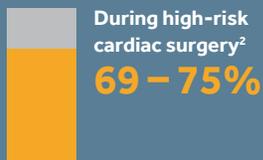
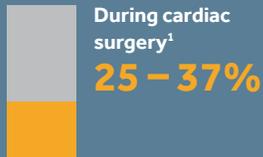


CEREBRAL DESATURATION. COMMON. COSTLY. DEBILITATING.

COMMON

Patients experience
**CEREBRAL
OXYGEN
DESATURATION***



73.7%
of patients who desaturate in the OR during high-risk cardiac surgery also desaturate in the ICU³

COSTLY

**INCREASED
LENGTH OF STAY**

Cerebral desaturation costs approximately
\$ 3,300 per day^{3,4}
\$ 4,000 per day with mechanical ventilation⁵

CABG patients who experience prolonged desaturation have 3x greater risk for hospital stays
>6 days⁶

Low mean intraoperative cerebral saturation during CABG procedures correlates with hospital stays
>10 days⁷

DEBILITATING

CABG surgery patients who experienced prolonged desaturation:

Are **12x more likely** to have postoperative cognitive decline⁸

Have **26% higher** rates of major organ morbidity and mortality (MOMM) than patients without cerebral desaturation⁹

33% vs **7%**



**THE CLINICAL
STANDARD IN
CEREBRAL OXIMETRY**

INVOS™ monitoring

Monitors cerebral/somatic oxygenation (rSO₂) and perfusion status



Lets you detect cerebral desaturation and triggers rapid intervention



May lead to decreased costs by helping you reduce postoperative complications¹

THE RISKS ARE REAL

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

- Postoperative MOMM⁷
- Neurologic injury^{6,8,9}
- Increased time on mechanical ventilation¹⁰
- Prolonged hospital stay^{6,7}



INVOS™ MONITORING GIVES INSIGHT

Cerebral oximetry helps you:^{7**}

- Detect desaturation
- Intervene promptly
- Improve patient outcomes



Improves patient outcomes^{7,8}



Learn more
TrustINVOS.com

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* 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