



Better outcomes. Satisfied patients.

Every day without  costs you more.¹⁻¹⁰

With the non-narcotic pain relief system from ON-Q*.

For more information on the ON-Q* Pain Relief System, contact your ON-Q* representative today for a complimentary consultation.

SURGICAL SITE
SOLUTIONS



A KIMBERLY-CLARK HEALTH CARE COMPANY

The ON-Q* Pain Relief System

ON-Q* is a postoperative, non-narcotic pain relief system designed to deliver local anesthetic to the surgical site through specially-designed catheters providing patients with up to 5 days of targeted pain relief.



ON-Q* Fixed Flow Rate Pump

- Delivers a steady flow of local anesthetic that bathes the surgical site for up to 5 days
- Available with single, dual and triple catheter applications



ON-Q* Pump with *Select-A-Flow**

- Contains a variable rate controller that enables the flow rate to be changed according to patients' individual pain relief requirements.
- Available in single or dual configurations with two variable flow rate changes
- Rate-changing key may be removed to discourage tampering
- Available in 1 mL/hr to 7mL/hr and 2mL/hr to 14mL/hr



ON-Q* Pump with ONDEMAND*

- Incorporates a bolus device, which allows for breakthrough pain relief on demand by the patient or healthcare provider. The pump also delivers a continuous infusion (basal).
- Requires less clinical intervention

Patient Benefits

- Went home an average of 1.1 days sooner^{4,11-14}
- Reported up to a 69% reduction in pain scores^{2,15}
- Were up to 3x as likely to report high patient satisfaction^{3,14,16}
- Are more likely to experience better pain management with fewer side effects^{3, 4,11}



Effective post-operative analgesia is important from the patients' perspective and can also improve clinical outcomes².

Indications for ON-Q* Pain Relief System

ON-Q* is indicated to significantly decrease pain and narcotic use when used to deliver local anesthetics to or around surgical wound sites, or close proximity to nerves, when compared to narcotic only pain management.

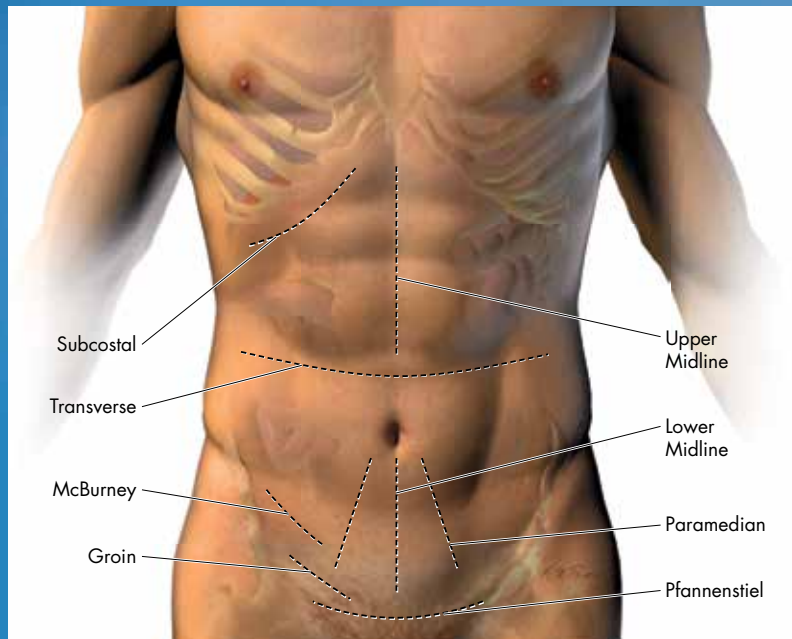
Routes of administration include: intraoperative site, perineural, percutaneous and epidural.



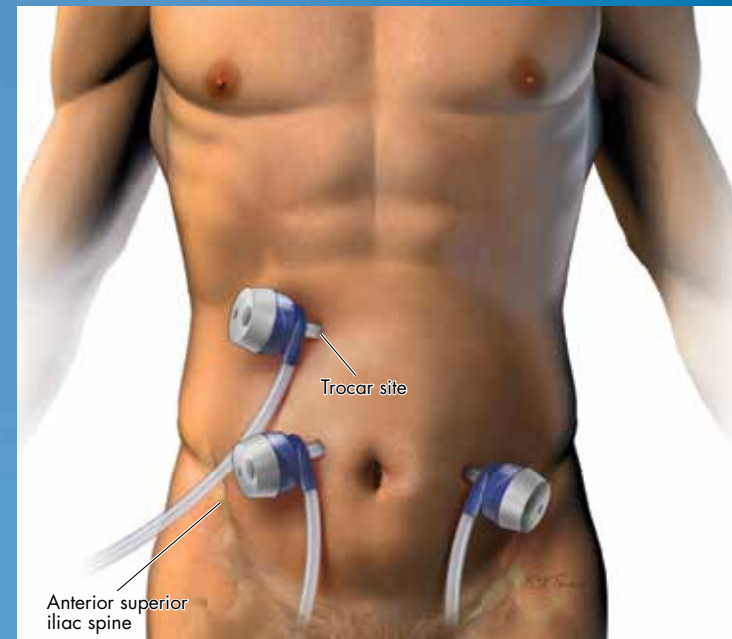
GENERAL SURGERY PROCEDURES

Goal of catheter placements

Using a simple approach such as placing a catheter to infuse local anesthetic into the incision site at the end of the procedure can be widely used, technically efficient and offers the potential to provide complete analgesia as well as reduce the need for opioids and their related side effects¹⁴.



Opioids are frequently used for the treatment of post operative pain following laparotomy, however their use is often associated with side effects such as PONV, over-sedation, confusion and ileus¹⁷.



Local infiltration may reduce incisional pain after laparoscopic surgery. However, it has been reported that continuous infiltration of the trocar sites postoperatively provides better pain relief than when the local anesthetic was given pre-surgically¹².

The ON-Q* Soaker* Catheter patented soaker catheter design provides an even distribution of local anesthetic for optimal post-operative pain relief

Joint Commission has made pain the “Fifth Vital Sign”¹⁸

- HCAHPS scores are being used to improve how pain is assessed and treated
- Patients are involved in their treatment

The ON-Q* Pain Relief System is a non-narcotic solution to pain management that has been clinically proven to reduce pain and narcotic consumption in a wide range of surgical specialties

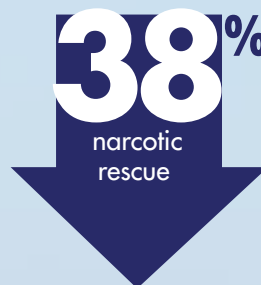
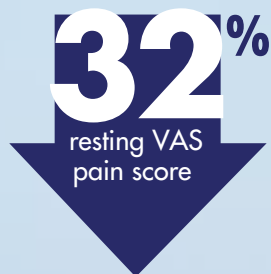
Landmark study supports efficacy of wound catheters delivering local anesthetic for pain relief

Independent meta-analysis published in *Journal of American College of Surgeons*¹⁴

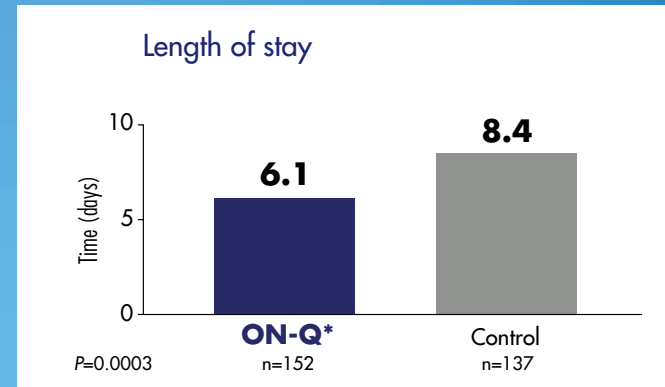
- 44 randomized, controlled studies
- More than 2,000 patients
- Wide range of surgical specialties

Demonstrated benefits

- Consistently reduces need for narcotics—both as rescue and total dose medication¹⁴
- Reduces incidence of post-op nausea and vomiting (PONV)—a primary concern of surgical patients¹⁴
- Results in a more than three-fold increase in patient satisfaction¹⁴



ON-Q* led to a faster discharge in a 30-day post-op surveillance study⁷



How ON-Q* Helps You

I-Flow* trains and supports your current and future staff

- 24-hour product support hotline for clinicians and patients
 - Managed by nursing staff
 - Response time: typically less than 10 minutes to call patients at home
- Hands-on product training for hospital staff
- Ongoing training, education, and onboarding for new staff members
- 18 educational centers and cadaver labs provide specialized training
- Training simulators
 - Provide anatomically correct configurations, including adult and baby sizes
 - Provide realistic training in medical classrooms, simulation labs, and clinical settings
 - Train staff on the proper insertion of catheters, needles, and tunnelers

ON-Q* helps hospitals save up to 30% of total costs:

- Accelerates post-op recovery—an average of 1.1 days sooner^{1,11-14}
- Improves pain relief^{2-3,11}
- Reduces narcotic consumption⁴⁻¹¹
- Reduces risk of infection¹⁷⁻¹⁹—pumps are single use, one pump per patient

Call your ON-Q* representative today for ordering information.

ON-Q* is manufactured and serviced by I-Flow, a Kimberly-Clark Health Care Company.

There are inherent risks in all medical devices. Please refer to the product labeling for **Indications, Cautions, Warnings and Contraindications**. Failure to follow the product labeling could directly impact patient safety. Physician is responsible for prescribing and administering medications per instructions provided by the drug manufacturer. Refer to www.myON-Q for product safety Technical Bulletins.

1. Singh J, Hum M, Cohen S, et al. Multicenter infection surveillance study comparing two types of postoperative pain management, surgical site using ON-Q* SiverSoaker* and local anesthetics vs. systemic narcotics following colorectal procedures. Presented at the 47th Annual Interscience Conference on Antimicrobial Agents and Chemotherapy (ICAAC), Chicago, IL, September 2007. **2.** Sherwinter DA, Ghaznavi AM, Spinner D, Savell RH, Macura JM, Adler H. Continuous infusion of interperitoneal bupivacaine after laparoscopic surgery: a randomized controlled trial. *Obes Surg.* 2008;18(12):1581-1586. **3.** Beaussier M, El'Ayoubi H, Schiffer E, et al. Continuous preperitoneal infusion of ropivacaine provides effective analgesia and accelerates recovery after colorectal surgery. *Anesthesiology.* 2007;107(3):461-468. **4.** Forastiere E, Sofra M, Giannarelli D, Fabrizi L, Simone G. Effectiveness of continuous wound infusion of 0.5% ropivacaine by On-Q pain relief system for postoperative pain management after open nephrectomy. *Br J Anaesth.* 2008;101(6):841-847. **5.** Zimberg SE. Reducing pain and costs with innovative postoperative pain management. *Manag Care Q.* 2003;11(1):34-36. **6.** Statehealthfacts.org. Hospital Adjusted Expenses per Inpatient Day. Statehealthfacts.org website. <http://www.statehealthfacts.org/comparemaptable.jsp?ind=273&cat=5>. Published 2010. Accessed January 16, 2013. **7.** Gan T, Oderda G, Robinson S. Kidney injury after percutaneous and opioid-related adverse events increase length of stay and drive up total cost of care in a national database of postsurgical patients. Presented at the 2012 Annual Meeting of the International Anesthesia Research Society (IARS). Boston, MA, May 2012. **8.** Coley KC, Williams BA, DaPos SV, Chen C, Smith RB. Retrospective evaluation of unanticipated admissions and readmissions after same day surgery and associated costs. *J Clin Anesth.* 2002;14(5):349-353. **9.** Dine A. Evidence based outcomes review. Continuing review and evaluation for I-Flow Corporation. July 2012. **10.** Stone PW, Larson E, Kavar LN. A systematic audit of economic evidence linking nosocomial infections and infection control interventions: 1990-2000. *Am J Infect Control.* 2002;30(3):145-152. **11.** Cansler V, B2B Team. Patient Pain Survey/GMR&A Summary. Study: 26199. July 13, 2012. **12.** White PF, Rawal S, Latham P, et al. Use of a continuous local anesthetic infusion for pain management after median sternotomy. *Anesthesiology.* 2003;99(4):918-923. **13.** Dowling R, Thielmeier K, Ghaly A, Barber D, Boice T, Dine A. Improved pain control after cardiac surgery: results of a randomized, double-blind, clinical trial. *J Thorac Cardiovasc Surg.* 2003;126(5):1271-1278. **14.** Liu SS, Richman JM, Thirlby RC, Wu CL. Efficacy of continuous wound catheters delivering local anesthetic for postoperative analgesia: a quantitative and qualitative systematic review of randomized controlled trials. *J Am Coll Surg.* 2006;203(6):914-932. **15.** Klein SM, Grant SA, Greengrass RA, et al. Interscalene brachial plexus block with a continuous catheter insertion system and a disposable infusion pump. *Anesth Analg.* 2000;91(6):1473-1478. **16.** Heller I, Kowalski AM, Wei C, Butler CE. Prospective, randomized, double-blind trial of local anesthetic infusion and intravenous narcotic patient-controlled analgesia pump for pain management after free TRAM flap breast reconstruction. *Plast Reconstr Surg.* 2008;122(4):1010-1018. **17.** Wang J, Barke RA, Charboneau R, Roy S. Morphine impairs host innate immune response and increases susceptibility to *Streptococcus pneumoniae* lung infection. *J Immunol.* 2005;174(1):426-434. **18.** The Source, The Joint Commission. The Fifth "Vital Sign". November 2012. **19.** Rothwell M, Pearson D, Wright K, Barlow D. Bacterial contamination of PCA and epidural infusion devices. *Anaesthesia.* 2009;64(7):751-753.

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