The proven solution for managing perfusion

Smart. Innovation.

FloTrac system

Edwards

FloTrac system:
3.1 million patients, 80 countries and 10+ years.*

Trusted

Chosen to monitor over ***3.1 Million Patients***

Worldwide

80 Countries. *Used by clinicians worldwide for minimally-invasive volume management*

Literature

Referenced in over 190+ clinical studies *spanning the OR and ICU*

* Data on file

FloTrac system algorithm

Monitor provides clarity in a variety of *patient conditions and procedures*

Compensating for patient-to-patient differences in vasculature, real-time changes in vascular tone and differing arterial sites.

The FloTrac system algorithm is based on the principle that aortic pulse pressure (PP) is proportional to stroke volume (SV) and inversely related to aortic compliance.

The algorithm compensates for the effects of compliance on PP based on age, gender, and body surface area (BSA).

The FloTrac system enables proactive clinical decision support.

The minimally-invasive FloTrac system is a proven solution for advanced hemodynamic monitoring that automatically calculates key flow parameters every 20 seconds.

The FloTrac sensor attaches to an existing arterial line and monitors advanced hemodynamic parameters:

- Stroke volume (SV)
- Stroke volume variation (SVV)
- Mean arterial pressure (MAP)
- Cardiac output (CO)
- Systemic vascular resistance (SVR)

Proactive decision support offered by the FloTrac system helps guide individualized treatment decisions for your moderate- to high-risk surgery patients, and can be utilized perioperatively to proactively manage your patients. The FloTrac system can also be utilized to manage physiological status in rapidly changing clinical situations in acute care settings.

With the FloTrac sensor and HemoSphere monitor, you can see your patient's physiologic status and analyze trends with exceptional clarity allowing you to intuitively navigate with a simple-to-use touchscreen.

Proactively manage pressure and flow component of perfusion.

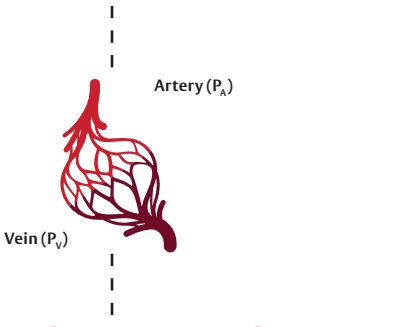
The FloTrac system provides access to pressure and flow parameters to help you evaluate hemodynamic instability including hypotension and guide appropriate treatment.

Recent studies show associations between intraoperative hypotension and increased risk of acute kidney injury (AKI) and myocardial injury – the leading cause of post-operative mortality within 30 days after surgery.

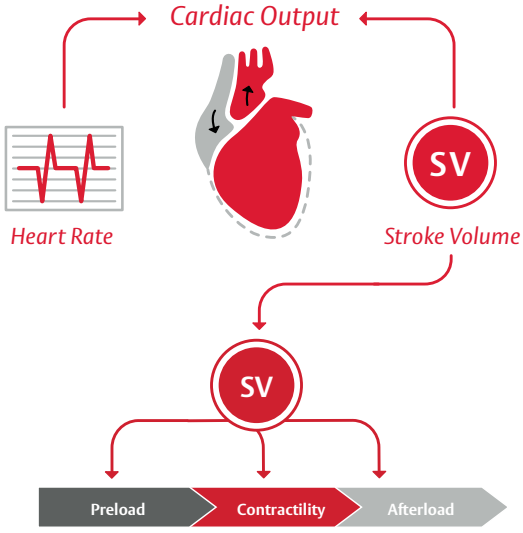
Clarity through advanced hemodynamic monitoring parameters CO, MAP, SV, SVV and SVR provided by the FloTrac system can help you determine if the cause of intraoperative hypotension is preload, afterload, or contractility.

If the underlying cause of hemodynamic instability is related to flow generation, continuous parameters, offered by the FloTrac system, can help you determine appropriate fluid therapy.

Tissue Perfusion = *Blood flow through the tissue (capillary blood flow)*



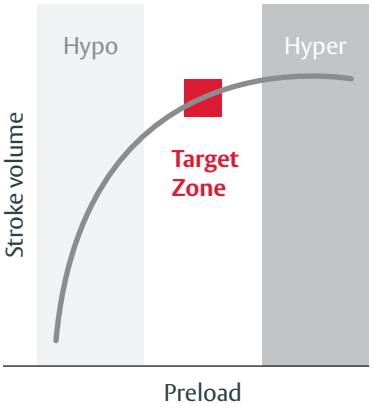
Tissue Perfusion Pressure = *Pressure at arterial end (P_A)* - *Pressure at venous end (P_V)*



Continuous assessment of pressure and flow parameters offers decision support to help manage the duration and severity of intraoperative hypotension episodes.

Manage the flow component of perfusion to guide individualized fluid management.

Frank-Starling relationship between preload and stroke volume (SV)



When managing perfusion, stroke volume can be optimized using the patient's own Frank-Starling curve.

The patient's location on the curve can be determined by measuring changes in SV in response to change in preload using a fluid bolus challenge or passive leg raise (PLR). Dynamic, flow-based parameters are more informative than conventional parameters in determining fluid responsiveness and may help guide individualized volume administration in patients and avoid excessive and insufficient volume administration.[1]

Manage variability in volume administration.
Advanced hemodynamic parameters provided by the FloTrac system may be used in perioperative goal-directed therapy (PGDT) protocols. PGDT is a treatment protocol using dynamic, flow-based parameters with the objective of making the appropriate volume management decisions. PGDT can be implemented in a single procedure or as part of a larger initiative such as Enhanced Recovery After Surgery pathways.

Helps you comply with CMS sepsis bundle guidelines.[2,3]
The minimally-invasive FloTrac system allows continuous assessment of your patient's hemodynamic status, to help you detect sepsis and determine the appropriate fluid therapy.

The FloTrac sensor can be used to measure flow-based parameters continuously prior to, during, and after the fluid administration portion of the 6-hour CMS bundle.

FloTrac system

Model	Description	Length	Units
MHD8	FloTrac sensor	84 in /213 cm	1 Each
MHD85	FloTrac sensor	84 in /213 cm	5 Each
MHD6	FloTrac sensor	60 in /152 cm	1 Each
MHD65	FloTrac sensor	60 in /152 cm	5 Each
MHD6AZ	FloTrac sensor with VAMP adult system	60 in /152 cm	1 Each
MHD6AZ5	FloTrac sensor with VAMP adult system	60 in /152 cm	5 Each

Enabling proactive clinical decisions.

For more than 50 years, Edwards Lifesciences has been helping you make proactive clinical decisions and advance the care of surgical and acutely ill patients across the continuum of care.

Through ongoing collaboration with clinicians, providing continuous education, and our dedication to purposeful innovation, Edwards continues to develop smart hemodynamic management solutions that enable proactive decision support.

Know More. Know Now.

▶ Visit Edwards.com/FloTrac or contact your Edwards representative ▶

References

1. Cannesson, M. (2010) Arterial pressure va riation and goal-directed fluid therapy. *Journal of Cardiothoracic and Vascular Anesthesia,* 24(3), 487-97.
2. Marik, P. (2011) Hemodynamic parameters to guide fluid therapy. Annals of Intensive Care.
3. National quality forum #0500 severe sepsis and sepsis shock: management bundle (2014).

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