



3M™ Bair Hugger™ Therapy The Original Forced-Air Warming Technology



In 1987, we introduced forced-air warming to the healthcare industry with the launch of 3M™ Bair Hugger™ therapy. Today, the world's first forced-air warming system continues to define patient warming through exceptional product quality and performance.

Bair Hugger therapy offers more blanket styles than anyone in the industry and has warmed more than 135 million patients to date. More than 130,000 Bair Hugger warming units are currently in use around the world.

Bair Hugger therapy is designed for one primary purpose – the treatment or prevention of unintended hypothermia and its associated complications. As a Bair Hugger therapy customer, you can be confident in our commitment to the continuous development of meaningful, innovative temperature management products.

Expanding patient warming to virtually any procedure.

*Some of the products set forth herein may not be available for sale in your country.
Please contact customer service or a local 3M representative for product availability.*



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Anaesthetised patients can't regulate their temperature

The body's physiological response to anaesthesia places virtually every anaesthetised surgical patient at risk for unintended hypothermia, regardless of age, sex or physical condition. Research shows that core body temperature drops rapidly (up to 1.6°C in the first hour alone¹) following the induction of anaesthesia.

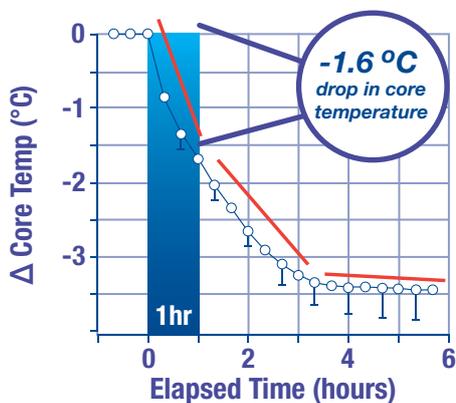
Unfortunately, unintended hypothermia remains an all-too common and costly complication of surgery despite its association with higher mortality rates², longer hospital stays³ and an increased rate of wound infection⁴.

The good news: unintended hypothermia is easily preventable

Studies show that warming patients to maintain a core temperature of 36.0°C or higher helps improve outcomes by reducing the frequency of complications often associated with unintended hypothermia. Forced-air warming offers a safe, simple, cost-effective method to prevent unintended hypothermia and its complications.

Numerous healthcare organisations globally have published temperature management recommendations or guidelines for healthcare providers. These organisations not only emphasise the importance of maintaining normothermia, but also identify forced-air warming as a preferred warming method.

Characteristic patterns of general anaesthesia induced hypothermia



Hypothermia can develop in the hour immediately following the induction of anaesthesia

Chart adapted from: Sessler DI., Perioperative Heat Balance. *Anesthesiology*, V92, No. 2, Feb 2000.

1. Sessler DI. Current concepts: mild perioperative hypothermia. *New England Journal of Medicine*, 1997; 336: 1730-1737.
2. Tryba M, Leban J, et al. Does active warming of severely injured trauma patients influence perioperative morbidity? *Anesthesiology*. 1996; 85: A283.
3. Jeran L. American Society of PeriAnesthesia Nurses Development Panel. Clinical Guideline for the Prevention of Unplanned Perioperative Hypothermia. *Journal of PeriAnesthesia Nursing*. Oct. 2001; Vol. 16(5): pp 305-314.
4. Barie PS. Surgical Site Infections: Epidemiology and Prevention. *Surgical Infections*. 2002; Vol. 3, S-9 – S-21.



3M™ Bair Hugger™ Therapy Underbody Series

The 3M™ Bair Hugger™ underbody series offers a warming solution for virtually any need. For routine procedures to complex surgeries, underbody series blankets provide full, unrestricted access to the patient.

Underbody series blanket benefits

Simplified operating theatre prep:

Placing the underbody series blankets on the table before the patient arrives in the operating theatre allows immediate warming and more time for other pre-surgical tasks.

Designed for flexibility:

The unique design of the underbody series blankets offers clinicians full, unrestricted access and flexible positioning for virtually any procedure.

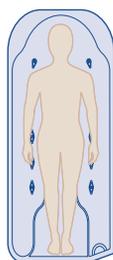
Innovation:

Unique fluid outlets minimise the pooling of fluids while the patient's natural pressure points compress the blanket, preventing warm air from reaching potentially ischemic tissue. Consistent perforations in the soft, radiolucent materials ensure uniform convective warming.

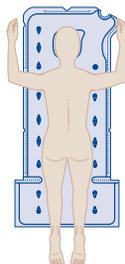
Proven performance:

Millions of patients have experienced the benefits of the Bair Hugger underbody series blankets.

All Bair Hugger blankets are constructed of durable, soft, radiolucent, latex-free materials.



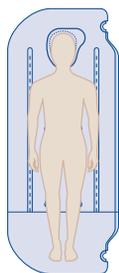
Adult Underbody
Model 545



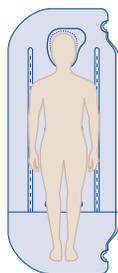
Spinal Underbody
Model 575



Lithotomy Underbody
Model 585



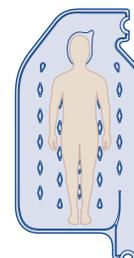
Full Access Underbody
Model 635



Sterile Full Access Underbody
Model 637



Paediatric Underbody
Model 555



Large Paediatric Underbody
Model 550

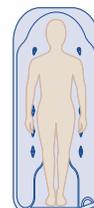
57 p.d



3M™ Bair Hugger™ Therapy Adult Underbody Blanket Model 545

The 3M™ Bair Hugger™ adult underbody blanket is conveniently positioned on the table prior to the patient's arrival so it's ready when you are.

- Unique fluid outlets minimise pooling of fluids on the surface of the blanket
- Ideal for patient warming during diagnostic and interventional procedures in the cardiac cath lab and the radiology suite
- Two adhesive strips under the blanket secure the blanket to the operating theatre table
- Radiolucent materials



Specifications

Size
188 x 91 cm (74 x 36 in)

Weight
142 g (5 oz)

3M™ Bair Hugger™ Warming Blanket, 54500



Specifications

Application	Medical
Blanket Type	Underbody
Brand	Bair Hugger™
Cladimed Code	Non applicable
Clinical Area	Cardiac & Specialty, OR, Underbody
Model	54500
Overall Length (Metric)	188 cm
Overall Width (Metric)	91 cm
Product Type	Blanket
Quantity	10 Case
Units per Pack	10

Product Details

- Underbody design warms the patient while providing full, unrestricted patient access
- Ideal for patient warming during diagnostic and interventional procedures in the cardiac cath lab and the radiology suite
- Unique fluid outlets minimize pooling of fluids on the surface of the blanket
- Delivers consistent, even warming by optimized airflow through the blanket's air channel and perforation pattern
- Soft, radiolucent materials do not interfere with imaging
- Two adhesive strips under the blanket secure the blanket to the OR/procedure table

The 3M™ Bair Hugger™ underbody series blankets provide full, unrestricted patient access and can be conveniently positioned on the procedure table before the patient arrives.

3M™ Bair Hugger™ Warming Blanket, 54500 is the ideal patient warming solution for the cardiac cath lab and interventional radiology. This radiolucent blanket is positioned on the table as the room is turned over for each patient, so it's ready when you are. (This blanket is designed for patients in the supine position.)

Ten Great Reasons To Warm EVERY Surgical Patient

1 RTD

Patients Undergoing General Anesthesia are Susceptible to Inadvertent Perioperative Hypothermia (IPH).

All surgical patients—regardless of age, weight or other factors—undergoing general anesthesia are susceptible to Redistribution Temperature Drop (RTD). Research shows that core body temperature drops up to 1.6°C in the first hour following the induction of general anesthesia,¹ increasing the risk for inadvertent perioperative hypothermia and its associated complications, which include higher mortality rates,² longer hospital stays³ and an increased rate of wound infection.⁴

2

Prevent!

[Inadvertent Perioperative Hypothermia and Its Complications Can Be Easily Prevented.](#)

Stop inadvertent perioperative hypothermia before it begins by prewarming your patients prior to surgery. Just 15 minutes of actively prewarming with forced-air warming can add to the body's total heat content and combat RTD. By preventing inadvertent hypothermia, you could help your patients avoid the complications associated with it, including an increased rate of wound infection.⁴ For additional information, visit www.preventhypothermia.org.

3

Quality Improvement

[National Quality Improvement Initiatives Recommend Normothermia Maintenance to Reduce SSIs.](#)

Institute for Healthcare Improvement and Surgical Care Improvement Project initiatives note the importance of maintaining normothermia to help reduce the incidence of surgical site infections in surgical patients. These initiatives also recommend the use of forced-air warming as an active warming measure to maintain normothermia. For more information, visit www.ihl.org or www.qualitynet.org.

4

SCIP 10 Measure

[Normothermia for Improving Surgical Care.](#)

An anesthesia quality measure adopted by the Centers for Medicare and Medicaid Services calls for normothermia to be achieved for a broad range of surgical patients. All patients undergoing general or neuraxial anesthesia for procedures 60 minutes or longer are to reach a target temperature of 36°C as measured in the operating room or PACU. If for some reason normothermia is not achieved, the measure also can be met by showing that proven active warming measures were used.

5

Shivers!

[Patients Remember Being Cold.](#)

Patients probably won't remember the antibiotics administered to help prevent SSIs, but they will remember feeling cold before and after surgery. Using forced-air warming throughout the perioperative period can increase patient satisfaction, decrease patient anxiety and contribute to SSI reduction efforts.

3M Infection Prevention Solutions

Innovation
On A Mission

3M

6 Outcomes

The Benefits of Maintaining Normothermia.

In general types of surgeries, studies suggest that maintaining normothermia decreases the following: wound infection, myocardial infarction, ICU time, length of stay, mortality rates, the use of blood products, likelihood of mechanical ventilation and the probability of needing a transfusion.⁵

7 Proven

Forced-Air Warming: Over 25 Years of Safe, Effective Use.

Since we introduced forced-air warming over 25 years ago, it has been used to safely and effectively maintain patient normothermia in more than 165 million patients worldwide. This technology has been studied extensively, with more than 100 published papers documenting the clinical benefits of forced-air warming and maintaining normothermia.

8 Easy

Warming Patients is Easy.

Forced-air warming is used in more than 85% of U.S. hospitals and its presence is growing worldwide. Chances are you and your colleagues are familiar with how forced-air warming works and already have the equipment you need to warm all your surgical patients.

9 Cost-effective

Warming Patients is Cost-effective.

Your patients can enjoy the benefits of maintaining normothermia with the cost-effective care offered by a 3M™ Bair Hugger™ blanket or the 3M™ Bair Paws™ patient adjustable warming gown. When comparing the cost of forced-air warming with the estimated \$2,500-\$7,000 per patient cost⁵ of treating complications of hypothermia, warming just makes sense.

10 25+3+10

So Many Ways to Warm.

With 25 Bair Hugger blanket styles, including six underbody series blankets, three styles of Bair Paws warming gowns and ten different 3M™ Ranger™ blood and fluid warming sets for fluid warming needs from pediatric to high flow, we offer warming options for any surgical procedure.



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a 3M company**
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1. Sessler DI. Current concepts: mild perioperative hypothermia. *New England Journal of Medicine*. 1997; 336: 1730-1737.
2. Barie PS. Surgical Site Infections: Epidemiology and Prevention. *Surgical Infections*. 2002; Vol. 3, S-9 – S-21.
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4. Tryba M, Leban J, et al. Does active warming of severely injured trauma patients influence perioperative morbidity? *Anesthesiology*. 1996; 85: A283.
5. Mahoney CB, Odom J. Maintaining intraoperative normothermia: A meta-analysis of outcomes with costs. *AANA Journal*. 1999; 67: 155-163.

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