

Why proactive temperature management should be the new standard of perioperative care.



The impact of perioperative hypothermia on patients and facilities.

Core temperature is a critical vital sign. If you're not monitoring continuously and managing consistently, you could be putting patients at risk. A core temperature below 36.0°C can cause perioperative hypothermia, which can:

- Increase the rate of SSIs²
- Increase surgical blood loss³
- Lead to increased mortality⁴
- Extend recovery time⁵
- Cause patient discomfort⁶
- Increase health costs¹

This can have a large impact on facility costs:

2.6
days longer

The average hospital length of stay is 2.6 days longer for a hypothermic patient.¹



£5.5K

The consequences of hypothermia can cost up to £5,445 to treat.⁵

Global support for perioperative temperature management.

Several groups around the world support and recommend the core tenets of proactive temperature management.



Current patient warming misconceptions and realities.

Some clinicians have misconceptions about patient warming and temperature management.

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| <p>Misconceptions</p> <p>“My patient isn’t cold, so I don’t need to pre-warm.”</p> <p>Reality</p> <p>Pre-warming is not only for patient comfort in the pre-op phase; but also to help prevent hypothermia in the intra-op and post-op phases.</p> | <p>Misconceptions</p> <p>“Pre-warming requires time and additional costs.”</p> <p>Reality</p> <p>Pre-warming can start as soon as the patient arrives in the pre-op area whilst they are being prepared for induction, using the same blanket that you will use during surgery, making the cost neutral with maximum benefit.</p> | <p>Misconceptions</p> <p>“The temperature monitoring modality I use doesn’t really matter.”</p> <p>Reality</p> <p>Using multiple modalities throughout the surgical process can result in variable and inaccurate data.</p> |
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Clinicians can confidently Own the Zone with proactive temperature management.

To Own the Zone, or maintain a core body temperature between 36.0°C and 37.5°C,⁷ you need to provide active warming and consistent core temperature monitoring from the second the patient enters the pre-operative area until the moment they are discharged from recovery.



How to Own the Zone throughout the periop process.

Monitor

Continuously measure core temperature before, during and after surgery.

Pre-warm

Pre-warm to increase peripheral body temperature by starting active warming before and throughout induction of anaesthesia. As little as 10mins of pre-warming has been proven to reduce perioperative hypothermia.⁸

Maintain

Ensure your patient is at or above 36°C throughout the entire procedure. Actively warm patient with forced-air warming, warm intravenous fluids using a fluid warmer, and continuously monitor core temperature.

With the right partner, you can confidently Own the Zone.

The 3M™ Bair Hugger™ Normothermia System is ideal for all of your patient warming needs – leveraging clinically researched technologies that are trusted and proven.

- A full line** of blankets, gowns and temperature monitoring solutions.
- 170+** studies supporting clinical benefits, efficacy and safety.
- Superior heat transfer** compared with other forced-air warming manufacturers^{9,10}
- 3MSM Health Care Academy**

Choose the solution that’s warmed more than 300 million patients.

Learn how to confidently Own the Zone at 3M.co.uk/OwnTheZone

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9 Brauer A, et al. Comparison of forced-air warming systems with upper body blankets using a copper manikin of the human body. Acta Anaesthesiol Scand. 2002;46:965-972. Brauer A, et al. Construction and evaluation of a manikin for perioperative heat exchange. Acta Anaesthesiol Scand. 2002;46:43-50. Brauer A, et al. Comparison of forced-air warming systems with upper body blankets using a copper manikin of the human body. Acta Anaesthesiol Scand. 2003;47:58-64.

10 Unpublished results, 3M data on file. In vitro study. Testing performed using a test stand configuration of the human body (Ref: Brauer A, et al⁹). Testing performed by 3M using Bair Hugger Model 775 (120V, 60Hz) warming unit, Cocoon CWS 4000 (120V, 60Hz) warming unit, Mistral Air Model 1100 (120V, 60 Hz) warming unit, Covidien WarmTouch WT6000 (120V, 60Hz) warming unit and Smiths Medical EQUATOR EQ5000 (120V, 60Hz) warming unit. Blankets tested: 3M Bair Hugger models 525/522/622/300/635, Cocoon models CLM0104/CLM0102/CLM0101, Mistral Air models MA0220/MA0260/MA0250/MA0400, Covidien WarmTouch models 5030880/5030870/5030810, Smiths Snuggleguard models SW2004/SW2003/SW2001.