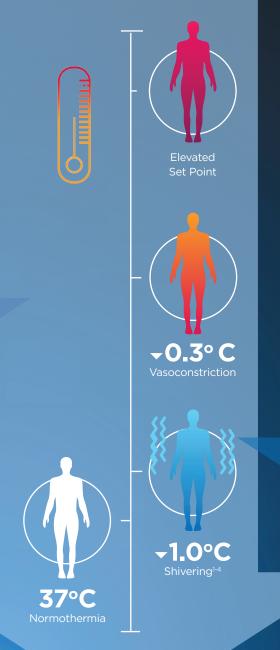




Shivering reverses the benefits of fever control.^{3,4}



The more precise solution to minimize shivering, avoid complications and reduce costs.



Meet the new standard.

The ensoETM is a simple, disposable device that is placed in the esophagus and connected to an external heat exchanger to create a closed system for heat transfer to or from a patient.





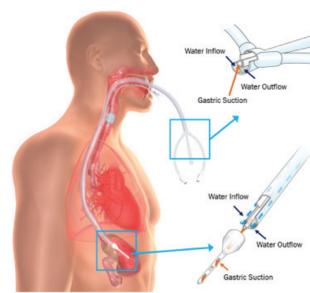
Placed right at the core, close proximity to blood flow from the heart and great vessels allows highly efficient heat transfer while maintaining access to the stomach for suctioning, feeding, and medication administration.



Better for patients.

Shivering reverses the benefits of everything you're doing to control body temperature^{3,4}. By directly cooling at the core, ensoETM bypasses the skin's shivering sensors, allowing more precise cooling with fewer complications.⁵⁻⁸





PRODUCT SPECIFICATIONS

Enteral Feeding + Suction



External Heat Exchanger	Stryker Altrix* Temperature Management System Gaymar/Stryker Medi-Therm* III	Cincinnati Sub-Zero/Gentherm Blanketrol® II or III
Heat Exchange Connector	Gaymar/Stryker Clik-Tite	Colder Products Company PLCD22004
Enteral Feeding Connector	ENFit*	ENFit®
Intended Duration of Use	72 h in the US / 120 h outside the US	72 h in the US / 120 h outside the US
Material	Medical-grade silicone	Medical-grade silicone
Water Volume	55 mL (1.9 fl oz.)	55 mL (1.9 fl oz.)
Outside Diameter	12.0 mm (0.47 in, 36 Fr)	12.0 mm (0.47 in, 36 Fr)
Inside Diameter of Gastric Lumen	2.6 mm (.10 in)	2.6 mm (.10 in)

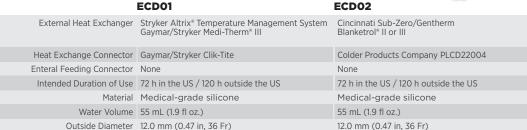
The ECD03 and ECD04 are approved for sale in the United States, Europe and Australia.

Suction Only

758 mm (29.8 in)

2.6 mm (.10 in)

758 mm (29.8 in)



The ECD01 and ECD02 are approved for sale in the United States, Europe and Australia.

Sessler DI. Thermoregulatory defense mechanisms. Crit Care Med 2009;37(7 suppl):S203-S210.

Length 758 mm (29.8 in)

Inside Diameter of 2.6 mm (.10 in)

Gastric Lumen

Length 758 mm (29.8 in)

- 2. Presciutti M, Bader MK & Hepburn M. Shivering management during therapeutic temperature modulation; nurses' perspective. Crit Care Nurse 2012;32:33-42.
- 3. Logan A, Sangkachand P & Funk M. Optimal management of shivering during therapeutic hypothermia after cardiac arrest. Crit Care Nurse 2011;31:e18-e30.
- 4. Mayer, SA & Sessler, DI (Eds). Therapeutic Hypothermia 2005 Boca Raton: Taylor & Francis Group.
- Khan I, Haymore J, Barnaba B, et al. Esophageal Cooling Device Versus Other Temperature Modulation Devices for Therapeutic Normothermia in Subarachnoid and Intracranial Hemorrhage. Ther Hypothermia Temp Manag. 2018;8(1):53-58.
- Naiman M, Markota A, Hegazy A, Dingley J, Kulstad E. Retrospective Analysis of Esophageal Heat Transfer for Active Temperature Management in Post-cardiac Arrest, Refractory Fever, and Burn Patients. Military Medicine. 2018;183(suppl_1):162-168.
- Gillon S, Ammar T, Adlam M, Pahl C. Thermoregulatory central venous catheter-associated thrombus echocardiographic detection and novel approach to management. J Intensive Care Society. 2015;16(1):71-74.
- Goury A, Poirson F, Chaput U, Voicu S, et al. Targeted Temperature Management Using the "Esophageal Cooling Device" after Cardiac Arrest (the COOL Study): A Feasibility and Safety Study. Resuscitation. 2017; 121:54-61.

