New Product

Hot Pink Pad®

Next Generation Patient Temperature Management



US Patents: 11,266,525; 12,721,771
Additional Patents Pending

XODUS MEDICAL
Making Surgery Safer™

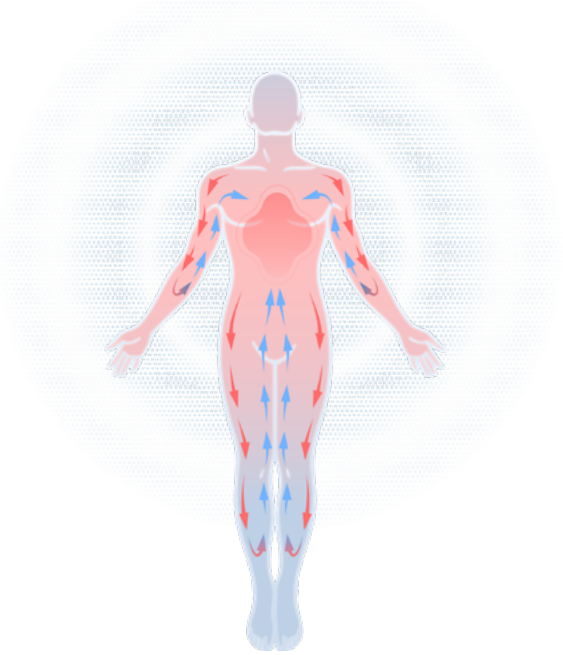
Innovative, Active Patient Temperature Management



New Technology for Improved Surgical Outcomes

- Safely manage normothermia
- Accurately, efficiently deliver active patient warming
- Integrate temperature management into the safest positioning solutions
- Reduce Surgical Site Infection (SSI) as well as Hospital Acquired Pressure Injury (HAPI) risks

Help Prevent Inadvertent Perioperative Hypothermia (IPH)



Actively Reduce Dangerous, Costly, and Documented Patient Risk Factors:

- Surgical Site Infection (SSI)
- Impaired drug metabolism
- Blood loss
- Increased pain

IPH is a CMS measure for reimbursement and associated with impaired surgical recovery, extended postanesthesia care unit (PACU) times[2.1], increased risk for admission to the ICU, and longer hospital stays[2.2]

Reportedly the most common surgical complication, IPH has an incidence rate greater than 40%[2.3] While incidence rates vary by surgical specialty: a recent study found that 72% of orthopedic surgery patients were hypothermic.[2.4]

The Foundation of an Effective Normothermia Bundle



The Hot Pink Pad® Enables Clinically-Proven, Active Underbody Patient Warming[2.5]

- Improved core temperature control[2.6]
- Easier to warm the body's central region[2.6]
- Potential for less surgical site disruption
- More effective in underbody warming applications relative to traditional, forced-air solutions[2.7, 2.8]
- Effectively functions while supporting safe patient-positioning techniques
- Improved ease of use

Enable Uninterrupted Warming Throughout the Perioperative Process

Provide Your Patients Immediate, Consistent Temperature Management

1

Core temperature can fall 0.5°-1.5° below normal within just 30 minutes of general anesthesia induction[2.9]



30 mins
Pre-op

2

Patients' core temperatures decline most dramatically during the first hour of surgery[2.9]



One Hour
Surgery Time

3

"Implement (active warming methods)...for all patients during all phases of perioperative care (ie, preoperative prewarming, intraoperative, postoperative)"

-AORN



30 mins
Pre-op

> "The active warming device should be started as soon as possible when the patient arrives and prior to induction of anesthesia, Burlingame recommends. 'The challenge is that many people may wait until everything is done to turn on and apply a warming device, which often requires catching up to maintain normothermia.'"

AORN Staff. "4 Updates for More Effective Hypothermia Prevention." AORN, 22 Oct. 2019

Patient Safety Innovations

Smarter Technology for Maintaining Normothermia



Carbon-Based Warming

Ideally suited for the OR, IntelliTherm™ warming elements are thin, flexible, radiolucent, and IPX rated (fluid resistant)— providing perioperative environments with safer conductive technology



Intelligent Normothermia Software

Intelligent normothermia software continuously monitors and adjusts warming output, helping keep patients safely within target temperature ranges without added staff burden



Precise Temperature Control

Easy to adjust temperature settings range from 36°C - 40°C in half-degree increments, while constant, digital temperature monitoring occurs in multiple locations beneath the patient

> "Truly seamless! The Hot Pink Pad® integrated instantly into our practice. It maintains normothermia and helps reduce SSIs without forced-air or added interventions. Plus, I know my patients are otherwise very well protected—a complete home-run solution."

— Dr. Karleigh R. Curfman, MD
Colon & Rectal Surgery

> "I was very impressed with the stability of our patient's temperature throughout a complex robotic procedure. The Hot Pink Pad® provided more effective warming and a more streamlined, less disruptive delivery method. That's a clinical win-win!"

— Jason Lehman, CRNA

An Easier, More Streamlined Process

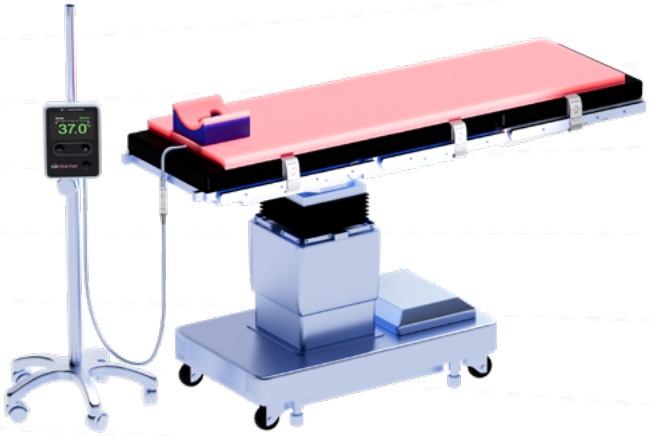
Simplify Workflows and Improve Perioperative Standards-of-Care

- Nearly instantaneous, one staff-member setup
- No heat-escape improves comfort/focus for staff and surgeons
- Silent operation eliminates distracting noise
- Zero circulating air reduces infection risk
- Eliminate multiple ancillary products required for patient warming
- Intuitive control unit with glove-friendly, tactile buttons

"We need a solution that provides immediate warmth for our patients. The Hot Pink Pad® actively warms the minute the patient lays on the table and keeps warming until they're transferred after the case. That could add up to an hour of warming in critical moments when patients used to be exposed!"

- Lynne Schubert CRNA, BSN, MS





#40671 - Hot Pink Pad® XL Kit

- Hot Pink Pad® XL
- PinkProtect™ Head Positioner (1)
- One-Step™ Arm Protectors *(1 pr)* **Not Shown*
- Single-Use Body Straps *(1 pr)*
- Radiant Heat-Loss Reducing Chest Overlay **Not Shown*
- Lift Sheet (1)

#40673 - Hot Pink Pad® EXT Kit

- Hot Pink Pad® EXT
- PinkProtect™ Head Positioner (1)
- One-Step™ Arm Protectors *(1 pr)* **Not Shown*
- Single-Use Body Straps *(1 pr)*
- Radiant Heat-Loss Reducing Chest Overlay **Not Shown*
- Lift Sheet (1)

A New Focus on Key CMS Quality Measures

The Hot Pink Pad® Helps Improve Key Patient Safety Indicators

Pressure Injuries

HAPIs are the second most common hospital lawsuit claim after wrongful death, impacting 60,000 patients each year.

CMS has estimated that a pressure injury adds more than $43,000 in costs to a single hospital stay.[10]

Hemorrhage / Hematoma

Each year in the US, more than 14,000 patients suffer from blood clots or internal bleeding caused by blood vessels injured during surgery.[2.12]

Uncontrolled intraoperative bleeding can cost hospitals up to $61,000 per patient.[2.13]

Surgical Site Infection

SSI is the most costly Hospital-Acquired Infection (HAI) type, where total incremental Length of Stay (LOS) increases by 9.7 days.

The added cost of hospitalization can exceed $20,000 per admission.[2.14]

Patient Temperature Management that Meets AORN Guidelines and Recommendations

AORN Recommends:

- "Implement (active warming methods) to prevent and treat inadvertent perioperative hypothermia... for all patients during all phases of perioperative care (ie, preoperative prewarming, intraoperative, postoperative)"
  [Recommendation, Section 3.2]
- "Select and use active warming and passive insulation methods based on the patient's individual needs, with respect to identified risk, surgical procedure factors, and the anesthetic plan."
  [Recommendation, Section 3.2]

"...Researchers concluded that active body surface warming was demonstrated to be effective in maintaining normothermia, decreasing the incidence of SSI, decreasing shivering, decreasing blood transfusions, and increasing patient satisfaction..."

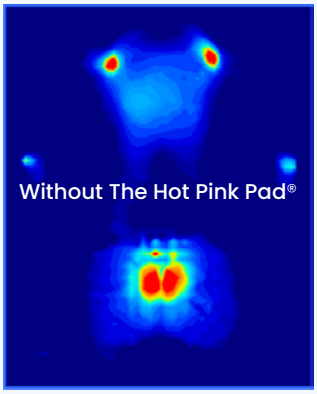
AORN Guidelines: Patient Temperature Management, Section 3.2

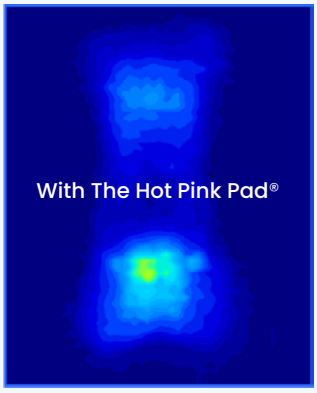
One Solution

The Safest Patient Positioning + Patient Warming

- **Hospital-Acquired Pressure Injury (HAPI) protection:** a recent NIH study comprised of 345 subjects found that: "After the implementation of The Pink Pad, our whole cohort saw a significant decrease in surgery-related HAPIs and elevated postoperative CKs with no incidence of clinical rhabdomyolysis."[P.1]
- **Unwanted patient-movement prevention:** the Pink Pad provides a proven, secure solution for minimizing sliding in Trendelenburg—even for heavy, high-BMI patients
- **Improved infection control:** single-use designs improve workflow and, most importantly, eliminate cross contamination and Hospital-Acquired Infection (HAI) risks
- **Proven pressure management:** In a recent study of subjects with BMIs ranging from 17.3–50.4 (mean BMI: 29), the Hot Pink Pad® achieved an average peak pressure reduction of 55%.







55% Peak-Pressure Reduction

In a recent study of subjects with BMIs ranging from 17.3–50.4 (mean BMI: 29), **the Hot Pink Pad® achieved an average peak pressure reduction of 55%.**

Hospital-acquired pressure injuries (HAPIs) cost over $1 billion annually, increasing hospital stays by an average of nine days and resulting in non-reimbursed treatment costs that can exceed $40,000 per patient.[1,2]

A Sustainable Choice

Biodegradable Materials and Carbon-Based Warming Technology

- Highly energy-efficient design
- Eliminates the need for additional warming products and associated single-use waste
- Made in the USA through an increasingly sustainable supply chain



Leading Clinical Evidence

- "After the implementation of The Pink Pad, our whole cohort saw a significant decrease in surgery-related HAPIs and elevated postoperative CKs with no incidence of clinical rhabdomyolysis." P.1
- "Postoperative erythema was significantly less common on the Pink Pad..." P.2
- "...There was significantly less pain in the Pink Pad group... [it] presents a novel opportunity to limit the narcotic requirement after minimally invasive gynecologic surgery." P.3

P.1 National Institutes of Health

P.2 The Journal of Gynecologic Surgery

P.3 The Journal of Minimally Invasive Gynecology

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