

POWERFUL RESULTS. PROVEN PREVENTION.

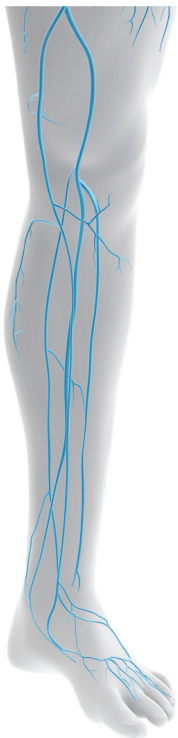
Proximal DVT
REDUCTION **29.9%**

14.0% Mortality Risk
REDUCTION

STATISTICALLY SIGNIFICANT



Results of CLOTS 3, a Multicenter Randomized Controlled Trial: Effectiveness of Intermittent Pneumatic Compression (IPC) in Reduction of Risk of Deep Vein Thrombosis (DVT) in Patients Who Have Had a Stroke



PRIMARY OBJECTIVE

- Determine the efficacy and safety of IPC in immobile stroke patients to reduce deep vein DVT events

METHODS

- A multicenter randomized controlled trial of 2,876 patients was conducted at 105 centers within the United Kingdom.
- Compression duplex ultrasound (CDU) of both legs was to be performed by a technician blinded to treatment allocation at 7 to 10 days and, when possible, 25 to 30 days after enrollment.
- Adverse events, including falls associated with significant injury or damage to the skin of the legs, were recorded.

INVESTIGATOR CONCLUSIONS

- IPC delivering sequential compression at a frequency determined by a patient's venous refill time resulted in a statistically significant reduction (29.9%) of proximal DVTs in immobile stroke patients.
- Survival to six months was also statistically significant, with a 14% reduction in mortality risk.
- Adverse effects due to the use of IPC were rare.
- IPC is safe and effective in reducing the risk of DVT – and possibly improving survival – in immobile stroke patients.
- CLOTS 3, a landmark trial, is the largest randomized controlled study of its kind involving IPC in medical patients.

2,876

Acute Stroke Patients, Hospitalized & Immobile

1,438
No IPC + Routine Care

(174) 12.1%
Proximal DVT

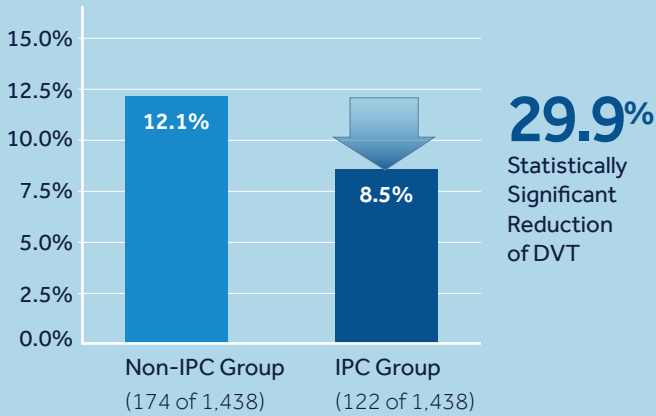
IPC = The Kendall SCD[™] system with vascular refill detection, sequential circumferential compression, thigh length sleeves (provided and manufactured by Medtronic, USA)
ROUTINE CARE = May have included hydration, aspirin, graduated compression stockings and/or anticoagulants
p = 0.001

1,438
IPC + Routine Care

8.5% (122)
Proximal DVT

PRIMARY OUTCOMES

Proximal DVT at 30 days (popliteal/femoral) $p = 0.001$

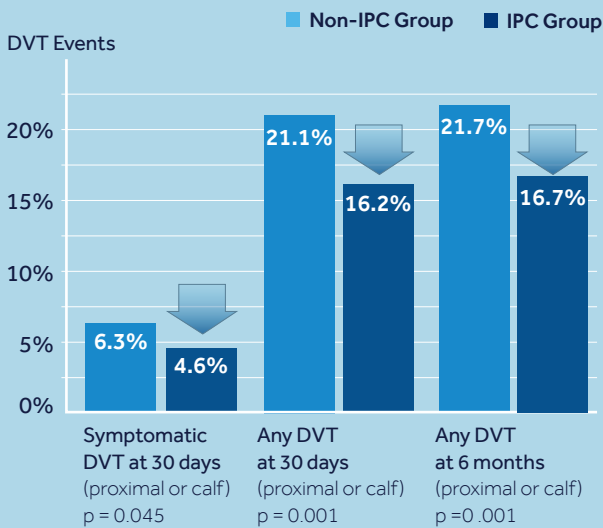


SECONDARY OUTCOMES

Mortality Risk Reduction



The rate of mortality during the first six months was 14% lower with the IPC group compared with the non-IPC group. (Adjusted hazard ratio = 0.86; $p = 0.042$)



The Kendall SCD™ technology with vascular refill detection delivers sequential, circumferential, gradient compression to decrease the risk of venous thrombosis by reducing stasis and stimulating the release of intrinsic fibrinolytic substances. This addresses two of three points in Virchow's triad.

Vascular refill detection technology, which customizes the compression cycle to the individual patient, is clinically proven to move more blood over time while reducing stasis.†



Learn more about the sequential compression devices used in this study:
www.covidien.com/scd

Dennis MS, Sandercock P, Reid J, et al. Effectiveness of intermittent pneumatic compression in reduction of risk of deep vein thrombosis in patients who have had a stroke (CLOTS 3): a multicentre randomised controlled trial. *Lancet*. 2013;382(9891):516-524. doi 10.1016/S0140-6736(13)61050-8. Epub 2013 May 31.

† Kakkos SK, Szendro G, Griffin M, et al. The efficacy of the new SCD response compression system in the prevention of venous stasis. *J Vasc Surg*. 2000;32(5):932-940.

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