

**stryker**

**High-quality CPR in the cath lab**  
allowing for continued PCI



**LUCAS® 3, v3.1**  
chest compression system

# Resuscitation guidelines

International guidelines recognize the value of mechanical chest compression devices in the cardiac catheterization lab, with both the American Heart Association (AHA) and European Resuscitation Council (ERC) noting their potential use in the angiography suite.

## AHA

“The use of the mechanical chest compression devices may be considered in specific settings **where the delivery of high-quality manual compressions may be challenging or dangerous for the provider** (eg, prolonged CPR during hypothermic cardiac arrest, CPR in a moving ambulance, CPR in the angiography suite, CPR during preparation for ECPR).”<sup>3</sup>

## ERC

“On an angiography table with the image intensifier above the patient, delivering chest compressions with adequate depth and rate is almost impossible and exposes the rescuers to dangerous radiation. Therefore, **early transition to the use of a mechanical chest compression device is strongly recommended.**”<sup>4</sup>

Among patients suffering cardiac arrest treated with LUCAS in the cath lab, 25% had a good neurological outcome at hospital discharge compared to 10% treated with manual chest compressions.<sup>5</sup>

# 15,147

In a successful 2 hour 45 minute resuscitation, LUCAS administered 15,147\* guidelines-consistent compressions<sup>6</sup>

# +60%

Increased blood flow to the brain vs. manual CPR<sup>7</sup>

# 99%

of survivors had good neurological outcomes in large randomized control trial — LINC<sup>8</sup>

\*Calculated based on 102 compressions per minute x 165 min x .9 (Compression fraction based on Olasveengen et al)



## Why choose LUCAS



High quality  
CPR in the  
cath lab



Allows for  
simultaneous  
catheterization,  
angiography  
and PCI



Reduced  
radiation  
exposure for  
CPR provider



The LUCAS device is absolutely invaluable for the interventional cardiologist. Having a LUCAS device in the cath lab is as essential as having a balloon pump or a covered stent.<sup>1</sup>

— Dr. Atman P Shah, MD, FACC, FSCAI  
Co-Director, Cardiac Catheterization Laboratory  
at University of Chicago Medicine

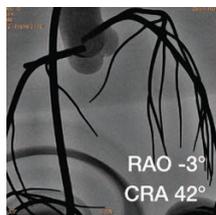
We can save patients that we would have thought were impossible to save before LUCAS.<sup>2</sup>

— Dr. Göran Olivecrona, MD, PhD  
Associate Director, Coronary Intervention  
Unit at Skåne University Hospital - Lund



# The difference is in the angles

## Cranial



## Caudal



## Lateral



LUCAS is mostly radiotranslucent, with the exception of the hood and piston, allowing for projections at multiple angles.

\*Images above show a Wire Heart (Bayer Pharmaceuticals) consisting of wire coronaries attached to a plastic aorta on a metal stand with plastic base to depict the coronary arteries.  
\*\*Image above is a simulated drawing depicting radiotranslucency of LUCAS



LUCAS is the only mechanical CPR device, sold in the North America, with a carbon fiber backplate intended specifically for cath lab use. Preemptively placing the LUCAS PCI Back Plate (without upper part attached) allows for full visualization of arterial tree from all angles and for a rapid deployment of LUCAS if needed.

For further information, please contact your Stryker representative, call us at 800 442 1142 (U.S.), 800 668 8323 (Canada) or visit our website at [strykeremergencycare.com](http://strykeremergencycare.com)

The LUCAS 3 device is for use as an adjunct to manual CPR when effective manual CPR is not possible (e.g., transport, extended CPR, fatigue, insufficient personnel).

This document is intended solely for the use of healthcare professionals. A healthcare professional must always rely on his or her own professional clinical judgment when deciding whether to use a particular product when treating a particular patient. Stryker does not dispense medical advice and recommends that healthcare professionals be trained in the use of any particular product before using it.

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