

Connect™

Get connected to
optimal data management practices



The first innovative and intuitive perfusion data management system designed to improve clinical efficiency¹ and enable Goal-Directed Perfusion Therapy

Connect to clinical efficiency with greater confidence

Minimize

Transcription errors and bias.¹

Restrict

Inefficiencies of manually entering
product traceability data.

Decrease

Limitations of analyzing
manually recorded data.

Enable

Application of GDP,
which aims to reduce occurrence
of Acute Kidney Injury.^{2, 3, 4, 6, 7, 8, 9}

Connect™

Allows trending while centralizing all patient
data on one screen.

Connect

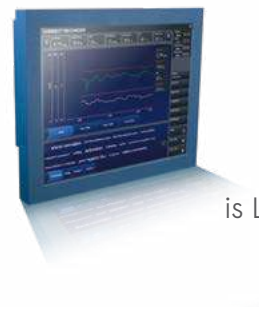
Permits automatic transfer of information
from LivaNova disposables and creation
of electronic patient records.

Connect

Provides customizable online quality
indicators and post-op electronic
quality reports.

Connect

Enables Goal-Directed Perfusion (GDP)
Therapy through monitoring of critical
metabolic patient parameters with
GDP Monitor®.



Connect

is LivaNova's innovative and intuitive perfusion data management system
designed by perfusionists, for perfusionists.

The Connect System consists of **two core components**:



The **Connect Manager**®:

- Manages all case data in one central SQL database
- Provides retrospective data analysis with included statistics tool
- Generates and exports Perfusion Case Reports
- Allows full customization of Connect Recorder according to preferences



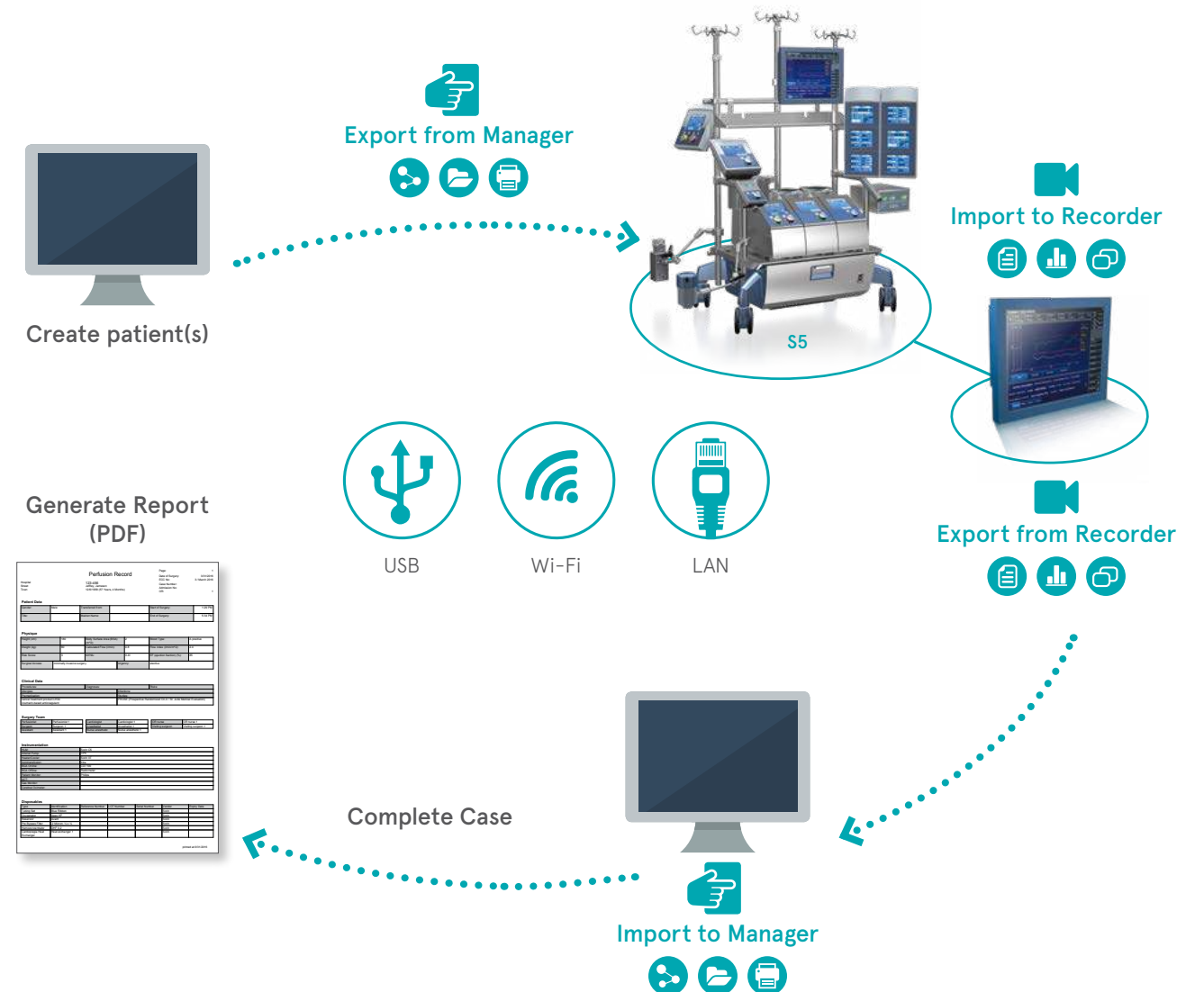
The **Connect Recorder**®:

- Collects and visualizes data from the HLM and other external devices
- Offers a high level of customization to optimize viewing preferences
- Offers quick single-touch event entries at any time
- Displays Goal Directed Perfusion parameters via GDP Monitor

Improved clinical practice

The **Connect** workflow system minimizes transcription errors, bias and all the drawbacks associated with manual operations.¹ Connect allows trending and electronic transfer of data from LivaNova disposables.

The perfusionist accesses all perfusion data on one screen allowing more time to concentrate on the patient and circuit facilitating optimal patient management.¹ All data is then exported back to the Manager database where the clinician may consult case per case for statistical and inventory analysis, generate and export or print complete electronic medical records.



Connect Manager



Case record database



Database query tools



Print or export patient records



Connect Recorder



Automatic case information capture



Customizable data charts



Quick, easy manual event entry

All the information you need on one screen

Easy, intuitive and complete Graphical User Interface (GUI).

During the operation, the perfusionist can view, in near real-time, data and patient parameters in the form of graphs or charts according to personal preference. The perfusionist may also enter any data as well as comments and event entries in order to have complete documentation during the case.

The Connect System may also be configured to collect data electronically from a variety of patient monitors, blood gas devices, ACT meters, cerebral oximetry devices, etc.



Fluid balance overview screen

Events shown as chart

Gas flow chart



Powerful HL7 interface upgrade



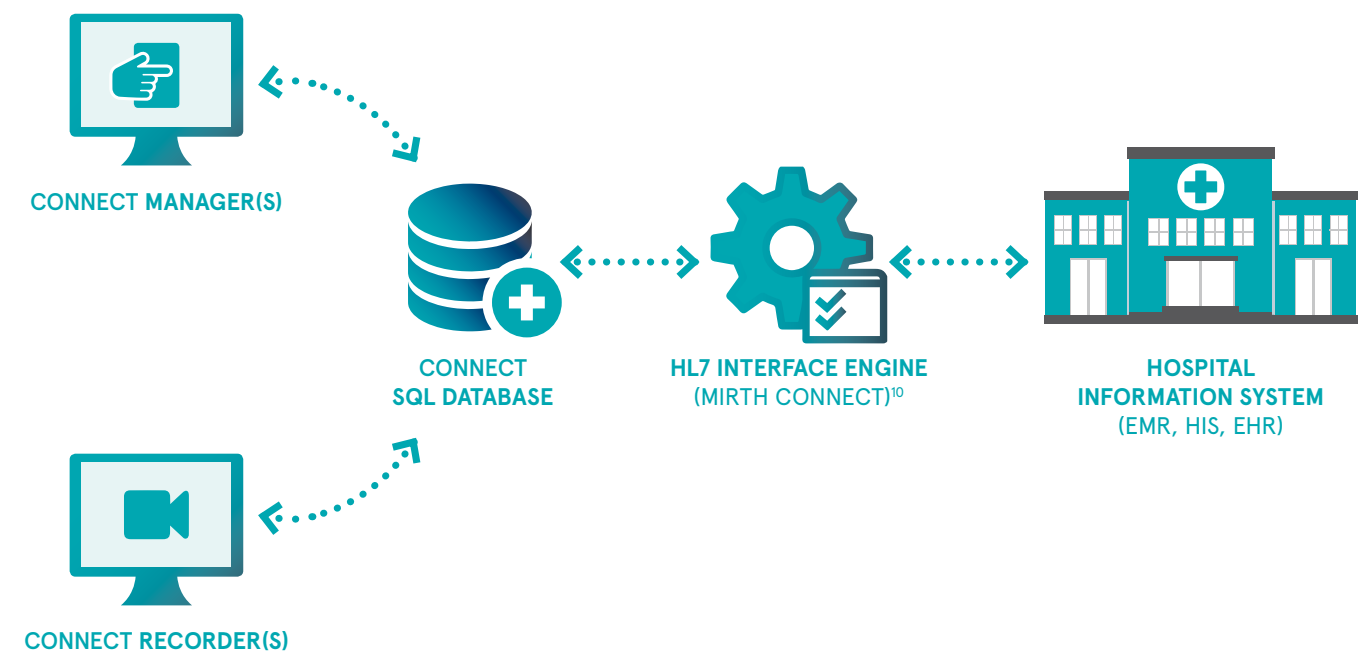
The new, powerful, optionally available **HL7 interface** is an integrated, bidirectional communication system between **Connect** and the **Electronic Medical Record (EMR)**. It allows the perfusionist to retrieve and share patient information from and to an EMR system to **simplify workflow and improve clinical practice**.

Main clinical benefits of Connect HL7:

- Simplification of the clinical data workflow
- Improved data integrity
- Enhanced legibility
- Reduction in manual processes

Main features of Connect HL7:

- New graphical user interface with a powerful HL7 search engine to search for patient data in the EMR system and seamlessly import it into either Connect Manager or Connect Recorder
- Automatic upload of the post-operative PDF patient record into the EMR system
- Post-operative export of recorded patient data during Extra Corporeal Circulation (ECC) directly into the graphical user interface of the EMR system
- Full customization options to reflect hospital specific EMR and emergency workflows





GDP Monitor

Critical patient parameters at your fingertips

Implement Goal-Directed Perfusion Therapy with the optional GDP Monitor feature

Goal-Directed Perfusion is a perfusion therapy aimed at reducing the occurrence of Acute Kidney Injury (AKI), shortening ICU and hospital length of stay, and potentially decreasing Red Blood Cell (RBC) transfusions by respecting the metabolic needs of each patient during cardiac procedures.

5 GUIDING RULES TO IMPLEMENT GOAL-DIRECTED PERFUSION 2, 3, 4, 6, 7, 8, 9

- 1 Limit hemodilution on CPB (Hct management)*
- 2 Oxygen Delivery index DO_2i to be kept $> 270 \text{ ml} / \text{min} / \text{m}^2$
- 3 Increase the DO_2 by acting on pump flow, PaO_2
- 4 Oxygen Delivery to Carbon Dioxide production ratio (DO_2i / VCO_2i), to be kept > 5
- 5 Transfuse RBC based on SvO_2 and O_2ER^{**} rather than HCT

LivaNova, together with leading clinicians that have studied the clinical benefits and improved patient outcomes associated with Goal-Directed Perfusion, is at the forefront of creating global awareness of the advantages of this therapy. Furthermore, LivaNova implements and transparently provides the GDP formulas patented by Dr Marco Ranucci.

With the **GDP Monitor** the perfusionist may view advanced parameters such as VCO_2i , O_2ER and the metabolic ratio DO_2i/VCO_2i . Such parameters are relevant for optimal perfusion management where the metabolic needs of each patient during cardiac procedures is effectively respected.^{2, 3, 4, 6, 7, 8, 9}

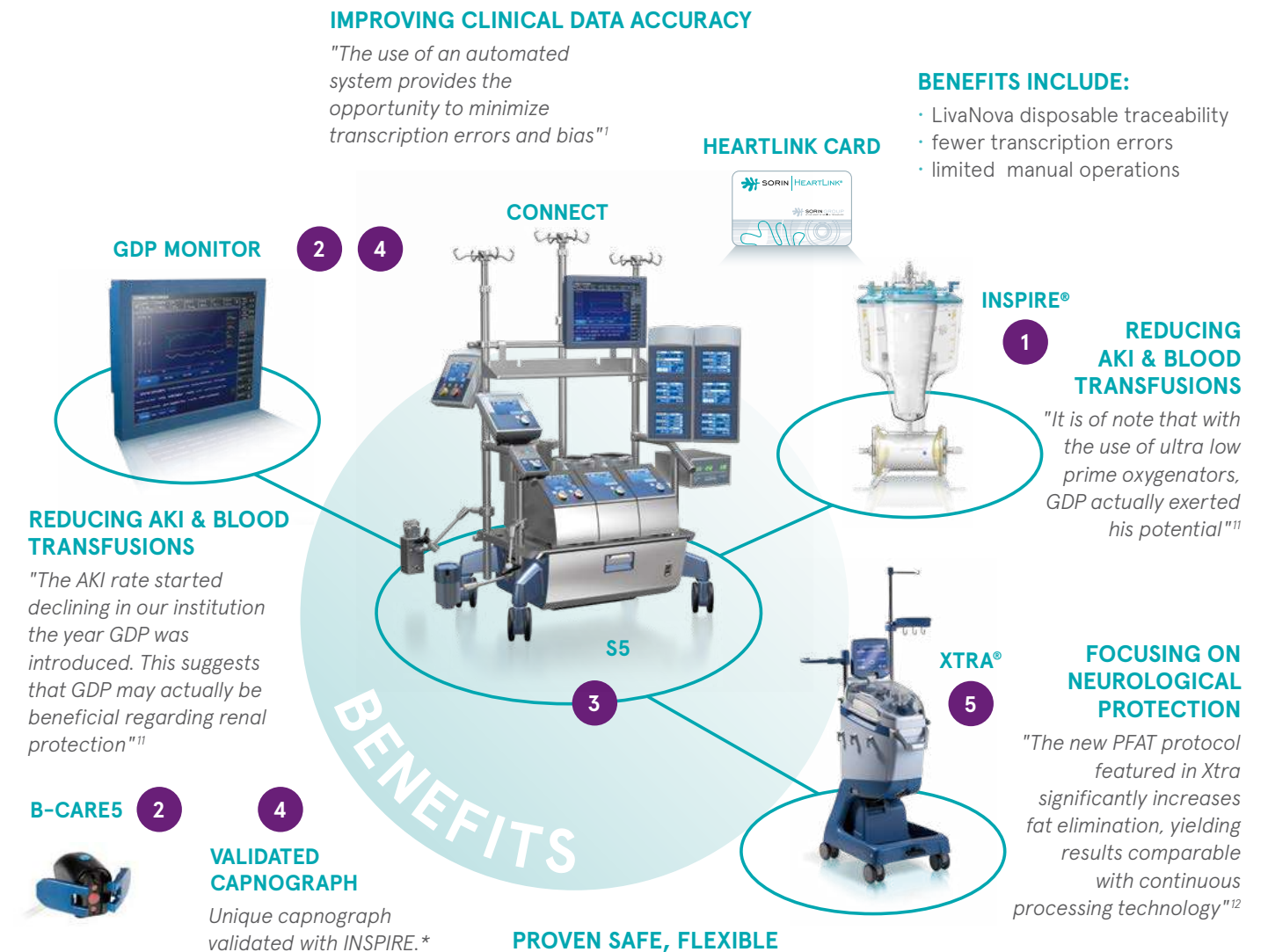


* -1% point of Nadir Hct → +7% AKI (Ranucci et al., "Acute Kidney Injury and Hemodilution During Cardiopulmonary Bypass: A changing Scenario"; Ann Thoracic Surg. 2015 Jul;100(1):95-100)

** VO_2i / DO_2i : fraction of DO_2 that diffuses from capillaries into tissues: goal <35-39% (VO_2 = Oxygen Consumption)

Heartlink® System

The first integrated **Perfusion Management System** designed to help clinicians to improve patient outcomes, increase clinical efficacy and apply Goal-Directed Perfusion therapy.



PROVEN SAFE, FLEXIBLE AND MODULAR

"I am using the S5 in various configurations according to the different weight of my patients. This helps me to achieve an optimum relation between the priming and blood volume of the patient. The flexible mast mounted pumps allow a very close positioning of the whole system to the patient"

Frank Münch, Chief perfusionist,
University hospital Erlangen, Germany

* Refer to LivaNova for more information

References:

1. The future of the perfusion record: Automated data collection vs. manual recording. Ottens J et al., JECT 2005;37:355-359J Extra Corpor Technol. 2005 Dec;37(4):355-9.
2. O₂ delivery and CO₂ production during cardiopulmonary bypass as determinants of acute kidney injury: Time for a Goal-Directed Perfusion management? De Somer F, Mulholland JW, Bryan MR, Aloisio T, Van Nooten GJ, Ranucci M, Crit Care, 2011 Aug 10;15(4):R192
3. Oxygen delivery during cardiopulmonary bypass and acute renal failure after coronary operations. Ranucci M, Romitti F, Isgrò G, Cotza M, Brozzi S, Boncilli A, Ditta A; Ann Thorac Surg. 2005 Dec;80(6):2213-20
4. Anaerobic metabolism during cardiopulmonary bypass: Predictive value of carbon dioxide derived parameters. Ranucci M, Isgrò G, Romitti F, Mele S, Biagioli B, Giomarelli P, Ann Thorac Surg. 2006 Jun;81(6):2189-95
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6. Outcome with high blood lactate levels during cardiopulmonary bypass in adult cardiac operation. Demers P, Elkouri S, Martineau R, Couturier A, Cartier R. Department of Surgery, Montreal Heart Institute, Quebec, Canada
7. Frequency, risk factors, and outcome of hyperlactatemia after cardiac surgery. Maillet JM, Le Besnerais P, Cantoni M, Nataf P, Ruffenach A, Lessana A, Brodaty D. Cardiovascular and Thoracic Surgery Intensive Care Unit, Centre Cardiologique du Nord, Saint-Denis, France
8. Anaerobic metabolism during cardiopulmonary bypass: predictive value of carbon dioxide derived parameters. Ranucci M, Isgrò G, Romitti F, Mele S, Biagioli B, Giomarelli P. Department of Cardiothoracic Anesthesia, Policlinico San Donato, Milan, Italy
9. Hyperlactatemia during cardiopulmonary bypass: determinants and impact on postoperative outcome. Ranucci M, De Toffol B, Isgrò G, Romitti F, Conti D, Vicentini M. Department of Cardiovascular Anesthesia and Intensive Care, IRCCS Policlinico S. Donato, Via Morandi 30, 20097 San Donato Milanese, Milan, Italy
10. <https://www.mirth.com/>
11. Acute kidney injury and hemodilution during cardiopulmonary bypass: a changing scenario. Ranucci M, MD, FESC, Aloisio T, MD, Carboni G, CCP, Ballotta A, MD, FESC, Pistuddi V, Menicanti L, MD, and Frigiola A, MD; Surgical and Clinical Outcome REsearch (SCORE) Group. Departments of Cardiothoracic and Vascular Anesthesia and Intensive Care and Department of Cardiac Surgery, IRCCS Policlinico San Donato, Milan, Italy
12. The impact of bowl size, program setup, and blood hematocrit on the performance of a discontinuous autotransfusion system. Seyfried T F et al., doi:10.1111/trf.13954; Transfusion 2017

Order Guide

| ITEM CODE | IDENTIFICATION | DESCRIPTION | QUANTITY / BOX |
|-----------|------------------|-------------|----------------|
| 24-90-80 | Connect Recorder | for S5 | 1 |
| 24-90-81 | Connect Recorder | for S3 | 1 |
| 24-90-45 | Connect Manager | | 1 |

Additional packages for upgrades from DMS are available, please contact your local Representative for more details.

| ITEM CODE | IDENTIFICATION |
|-----------|---|
| 24-11-10 | Connect HL7 Interface Package |
| 24-11-20 | Connect HL7 Datapoints |
| 24-11-50 | Connect HL7 1 Year Extension |
| 24-11-60 | Connect HL7 2 Years Extension |
| 24-11-70 | Connect HL7 3 Years Extension |
| 24-11-80 | Connect HL7 5 Years Extension |
| 24-11-30 | Additional Customization and Services (10h) |
| 24-11-40 | Additional Customization and Services (20h) |

SPECIFICATIONS:

Connect Manager

Operating system: Microsoft® Windows® XP service pack 3 / Microsoft® Windows® 7

.NET used: 3.5 SP1

Database used: Microsoft® SQL Server 2008R2 or higher.

DataPad for Connect Recorder

Operating system: Microsoft® Windows® 7 Ultimate 32-bit
CPU: Intel® Celeron® 2002E 1.5GHz

RAM: 4GB DDR3L 1600

1x COM Port RS232

4x USB Port (2.0, EHCI)

1x DVI Port

1x IEEE 802.3u 100 Base-Tx Fast Ethernet compatible port

HDD: 64GB SSD

Removable HDD: 16GB CFAST

Microsoft® SQL Express 2008R2 or higher

15" Resistive touch screen

WLAN Module Specifications

Frequency Range: 2.4 GHz to 5 GHz

Wireless network standard: IEEE 802.11a/b/g/n

LivaNova
Health innovation that matters

www.livanova.com



The LivaNova Deutschland Quality System complies with:
EN ISO 13485:2012

CE 0123 According to Annex II (Full Quality System) of
MDD 93/42/EEC as amended by directive 2007/47/EEC

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