compression Chen LE, Liu K, Qi WN, et al: *J Applied Physiology 92(2):* 559-566, 2002
38. Why Does Prophylaxis with External Pneumatic Compression for Deep Vein Thrombosis Fail? Comerota Aj, Katz ML, White JV: *Am J Surg. 164:* 265-268, 1992
39. Morristown Memorial Hospital Study, Morristown NJ, 1997 (unpublished)
40. DJO, Inc., internal data collection.

VTE prophylaxis International Guidelines and Reviews

41. Deep Vein Thrombosis: Advancing Awareness To Protect Patient Lives. APHA White Paper. American Public Health Association, 2003
42. Direct Medical Costs of Venous Thromboembolism and Subsequent Hospital Readmission Rates: An Administrative Claims Analysis From 30 Managed Care Organizations. Spyropoulos A: *Journal of Managed Care Pharmacy*, 2007
44. U.S. Census Bureau, 2005.
45. Prevention and Treatment of Venous Thromboembolism – International Consensus Statement Nicolaides et al, *International Angiology,* April 32(2)111-260, 2013
46. Adjuvant compression therapy in orthopaedic surgery—an evidence-based review Arverud et al, *Eur Orthop Traumatol* 4:49–57, 2013
47. The Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. *CHEST* February 2012
48. Venous Thromboembolism Prophylaxis in Gynecologic Surgery: A Systematic Review. Rahnet al et al. *Obstetrics & Gynecology,* Nov 2011
49. Reducing the risk of venous thromboembolism in patients admitted to hospital. Developed by the National Collaborating Centre for Acute and Chronic Conditions. *NICE Clinical Guideline 92* January 2010
50. Towards evidence-based guidelines for the prevention of venous thromboembolism: systemic reviews of mechanical methods, oral anticoagulation, dextran and regional anaesthesia as thromboprophylaxis Roderick P et al., *Health Technology Assessment 9(49).* 2005
51. AAOS Guideline 2009 Johanson et al., *J Am Acad Orthop Surg*
52. Combined intermittent pneumatic leg compression and pharmacological prophylaxis for prevention of venous thromboembolism in high-risk patients. Kakkos SK, et al. *Cochrane Database of Systemic Reviews 2008.* Issue 4
53. Multimodal thromboprophylaxis following primary hip arthroplasty. The role of adjuvant intermittent pneumatic calf compression. Daniel J, et al. *J Bone Joint Surg Br* 90-B, no 5 562-569 May 2008
54. IPC in fracture and soft-tissue injuries healing. Khanna et al, *British Medical Bulletin* 2008

Latex

All Aircast products are latex-free.

WARRANTY POLICY

Satisfaction – Aircast will provide prompt refund for any product that does not satisfy the physician for any reason whatsoever.
Durability – The Aircast VenaFlow system is covered by a three year unlimited warranty.

Compliant to EMC testing EN 60601-1-2, 1992.
UL and C-UL compliant to UL 2601 Standard for Medical and Dental Equipment.

US Patent: 5,588,955 and other patents pending

Made in the USA

DJO GLOBAL™

DJO Asia-Pacific Ltd.
Rm. 1905, 19/F, Tower 2, Grand Central Plaza, Shatin, Hong Kong
D: +852 3105 3722 **F:** + 852 3105 1444 **M:** + 852 9048 2557
crystal.chan@djoglobal.com
www.DJOglobal.eu

AIRCAST®

VenaFlow® Elite

Walk Away From Risk Mimic ambulation to prevent DVT

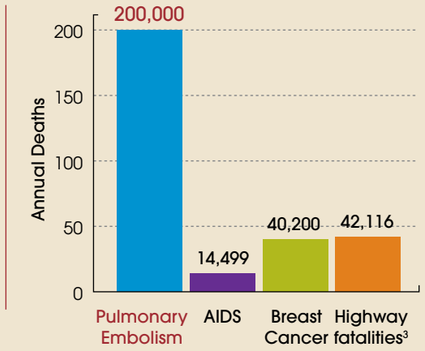
VenaFlow Elite's unique technology is proven to mimic ambulation and reduce DVT to help healthcare facilities and patients ***walk away from risk***[2,9,15,28,29]

Walk Away From Risk

"Deep-vein thrombosis is preventable. We can reduce the risks of its serious and life-threatening complications if we raise education and awareness among the public and urge all healthcare providers to institute standard preventative measures." –Bruce Evatt, MD, Chief of the Hematologic Diseases branch at the CDC[41]

Venous velocity is normally controlled by the calf muscles, maintaining a healthy flow of blood back to the heart. When this natural venous pump is compromised, during surgery or hospitalization, the threat of deep vein thrombosis (DVT) becomes a risk. DVT prevention demands accelerated venous velocity that matches the natural venous pump.

- 100,000 to 200,000 VTE related deaths occur in the U.S. per year[41]
- 300,000 to 600,000 VTEs occur in the U.S. per year[41, 42]
- 2 million symptomatic DVTs occur in the U.S. per year[42]
- 10 million asymptomatic DVTs occur in the U.S. per year[42]

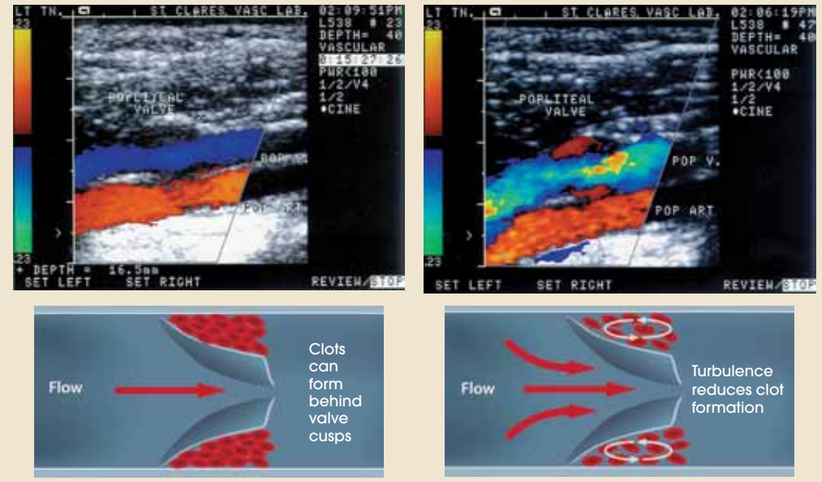


How does normal inflation prevent DVT?

Blood clots often form behind venous valves. A normal inflation device such as VenaFlow accelerates venous velocity, which in turn creates turbulence to prevent clot formation.

Color scale:

Black – No flow; Blue/green – toward the heart; Red/yellow – away from the heart[40]



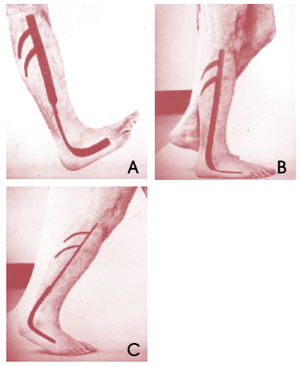


Fig. A, B & C Sequence of venous pump action during ambulation. Note that the physiological sequence is distal calf pump, footpump then proximal calf pump.[28]

What does blood flow during ambulation look like?

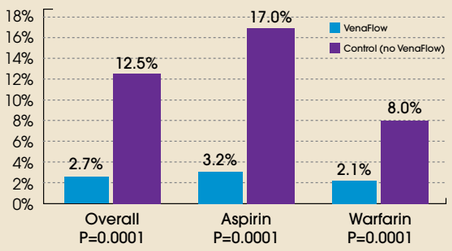
The sequence of blood flow during ambulation begins by emptying the distal calf first, then the foot and finally the proximal calf. This is the mechanism of VenaFlow's graduated, sequential compression which squeezes the distal portion of the calf, then the proximal for a simulation of ambulation.[26]

- Research shows that graduated, sequential compression devices are more effective than a nonsequential device in clearing blood from the soleal, tibial and femoral veins and therefore is more effective at preventing deep venous thrombosis proximal to the calf. (Nicolaides)[34]
- "The use of elliptical, sequential and rapid-filling compression of the leg with overlapping aircells produces significant hemodynamic changes in the common femoral vein, which are superior to other sequential slow or rapid-filling IPC devices." (Labropoulos)[9]

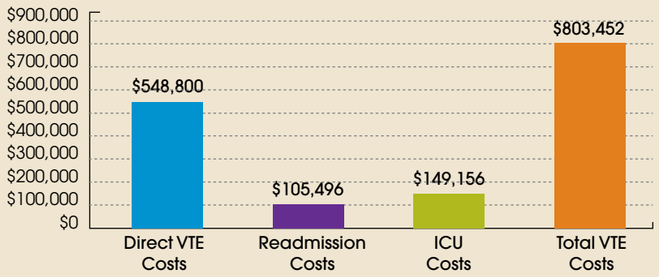
Lower DVT rates means lower costs. Because VenaFlow Elite has been proven to reduce DVT by 50% vs. slow inflation devices, it consequently can save healthcare facilities financially.[3]

- Average per patient cost for DVT: $7,500 and for PE: $13,000[42]
- About 1 to 1.8 % of hospitalized patients experience a VTE[41, 42]
- For every 10% reduction in DVT rates, facilities save an estimated $50,000-75,000 and at least 2 lives!

Incidence of DVT[17]

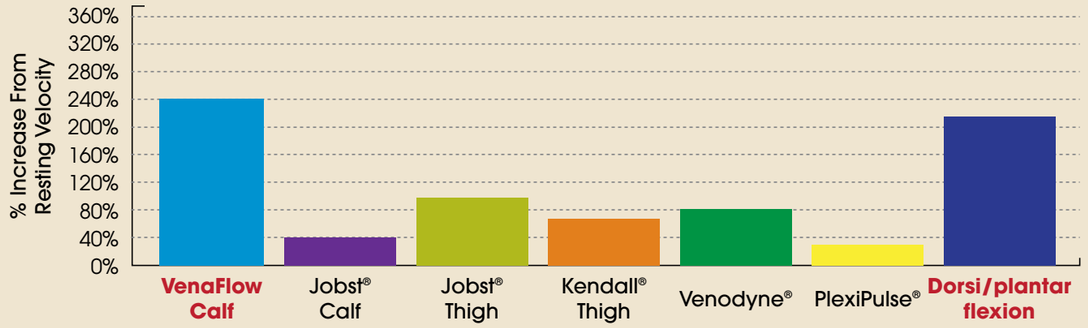


Average Hospital VTE Costs[42, 44]



The Venaflow system delivers rapid, graduated, sequential compression -increasing venous velocity more than twice that of other IPC systems.VenaFlow is the only intermittent pneumatic compression (IPC) device to produce peak venous velocities that match the normal physiologic blood flow attained through plantar/dorsiflexion.[9]

Increased Femoral Vein Velocity[15]



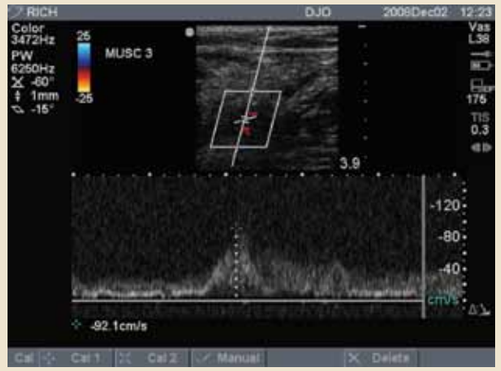
The VenaFlow system unites two proven methods for superior venous acceleration:

Graduated Sequential Compression and Rapid Impulse Inflation

This combination helps prevent thrombus formation by increasing venous ejection while producing more shear stress to enhance fibrinolysis.

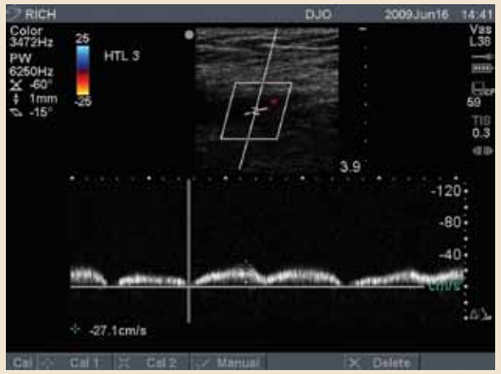
The Dopplers below exhibit the blood velocity achieved under the following conditions: ambulation, with VenaFlow Elite and with two competitive slow inflation devices.[40]

Plantar/dorsiflexion
111% increase in venous velocity



VenaFlow Elite
112% increase in venous velocity

Slow inflation device
50% increase in venous velocity



Slow inflation, uniform compression device
33% increase in venous velocity

Why is normal inflation better?

- " (Slow inflation devices) do not mimic normal physiologic venous pump action. They may be ineffective in preventing the more dangerous proximal deep venous thrombosis." (Gardner and Fox)[28]
- " Intermittent pneumatic compression with a faster inflation rate dramatically increases blood flow, generates greater shear stress on the vascular wall, stimulates greater nitric oxide release, and consequently results in stronger responses of vasodilation when compared with intermittent pneumatic compression with a slower inflation rate."[1] (Kang Liu et al)[19]
- " Roberts et al established that devices with a greater rate of inflation produced improved flow augmentation as compared with those with a slower rate of inflation… (VenaFlow) produced the greatest increase in peak venous velocity compared with all the other devices" (Westrich, 1998)[22]

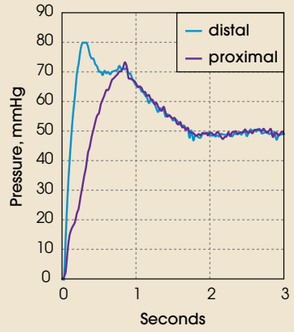
Walk Away From Risk

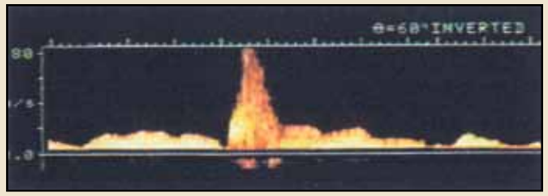
Rapid VS. Slow Inflation

Both clinical studies and Doppler test results were consistent with earlier studies that show the increase in venous velocity is a function of the rate of compression[30,35]. Venaflow system inflates rapidly, producing superior venous velocity than other IPC devices that inflates slowly.[5,9]

Aircast Venaflow - Rapid, Impulse Inflation Cuff pressure rose to >40mmHg in <0.5 second

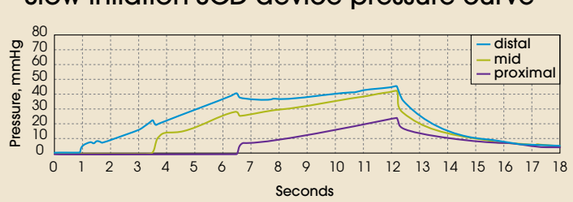
VenaFlow Elite pressure curve

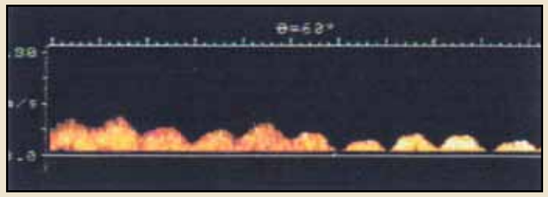




Covidien SCD - Slow Inflation Cuff pressure rose to 40 mmHg in 5.2 seconds

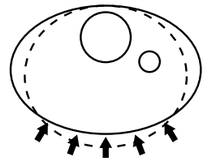
Slow inflation SCD device pressure curve





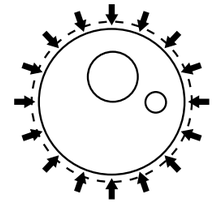
Asymmetric VS. Circumferential Compression

Asymmetric compression is significantly more effective than circumferential compression in emptying the veins of the leg[9,30,33].



VenaFlow Cuff (asymmetric)

	Velocity (meters/second)
Pre-Compression:	.19
Peak During Comp.:	.92
Increase:	**384%**



Circumferential Cuff

	Velocity (meters/second)
Pre-Compression:	.19
Peak During Comp.:	.33
Increase:	**74%**

In a clinical trial of 1803 patients undergoing a variety of orthopaedic procedures treated with either chemoprophylaxis alone (902 patients) or chemoprophylaxis plus VenaFlow (901 patients), **the incidence of DVT was ZERO** in the patients who used VenaFlow >6 hours per day (Eisele, 2007)[2]

Rapid Asymmetric Inflation → Graduated Sequential Compression → Seamless Duplex Aircell → Patient Compliance

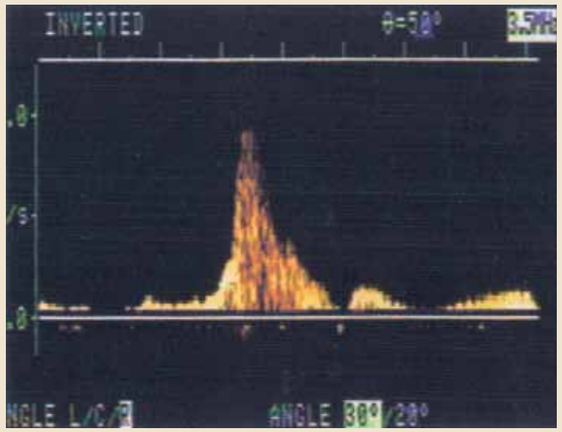
Graduated Sequential Compression VS. Uniform Compression

Shear stress generated with the two-zone (Duplex), graduated, sequential Venaflow cuff, is **3 times greater** than with single zone, uniform inflation. Shear stress is believed to be associated with EDRF (endothelial derived relaxing factor), NO (nitric oxide) and fibrinolytics.[29,37]

Venaflow cuffs provide graduate sequential compression (distal aircell inflates first, proximal aircell follows). Both clinical studies[29,32-34] and Ultrasound Dopplers demonstrate this to be more effective in accelerating venous velocity when compared with uniform compression.

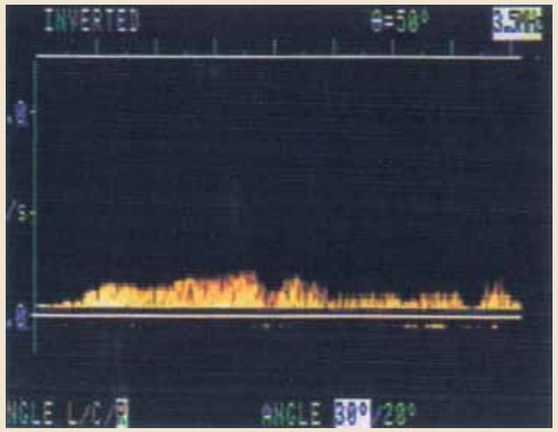
Aircast Venaflow (calf cuff)

Graduated Compression

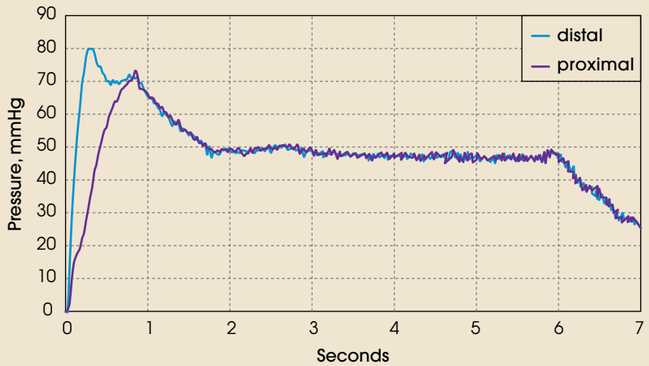


Huntleigh Flowtron (calf cuff)

Uniform Compression



VenaFlow Elite pressure curve



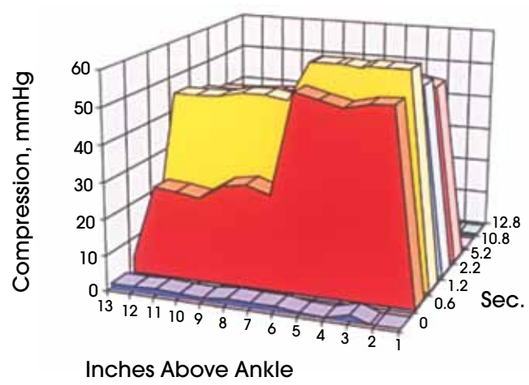
The distal aircell inflates rapidly within less than 0.5 seconds, then the proximal aircell follows. The pressure then settle at about 45mmHg. After 6 seconds, the cuff deflates. In 54 seconds, the inflation cycle begins again.

Seamless Cuff with Duplex™ Aircell VS. Segmented Cuff

The 3D graphs show that Venaflow seamless cuff design with duplex™ Aircell system provides consistent, uninterrupted compression, which produces superior pressure profile when compared to Covidien SCD segmented cuffs (calf and thigh length).

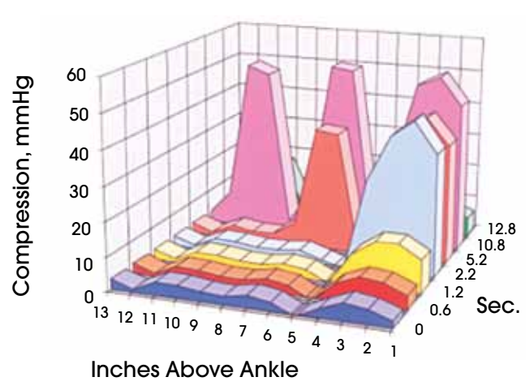
Aircast Venaflow system

(seamless)

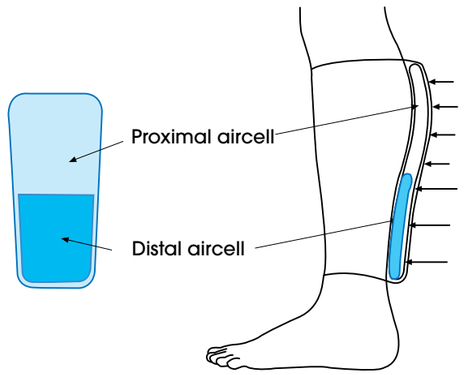


Covidien SCD Compression system

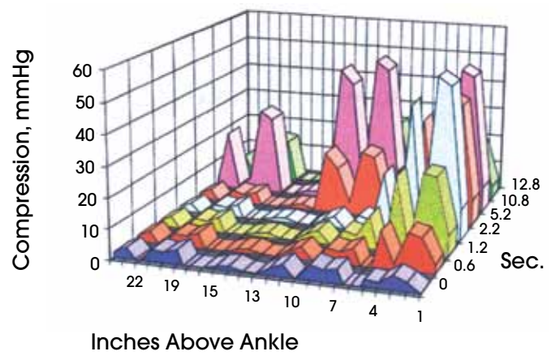
(segmented)



VenaFlow Seamless Cuff Design



The Venaflow cuff inflates rapidly. Graduation of pressure from higher (distal) to lower (proximal) is uninterrupted because the cuff is seamless.



The Covidien calf length cuff inflates slowly. Compression peaks at the center of each of the three compartments. The Covidien thigh length cuff has six bands of compression. **There is zero compression at the seam between compartments.**

Patient Compliance

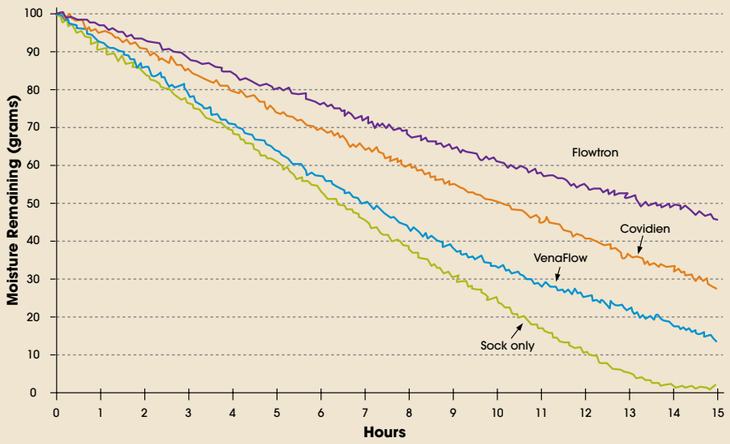
Research found that there is a direct relationship between compliance and efficacy in reducing DVT. Cuff discomfort may affect compliance.[22,24,38]

The superior cuff design of the Venaflow cuff evaporates **55% faster** than Covidien cuffs and **114% faster** than Flowtron cuffs.[40]

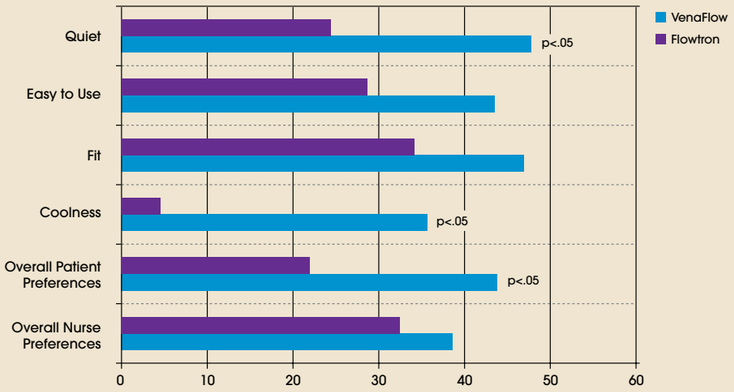
Patient and nurse study at Morristown Memorial Hospital evaluated the ease of use and patient acceptance of the Venaflow when compared to Flowtron. Results below show that patients preferred the Venaflow in every category. Nurses preferred Venaflow in eight out of nine characteristics.[39]

Doppler study comparing the use of thigh length and calf length cuffs showed no difference in increase in venous velocity.[40] Other studies confirmed rapid calf compression is sufficient for augmentation of venous, the addition of thigh compression is not necessary.[22] Moreover study showed a compliance rate of only 33% with the thigh length cuff (Covidien SCD), possibly due to the extensive length leading to heat, perspiration and discomfort.[22,38] Therefore, the shorter, lighter, easier-to-fit calf length cuff is preferred.

Evaporation Rate with Sock Alone and With IPC Cuffs



Patient and Nurse Evaluation of VenaFlow vs. Flowtron



Venaflow Elite cuff features:

- Hypoallergenic, light, cool, fabric. Latex - free
- Easy-to-fit comfortable cuff increases patient compliance

Rapid Asymmetric Inflation → Graduated Sequential Compression → Seamless Duplex Aircell → **Patient Compliance**

The VenaFlow Elite's new state-of-the-art design elegantly displays its unique, user friendly features.

Features	Benefits
Low profile, light-weight design	Easily stored, easily transported
Compliance counter	Available with compliance counter to monitor and track compliance
Telescoping bed hanger	Extends to accommodate up to 3.5 inches
Battery option	Battery-installed units available upon request
Automatic Cuff Detection	System automatically identifies attached cuff configuration and adjusts pressure accordingly
Preset pressures & alarms	No adjustments necessary
One pump for calf, thigh & foot cuffs	Provides for ease of use and minimizes inventory
Easy to fit, Soft and breathable cuffs	Assists in increasing patient comfort and compliance

Growing evidence supports the use of Venaflow IPC pump for treatment of other complications of surgery related to impaired venous, arterial and interstitial circulation[46,54]:

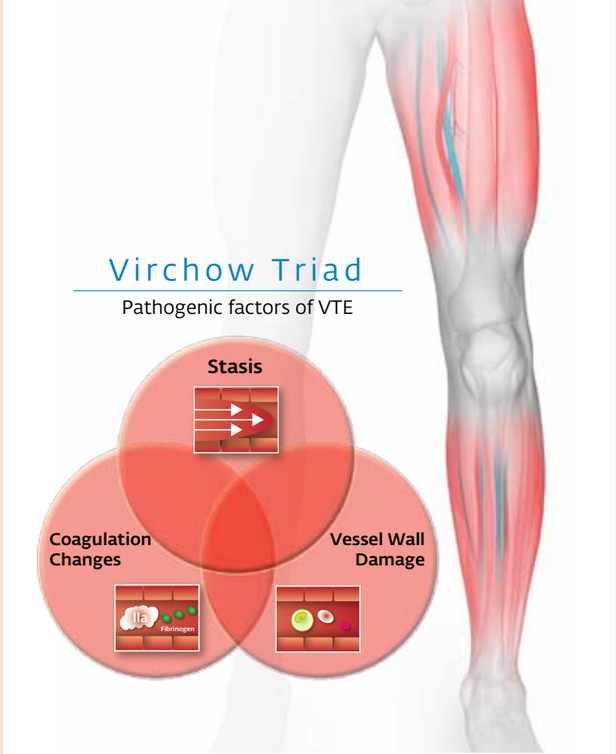
- IPC reduces oedema both pre- and postoperatively in, e.g. calcaneus and lower limb fractures. IPC may lead to improved fracture and soft tissue healing.
- IPC is more effective than ice and elevation and can improve joint mobility and pain relief, and decrease the incidence of skin complications.
- IPC improves wound healing and reduces the risk of amputation in patients with critical ischemia.
- IPC is effective therapy for restless legs syndrome.[1]

Venous Thromboembolism (VTE)

The Silent Killer

It can be stopped

- Virchow showed that 2 or more factors increase the risk of VTE. Patients undergo surgery, are immobile in bed and experience changes in blood putting them at moderate to high risk of VTE.[45,47,50]
- Anticoagulants only target one factor of the Virchow's triad and will increase the risk of bleeding. Current guidelines (Asian, AAOS, ACCP, NICE)[45,47,49,51] recommend a combination of mechanical and anticoagulant VTE prophylaxis, which significantly lower DVT rates.[2,3,7,8]



Using VenaFlow® pump with VenaPure® anti-embolism stockings - with or without anticoagulants – will target all 3 factors of Virchow's triad. This multi-modal approach is the best VTE prophylaxis with minimal risk, helping patient to 'Walk Away From Risk'.

VenaFlow Elite

By using mechanical prophylaxis as an adjunct to anticoagulant therapy, the risk of VTE are considerably reduced. In the most recent Cochrane review, the rate of DVT was significantly reduced from 4.21% to 0.65%.[52]

VenaPure

- Reduces venous dilation, Prevents endothelial damage
- Increases blood flow velocity (138.4%) - Sigel 1975

In a study by Daniel, the use of calf IPC significantly decreased the rate of VTE over the hospital's normal thromboprophylaxis regimen (10.2% in control versus 4.6% in IPC)[53]

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	

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	

Power Cable Plug Ordering

3048	United Kingdom (BS1363)		
3049	Europe (CEE7/7)		
3047	Japan (UL-NEMA5-15)		

VenaFlow Elite IPC pump + VenaPure anti-embolism stockings - multi-modal approach, the best VTE prophylaxis with minimal risk.

VenaPure Features

Inspection toe hole

Popliteal break

Silicone band

Pressure relieving panel