



## enFlow™ IV Fluid and Blood Warming System

### Use and Satisfaction in Patient Care: HCP Survey\*

The enFlow™ system enables warmed IV fluid delivery at the right time across all clinical areas. By consistently helping to maintain the right patient body temperature, enFlow™ can help provide both clinical and economic benefits for your hospital. Maintaining normothermia can help lessen complications and speed up recovery time—all while helping to shorten patient stays and reduce hospital costs.<sup>1</sup>

#### enFlow™ system use



**37.5%** pre-op

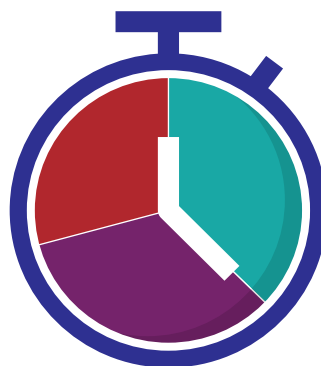


**54.2%** peri-op



**4.2%** post-op

The enFlow™ system was used on surgical procedures ranging from <60 minutes to >120 minutes.



**41.7%**

60-120 min

**37.5%**

<60 min

**20.8%**

120 min

# HCPs used the enFlow™ system across multiple procedure types:

Open Inguinal Hernia Repair

Liposuction & Scar Revision

**TURP**

Open Closure of Ileostomy

Hip Replacement

**Anterior & Posterior Repair**

Bilateral Gynecomastia

Abdominoplasty

Lateral Internal Sphincterotomy

Breast Augmentation

**Knee Replacement**

Mastopexy

**Bowel Resection**



## 9 out of 10 HCPs Strongly Agreed that enFlow™:

- Easy to setup
- Quickly reached desired temperature
- No intervention is needed after setup
- Suitable flow rate setup
- Low priming volume

## About the Survey

Vyaire Medical collected the data for this survey from May 2021 to September 2021. The responses were collected from Australian, UK and Nordic hospitals. Respondents included: RNs, CRNAs, CNEs, CNCs, and anesthetic trainees. Respondents answered questions using a fivepoint Likert rating scale of responses from strongly disagree to strongly agree, multiple choice, and open-ended descriptions.

At the time of the enFlow™ system use, 100% of the respondents' patients received care in an OR. In addition, 91.7% of respondents used the enFlow™ system during patient transport.

### REFERENCES

1. Mahoney, C., Odom, J. Maintaining intraoperative normothermia: A metaanalysis of outcomes with costs. AANA J, April 1999, 67(2):155-163.
2. Sessler, D. Mild perioperative hypothermia. N Engl J Med, June 1997, 336(24):1730-1737.

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