How can Bair Hugger Temperature Management System help reduce unintended hypothermia and associated costs?

Even a **1% reduction** in the hypothermia rate may significantly reduces your overall costs

23 days shorter hospitalisation

20 fewer incidents of hypothermia

In a scenario with 2,000 patients/operations per year and a 1% reduction in the hypothermia rate^{1,2}



¹ Assumed procurement costs in this scenario refer to a convective upper-body blanket (price for current warming = € 3.80; price for Solventum optimised warming = € 5.00)

² Model based on NICE assumptions regarding the costs of perioperative hypothermia due to prolonged hospitalisation resulting from surgical site infections, cardiac events, and other complications. (SSI = Surgical Site Infection; MCEs = Morbid Cardiac Events)

This is an illustration and not a guarantee of actual individual costs, savings or outcomes. The results calculated by the Solventum Budget Impact Calculator are based on health economic modeling and on information provided by scientific studies. It gives suggestions about budgetary relationships for the purpose of optimization. The calculations are conducted with reasonable care, using the instruments/parameters specified in the references. 3M shall not be liable for the results of the calculations and these results shall be seen as an indication only of the potential cost, savings and outcomes based on the information given and is in no way binding. Other factors, which might also have an influence on the results, may have not been taken into account.

6.255 € costs avoided

4,9% costs reduced

Let's optimise your patient warming together and calculate your savings potential.





Not all warming systems warm the same way.

The advantages of Bair Hugger convective warming technology

Exceptional heat transfer with Bair Hugger System!



Unique fluid drainage outlets

Drainage openings, on underbody blankets, minimise the accumulation of fluids on the blanket's surface.

Scientific measurement of heat transfer

Isaac Newton's law of cooling



Comparison of Competitor A and 3M[™] Bair Hugger[™] System



Temperature measurements were taken in accordance with IEC 60601-2-35:2020, heat transfer coefficients were measured using the method of Brauer et al.16-18 and skin temperatures for the calculation of 'Q' were assumed to be 34°C.20 Heat rates are estimates based upon a typical use case, actual heat rate may vary depending on the patient circumstances and clinical practice.



Images reflect the temperature of the portion of the blanket that transfers heat when inflated (tested per IEC 60601-2-35:2020), without showing additional brand identifying features. Competitive (full/lower/upper) body with used in conjunction with a full sized blower (120V/60Hz) on its highest temperature and fan speed



Perforation of Bair Hugger warming blankets

Uniform perforation patterns maximise efficiency by enabling the transfer of heat energy through convective distribution.

We can measure it!



A special channel design

- The interconnecting channel design minimises the resistance of the airflow, allowing the warmed air to flow quickly and evenly through the blanket.
- Bair Hugger blankets are designed to deliver consistent, even patient warming.



Designed with safety in mind

A sensor at the end of the hose of the Bair Hugger 775 unit enables alarm settings if the set temperature level is exceeded.



Preoperative/Postoperative

3M[™] Bair Hugger[™] temperature monitoring system comparison^{2,3}

A recent study by Pedersen, Munch, Kjaergaard, Grønlykke & Bräuer confirms the reliability of the 3M[™] Bair Hugger[™] temperature monitoring system.⁴

Access the study here



Possible process optimisation of perioperative patient warming



Source https://register.awmf.org/assets/guidelines/01-018LS3_Vermeidung_perioperativer_Hypothermie_2019_08.pdf

² Eshraghi, Y., Sessler, D. (2012), Exploratory Method-Comparison Evaluation of a Disposable Non-Invasive Zero Heat Flow Thermometry System. 2012 American Society of Anesthesiologists Annual Meeting; A63.

^a Graphik in Anlehnung an: Wartzek, T., Mühlsteff, J., Imhoff, M. Temperature measurement. Biomedizinische Technik/Biomedical Engineering. 2011;56(5):241-257. * Referenzen: Pedersen, C., Munch, P., Kjaergaard, J. et al. Accuracy of a zero-heat-flux thermometer in cardiac surgery, a prospective, multic centre, method comparison study. Sci Rep 14, 3169 (2024

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