THE CLINICAL REFERENCE STANDARD IN CEREBRAL OXIMETRY

INVS™ monitoring technology

Monitors cerebral/somatic oxygenation (rSO2) and perfusion status

Helps you detect cerebral desaturation and triggers rapid intervention

May lead to decreased costs by helping you reduce postoperative complications

Improves patient outcomes

Learn more

TrustINVOS.com

THE RISKS ARE REAL

In clinical trials, cerebral desaturation during cardiac surgery is associated with:

- Postoperative MOMM
- Neurologic injury
- Increased time on mechanical ventilation
- Prolonged hospital stay

INVOS™ TECHNOLOGY GIVES INSIGHT

Cerebral oximetry helps you:

- Detect desaturation
- Intervene promptly
- Improve patient outcomes

THE COMMON

CEREBRAL OXYGEN DESATURATION*

Costly

INCREASED LENGTH OF STAY

Cerebral desaturation costs approximately

$3,300 per day**
$4,000 per day with mechanical ventilation

DEBLITATING

CABG surgery patients who experienced prolonged desaturation:

- Are 12x more likely to have postoperative cognitive decline
- Have 26% higher rates of major organ morbidity and mortality (MOMM) than patients without cerebral desaturation

* Clinically significant drop from patient’s baseline
** Interventions to return the patient’s rSO2 to baseline using the INVOS™ system have been shown to improve outcomes after surgery

HAVE

33%  7%

3x greater risk for hospital stays >6 days
12x more likely to have postoperative cognitive decline
26% higher rates of major organ morbidity and mortality

Low mean intraoperative cerebral saturation during CABG procedures correlates with hospital stays >10 days


Low mean intraoperative cerebral saturation during CABG procedures correlates with hospital stays >10 days

During cardiac surgery 1
25–37%

During high-risk cardiac surgery 2
69–75%

73.7% of patients who desaturate in the OR during high-risk cardiac surgery also desaturate in the ICU2

Intraoperative cerebral desaturation during CABG procedures correlates with hospital stays >10 days7


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