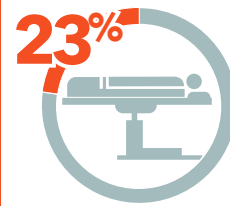


Advanced Pressure Injury Prevention Technology

PATIENT CHALLENGES IN PERIOPERATIVE AND CRITICAL CARE:

- About 2.5 million patients develop a hospital acquired pressure injury (HAPI) every year¹
- Almost 23% of these HAPIs are acquired intra-operatively during surgeries lasting more than 3 hours²
- Incremental cost of HAPI treatment ranges from \$2,153 to \$52,163^{3,4}
- Surgical environment limits implementation of commonly used pressure relieving options
- OR pads and preventative dressings provide limited redistribution for long duration surgeries



Twenty-three percent of hospital-acquired pressure injuries (HAPIs) are acquired intraoperatively during surgeries that last more than three hours

THE DABIR DIFFERENCE:

- Clinically demonstrated to reduce perioperative pressure injuries down to 0%^{5,6,7,8}
- Shown to increase sacral skin blood flow by more than 40%
- Ideal for long cases when turning the patient is not an option: Perioperative guidelines recommend turning the patient every 2 hours
- Alternating micropressure provides effective tissue offloading
- Reduces skin shear due to immersion and envelopment
- Low-profile surface maintains patient stability (25mm fully inflated)
- Surfaces are radiolucent for diagnostic imaging

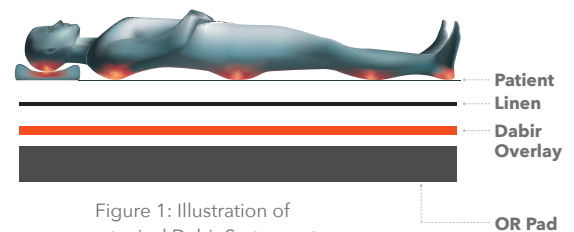


Figure 1: Illustration of a typical Dabir System setup

ABOUT DABIR SURFACES

- Established in 2012
- FDA 510(k) Exempt
- Products Peer Reviewed

Dabir Surgical and Patient Care Systems are a revolution in pressure injury prevention



DABIR FAMILY OF SURFACES



Product Number	Surface Description	Width in. (mm)	Length in. (mm)	Height in. (mm)	Hose Length ft. (mm)	Weight Limits lbs. (Kgs)
INTRA-OPERATIVE CARE						
DA-101884-01-0H	Surgical Narrow	18 (457)	84 (2134)	1 (25)	1 (305)	15 (7) - 400 (181)
DA-101884-05-0H	Surgical Narrow	18 (457)	84 (2134)	1 (25)	5 (1524)	15 (7) - 400 (181)
DA-101884-30-0H	Surgical Narrow	18 (457)	84 (2134)	1 (25)	30 (9144)	15 (7) - 400 (181)
DA-102082-01-1H	Surgical Standard	20 (508)	82 (2083)	1 (25)	1 (305)	15 (7) - 400 (181)
DA-102082-05-1H	Surgical Standard	20 (508)	82 (2083)	1 (25)	5 (1524)	15 (7) - 400 (181)
DA-102082-09-1H	Surgical Standard	20 (508)	82 (2083)	1 (25)	9 (2743)	15 (7) - 400 (181)
DA-102082-30-1H	Surgical Standard	20 (508)	82 (2083)	1 (25)	30 (9144)	15 (7) - 400 (181)
DA-102340-01-0H	Surgical Lithotomy	23 (584)	40 (1016)	1 (25)	1 (305)	15 (7) - 400 (181)
DA-102340-05-0H	Surgical Lithotomy	23 (584)	40 (1016)	1 (25)	5 (1524)	15 (7) - 400 (181)
DA-102340-09-0H	Surgical Lithotomy	23 (584)	40 (1016)	1 (25)	9 (2743)	15 (7) - 400 (181)
DA-102382-01-0H	Surgical Wide	23 (584)	82 (2083)	1 (25)	1 (305)	15 (7) - 400 (181)
DA-102382-05-0H	Surgical Wide	23 (584)	82 (2083)	1 (25)	5 (1524)	15 (7) - 400 (181)



EASY TO CLEAN:
The low-profile surface is multi patient use and can be easily cleaned.



CLINICALLY PROVEN:
Clinically demonstrated to reduce tissue deformation⁹, enhance tissue perfusion¹⁰ and significantly reduce PI incidence¹¹



EASY TO USE:
Sets up in two minutes. Simply connect the surface to the controller, turn the device ON, and touch the power button or START key.

Product Number	Surface Description	Width in. (mm)	Length in. (mm)	Height in. (mm)	Hose Length ft. (mm)	Weight Limits lbs. (Kgs)
PATIENT CARE PLUS						
D2-3S3384-05-1B	ICU	33 (838)	84 (2137)	1 (25)	5 (1524)	15 (7) - 600 (272)
D2-3S3384-10-1B	ICU	33 (838)	84 (2137)	1 (25)	10 (3048)	15 (7) - 600 (272)
D2-3S2665-05-0B	Stretcher	26 (660)	65 (1651)	1 (25)	5 (1524)	15 (7) - 600 (272)
D2-5S2650-05-0B	Crib	26 (660)	50 (1270)	1 (25)	5 (1524)	Min. 15 (7)

¹ Preventing pressure ulcers in hospitals: are we ready for this change? Agency for Healthcare Research and Quality. <http://www.ahrq.gov/professionals/systems/hospital/pressureulcertoolkit/putool1.html>.
² Primiano M et al. Pressure ulcer prevalence and risk factors during prolonged surgical procedures. AORN J. 2011 Dec;94(6):555-66.
³ Trueman, P. and Whitehead, SJ, 2010, The Economics of Pressure Relieving Surfaces: An Illustrative Case Study of the Impact of High-Specification Surfaces on Hospital Finances, International Wound Journal, 7: 48-54.
⁴ Are We Ready For This Change? Content last reviewed October 2014, Agency for Healthcare Research and Quality, Rockville, MD https://www.ahrq.gov/professionals/systems/hospitals/pressureulcertoolkit_putool1.html.
⁵ Alternating Pressure Overlay for Prevention of Intraoperative Pressure Injury, Joseph J, et al, J Wound Ostomy Continence Nurs. 2019;46(1):13-17.
⁶ Reducing Hospital-Acquired Pressure Injury (HAPI) in CVOR, Maschke J, AORN Journal, June 2019, Vol. 109:6, p.705.
⁷ The Use of an Alternating Pressure Surface to Reduce Intra-Operative Pressure Injuries in Complex Surgical Cancer Patients, Lim K. A., Kopecky C., AORN Journal, June.
⁸ Reducing Pressure Injuries in the Cardiac Surgical Patient Using an Alternative Micropressure Overlay, Bailey K. J. et al, AORN Journal, June 2019, Vol. 109:6, p.712.
⁹ Ranganathan V, Reger S PhD. MRI evaluation of changes in deep tissue thickness for a novel alternating pressure overlay (APO). SWAC, Las Vegas. 2014. Poster: 1R-024.
¹⁰ Karg et al. Sacral blood flow response to alternating pressure operating room overlay. J of Tissue Viability. 2019;28(2):75-80.
¹¹ Pittman et al. Pressure injury prevention for complex cardiovascular patients in the operating room and intensive care unit. J Wound, Ostomy and Continence Nurs. 2021;48(6):510-5.

SALES AND SUPPORT

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