Clinical Evidence for Hemodynamic Optimization through Perioperative Goal-Directed Therapy

When applied intraoperatively, hemodynamic optimization through PGDT has been shown to reduce post-surgical complications, hospital length of stay and associated costs across a wide range of moderate to high-risk surgical populations.

Reduction in Post-Surgical Morbidity


Reduction in Hospital Length of Stay


Advanced Hemodynamic Parameters when used in Perioperative Goal-Directed Therapy are Key to Optimize Volume Administration

Advance hemodynamic parameters – such as stroke volume, SV; stroke volume variation, SVV; and cardiac output, CO – when combined with a PGDT protocol, can more effectively guide volume administration than conventional care. Edwards provides a range of monitoring options, including the ClearSight and FloTrac systems, that can be used in PGDT protocols to hemodynamically optimize patients.

FloTrac Minimally-Invasive System

**PGDT outcome**


ccNexfin/ClearSight Noninvasive System†

**PGDT outcome**


† All studies listed were conducted using the ccNexfin system. The ccNexfin system technology – including the algorithm, Physiocal, volume clamp method, and brachial BP reconstruction for BP – are also included in the ClearSight system.
FloTrac Minimally-Invasive System

PGDT outcome (continued)


Application*


Validation**

Cardiac Output / Stroke Volume Variation


Stroke Volume Variation


Cardiac Output


ccNexfin / ClearSight Noninvasive System†

Application*


Validation**

Cardiac Output


Blood Pressure


References


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