

Kendall SCD™ 700 Sequential Compression System

ALL-IN-ONE

Vascular Refill Detection (VRD)

is unique to the **Kendall SCD™ 700 Sequential Compression System**.

This exclusive technology customises the compression cycle for each and every patient. VRD technology has been clinically proven to move up to 76% more blood over time when compared with Intermittent Pneumatic Compression (IPC) devices without VRD!

Customised Therapy For Each Patient

The Kendall SCD™ system measures the time it takes for a patient's leg veins to refill with blood after being compressed. The frequency of compression cycles is based on the patient's venous refill time (20 to 60 seconds), which is re-calculated automatically every 30 minutes.



Supported by nearly 100 clinical trials, covering almost all surgical specialties:
Stroke, Neurosurgery, Trauma, Cardiac, Spinal, Urological, General and Orthopaedics.



The Kendall SCD™ system is clinically proven to reduce the risk of both Deep Vein Thrombosis³ (DVT) and Pulmonary Embolism⁴ (PE), and to improve survival in stroke patients.⁵

Circumferential Compression

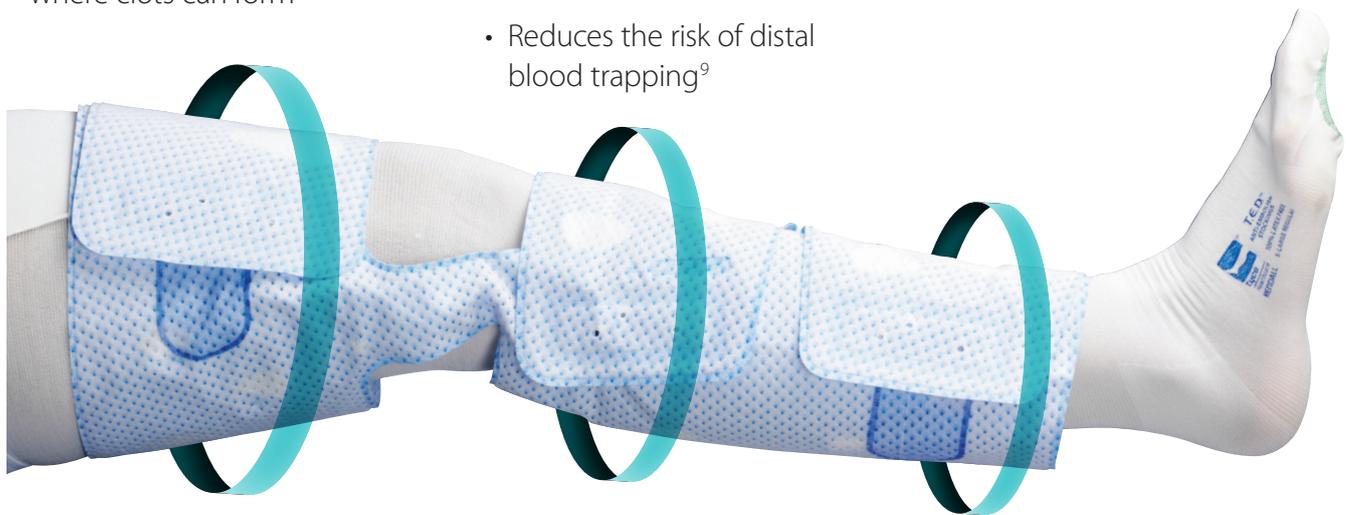
Wide bladder geometry allows full 360° contact

- Increases fibrinolytic activity⁶
- Rapidly empties the femoral veins⁷
- Fully collapses valve cusps, where clots can form⁸

Sequential & Gradient Compression

3 independent tubes connected to 3 individual bladders

- Maximises femoral blood flow velocity⁸
- Promotes unidirectional blood flow²
- Reduces the risk of distal blood trapping⁹



Multiple Sleeve Options

- Foot cuff
- Knee Length Express & Comfort Sleeves
- Knee Length Express Reprocessed Sleeve
- Thigh Length Express & Comfort Sleeves
- Bariatric Sleeve
- Sterile Sleeve
- Tear-Away Sleeve



Clinical References

1. Kakkos SK, Szendro G, Griffin M, Daskalopoulou SS, Nicolaidis AN. The efficacy of the new SCD response compression system in the prevention of venous stasis. *J Vasc Surg.* 2000 Nov;32(5):932-40. Fig 5.
2. Kakkos S et al. Comparison of two intermittent pneumatic compression systems: a haemodynamic study. *Intl Angiology* 2005 Dec; 24(4):330-5.
3. Lacut K et al. Prevention of venous thrombosis in patients with acute intracerebral haemorrhage. *Neurology.* 2005 Sep 27;65(6):865-9.
4. Ramos R et al. The efficacy of pneumatic compression stockings in the prevention of pulmonary embolism after cardiac surgery. *CHEST.* 1996 Jan; 109:82-5.
5. Dennis MS, et al. Effectiveness of intermittent pneumatic compression in reduction of risk of deep vein thrombosis in patients who have had a stroke (CLOTS 3): a multicentre randomised controlled trial. *The Lancet.* Published online: 31 May, 2013.
6. Comerota AJ, Chouhan V, Harada RN, Sun L, Hosking J, Veermansunemi R, et al. The fibrinolytic effects of intermittent pneumatic compression: mechanism of enhanced fibrinolysis. *Annals of surgery.* 1997;226(3):306-13; discussion 13-4.
7. Mittelman L et al. Effectiveness of leg compression in preventing venous stasis. *Amer J Surg* 1982; 144:611-3.
8. Nicolaidis A et al. Intermittent sequential pneumatic compression of the legs in the prevention of venous stasis and postoperative deep venous thrombosis. *SURGERY* 1980; 87:69-76.
9. Abu-Own A et al. Assessment of intermittent pneumatic compression by strain-gauge plethysmography. *PHLEBOLOGY* 1993; 8:68-71.
- t. References available on request

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