





NICE guidance (MTG19) supports the geko[™] device for reducing the risk of VTE¹



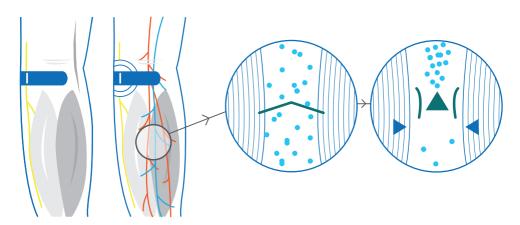


Figure 1- Image modified for illustrative purposes⁵

The geko[™] device prevents stasis in the deep veins of the calf where early thrombi form²

A recent study by Professor Andrew Nicolaides and Dr Maura Griffin has measured the effect of the geko™ device on blood flow in the deep veins of the calf. The study has shown significant volume and velocity increases within the gastrocnemius, peroneal and posterior tibial veins − of particular clinical importance as early thrombi often form in these veins².

This was further supported by Labropoulos et al when they demonstrated that isolated calf DVT was detected in 282 limbs of 251 patients examined. The peroneal veins were most frequently involved with 115 limbs (41%) affected. Posterior tibial and gastrocnemius vein involvement accounted for 37% and 29% respectively⁶.

This study is the first time that a mechanical device has been able to demonstrate enhancement to blood flow for the prevention of stasis in the deep veins of the calf, and is the result of the unique dorsiflexion achieved by the geko™ device. With this proven ability to prevent stasis in the deep veins of the calf, the study strongly supports use of the geko™ device for reducing the risk of VTE7.

Proven ability to prevent stasis in the deep veins of the calf

The geko[™] device increases blood flow in the deep veins in the lower limb

The three Doppler flow readings clearly validate the muscle contraction and rhythmic blood flow increases before and after geko[™] device application and show distinct increases in both peak volume and velocity.

The gastrocnemius vein

The venous colour filling highlights the rhythmic muscle contractions resulting from the application of the geko™ device. The gastrocnemius vein (top of the image) emptying into the popliteal vein (middle of the image) with the popliteal artery lying posterior to the popliteal vein.

increase in peak velocity as a % of baseline

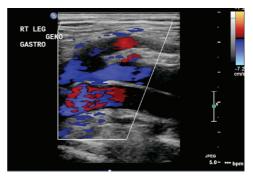


Figure 1. After activation of the geko™ device



The peroneal vein

The image clearly validates the muscle contraction resulting from the applied geko™ device. The results show the rhythmic increases in peroneal venous flow which would otherwise show low flow states without the use of the device.

216% increase in peak velocity as a % of baseline

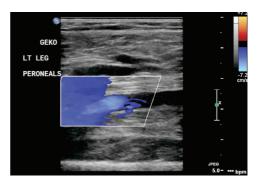


Figure 2. After activation of the geko[™] device

The posterior tibial vein

The geko™ device increases venous blood flow through neuromuscular activation via the common peroneal nerve.

After the activation of the geko™ device, the Doppler flow pattern shows a distinct increase in not only peak velocity but overall flow too.



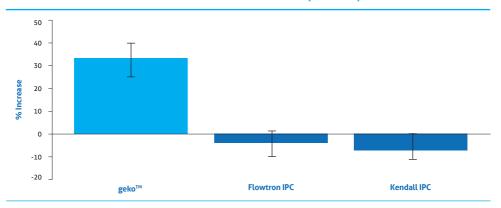
Figure 3. After activation of the geko[™] device

increase in peak velocity as a % of baseline

Study comparison between the geko™ device and IPC mechanical compression

The geko[™] device is 30% better than IPC at augmenting venous flow (p<0.001).

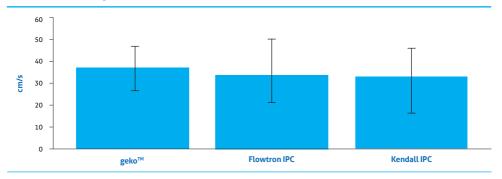
Blood volume - Venous Blood Flow % Increase (+/- SED)



The results show that the geko[™] device is superior to IPC Huntleigh Flowtron[™] and IPC Kendall SCD[™] mechanical compression in enhancing blood flow in the lower limbs.

At higher geko™ settings increases in the femoral venous and arterial blood volume flow of ~30% was seen over the other two devices.

Blood velocity - Peak Venous Velocity (+/- 95%CI)



The peak velocity produced by the geko™ device is approximately equivalent to the peak velocity produced by IPC. This means that although the geko™ device produces more venous flow

than IPC over any given time period, the geko[™] device does not produce velocities or shear stresses higher than those produced by IPC or by physiological norms such as walking.

The geko[™] device is cost saving^{1,3}

The savings, as outlined within the NICE guidance, would result from a reduction in the relative risk of DVT and the associated conditions of VTE such as post thrombotic syndrome as well as reduced length of stay.

NICE guidance estimates a cost saving of

£197*



When the device is used for a period of

6 days

when compared to no VTE prophylaxis and that under these circumstances use of the device will be **cost saving until day 14.**

In high risk patients when a combination of pharmacological and mechanical VTE prophylaxis is desirable but current mechanical prophylaxis is contraindicated or impractical, the **geko™ device** in combination with pharmacological prophylaxis will be cost neutral for up to 3 days compared to pharmacological prophylaxis alone.



Cost neutral for up to 3 days of device use.

The adoption of the NICE guidance and the use of the geko[™] device supports the NHS objective of providing

cost effective

VTE prevention to all at risk hospital patients.



^{*} Recalculated cost saving is now £337 based on independent health economic analysis conducted in 2017.8

Providing venous thromboembolism (VTE) prophylaxis to all at risk hospital patients

Self-contained and wearable, the geko[™] device is:

- Simple and easy to use
- Small and light (weighing just 10g) with no leads or wires, enables the patient to be as mobile as possible
- · No tripping hazard

CE marked:

- To increase blood circulation
- For the prevention of venous thrombosis
- For the prevention and treatment of oedema

NICE guidance:

NICE guidance (MTG19) supports use of geko™ device for people who have a high risk of VTE.

USA:

In the USA geko[™] devices are sold for increased blood circulation and the post-surgical stimulation of the calf muscles to prevent venous thrombosis and oedema reduction.

Caution: Federal law restricts this device to sale by or on the order of a licensed healthcare practitioner.

RCN Accredited:

The geko[™] device user training programme is RCN accredited for VTE prevention.



References

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- 8. Independent economic analysis by Mtech Access Ltd, April 2017.



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Griffiths and Nielsen Ltd, Maydwell Ave, off Stane Street, Slinfold, Horsham, West Sussex, RH13 OGN, United Kingdom

Orders: Medsales@gandn.com Enquiries: +44 (0)845 263 8908

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