

TCM400 monitor

Qualify the oxygen supply to the tissue

Tissue oxygen tension is a direct, quantitative assessment of the availability of oxygen in the tissue. It's commonly utilized in hyperbaric, wound care and vascular medicine. Transcutaneous oximetry has become increasingly popular to assess amputation level and wounds during hyperbaric oxygen treatment.

The TCM400 monitor provides up to six simultaneous measurements of transcutaneous oxygen tension ($tcpO_2$). Together, these measurements allow for an accurate mapping of the target site and thus a better understanding of your patients and their proposed treatment plan. With its new auto-calibration system, the TCM400 monitor is always ready for the next patient



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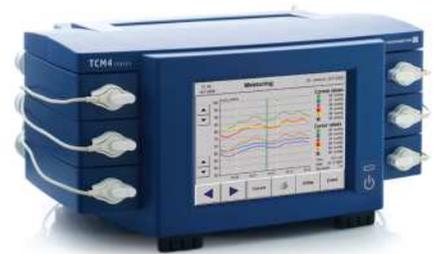
Save time with intuitive design

- Always ready for use with built-in auto calibration system
- Export data to a USB stick in just seconds
- Touch screen with Windows®-based user interface and on-screen video tutorials



Fits anywhere

- Modular and upgradable design - from one to six low-drift, rapid-response sensors
- Compact and portable monitor with integrated one-point calibration system and battery
- Connects to PCs for downloading and storing data or to a standard USB printer
- Automatically generated reports



Clear interpretation of patient data

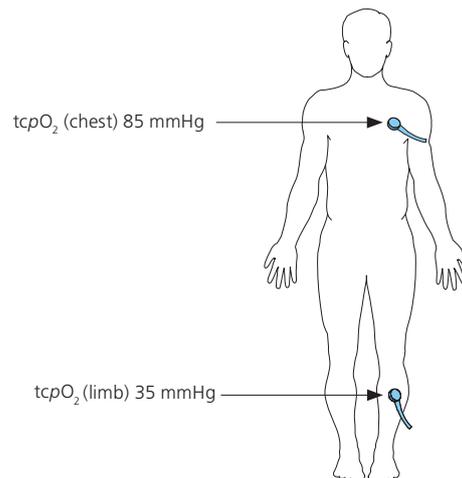
- Patient information and ID is automatically linked to measurements
- Marking of predefined events
- Automatic calculation of regional perfusion index (RPI)

Prediction of wound healing [1],[2],[3]

RPI: Regional perfusion index

$$RPI = \frac{tcpO_2(\text{limb})}{tcpO_2(\text{chest})} = \frac{35 \text{ mmHg}}{85 \text{ mmHg}} = 0.41$$

RPI < 0.4	predicts a poor outcome [2]
RPI > 0.6	predicts an excellent outcome [2]
0.4 < RPI < 0.6	some heal and some do not [2]



References

1. Rooke T. tcpO₂ in non-invasive vascular medicine. Blood Gas News 1998; 7,2: 21-23
2. Hauser CJ. Tissue salvage by mapping of skin surface transcutaneous oxygen tension index. Arch Surg 1987; 122: 1128-30
3. Harward TR, Volny J, Golbranson F et al. Oxygen inhalation-induced tcpO₂ changes as a predictor of amputation level. J Vasc Surg 1985; 2: 220-28



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Data subject to change without notice.

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