Proven prevention.

Effectiveness of intermittent pneumatic compression in reduction of risk of deep vein thrombosis in patients who have had a stroke (CLOTS 3):
a multicentre randomised controlled trial.

Primary Objective

- Determine the effectiveness of IPC to reduce the risk of DVT in patients who have had a stroke

Materials & Methods

- Multicentre, randomised, controlled trial of 2,876 patients at 105 centres within the United Kingdom
- Compression Duplex Ultrasound (CDU) of both legs was to be performed by a technician blinded to treatment allocation at 7-10 days and when possible, 25-30 days after enrolment
- Adverse events, including falls associated with significant injury or damage to the skin of the legs, were recorded

Investigator Conclusions

- IPC is effective in reducing the risk of both proximal, symptomatic and "any DVT" in immobile patients who have had a stroke.
- Adverse effects due to the use of IPC were rare
- The CLOTS 3 data provide robust evidence for the effectiveness of IPC in the prevention of DVT and it possibly improves survival in patients who are initially immobile

2,876

Acute Stroke Patients, Hospitalised & Immobile

1,438
No IPC + Routine Care

(174) 12.1%
Proximal DVT

IPC = Cardinal Health Kendall SCD™ System with Vascular Refill Detection, sequential circumferential thigh length sleeves

Routine Care = may have included hydration, aspirin, graduated compression stockings, and/or anticoagulants

p = 0.001

1,438
IPC + Routine Care

8.5% (122)
Proximal DVT

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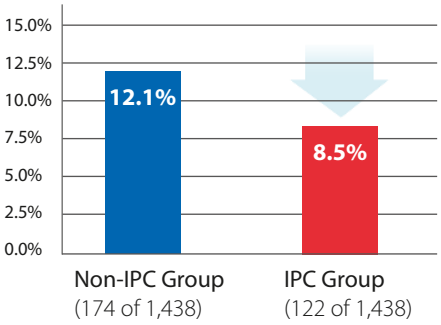
Powerful results. Proven prevention.

Cardinal Health Kendall SCD™ technology with Vascular Refill Detection delivers sequential, circumferential, graduated compression to decrease the risk of venous thrombosis by reducing stasis and stimulating the release of intrinsic fibrinolytic substances. This addresses two of the three factors in Virchow's triad.

Vascular Refill Detection technology, which customises the compression cycle to the individual patient, is clinically proven to move more blood over time while reducing stasis.[2]

Primary outcomes

Proximal DVT at 30 days
(Popliteal/Femoral) p = 0.001



29.9%
Statistically Significant Reduction in DVT

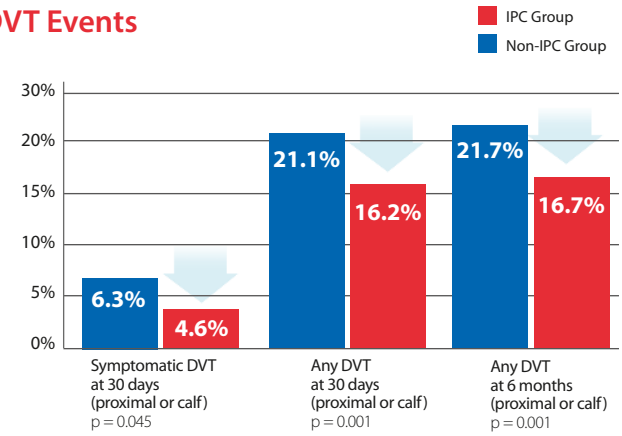
Secondary outcomes

Mortality Risk Reduction

14.0%
Mortality risk reduction
p = 0.042

The rate of mortality during the first six months was 15% lower with the IPC Group compared to the non-IPC Group.
(Adjusted hazard ratio = 0.86; p = 0.042)

DVT Events



The **secondary outcomes within 30 days** were: death, any DVT, pulmonary embolism confirmed on imaging or autopsy, complications of IPC

The **secondary outcomes at 6 months** were: death from any cause and any confirmed symptomatic or asymptomatic DVT or pulmonary embolism occurring since randomisation. Other secondary outcomes measured at 6 months included: place of residence; functional status and health related quality of life and symptoms of possible post phlebitic leg syndrome (eg, leg swelling or ulcers).

References

1. Dennis MS, et al. Effectiveness of intermittent pneumatic compression in reduction of risk of deep vein thrombosis in patients who have had a stroke (CLOTS 3): a multicentre randomised controlled trial. The Lancet. Published online: 31 May, 2013.

2. Kakkos SK et al. The efficacy of the new SCD Response Compression System in the prevention of venous stasis. Journal of Vascular Surgery 2000;32:932–40.

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