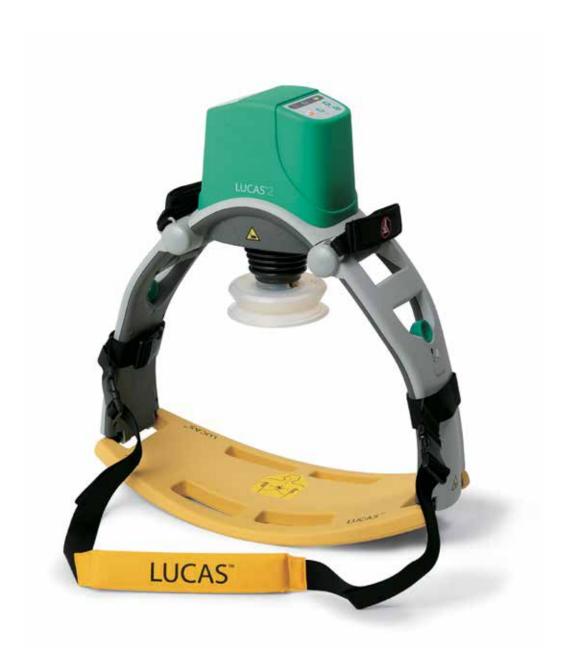


Why choose LUCAS?

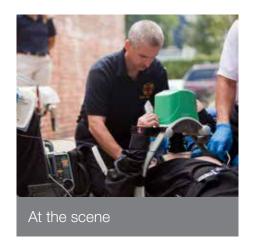
Clinical Overview

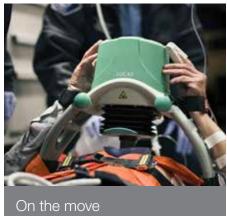


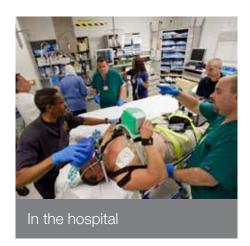
LUCAS® 2 CHEST COMPRESSION SYSTEM



LUCAS delivers effective and consistent chest compressions with a minimum of interruptions.







Better than manual CPR...

LUCAS delivers compressions according to guidelines:

- > 5cm/2" depth
- > 100 compressions per minute
- equal time for compression / decompression
- full chest recoil

LUCAS has shown to significantly improve quality and increase consistency of compressions compared to manual CPR, both at the scene, during ambulance or helicopter transportation, as well as in the cath lab setting.¹⁻³

...with less interruptions

In prehospital use, at the scene and during transportation,^{4,5} LUCAS has shown to **significantly increase chest compression fractions** to around 90% compared to manual CPR.

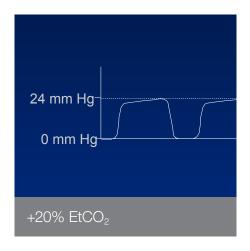
EFFECTIVE CONSISTENT UNINTERRUPTED SAFE



LUCAS helps sustain blood circulation to the brain, the heart and vital organs.







Increased flow to the brain

LUCAS has shown to improve blood flow to the brain compared to manual CPR in prehospital patients (60% increase as measured by Doppler).6 These findings are consistent with results from experimental studies.7 In addition, brain circulation as measured by cerebral oximetry during prolonged LUCAS compressions has shown values exceeding previously published values during manual CPR.8

>15mmHg threshold for ROSC

Both human^{9, 10} and experimental^{11, 12} studies have shown that LUCAS can produce coronary perfusion pressures of over 15mmHg during prolonged CPR, better than manual CPR.

+20% EtCO₂

LUCAS has shown to significantly increase EtCO2 levels, compared to manual CPR in a prehospital, controlled clinical study¹³ as well as in experimental studies.^{7, 14}



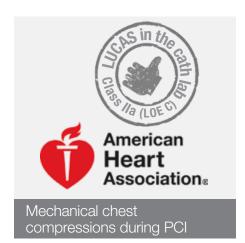
LUCAS allows for lifesaving interventions.

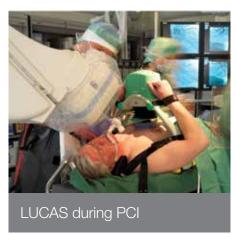
The H's and T's

HYPOXIA HYPOVOLEMIA HYDROGEN ION (ACIDOSIS) HYPO-/HYPERKALEMIA HYPOTHERMIA

TOXINS
TAMPONADE (CARDIAC)
TENSION PNEUMOTHORAX
THROMBOSIS, PULMONARY
THROMBOSIS, CORONARY

Treatable causes of SCA¹⁵





Treat the cause during prolonged CPR

The importance of diagnosing and treating the underlying cause (known as the H's and the T's) is fundamental to the management of all cardiac arrest rhythms.¹⁵

LUCAS has **helped save patients** whose cardiac arrest required treatment of the underlying cause, such as:

- coronary artery infarction treated with PCI during CPR 16-19
- pulmonary emboli treated with prolonged CPR and thrombolysis 20-22
- accidental hypothermia and/or submersion ²³⁻²⁸
- electrolytical imbalances 29, 30
- cardiac arrest due to anaphylactic shock31

Several more therapy-resistant cardiac arrests requiring long resuscitation efforts, many over an hour, have been reported with LUCAS and with **good neurological outcomes.** 32-36

PCI during LUCAS chest compressions

Mechanical chest compressions have an **AHA class IIa** recommendation for use during emergency coronary intervention in the cath lab, based mainly on LUCAS references. ³⁷

EFFECTIVE CONSISTENT UNINTERRUPTED SAFE



LUCAS delivers safe chest compressions for patients and responders.







Safe for the patient

Safe for the patient

Autopsy studies have shown that LUCAS compressions are safe for the patient, with the same type of side-effects as for manual CPR. 38-41

EMS and hospital organizations around the world have reported good, improved or neutral short term outcomes 42-48 as well as improved neurological outcomes 49 after implementing LUCAS.

Improved responder safety

Effective CPR is hard work, tiring and could cause injury to a rescuer's back. One study showed that ~60% of rescuers always experienced back discomfort when providing manual CPR. 50 LUCAS facilitates effective CPR and removes the issue of the "mattress" effect". CPR related back injuries can be reduced among the staff.

In the case of transporting patients during ongoing CPR, rescuers can sit safely belted in ambulances or harnessed during take-off and landing in helicopters.

In the cath lab, CPR providers can stay out of the immediate X-ray field.

Referenced publications

The references in this document are a selection from over 100 publications available on the LUCAS Chest Compression System (as of March 2013).

If you want to see the comprehensive list, please ask your LUCAS sales representative for a copy of the LUCAS Reference List or the LUCAS Summarized Bibliography.

- Putzer G, Braun P, Zimmerman A, Pedross F, Strapazzon G, Brugger H, Paal P. LUCAS compared to manual cardiopulmonary resuscitation is more effective during helicopter rescue – a prospective, randomized, cross-over manikin study. Am J Emerg Med. 2013 Feb;31(2):384-9.
- 2 Gässler H, Ventzke MM, Lampl L, Helm M. Transport with ongoing resuscitation: a comparison between manual and mechanical compression. *Emerg Med J.* 2012 Jul 25. [Epub ahead of print].
- Wyss CA, Fox J, Franzeck F, Moccetti M, Scherrer A, Hellermann JP, Lüscher TF. Mechanical versus manual chest compression during CPR in a cardiac catherisation settling. Cardiovascular Medicine. 2010;13(3):92-96 (http:// www.cardiovascular-medicine.ch/ pdf/2010/2010-03/2010-03-005.PDF).
- 4 Olasveengen TM, Wik L, Steen PA. Quality of cardiopulmonary resuscitation before and during transport in out-ofhospital cardiac arrest. *Resuscitation*. 2008;76(2):185-90.
- Maule Y. The aid of mechanical CPR; better compressions, but more importantly – more compressions... (translated from French language; Assistance Cardiaque Externe; Masser mieux, mais surtout masser plus...). Urgence Pratique. 2011;106:47-48.
- 6 Carmona Jiménez F, Padró PP, García AS, Martín RC, Venegas JCR, Naval EC. Cerebral flow improvement during CPR with LUCAS, measured by Doppler. *Resuscitation*. 2011; 82S1:30,AP090. [This study is also published in a longer version, in Spanish language with English abstract, in *Emergencias*. 2012;24:47-49].
- 7 Rubertsson S, Karlsten R. Increased cortical cerebral blood flow with LUCAS, a new device for mechanical chest compressions compared to standard external compressions during experimental cardiopulmonary resuscitation. Resuscitation. 2005;65:357-363.
- 8 Wagner H, Madsen Hardig B, Rundgren M, Harnek J, Götberg M, Olivecrona G. Cerebral oximetry during prolonged cardiac arrest and percutaneous coronary intervention. *ICU Director*. 2013(4);1:22-32.
- 9 Larsen AI, Hjörnevik Å, Bonarjee V, Barvik S, Melberg T, Nilsen DW. Coronary blood flow and perfusion pressure during coronary angiography in patients with ongoing mechanical chest compression: A report on 6 cases. Resuscitation 81. (2010) 493–497.

- 10 Wagner H, Madsen Hardig B, Harnek J, Götberg M, Olivecrona G. Aspects on resuscitation in the coronary interventional catheter laboratory. Circulation. 2010;122:A91 (+ Poster on file at Physio-Control).
- 11 Liao Q, Sjöberg T, Paskevicius A, Wohlfart B, Steen S. Manual versus mechanical cardiopulmonary resuscitation. An experimental study in pigs. BMC Cardiovascular Disorders. 2010;10:53 (open access; http://www. biomedcentral.com/1471-2261/10/53).
- Wagner H, Madsen Hardig B, Steen S, Sjoberg T, Harnek J, Olivecrona G. Evaluation of coronary blood flow velocity during cardiac arrest with circulation maintained through mechanical chest compressions in a porcine model. BMC Cardiovascular Disorders. 2011,11:73.
- 13 Axelsson C, Karlsson T, Axelsson ÅB, Herlitz J. Mechanical active compression-decompression cardiopulmonary resuscitation (ACD-CPR) versus manual CPR according to pressure of end tidal carbon dioxide (PETCO2) during CPR in out-of-hospital cardiac arrest (OHCA). Resuscitation. 2009;80(10):1099-103.
- 14 Steen S, Liao Q, Pierre L, Paskevicius A, Sjöberg T. Evaluation of LUCAS, a new device for automatic mechanical chest compression and active decompression for cardiopulmonary resuscitation. Resuscitation. 2002;55:289-299.
- 15 AHA Guidelines for CardioPulmonary Resuscitation and Emergency Cardiovascular Care Science, Circulation. 2010;122:S737.
- 16 Wagner H, Terkelsen CJ, Friberg H, Harnek J, Kern K, Flensted Lassen J, Olivecrona G. Cardiac arrest in the catheterization laboratory; a 5-year experience of using mechanical chest compressions to facilitate PCI during prolonged resuscitation efforts. Resuscitation. 2010;81(4):383-387.
- 17 Azadi N, Niemann JT, Thomas JL. Coronary imaging and intervention during cardiovascular collapse: Use of the LUCAS mechanical CPR cevice in the cardiac catheterization laboratory. *Invasive Cardiol*. 2012;24:79-83.
- 18 Grogaard HK, Wik L, Eriksen M, Brekke M, Sunde K. Continuous mechanical chest compressions during cardiac arrest to facilitate restoration of coronary circulation with percutaneous coronary intervention. *Journal of the American College of Cardiology*. 2007;50(11):1093-1094.

- 19 Prause G, Archan S, Gemes G, Kaltenböck F, Smolnikov I, Schuchlenz H, Wildner G. Tight control of effectiveness of cardiac massage with invasive blood pressure monitoring during cardiopulmonary resuscitation. Am J Emerg Med. 2010; 28(6):746.e5-6.
- 20 Bonnemeier H, Simonis G, Olivecrona G, Weidtmann B, Götberg M, Weitz G, Gerling I, Strasser R, Frey N. Continuous mechanical chest compression during inhospital cardiopulmonary resuscitation of patients with pulseless electrical activity. Resuscitation. 2011;82(2):155-9.
- 21 Chenaitia H, Fournier M, Brun JP, Michelet P, Auffray JP. Association of mechanical chest compression and prehospital thrombolysis. Am J Emerg Med. 2011 Jun 22. [Epub ahead of print].
- 22 Weise M, Lützner J. Heineck J. P14: Thrombolysis therapy at fulminant pulmonary embolism and a high risk of bleeding – what therapy makes sense? (translated from German language: Lysetherapie bei fulminanter Lungenembolie und hohem Blutungsrisiko – sinnvolle Therapieentscheidung?) Intensivmedizin und Notfallmedizin. 2009;46(4):264:P14.
- 23 Wik L, Kiil S. Use of an automatic chest compression device (LUCAS) as a bridge to establishing cardiopulmonary bypass for a patient with hypothermic cardiac arrest. Resuscitation. 2005;66:391-394.
- 24 Friberg H, Rundgren M. Submersion, accidental hypothermia and cardiac arrest, mechanical chest compressions as a bridge to final treatment: a case report. Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine. 2009;17:7.
- 25 Riemann U, Münz S, Maier J, Scheffold N, Hennersdorf M. P06: Life-threatening accidental hypothermia in a 55 year old patient (translated from German language: Lebensbedrohliche akzidentelle Hypothermie bei einer 55jährigen Patientin). Intensivmedizin und Notfallmedizin. 2009;46(4):261-262:P06.
- 26 Rudolph SS, Barnung S Case Report: Survival after drowning with cardiac arrest and mild hypothermia. ISRN Cardiology. 2011; ID 895625 2 pages.
- 27 Kyrval HS, Ahmad K. Automatic mechanical chest compression during helicopter transportation. [Article in Danish, Abstract in English]. *Ugeskr Laeger*. 2010 Nov 15;172(46):3190-3191.

- 28 Holmström P, Boyd J, Sorsa M, Kuisma M. A case of hypothermic cardiac arrest treated with an external chest compression device (LUCAS) during transport to re-warming. Resuscitation. 2005;67:139-141.
- 29 Simonis G, Ebner B, Strasser RH. P93 Mechanical CPR devices: A useful addition to the resuscitation therapy in the emergency department? (translated from German language: P93: Mechanische Reanimationshilfen: Eine sinnvolle Ergänzung für die Reanimationsbehandlung auf der Intensivstation?") Clin Res Cardiol. 2009;98,Suppl 2:P93.
- 30 Greisen J, Golbækdal KI, Mathiassen ON, Ravn HB. Prolonged mechanical cardiopulmonary resuscitation. [Article in Danish and abstract in English. *Ugeskr Laeger*. 2010 Nov 15;172(46):3191-3192.
- 31 Vatsgar TT, Ingebrigtsen O, Fjosea LO, Wikstrøm B, Nilsen JE, Wik L. Cardiac arrest and resuscitation with an automatic mechanical chest compression device (LUCAS) due to anaphylaxis of a woman receiving caesarean section because of preeclampsia. Resuscitation. 2006;68:155-156.
- 32 Gillis M. Full neurological recovery following cardiac arrest during percutaneous coronary intervention due to accidentally intracoronary administration of ajmaline. Resuscitation. 2011 Sep;82(9):1254.
- 33 Hödl R, Maier R, Stoschitzky, Lischnig M, Perl S, Luha O. A case of complicated transcatheter aortic valve implantation (TAVI). Journal für Kardiologie. 2009;16 5-6):189: abstract 167 (Austrian Journal of Cardiology: available at www.kup.at/kup/pdf/7899. pdf).
- 34 Lassnig E, Maurer E, Nömeyer R, Eber B. Osborn waves and incessant ventricular fibrillation during therapeutic hypothermia. Resuscitation. 2010;81(4):500-1.
- 35 Gonzales L, Langlois J, Parker C, Yost D. Combined interventions may improve success when treating sudden cardiac arrest. Prehosp Emerg Care. 2010 Apr 6;14(2):222-8.
- 36 Matevossian E, Doll D, Säckl J, Sinicina I, Schneider J, Simon G, Huser N. Prolonged closed cardiac massage using LUCAS device in out-of-hospital cardiac arrest with prolonged transport time. Dovepress.com Open Access Em Med. 2009; I 1-4.

- 37 AHA Guidelines for CardioPulmonary Resuscitation and Emergency Cardiovascular Care Science, Circulation. 2010;122:S849.
- 38 Smekal D, Johansson J, Huzevka T, Rubertsson S. No difference in autopsy detected injuries in cardiac arrest patients treated with manual chest compressions compared with mechanical compressions with the LUCAS device – a pilot study. *Resuscitation*. 2009;80:1104-1107.
- 39 Oberladstaetter D, Braun P, Freund M, Rabl W, Paal P, Baubin M. Autopsy is more sensitive than computed tomography in detection of LUCAS-CPR related non-dislocated chest fractures. *Resuscitation*. 2012;83(3):e89-90.
- 40 Mateos Rodríguez A, Navalpotro Pascual JM, Peinado Vallejo F, Gámez García AP, Belmonte AA. Lung injuries secondary to mechanical chest compressions. *Resuscitation*. 2012;83(10):e203.
- 41 Menzies D, Barton D, Nolan N. Does the LUCAS device increase injury during CPR? Resuscitation. 2010;81S:S20,AS076.
- 42 Satterlee PA, Boland LL, Johnson PJ, Hagstrom SG, Lick CJ. Implementation of mechanical chest compression device as standard equipment in a large, urban ambulance system. Resuscitation. 2012;83(10):e203.
- 43 Steen S, Sjöberg T, Olsson P, Young M. Treatment of out-of-hospital cardiac arrest with LUCAS, a new device for automatic mechanical compressions and active decompression resuscitation. Resuscitation. 2005;67:25-30.
- 44 Durnez P, Stockman W, Wynendaele R, Germonpre P, Dobbels P. ROSC and neurologic outcome after in-hospital cardiac arrest and LUCAS-CPR. Resuscitation. 2008; 77S:S49,AP-033 (+ Poster on file at Physio-Control).
- 45 Saussy J, Elder J, Flores CA, Miller AL. Optimization of cardiopulmonary resuscitation with an Impedance Threshold Device, automated compression cardiopulmonary resuscitation and post-resuscitation in-the-field hypothermia improved short-term outcomes following cardiac arrest. Circulation. 2010;122:A256 (+ Poster on file at Physio-Control).
- 46 Maule Y. Mechanical external chest compression: a new adjuvant technology in cardiopulmonary resuscitation. (Translated from French language: L'assistance cardiaque externe: nouvelle approche dans la RCP). Urgences & Accueil. 2007 (7):29:4-7.

- 47 Axelsson C, Nestin J, Svensson L, Axelsson Å, Herlitz J. Clinical consequences of the introduction of mechanical chest compression in the EMS system for treatment of out-ofhospital cardiac arrest - a pilot study. Resuscitation. 2006;71:47-55.
- 48 Smekal D, Johansson J. Huzevka T Rubertsson S. A pilot study of mechanical chest compressions with the LUCAS device in cardiopulmonary resuscitation. Resuscitation. 2011;82:702–706.
- 49 Olson H, Rundgren M, Silverstolpe J, Friberg H. Out-of-hospital cardiac arrest—A panorama in transformation. Resuscitation. 2008; 77S:S47:AP-027. (+ Poster on file at Physio-Control).
- 50 Jones AYM, Raymond AE, Lee YW, Cardiopulmonary resuscitation and back injury in ambulance officers. Int Arch Occup Environ Health. (2005) 78:332-336.

All claims valid as of May 2013.

For further information, please contact Physio-Control at 800.442.1142 (U.S.), 800.895.5896 (Canada) or visit our website at www.physio-control.com.



Physio-Control Headquarters 11811 Willows Road NE Redmond, WA 98052 www.physio-control.com Redmond, WA 98052

Customer Support P. O. Box 97006 Redmond, WA 98073 Toll free 800 442 1142 Fax 800 426 8049

Physio-Control Canada

Physio-Control Canada Sales, Ltd. 7111 Syntex Drive, 3rd Floor 7111 Syntex Drive Mississauga, ON L5N 8C3 Canada Info.canada@physio-control.com Toll free 800 895 5896 Fax 866 430 6115



Jolife AB, Scheelevägen 17, SE-223 70 Lund, Sweden