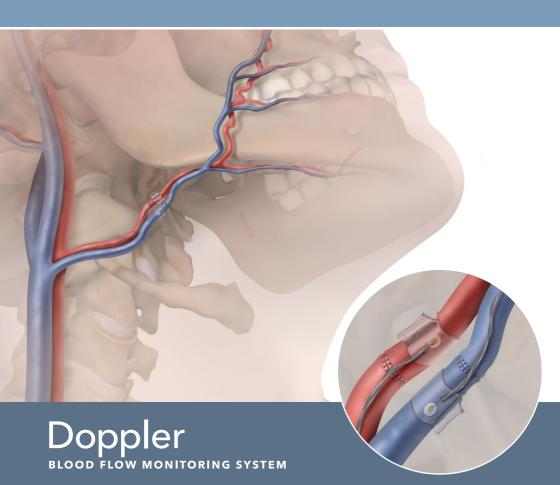
# Monitoring you can trust.

Doppler BLOOD FLOW MONITORING SYSTEM



Illustration by Lisa Clark



# How can the Doppler system augment clinical assessment?

By providing a way to **track blood flow continuously**, both intraoperatively and postoperatively By **monitoring buried flaps** and other surgical sites that are difficult to monitor clinically The Doppler monitor provides audible (primary) and visual (secondary) feedback of blood flow when connected to the implantable Cook-Swartz Doppler Probes and extension cables.

By allowing you to see and hear the presence or absence of blood flow, the Doppler system can alert you to flap failure in time to perform a salvage procedure.





Cook-Swartz Doppler Probe



Doppler Extension Cable



Doppler Channel/ Cable Verifier



Doppler Battery Charger



Healthcare staff can immediately detect arterial or venous thrombosis or loss of patency from external compression or kinking of pedicle vessels.

### **IMMEDIATE INTERVENTION**

The clinician and healthcare staff can quickly interpret the results of the monitoring and take necessary action.

Please see product risk information in the IFU at cookmedical.eu.

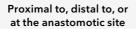
# More placement options

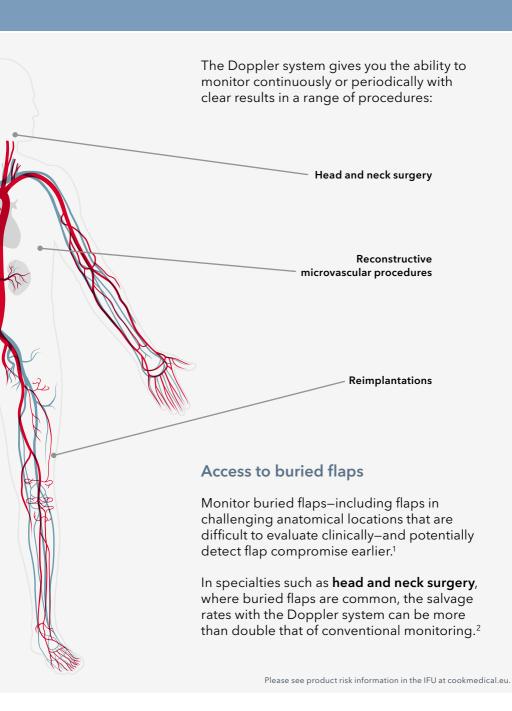
The Doppler system offers flexible placement options so you can sensitively and specifically monitor how and where you want:



Arteries and/or veins

End to end or end to side





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### **Proven performance**

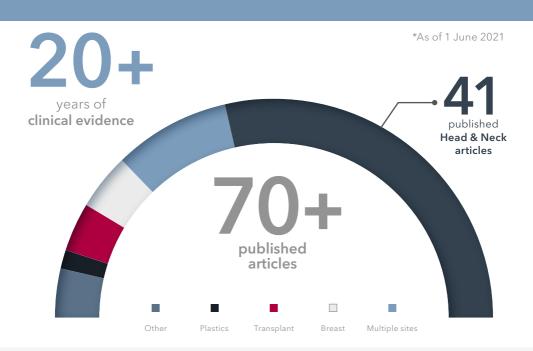
Over twenty years of clinical evidence have established the Doppler Blood Flow Monitoring System as a trusted complement to clinical monitoring that can contribute to more favourable outcomes:



### **Economic value**

The use of the Doppler system potentially offers a number of economic benefits.

It can identify compromised flap perfusion in time to permit flap salvage, **eliminating the cost** of harvesting a new flap.<sup>6</sup> The cost of **the Doppler system itself 'can be compensated or even reversed**, depending on the initial flap salvage rate in the health facility and the type of free flap (buried vs. non-buried).<sup>19</sup>



# False positives and negatives



False positive rates of **1% to 25%** have been reported in clinical studies in which the Doppler system has been evaluated.<sup>6,7,8</sup> However, the rate of false positives may be reduced by appropriate training and protocols.<sup>9</sup>



The false negative rate for the Doppler has been reported as between **0% and 5%**.<sup>7,8</sup> This suggests that the risk of the Doppler failing to detect a compromised free flap is very low.

Please see product risk information in the IFU at cookmedical.eu.

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Learn more about Doppler at CookMedical.eu/Doppler.



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