

Keep your Patients Warm



Anesthetized patients cannot regulate their temperature

The induction of anesthesia can cause a rapid drop in core body temperature and increase the risk of hypothermia. The adverse and costly outcomes associated with unintended hypothermia are well documented.* By providing warmth with 3M™ Bair Hugger™ forced-air and fluid warming products, you can effectively prevent hypothermia in your patients.

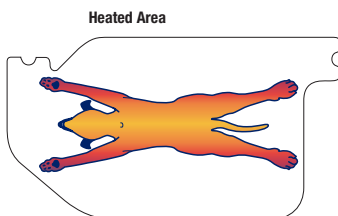
** Studies available upon request. Most studies performed on human patients.*



Underbody Blanket
Model 55577

Small Blanket
Model 53777

Long Blanket
Model 53077



Convective

Key Elements of Warming

- Temperature
- Blanket Design
- Air Velocity

Heat Exchange

- Recruits up to 64% of the body¹
- Air-to-surface warming through perforations

Pressure Point Safety

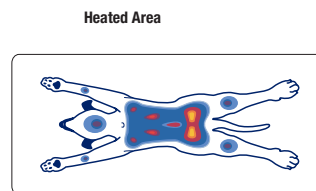
- Over-the-body style blankets (does not heat pressure points)
- Underbody style blankets (patient weight prevents heat from reaching pressure points, fluid outlets prevent fluid from pooling on blanket)

Convenience

- No water leaks
- Disposable, no maintenance
- Single use
- Standard storage
- Pre-op, intra-op, recovery, procedure rooms, specialty suites, ER, trauma, etc.

Modalities

- Over-the-body forced-air blankets
- Underbody forced-air blankets



Conductive

- Temperature
- Contact pressure
- Duration (time)

- Recruits up to 20% of the body²
- Surface-to-surface contact warming

- Pressure points of the body provide the most surface-to-surface contact
- Pressure points may become ischemic and prone to pressure sore formation and thermal injury
- It is the warmest at the pressure points
- Fluids can pool on surface

- Risk of puncture, leaks and tears
- Needs to be cleaned if reused
- Reusable; risk of performance degradation
- Special storage needs may be required
- Primarily intra-op

- Electric pads
- Heated gel pads
- Water mattresses
- Electric table pads
- Heated water bottles



Forced-Air Warming & Fluid Warming



Bair Hugger Warming Unit
Model 50577 *New*
Model 59577 *Refurbished*



**Bair Hugger 241
Blood and Fluid Warming Set**
Model 24110

3M™ Bair Hugger™ Warming Units

Bair Hugger warming units are the standard of care for forced-air warming therapy.

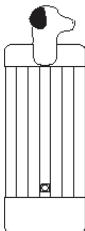
- Quiet and easy to use
- Small size provides more usable work space
- Freestanding, IV pole, and rolling cart mounting options available
- Built-in hour meter makes it easy to monitor usage for preventative maintenance
- Easy filter changes

3M™ Bair Hugger™ 241™ Fluid Warming Set

The Bair Hugger 241 blood and fluid warming set enables you to use two warming modalities with one piece of equipment – the Bair Hugger warming unit. Just slide the Model 241 set into a Bair Hugger warming unit hose and you instantly add fluid warming.

- No stand-alone fluid warmer required
- Infuse up to three liters per hour (KVO to 3,000 mL/hr)
- Primes with just 34mL volume
- Inexpensive disposable sets

3M™ Bair Hugger™ Therapy



Large Blanket

Model 30077
84 x 36 in



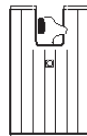
Medium Blanket

Model 31077
60 x 36 in



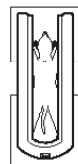
Small Blanket

Model 53777
35 x 24 in



Draped Blanket

Model 54077
42 x 36 in
Drape: 24 x 24 in



Long Blanket

Model 53077
74 x 8.5 in
Drapes (2): 24 x 18 in



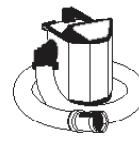
Underbody Blanket

Model 55577
36 x 33 in
Drapes (2): 24 x 24 in



Large Underbody Blanket

Model 55077
60 x 32 in
Drapes (2): 24 x 24 in



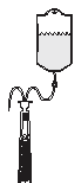
Warming Unit

Model 50577 *New*
Model 59577 *Refurbished*
13h x 10w x 11d in
13.6 lb



Warming Unit Filter

Model 90009
(for Models 50577 & 59577)
Change filter every 12 months or
after 500 hours of use to ensure
optimal performance



241 Blood and Fluid Warming Set

Model 241
Flow Rates: KVO to 3,000 mL/hr
Priming Volume: 34 mL

References

1. Taguchi, A., et al. Effects of a circulating water garment and forced-air warming on body heat content and core temperature. *Anesthesiology*. May 2004, Vol 100, No. 5: 1058-64.
2. Hohn, I., et al. Benefits of intraoperative skin surface warming in cardiac surgical patients. *British Journal of Anaesthesia*. 1998; 80: 318-323.



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