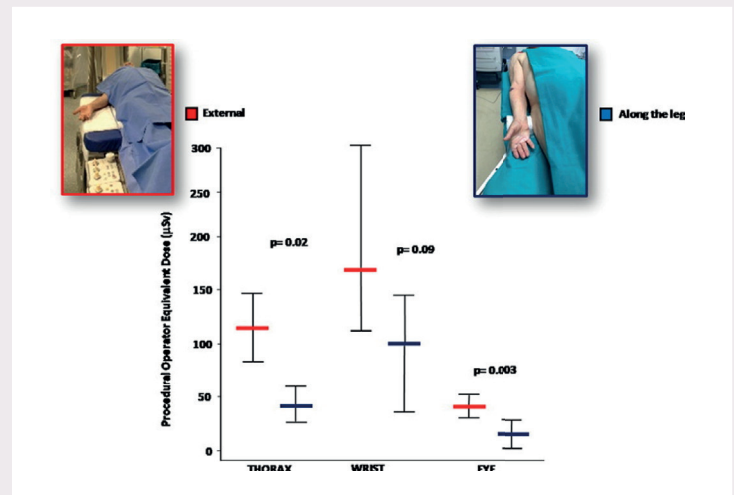


PATIENT BENEFITS

1. Single-use/disposable – no cross contamination or infection control issues
2. Passive support – sedated patient engagement is not needed to help maintain the correct position
3. Comfortable bespoke fitting – reducing anxiety and increasing patient satisfaction
4. Positions the wrist optimally at 45° of dorsiflexion – maximising successful radial artery access. Radial arterial height is likely to be increased at 45°, cannulation time is significantly faster and success rates are likely higher than at other degrees of angulation. (Melhuish TM, White LD. Am J Emerg Med. 2016 Dec;34(12):2372-2378)
5. Retains arm in position for increased safety – no loss of equipment position due to arm movement e.g. during DC-shock
6. Converts into arm sling to protect the wrist and prevent use immediately post-op – reducing the risk of TR band migration and haematoma

CLINICIAN BENEFITS

1. Replicates medial arm position known to reduce radiation scatter dose – increasing radiation protection to staff (Sciahbasi A et al Am Heart J. 2018 Feb;196:113-118.)
2. Improves ergonomic work height, referenced to the top of the patients' legs rather than the table mattress, helping to stabilise and secure interventional equipment and reduce back strain



INSTITUTION BENEFITS

1. More efficient invasive radial procedures as patients are supported in the correct position - increasing cath lab efficiency and potentially capacity
2. Increased safety of cath lab environment both for the patient (preventing inadvertent arm movement dislodging equipment – reducing the number of procedure complications) and operator (reducing radiation scatter dose and the frequency of notified radiation users resulting in fewer operator enforced absence due to high dosimeter readings, reduced incidents of occupational related cataracts as well as back related absences)
3. Rapid patient turn over in the cath lab due to less cleaning requirement with facilitation of wheel chair transfers – increasing cath lab efficiency and potentially capacity
4. Post-procedure arm support facilitates the safe nursing of patients in a radial lounge – reducing the number of patients requiring a bed and potentially increasing capacity
5. Immobilisation of the arm post procedure reduces the incidence of radial haematoma due to TR band migration – reducing admissions with this complication and average LOS