

### Cheetah Medical

#### EMEA & APAC HEADQUARTERS

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#### NONINVASIVE HEMODYNAMIC MONITORING

ONE PATIENT MONITOR PATHWAY





### **CONTINUUM OF CARE** FOR FLUID & DRUG TITRATION

Studies show that only ~50% of your patients respond positively<sup>1</sup> to fluid. Starling SV provides a precise continuous assessment of cardiac contractility, and afterload. No need to upgrade or change the monitor when changing care area.



### Starling<sup>™</sup> SV is:

- 100% noninvasive
- Patient friendly
- Fatient menung
- Accurate
- Quick and easy

## 3.7 DAYS REDUCTION IN TOTAL LENGTH OF STAY (25%) WITH CONTINUOUS STROKE VOLUME EVALUATION.

Reference: Kuper M, Stuart J Gold S, Colin Callow C, Quraishi T, King S, Mulreany A, Bianchi M, Conway D. Intraoperative fluid management guided by oesophageal Doppler monitoring. British Medical Journal 2011; 342; 7809: 1256-1260.



### **PRE-OP**

Nurses start the monitoring while preparing patient. Sensor placement is easy and noninvasive. Assessing fluid responsiveness and initiating IV fluid maintains adequate tissue perfusion and fluid homeostasis before surgery.

<sup>1</sup> Monnet X, Marik P, Teboul JL. Passive leg raising for predicting fluid responsiveness: a systematic review and meta-analysis. Crit Care 2015; 19(1): 18.

### **INTRA-OP**

Cardiac output, stroke volume, peripheral resistance and oxygen delivery are continuously monitored during surgery. Accurate monitoring is unaffected by arterial compliance changes occurring with anesthesia induction or vasopressor administration. Fluid responsiveness is assessed and the appropriate fluid is administered for any operation, patient position, cardiac rhythm or anesthesia level.

#### **POST-OP**

Monitoring continues post surgery and into the ICU or PACU. Dynamic assessments indicate when the appropriate amount of fluids has been given and the IV line can be removed. Cardiac contractility and afterload status can guide inotropes and vasoactive agent management.

### **STARLING™ SV**

Customize your own screen and select specific display parameters.



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OUTPUT Cardiac Output (Index) Stroke Volume (Index)

PRELOAD VOLUME Stroke Volume Variation

AFTERLOAD **Total Peripheral Resistance** 

OXYGENATION Oxygen Delivery (Index)

**ORGAN FUNCTION** Thoracic Fluid Content Cardiac Power Output (Index)

PRESSURE Mean Arterial Pressure Arterial Blood Pressure

#### **DYNAMIC STARLING CURVE**

**Passive Leg Raise** or fluid bolus tests are performed automatically without interruption of patient monitoring.



Baseline measurement is obtained PLR and/or fluid bolus performed Results displayed: % change in SVI, position on Starling curve.

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dynamic central measurements.





# A new advanced technology for continuous

#### **PHASE SHIFT OR BIO REACTANCE**

The Thorax consists of resistance and reactance components. An AC current is induced in the thorax. A delay/phase shift is recorded between the voltage and the applied current.

#### VOLUME

Phase shifts are mainly a result of changes in aortic blood volume. **During systole,** there is a rapid build up of phase shifts to the peak representing an increase in aortic blood volume. During diastole, a decrease in phase shift representing a reduction in blood volume.

#### **FLOW**

The derivative of the signal represents mainly the aortic flow. The stroke volume is derived by computing the area under the positive part of the curve, representing systole.

### **FRIENDLY** & **GENTLE SENSORS**

#### **QUICK TO SET UP**

- The patient is ready for monitoring immediately!
- Ideal for triage in emergency
- Very gentle for the skin



#### **HELP SCREEN HIGHLIGHTS SENSORS IN GREEN TO GO!**

An electric current is applied across the thorax between the outer pair of sensors. The voltage is recorded between the inner pair of sensors.

• Two sensors above the heart

• Two sensor below the heart Sensors can be placed on patient front or back, to accomodate body habitus or surgical requirements.

PRODUCT	CODE
Starling SV Monitoring System	CMA-ST5
Starling SV NIBP Module	CMA NIBP
Starling SV Sp0 <sub>2</sub> Module	CMA SP02
Cheetah Sensors (Box of 10)	CMS 10
Cheetah Sensors (Box of 25)	CMS 25
Cheetah sensors (Box of 50)	CMS 50
Cheetah sensors (Box of 100)	CMS 100
Cheetah sensors (Box of 200)	CMS 200

# ORDER

### BIBLIOGRAPHY

#### Well proven technology

#### **GOAL DIRECTED THERAPY**

Lee S, Lee SH, Chang BC, Shim JK, et al. Efficacy of goal-directed therapy using Bioreactance cardiac output monitoring after valvular heart surgery. Med J 2015; 56(4): 913-920

Benomar B, Quattara A, Estagnasie P, Brusset A, Squara P et al. Fluid responsiveness predicted by noninvasive Bioreactance-based passive leg raise test. Intensive Care Med 2010; 36(11): 1875-8

Feldheiser A, Conroy P, Bonomo T, Cox B, Garces TR, Spies C et al. Development and feasibility study of an algorithm for goal directed haemodynamic Management in Non-cardiac surgery. Journal of International Medical Research 2012; 40:1227-1241

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Monty M, Webb AR et al. Perioperative plasma volume expansion reduces the incidence of gut mucosal hypoperfusion during Cardiac Surgery. Archives of Surgery 1995; 130(4): 423-9

Pearse R, Dawson D, Fawcett J, Rhodes A, Grounds RM, Bennett ED et al. Early Goal Directed Therapy after major surgery reduces complications and duration of hospital stay. Crit Care 2005; 9(6): 687-93

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#### **TECHNOLOGY COMPARISON**

Waldron N, Miller TE, Thacker JK, Manchester AK, White WD, Nardiello J, Elgasim MA, Moon RE Gan TJ et al. A prospective comparison of a noninvasive cardiac output monitor versus esophageal doppler monitor for goaldirected fluid therapy in colorectal surgery patients Anesth. Analg 2014; 118(5): 966-75

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#### OBSTETRICS

Stott D, Bolten M, Salaman M, Paraschiv D, Clark K, Kametas NA et al. Maternal demographics and hemodynamics for the prediction of fetal growth restriction at booking, in pregnancies at high risk for placental insufficiency. Obstet Gynecol Scand 2016; 95(3): 329-38

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#### EMERGENCY

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