POSTOPERATIVE DELIRIUM

COMMON
37-46% of all surgical patients are affected by postoperative delirium.1

COSTLY
In-hospital delirium costs the U.S. healthcare system $164 BILLION per year,2 and perioperative delirium costs $8,373 PER PATIENT.1

DEADLY
Patients with postoperative delirium have 2-4x THE ODDS of dying during their hospital stay.2,3

UP TO 21% of patients experience emergence delirium after anesthesia and surgery.4

POSTOPERATIVE DELIRIUM IS PREVENTABLE IN UP TO 40% OF CASES with a proper screening program, the identification of risk factors and the implementation of evidence-based monitoring methods within the OR.5

EVIDENCE-BASED BEST PRACTICE TO REDUCE RISK
Practitioners may use "processed electroencephalographic monitors of anesthetic depth during intravenous sedation or general anesthesia of older patients to reduce postoperative delirium."3

Bispectral Index™ (BIS™) -guided anesthetic titration with the elderly or other patients at increased risk for delirium may help anesthesia providers mitigate risk.10

IMPROVED SAFETY
Directly monitoring how anesthesia is affecting the patient’s brain during surgery—allows dosing optimization

IMPROVED PATIENT SATISFACTION
Faster wake-up, recovery and discharge from PACU13

REDUCED POSTOPERATIVE DELIRIUM
Research shows that using brain function monitoring-guided anesthetic dosing may decrease the rate of postoperative delirium.11,12

REDUCED COSTS
Reduction in primary anesthetic delivery of up to 50%,14 fewer delirium episodes may reduce treatment costs14

It’s everybody’s BIS™. To learn more about anesthesia optimization using BIS™ technology, visit www.everybodysBIS.com.