

3M™ Bair Hugger™ Therapy  
Underbody Series Blankets

ACHIEVE  
SCIP-Inf-10  
GOALS



# Forced-air Warming Reinvented from Below

In procedures involving general or regional anesthesia, maintaining body temperature is crucial. Any surgical patient can lose approximately 1.6°C during just the first hour of surgery alone.<sup>1</sup> Hypothermia can also increase the risk of infection,<sup>2</sup> longer hospital stays<sup>3</sup> and death.<sup>4</sup> For routine to complex surgeries, the 3M™ Bair Hugger™ underbody series blankets offer warming solutions to meet your needs.

Lead  
theWay

3M

## Who should be warmed? Everyone.

Patients under general or regional anesthesia cannot regulate their own temperature. Core body temperature declines by as much as 1.6°C within the first hour following the induction<sup>1</sup> of anesthesia, increasing the associated risks of unintended hypothermia such as higher mortality rates,<sup>4</sup> longer hospital stays<sup>3</sup> and an increased rate of wound infection.<sup>2</sup>

Forced-air warming is a simple, cost-effective method to prevent unintended hypothermia and its complications. Maintaining perioperative normothermia is also cited by healthcare initiatives around the world as a key factor in reducing the rate of surgical site infections.

### Characteristic Patterns Of General Anesthesia Induced Hypothermia

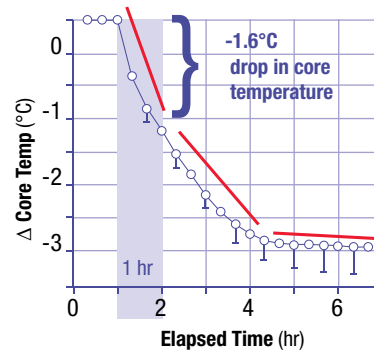
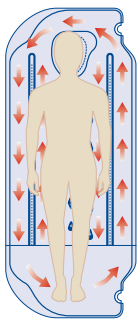


Chart adapted from: Sessler, DL., Perioperative Heat Balance. *Anesthesiology*, V92, No. 2, Feb 2000.

# Simple, cost-effective protection against hypothermia

## Forced-air Warming Using an Underbody Blanket\*

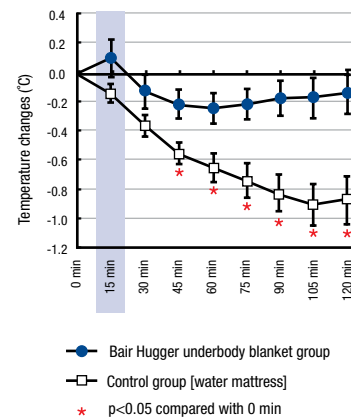


Outer channel surrounds the patient directing warmth to both the core and periphery

- Prevents the initial temperature decrease caused by redistribution temperature drop.<sup>5</sup>
- Effective in preventing hypothermia during abdominal surgery.<sup>5</sup>
- Recruits greater body surface area and is more effective in preventing hypothermia during abdominal surgery than an upper body blanket.<sup>5</sup>
- More effective in preventing hypothermia than water mattress devices during abdominal surgery.<sup>5</sup>

\*As studied in upper abdominal surgery

### Changes in esophageal temperature<sup>5</sup> (As studied in upper abdominal surgery)



- Bair Hugger underbody blanket group
- Control group [water mattress]
- \* p<0.05 compared with 0 min

## Underbody Series Blankets

### Adult Underbody Blanket 545

Designed for the Cardiac Cath Lab and Interventional Radiology. This radiolucent blanket is positioned on the table as the room is turned over for the next patient so it's ready for immediate use.



### Pediatric Underbody Blankets 555/550

Specifically for pediatric patients from neonate to young adults, eliminates the need to adapt products and equipment for pediatric use.



### Spinal Underbody Blanket 575

Designed for the challenging patient positioning created by the open frame of the spinal surgery table. This design does not interfere with the adjustment of support pads and allows full patient visualization.



### Lithotomy Underbody Blanket 585

Allows the clinical flexibility and full access needed for procedures involving the lower extremities and the abdominal, peritoneal and pelvic cavities.



### Full Access Underbody Blankets 635/637

Ideal for trauma, cardiac, complex or routine surgeries when the patient is in the supine, lateral or prone positions. Also available as a sterile blanket (Model 637) for cosmetic and reconstructive procedures.



## Full access from the start

### Underbody Series Blanket Benefits

- 1 **Simplified OR prep** Placing the underbody series blankets on the table before the patient arrives in the OR allows immediate warming and more time for other pre-surgical tasks.
- 2 **Designed for flexibility** The unique design of the underbody series offers clinicians full, unrestricted access and flexible positioning for virtually any procedure.
- 3 **Innovation** Fluid outlets minimize the pooling of fluids while the patient's natural pressure points compress the blanket, preventing heat from reaching potentially ischemic tissue. Consistent, even perforations in the soft, radiolucent materials ensure uniform convective warming.
- 4 **From the leaders in forced-air warming** We created the category of forced-air warming in 1987 and today offer 25 blanket styles – the most complete portfolio in the industry.
- 5 **Proven performance** More than 165 million patients across the globe have experienced the benefits of Bair Hugger therapy.
- 6 **Meets SCIP-Inf-10 goals** Use of underbody series blankets meets the active warming requirement of the CMS normothermia measure. Under the measure, facilities must either use an active warming modality or achieve a temperature of at least 36°C within 30 minutes before or 15 minutes after anesthesia end time.<sup>6</sup>

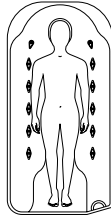


For routine to complex surgeries,

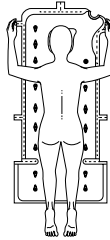
the benefits of maintaining normothermia are clear  
and so easy to achieve with Bair Hugger therapy.

# Bair Hugger Therapy Underbody Series Blankets

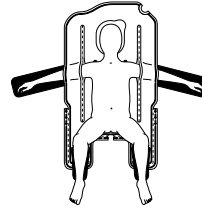
**Adult Underbody**  
Model 545



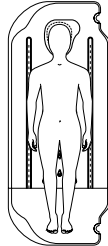
**Spinal Underbody**  
Model 575



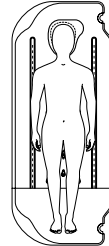
**Lithotomy Underbody**  
Model 585



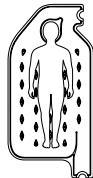
**Full Access Underbody**  
Model 635



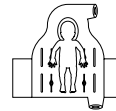
**Sterile Full Access Underbody**  
Model 637



**Large Pediatric Underbody**  
Model 550



**Pediatric Underbody**  
Model 555



<sup>1</sup> Sessler, D.I., Current concepts: mild perioperative hypothermia. *New England Journal of Medicine*. 1997; 336: 1730-1737.

<sup>2</sup> Barie, P.S., Surgical Site Infections: Epidemiology and Prevention. *Surgical Infections*. Vol 3, Supplement 2002; S-9 – S-21.

<sup>3</sup> Jeran, L., American Society of PeriAnesthesia Nurses Development Panel. Clinical Guideline for the Prevention of Unplanned Perioperative Hypothermia. *Journal of PeriAnesthesia Nursing*. Oct. 2001; Vol 16(5): pp 305-314.

<sup>4</sup> Tryba, M., Leban, J., et al. Does active warming of severely injured trauma patients influence perioperative morbidity? *Anesthesiology*. 1996; 85: A283.

<sup>5</sup> Tominaga, A., Koitabashi, T., et al. Efficacy of an Underbody Forced-Air Warming Blanket for the Prevention of Intraoperative Hypothermia. *Anesthesiology*. 2007; 107: A91.

<sup>6</sup> Fact Sheet: Medicare adds quality measures for reporting by acute care hospitals for inpatients stays in FY 2010. Centers for Medicare and Medicaid Services.