

# Medtronic

Engineering the extraordinary

## NEWS ALERT

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### GE Healthcare, Medtronic partnership accelerates global access to personalized care by delivering advanced patient monitoring solutions on the CARESCAPE platform

- GE Healthcare, Medtronic receive FDA 510(k) clearance and CE Mark approval on the integration of advanced INVOS™ regional oximetry and Microstream™ capnography technologies on the CARESCAPE precision monitoring platform
- Helping providers improve patient outcomes and safety, Microstream™ capnography (CO<sub>2</sub>) technology captures evolving respiratory compromise while INVOS™ regional oximetry (rSO<sub>2</sub>) technology helps clinicians predict and prevent perioperative complications quicker than traditional peripheral measurement<sup>1,2</sup>
- Integration allows for continuous monitoring access at the bedside, in transport, and networked to the electronic medical record (EMR), helping providers increase efficiency, enhance patient safety, and improve quality of care

Clinicians now have added ability to personalize care with the integration of two continuous monitoring solutions from [Medtronic plc](#) (NYSE: MDT) - Microstream™ capnography (CO<sub>2</sub>) and INVOS™ regional oximetry (rSO<sub>2</sub>) technology for perioperative and ICU care on the [GE Healthcare](#) (NYSE: GE) CARESCAPE precision monitoring platform. FDA clearance and CE Mark approval of the integration of these latest technologies on the CARESCAPE platform completes the full suite of Medtronic patient monitoring technologies available on the

system. The combined solution also features GE Healthcare FlexAcuity which gives clinicians around the world the ability to choose care options based on patient acuity needs and assist them in their goal of earlier detection of patient deterioration.

“Medtronic and GE Healthcare are both committed to expanding access to patient care around the world,” said Frank Chan, president of the Patient Monitoring business, which is part of the Medical Surgical Portfolio at Medtronic. “This collaboration brings together our combined medical technology leadership to improve workflow, allowing clinicians more time to focus on what matters most – the patient. Together, we are empowering clinicians with actionable insights to personalize care.”

The INVOS™ regional oximetry (rSO<sub>2</sub>) technology solution monitors for signs of hemodynamic changes and deteriorating patient conditions associated with cerebral desaturation events. When used as an indication of compromised cerebral oxygenation, INVOS technology can help clinicians return the patient’s rSO<sub>2</sub> to baseline and has been shown to improve postoperative outcomes including hospital length of stay, POD, and MOMM.<sup>3,4</sup> Patients undergoing on-pump coronary artery bypass grafting (CABG) spent an average of 14 hours less in the ICU when receiving near-infrared spectroscopy-guided care with INVOS™ rSO<sub>2</sub>.<sup>5</sup>

The advanced Microstream™ capnography (CO<sub>2</sub>) technology solution offers clinicians early indication of patient decline<sup>1</sup> and is validated for neonate to adult patients. It uses a proprietary CO<sub>2</sub>-specific infrared wavelength that is highly accurate and unaffected by the presence of other gases. The technology also features Smart Capnography™ algorithms engineered to enhance patient safety, improve clinical workflow, and ease alarm fatigue by reducing clinically insignificant nuisance alarms by 53%. This technology potentially cuts down on the high demand placed on providers to respond to non-emergent issues.<sup>6</sup>

*The Microstream™ capnography and INVOS™ monitoring systems should not be used as the sole basis for diagnosis or therapy and are intended only as adjunct in patient assessment.*

<sup>1</sup>Chung F, Wong J, Mestek ML, Niebel KH, Lichtenthal P. Characterization of respiratory compromise and the potential clinical utility of capnography in the post-anesthesia care unit: A blinded observational trial. J Clin Monit Comput. June 2019.

<sup>2</sup>Avery, Edwin G. IV, M.D., C.P.I., Cerebral Oximetry is Frequently a “First Alert” indicator of adverse outcomes, Medtronic white paper, 2016.

<sup>3</sup>Deschamps A, Hall R, Grocott H, et al. Cerebral Oximetry Monitoring to Maintain Normal Cerebral Oxygen Saturation during High-risk Cardiac Surgery: A Randomized Controlled Feasibility Trial. Anesthesiology. 2016;124(4):826-36

<sup>4</sup>Zorrilla-Vaca A, Healy R, Grant M, et al. Intraoperative cerebral oximetry-based management for optimizing perioperative outcomes: a meta-analysis of randomized controlled trials, Canadian Journal of Anesthesia, <https://doi.org/10.1007/s12630-018-1065-7>. Murkin JM, Adams SJ, Novick RJ, et al.

<sup>5</sup> Murkin JM, Adams SJ, Novick RJ, et al. Monitoring brain oxygen saturation during coronary bypass surgery: a randomized, prospective study. Anesth Analg. 2007;104(1):51–58.

<sup>6</sup>Internal test data on file.

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