The Kendall SCD™ system measures the time it takes for a patient’s veins to refill with blood after being compressed. The frequency of compression cycles is based on the patient’s venous refill time (20 to 60 seconds), which is re-calculated automatically every 30 minutes.

The results confirmed that the Kendall SCD™ system:
- Achieved more compression cycles over time.
- Increased the volume of blood per compression cycle.
- Moved more blood per hour.
- Posterior, sequential, rapid inflation device with fixed compression cycle (PUC).
- Uniform, posterior system with fixed compression cycle (PSR).

Clinical Evidence:
A 2007 study compared the haemodynamic performances of three different IFC devices: 2
• Kendall SCD™ system
• Other brands are trademarks of a Covidien company. ©2013 Covidien.

Clinical References:
10. Janssen H et al. Haemodynamic alterations in sequential pneumatic compression with Vascular Refill Detection (VRD), a proprietary technology that customises compression for each patient, moving more blood over time.
The Kendall SCD™ system is clinically proven to reduce the risk of both Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE), and to improve survival in stroke patients.5

Circumferential Compression
• Increases fibrinolytic activity 6
• Rapidly empties the femoral veins 7
• Fully collapses valve cusps, where fatal clots can form 8

Sequential & Gradient Compression
• Maximises femoral blood flow velocity 8
• Promotes unidirectional blood flow 1
• Reduces the risk of distal blood trapping 9

Kendall SCD™ 700 Series Controller is a compact, lightweight, easy-to-use, all-in-one controller designed to improve functionality and maximise convenience.

The efficacy of the Kendall SCD™ system is supported by nearly 100 clinical trials, covering almost all surgical specialties.

The Kendall SCD™ system is effective in reducing the risk of DVT and PE by addressing two of three factors of Virchow’s Triad: 5
• Stasis by increasing blood flow
• Coagulation Changes by stimulating fibrinolytic activity

Combining intermittent Pneumatic Compression (IPC) with anticoagulants has been shown to optimise patient outcomes.11
• Anticoagulants Alone = 4.21% Overall DVT Rate
• IPC + Anticoagulants = 0.65% Overall DVT Rate