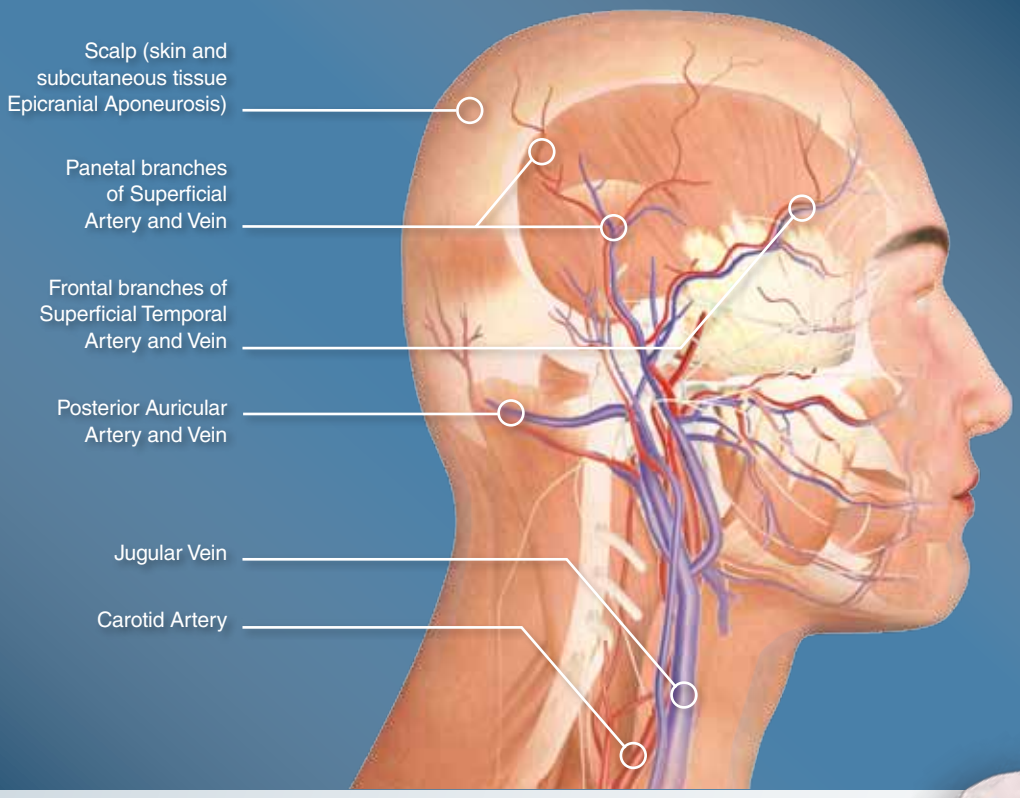
Blood Vessel Anatomy of the Scalp



The vital areas of the scalp and its increased blood flow activity present considerable difficulty in emergent situations involving haemorrhage.

Stop the Bleeding

with the iTClamp™

by Innovative Trauma Care

The iTClamp is a temporary wound closure device to control bleeding, including scalp laceration haemorrhage that is the cause of numerous fatalities annually.[1] The device seals the edges of the wound to create a stable clot until the wound can be surgically repaired.

A REVOLUTIONARY SCALP HAEMORRHAGE SOLUTION

- Provides safe, reliable bleeding control in seconds
- Enables crew to focus on primary treatment
- Can be self-administered by any first responder with minimal training[2]
- Stabilizes bleeding during transport from point of injury through to definitive care
- Allows for CT scan upon facility arrival.

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Consequences of Poor Treatment [2]

- Excessive haemorrhage in vital areas can lead to hypotension and cause haemorrhagic shock[3]
- Loss of blood from scalp can require resuscitation[1]
- Excessive haemorrhage causes delays in primary treatment, increasing morbidity and mortality[3]

Proven Benefit – Three Cases

Alberta, Canada, April 2013:

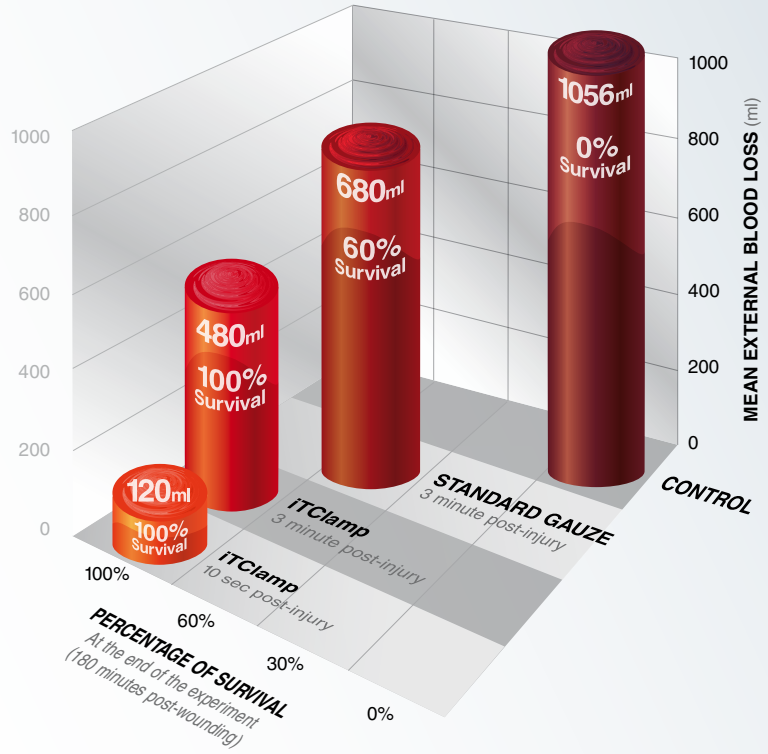
The first recorded human use of the iTClamp™ Haemorrhage Control System was a patient sustaining 2-3 cm scalp laceration after being hit by a golf club. After use of gauze failed, as well as applying direct pressure, the iTClamp was applied and the paramedic reported the bleeding was "instantly controlled," with no subsequent re-bleeding. The device remained in the patient for five hours, including treatment at the hospital.

Copenhagen, Denmark, May 2013:

The first human use of the iTClamp in Europe involved an elderly female patient that suffered a knife stab wound to the head. A physician applied the iTClamp at the scene and was extremely satisfied with its performance, rating it 10 out of 10 and no reported issues with application or removal.

United Kingdom, 2013:

A 50-year-old male patient suffered a 6cm L-shaped neck wound from a fall against broken glass. The iTClamp was applied and controlled the severe bleeding in less than 5 seconds. In another instance, a 25-year-old male patient presented to the ED with a 7cm linear neck stab wound with excessive haemorrhage. The iTClamp was applied in less than 10 seconds to control bleeding. In both cases the care provider observed minimal pain (3/10, with 10 being most severe) upon application.



Pre-clinical Animal Trials

Results showed statistically significant improvement in using the iTClamp vs. control and standard gauze groups with respect to:

- Survival[4]
- Survival Time[4]
- Blood Loss[4]

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M-131-CE Rev A

1 Hamilton JR, Sunter JP, Cooper PN. Fatal hemorrhage from simple lacerations of the scalp. *Forens Sci Med Pathol.* 2005 2005/12/01;1(4):267-71. English.

2 Visit www.youtube.com/watch?v=18U1Jh7idHU to view self-administration video

3 Kauvar DS, Lefering R, Wade CE. Impact of hemorrhage on trauma outcome: an overview of epidemiology, clinical presentations, and therapeutic considerations. *The Journal of Trauma.* 2006 Jun;60(6 Suppl):S3-11. PubMed PMID: 16763478. Epub 2006/06/10. eng.

4 Filips D, Logsetty S, Tan J et al. The iTClamp controls junctional bleeding in a lethal swine exsanguination model. Prehospital Emergency Care 2013;17:526–532