Survey Shows Anesthesiologists Prefer Capnography for Monitoring Adequacy of Ventilation

The Associated Press

Oridion (SIX Swiss Exchange: ORIDN), creator of the Integrated Pulmonary IndexT, one of the Smart CapnographyT family of decision-support solutions, today announced results of an attendeesurvey conducted at the October 2011 annual meeting of the American Society for Anesthesiologists (ASA) conference in Chicago. Respondents showed a clear preference for monitoring ventilation using capnography over other options. Results of the survey were presented at the 2012 Society for Technology in Anesthesia (STA) conference held January 18-21.

Recent guidelines, including those from the ASA, have recognized the importance of monitoring the quality or 'adequacy of ventilation'. To ascertain clinicians' attitudes regarding available methods of measuring ventilation, those surveyed responded to the question, "In your opinion, please rate each of the following in their ability to measure adequacy of ventilation". The technologies rated were capnography, bioacoustic respiratory rate, impedance respiratory rate and SpO2. The technologies were measured using the following scale: 1) Provides measure of adequacy of ventilation, 2) Provides indication of ventilation but not a measure of adequacy, or 3) Not a measure of ventilation.

Of the four technologies surveyed, ASA respondents chose capnography as 'provides a measure of adequacy of ventilation' by a margin of more than 3 to 1 over SpO2, more than 4 to 1 over impedance RR, and more than 9 to 1 over bioacoustic RR.

Also at the conference, an abstractexamined the use of a novel delivery system for oxygen delivery during CO2 monitoring.

Traditionally, split cannulas (delivering oxygen to one side of the nose while sampling CO2 from the other) are used to monitor CO2 during oxygen delivery, a method subject to variability due to issues such as nasal obstruction. The authors evaluated use of a Smart CapnoLine@ delivery system to monitor oxygen delivery during CO2 monitoring, employing a nasal diffuser to create a pre-nasal cloud of oxygen-enriched gas.

From the data, reporting staff was able to conclude that the SmartCapnoline sampling line provides a more reliable method of oxygen delivery and CO2 monitoring than the traditional split cannula design.

Capnography was a focus at two other recent professional conferences: At the 65th Annual Post Graduate Assembly in Anesthesiology held December 9 -13 in New York, studies demonstrating the usefulness of the Integrated Pulmonary IndexT (IPI)

in monitoring labor analgesia patients and weaning cardiac surgery patients from mechanical ventilation, were presented. IPI, Oridion's newest Smart CapnographyT algorithm, enables real-time tracking and trending of etCO2, respiration rate, pulse rate, and SpO2 for an inclusive assessment of the patient's ventilatory status with a single index parameter.

The labor analgesia study, conducted at Hadassah Hospital in Jerusalem concluded that continuous monitoring of RR and IPI may be preferable to SpO2 monitoring alone for detecting apnea in patients being administered patient-controlled labor analgesia.

The study compared remifentanil patient controlled intravenous analgesia (PCIA) and patient controlled epidural analgesia (PCEA) during labor. According to the study, "Apnea occurred with remifentanil PCIA and was frequently not detected by SpO2 monitoring, whereas low IPIT detected most apnea events." These results were presented in a poster which was awarded 2nd place at the meeting.

At the Society of Critical Care Medicine's Critical Care Congress, held February 4-8 in Houston, TX, a study of cardiac bypass surgery patients demonstrated that IPI was found useful in assessing whether patients are ready to discontinue mechanical ventilation. Most clinicians assess readiness to wean using the Rapid Shallow Breathing Index (RSBI) in conjunction with a spontaneous breathing trial (SBT) and clinician judgment. However, some patients pass the weaning evaluation, yet fail removal from mechanical ventilatory support, and some may fail the evaluation yet successfully wean. A study at the Georgia Health Sciences Medical Center determined that IPI is typically higher during successful SBTs than unsuccessful SBTs and therefore may be helpful in predicting readiness to discontinue mechanical ventilation.

"As evidenced by the survey conducted at ASA, anesthesiologists recognize that capnography provides the most complete picture of their patient's ventilation," said Gerry Feldman, President, Oridion Capnography Inc. "The volume of clinical evidence has never been more compelling. We are confident that future research will continue to build momentum and drive consensus for capnography as the best real-time measure of adequacy of ventilation." About Oridion Oridion Systems Ltd. (www.oridion.com) is a global medical device company specializing in patient safety monitoring. The Company operates through wholly owned subsidiaries in the United States and Israel.

Oridion develops proprietary medical devices and patient interfaces, based on its patented Microstream@ technologies, for the enhancement of patient safety through the monitoring of the carbon dioxide (CO2) in a patient's breath. These products provide effective and proven airway management and are used in various clinical environments, including procedural sedation, pain management, critical care units, post-anesthesia care units, emergency medical services, transport, alternate care and other settings where patients' ventilation may be compromised and at risk.

Certain statements made herein that are not historical are forward-looking. The

words "estimate," "project," "intend," "expect," "believe," and similar expressions are intended to identify forward-looking statements. These forward-looking statements involve known and unknown risks and uncertainties. Many factors could cause the actual results, performance or achievements of the Company to be materially different from any future results, performance or achievements that may be expressed or implied by such forward-looking statements, including, among others, our ability to maintain profits, the market demands for our Capnography products, our ability to focus our team on the Capnography business, changes in general economic and business conditions, inability to maintain market acceptance to the Company's products, inability to timely develop and introduce new technologies, products and applications, rapid changes in the market for the Company's products, loss of market share and pressure on prices resulting from competition, introduction of competing products by other companies, inability to manage growth and expansion, loss of key OEM partners, inability to attract and retain qualified personnel, inability to protect the Company's proprietary technology. The Company does not assure any obligation to update the forward looking information contained in this press release.

SOURCE Oridion Capnography, Inc.

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