



NONINVASIVE HEMODYNAMIC MONITORING

ONE PATIENT
MONITOR
PATHWAY



Cheetah Medical

STARLING™ SV

Customize your own screen
and select specific display parameters.



ONE MONITOR

OUTPUT

Cardiac Output (Index)
Stroke Volume (Index)

PRELOAD VOLUME

Stroke Volume Variation

AFTERLOAD

Total Peripheral Resistance

OXYGENATION

Oxygen Delivery (Index)

ORGAN FUNCTION

Thoracic Fluid Content
Cardiac Power Output (Index)

PRESSURE

Mean Arterial Pressure
Arterial Blood Pressure

DYNAMIC STARLING CURVE

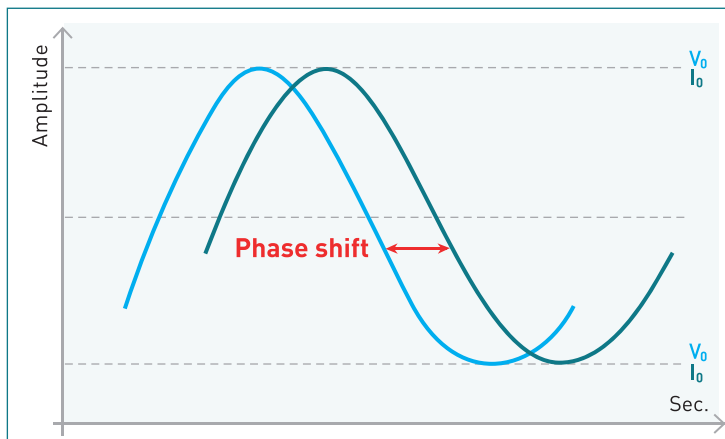
Passive Leg Raise
or fluid bolus tests
are performed
automatically without
interruption of patient
monitoring.



Baseline measurement is obtained
PLR and/or fluid bolus performed
Results displayed: % change in SV,
position on Starling curve.

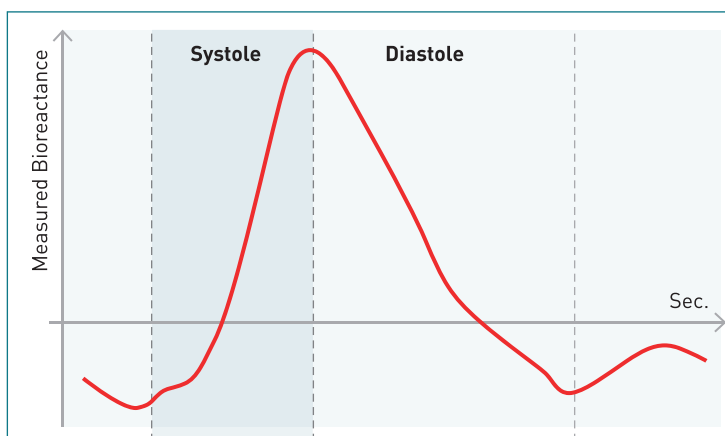
BIO REACTANCE

A new advanced technology for continuous dynamic central measurements.



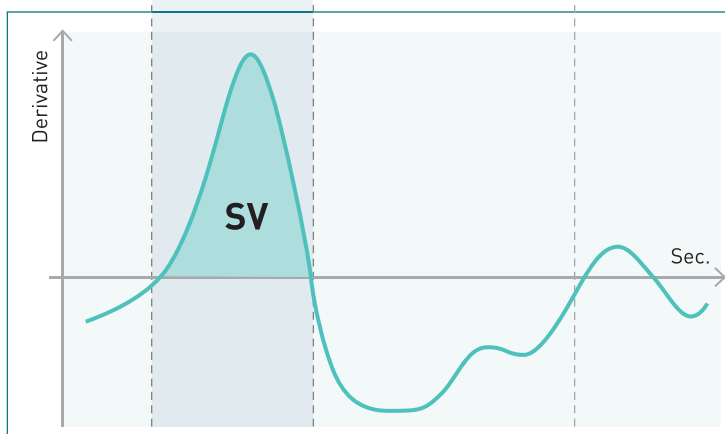
PHASE SHIFT OR BIO REACTANCE

The Thorax consists of resistance and reactance components. An AC current is induced in the thorax. A delay/phase shift is recorded between the voltage and the applied current.



VOLUME

Phase shifts are mainly a result of changes in aortic blood volume. During systole, there is a rapid build up of phase shifts to the peak representing an increase in aortic blood volume. During diastole, a decrease in phase shift representing a reduction in blood volume.



FLOW

The derivative of the signal represents mainly the aortic flow. The stroke volume is derived by computing the area under the positive part of the curve, representing systole.

ONE

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Starling™ SV is:

- 100% noninvasive
- Patient friendly
- Accurate
- Quick and easy

**+ 3.7 DAYS REDUCTION
IN TOTAL LENGTH OF STAY
(25%) WITH CONTINUOUS
STROKE VOLUME EVALUATION.**

Reference: Kuper M, Stuart J Gold S, Colin Callow C, Quraishi T, King S, Mulreany A, Bianchi M, Conway D. Intraoperative fluid management guided by oesophageal Doppler monitoring. British Medical Journal 2011; 342; 7809: 1256-1260.



PRE-OP

Nurses start the monitoring while preparing patient. Sensor placement is easy and noninvasive. Assessing fluid responsiveness and initiating IV fluid maintains adequate tissue perfusion and fluid homeostasis before surgery.

¹ Monnet X, Marik P, Teboul JL. Passive leg raising for predicting fluid responsiveness: a systematic review and meta-analysis. Crit Care 2015; 19(1): 18.

CONTINUUM OF CARE FOR FLUID & DRUG TITRATION

As 50% of your patients are **not** fluid reponsive¹, and the Starling SV provides a precise and continuous assessment of cardiac preload, contractility and afterload. No need to upgrade or change the monitor when changing care area.



PERI-OP

Cardiac output, stroke volume, peripheral resistance and oxygen delivery are continuously monitored during surgery. Accurate monitoring is unaffected by arterial compliance changes occurring with anesthesia induction or vasopressor administration. Fluid responsiveness is assessed and the appropriate fluid is administered for any operation, patient position, cardiac rhythm or anesthesia level.



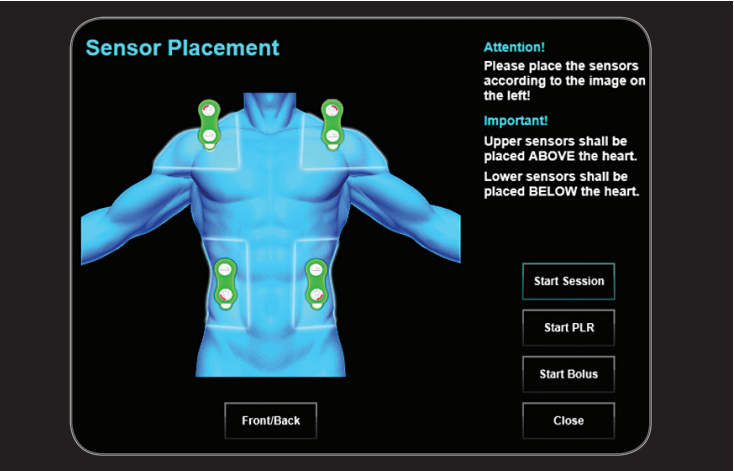
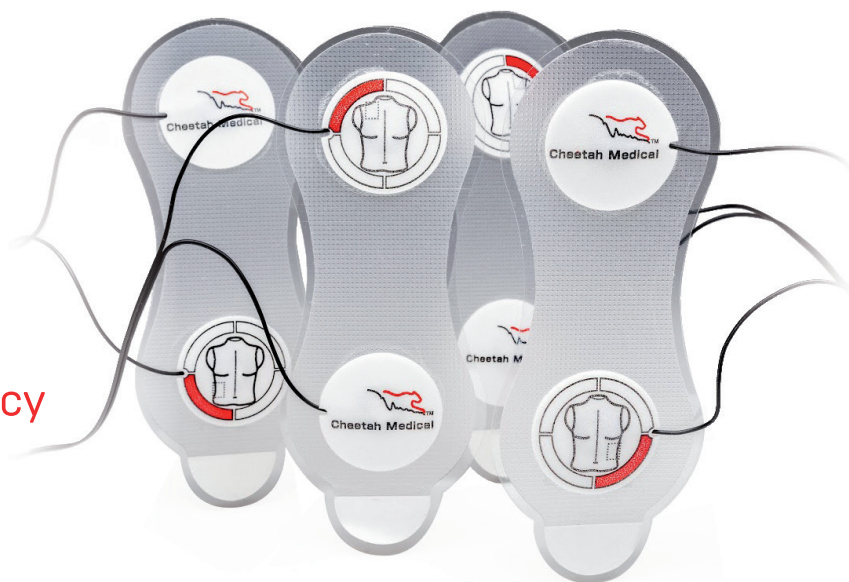
POST-OP

Monitoring continues post surgery and into the ICU or PACU. Dynamic assessments indicate when the appropriate amount of fluids has been given and the IV line can be removed. Cardiac contractility and afterload status can guide inotropes and vasoactive agent management.

FRIENDLY & GENTLE SENSORS

QUICK TO SET UP

- The patient is ready for monitoring immediately!
- Ideal for triage in emergency
- Very gentle for the skin



HELP SCREEN HIGHLIGHTS SENSORS IN GREEN TO GO!

An electric current is applied across the thorax between the outer pair of sensors. The voltage is recorded between the inner pair of sensors.

- Two sensors above the heart
 - Two sensor below the heart
- Sensors can be placed on patient front or back, to accomodate body habitus or surgical requirements.

PRODUCT	CODE
Starling SV Monitoring System	CMA-ST5
Starling SV NIBP Module	CMA NIBP
Starling SV SpO ₂ Module	CMA SP02
Cheetah Sensors (Box of 10)	CMS 10
Cheetah Sensors (Box of 25)	CMS 25
Cheetah sensors (Box of 50)	CMS 50
Cheetah sensors (Box of 100)	CMS 100
Cheetah sensors (Box of 200)	CMS 200

TO ORDER

BIBLIOGRAPHY

Well proven technology

GOAL DIRECTED THERAPY

Lee S, Lee SH, Chang BC, Shim JK, et al. Efficacy of goal-directed therapy using Bioreactance cardiac output monitoring after valvular heart surgery. *Med J* 2015; 56(4): 913-920

Benomar B, Quattara A, Estagnasie P, Brusset A, Squara P et al. Fluid responsiveness predicted by noninvasive Bioreactance-based passive leg raise test. *Intensive Care Med* 2010; 36(11): 1875-8

Feldheiser A, Conroy P, Bonomo T, Cox B, Garces TR, Spies C et al. Development and feasibility study of an algorithm for goal directed haemodynamic Management in Non-cardiac surgery. *Journal of International Medical Research* 2012; 40:1227-1241

Aya HD, Cecconi M, Hamilton M, et al. Goal-Directed Therapy in cardiac surgery: a review and meta analysis. *British Journal of Anaesthesia* 2013; 110(4): 510-7

Monty M, Webb AR et al. Perioperative plasma volume expansion reduces the incidence of gut mucosal hypoperfusion during Cardiac Surgery. *Archives of Surgery* 1995; 130(4): 423-9

Pearse R, Dawson D, Fawcett J, Rhodes A, Grounds RM, Bennett ED et al. Early Goal Directed Therapy after major surgery reduces complications and duration of hospital stay. *Crit Care* 2005; 9(6): 687-93

Marik P, Levitov A, Young A, Andrews L et al. The use of Bioreactance and carotid doppler to determine volume responsiveness and blood flow redistribution following passive leg raising in hemodynamically unstable patients. *Chest* 2013; 143(2): 364-370

Kossari N, Hufnagel G, Squara P et al. Bioreactance: a new tool for cardiac output and thoracic fluid content monitoring during hemodialysis. *Hemodial Int* 2009; 13(4): 512-7

TECHNOLOGY COMPARAISON

Waldron N, Miller TE, Thacker JK, Manchester AK, White WD, Nardiello J, Elgasim MA, Moon RE Gan TJ et al. A prospective comparison of a noninvasive cardiac output monitor versus esophageal doppler monitor for goal-directed fluid therapy in colorectal surgery patients *Anesth. Analg* 2014; 118(5): 966-75

Keren H, Burkhoff D, Squara P et al. Evaluation of a noninvasive continuous cardiac output monitoring system based on thoracic bioreactance. *Am J Physiol Heart Circ Physiol* 2007; 293: 583-589

Squara P, Denjean D, Estagnasie P, Brusset A, Dib JC, Dubois C et al. Noninvasive cardiac output monitoring (NICOM): clinical validation. *Intensive Care Med* 2007; 33(7): 1191-4

Raval N, Squara P, Cleman M, Yalamanchili K, Winklmaier M, Burkhoff D et al. Multicenter evaluation of noninvasive cardiac output measurement by Bioreactance technique. *J Clin Monit Comput* 2008; 22(2): 113-9

Rich JD, Archer S, Rich S et al. Evaluation of noninvasively measured cardiac output in patients with pulmonary hypertension. *Am J Respir Crit Care Med* 2011; 183

Jakovljevic DG, Trenell MI, MacGowan GA et al. Bioimpedance and bioreactance methods for monitoring cardiac output. *Best Pract Res Clin Anaesthesiol* 2015; 28(4): 381-394

Squara P, Rotcayg D, Denjean D, Estagnasie P Brusset A et al. Comparison of monitoring performance of Bioreactance vs. pulse contour during lung recruitment maneuvers. *Crit Care* 2009; 13(4): 125

OBSTETRICS

Stott D, Bolten M, Salaman M, Paraschiv D, Clark K, Kametas NA et al. Maternal demographics and hemodynamics for the prediction of fetal growth restriction at booking, in pregnancies at high risk for placental insufficiency. *Obstet Gynecol Scand* 2016; 95(3): 329-38

Doherty A, Ohashi Y, Downey K, Carvalho JC et al. Noninvasive monitoring based on Bioreactance reveals significant hemodynamic instability during elective cesarean delivery under spinal anesthesia. *Rev Bras Anesthesiol* 2011; 61(3): 320-332

EMERGENCY

Garcia X, Simon P, Guyette FX, Ramani R, Alvarez R, Quintero J Pinsky MR et al. Noninvasive assessment of acute dyspnea in the ED. *Chest* 2013; 144(2): 610-615



Cheetah Medical

EMEA & APAC HEADQUARTERS

Cheetah Medical Ltd.
1, Irmar House
59, Cookham Road
Maidenhead
Berkshire SL6 7EP
United Kingdom
Tel: +44 1628 636806

www.cheetah-medical.com