



# The Pink Pad®

The Safest, Most Clinically Proven and Preferred Trendelenburg Positioning Solution



Prevent Sliding



Reduce HAPI Risk



Avoid Nerve Injury

- **Prevent Patient Sliding**

The Pink Pad is the safest, most effective solution for reducing unwanted movement in steep Trendelenburg; even for heavy, high-BMI patients.

- **Reduce Risk of Hospital Acquired Pressure Injuries (HAPIs)**

The Pink Pad's totally unique, open-cell material is breathable, moisture wicking, insulative, soft-to-the-touch, immersive, and enveloping. **Independent studies prove that the Pink Pad reduces erythema** compared with other positioning solutions.

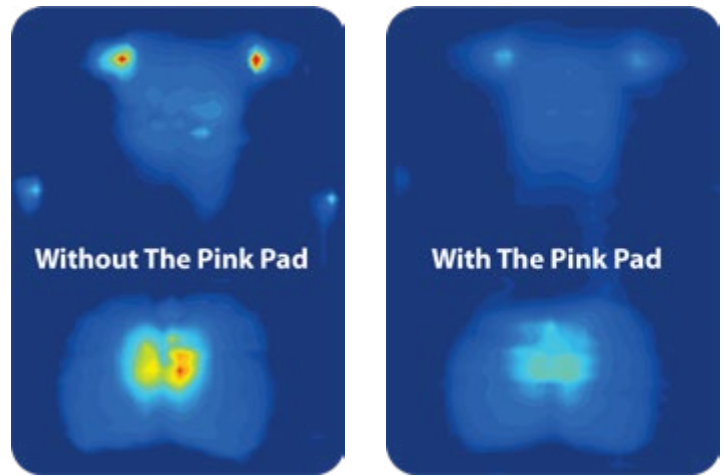
- **Eliminate Brachial Plexus Injury Risk**

The Pink Pad is **clinically proven to reduce post-operative pain** in surgical patients. It functions without placing pressure on the head, neck, or shoulders; thereby eliminating the risk of preventable nerve injuries.

## Pressure Relief

In a study of 15 subjects ranging from 16–54 BMI (average BMI of 35.5), the Pink Pad provided an average peak pressure reduction of 43%.

The cost of treating Hospital Acquired Pressure Injuries (HAPIs) is over \$1 billion annually, with average increased hospital stays at nine days, and non-reimbursed treatment costs potentially exceeding \$40,000 per patient.



**“Patients on the Pink Pad had significantly less displacement with Trendelenburg and faster positioning compared to the other surfaces.”<sup>2</sup>**



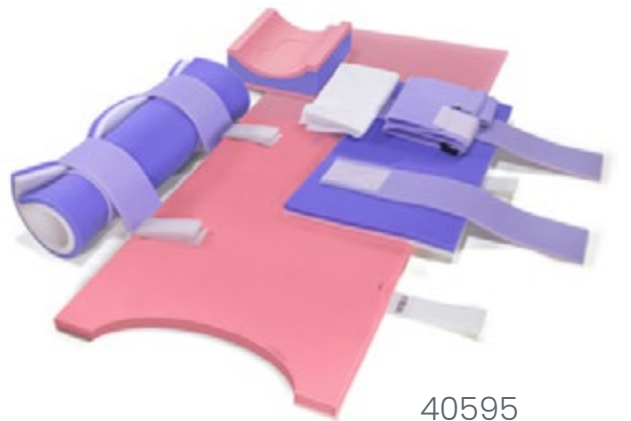
**Alessio Pigazzi**  
M.D., Ph.D., FACS

## Patient Safety Breakthroughs

With a mutual goal of addressing every challenge associated with Trendelenburg positioning, Xodus Medical collaborated with Dr. Alessio Pigazzi, an international leader in minimally-invasive general and colorectal surgery. The resulting Pink Pad revolutionized Trendelenburg positioning; protecting countless patients and earning more than 10 US patents.

## Material Differences

Clinical leaders in the world’s top hospitals trust the Pink Pad’s patented, HAPI-reducing material to maximize patient safety and eliminate sliding in steep Trendelenburg



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## A Complete Positioning Solution

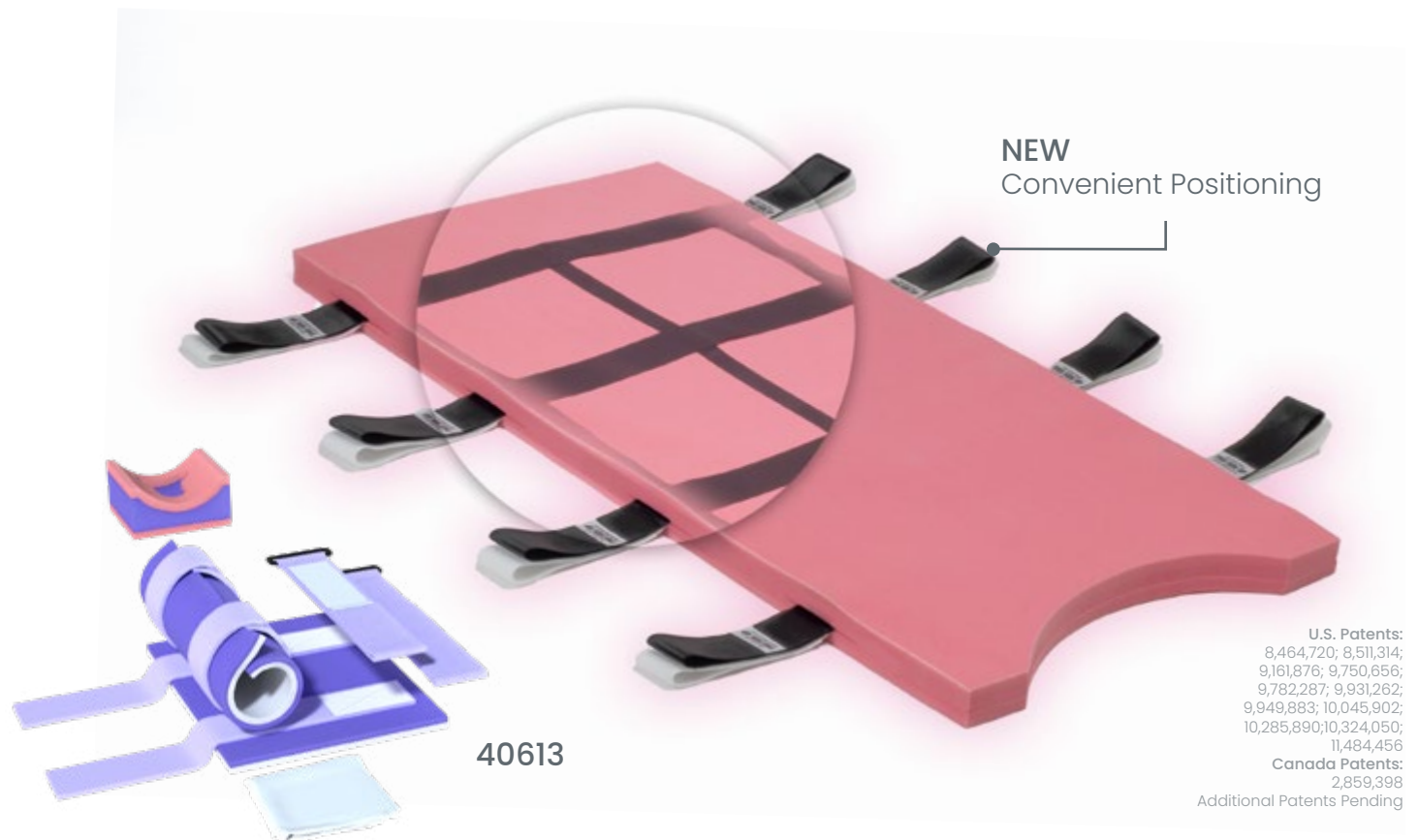
- Pink Pad XL
- Lift Sheet
- Skin-Friendly Body Strap
- One-Step Arm Protectors w/ DermaProx™
- Pink Pad Head Positioner

<sup>2</sup> Journal of Minimally Invasive Gynecology 27 (2020) S1-S82

# The Pink Pad – Safe Assist™

New  
Product

The Safest, Most Clinically-Proven and Preferred  
Trendelenburg Positioning Solution – Now Easier to Use



**“The Pink Pad – Safe Assist made it safer and easier for our staff to position and move patients, especially those with a higher BMI”**

– Kate Schuh White, MD, FACOG – OB/GYN

- Safely prevent patient sliding, HAPI formation, and nerve damage in Trendelenburg positions
- Establish a clinical evidence-based best practice for reducing peak pressure and preventing unwanted patient movement
- Easily transfer and position patients with integrated straps

**“Postoperative erythema was significantly less common on the Pink Pad...”<sup>1</sup>**

<sup>1</sup> Journal of Gynecologic Surgery, 2021

# The Pink Pad – One Step™

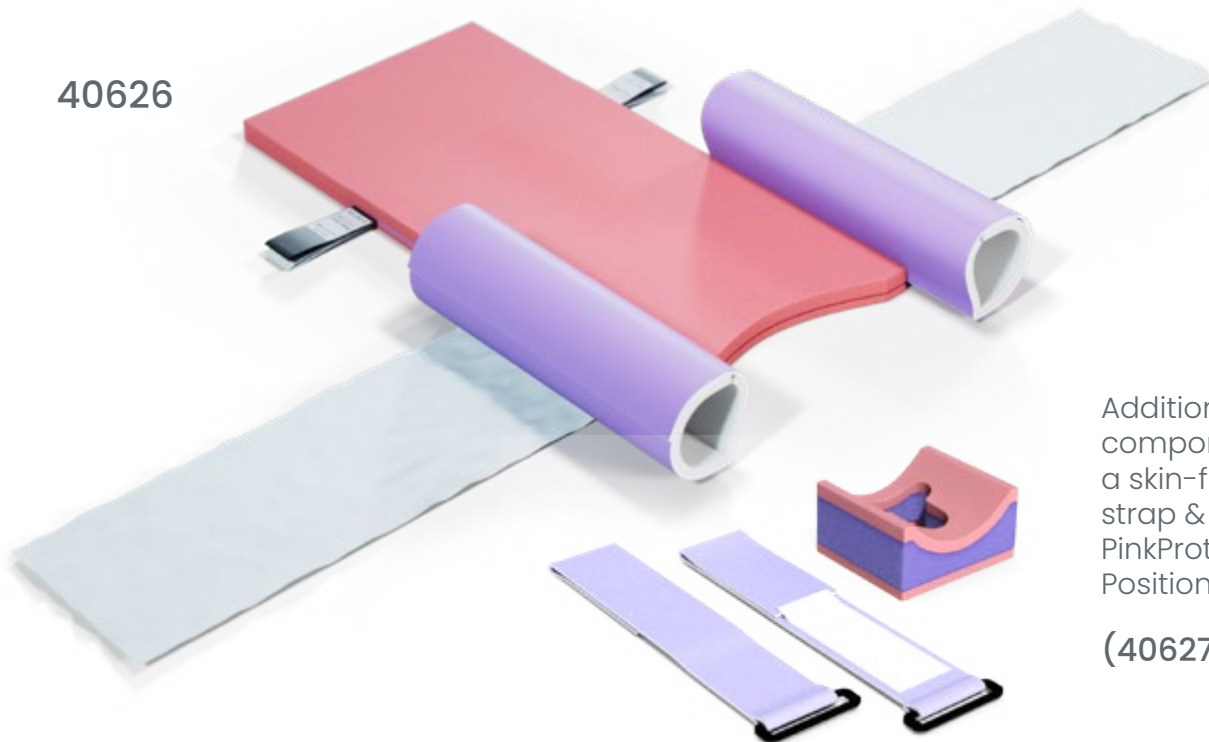
New  
Product

A Safe, Streamlined, and Complete Trendelenburg Positioning System

"To ensure safe patient positioning in Trendelenburg, our OR trusts the Pink Pad exclusively. In terms of convenience, the One-Step solution takes the Pink Pad to a whole new level."

– Kate Schuh White, MD, FACOG – OB/GYN

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Additional kit components include a skin-friendly body strap & an optional PinkProtect™ Head Positioner

(40627)

- Establish a best practice standard-of-care<sup>1</sup> with a single-step, streamlined patient positioning system
- Set up time under one minute saves your hospital up to \$1,900 per procedure\*

\*Based on OR costs of \$100/minute<sup>2,3</sup>, and 20-minute average set up times for competitive systems

1: Journal of Gynecologic Surgery, 2021; A Prospective Randomized Trial of Antislip Surfaces During Minimally Invasive Gynecologic Surgery

2: OR Management News: What Is a Minute Worth in the OR? June 2018,

3: Critical Care Medicine: January 2019 – Volume 47 – Issue 1 – p 41



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