

For an effective blood loss mitigation strategy, rely on bleeding control.

**Faster bleeding control leads to less blood products used, which:**

- Results in better inventory control
- Results in better allocation of blood products
- Minimizes the burden on replenishing supply

There are many tools that can help control bleeding faster.



Severe bleeding trauma patients use a large amount of the hospitals' blood supply.

**Did you know?**  
Transfusions come with several risks<sup>1,2,4</sup>

- Increased Infection Rates<sup>1,2</sup>
- Post-op Morbidity<sup>4</sup>
- Mortality<sup>2</sup>

All leading to longer length of stay<sup>2,3</sup> and higher total costs<sup>2,3</sup>

*Let's have a conversation about how hemostatic devices can help.*



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**INDICATIONS:** QuikClot Control+ is indicated for temporary control of internal organ space bleeding for patients displaying class III or IV bleeding. It may also be used for control of severely bleeding wounds such as surgical wounds and traumatic injuries.

# The bleeding control tool that should be part of your blood loss mitigation strategy.

in a pre-clinical study

**QuikClot Control+**<sup>®</sup> has shown a reduction in blood loss up to **39%**<sup>7</sup>

**QuikClot Control+**<sup>®</sup>  
651± 180 mL<sup>7</sup>

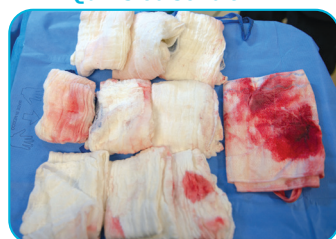
**Laparotomy Sponges**  
1073± 342 mL<sup>7</sup>

- Stabilizing severely bleeding trauma patients may lead to less blood product used
- Faster bleeding control<sup>5</sup> means better visualization<sup>6</sup> and a drier surgical field to help identify definitive repair needs

Product uses to address your severe bleeding needs.

## Liver Injury, Side by Side Comparison After 10 Minutes<sup>5</sup>

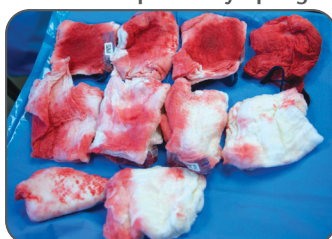
### QuikClot Control+



**1 QuikClot Control+, 9 Lap Pads**

Clot Formation  
Minimal Strikethrough  
Minimal Saturation of Pads

### Standard Laparotomy Sponges



**10 Lap Pads**

No Clot Formation  
Significant Strikethrough  
Several Pads Saturated

## References:

1. Carson JL, Altman DG, Duff A, et al. *Transfusion*. 1999 Jul; 39(7):694-700.
2. Morton J, Anastassopoulos KP, Patel ST, et al. *Am J Med Qual*. 2010 Jul/Aug; 25(4):289-296.
3. Stokes ME, Ye X, ShahM, et al. *BMC Health Serv Res*. 2011; 11:135.
4. Silverboard H, Aisiku I, Martin GS, et al. *J Trauma*. 2005; 59: 717-723.
5. Data on file at Teleflex. Comparative data may not be indicative of clinical performance.
6. Moss R, Management of Surgical Hemostasis an independent study guide, *AORN J*. 2013; 5.
7. Koko KR, McCauley BM, Gaughan JP, et al. *J Trauma Acute Care Surg*. 2017; 83 (1): 71-76. Pre-clinical study. Research sponsored in part by Z-Medica.

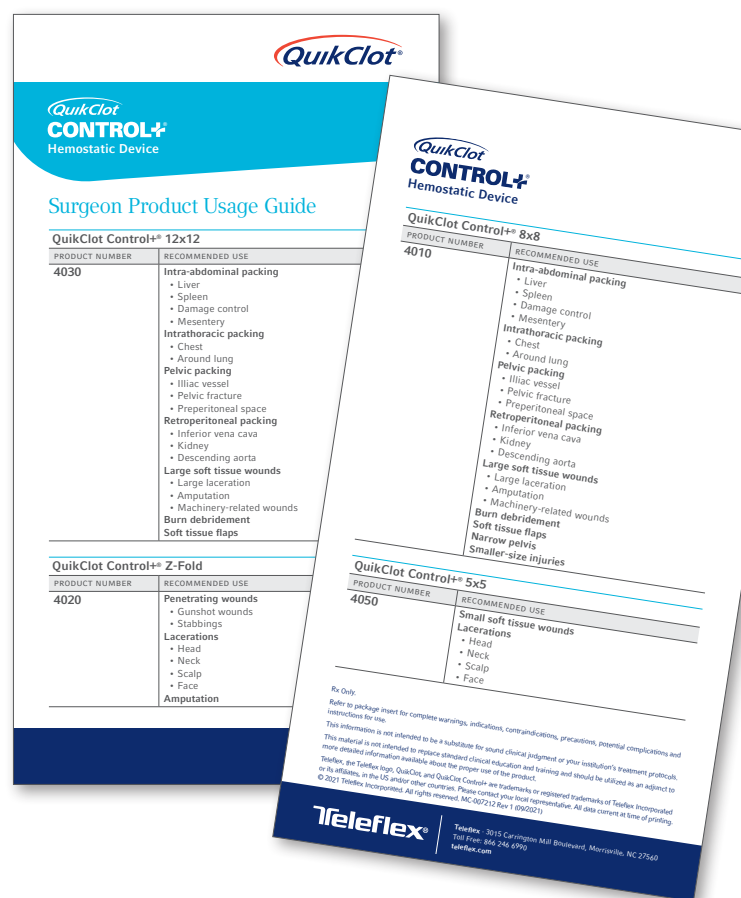
Rx Only.

CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician.

Refer to package insert for complete warnings, indications, contraindications, precautions, potential complications and instructions for use.

This information is not intended to be a substitute for sound clinical judgment or your institution's treatment protocols.

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