

CELOX™ PPH

UTERINE HAEMOSTATIC TAMPONADE



Demonstrates
77.8%
reduction in
hysterectomies
vs standard
of care^{1,4}



FAST ACTING

Unique mode of action reducing the need for further surgical therapy¹

- Addresses **wide range** of uterine post-partum haemorrhage indications^{1,2,4,5,6}
- **Rapid haemostasis** delivered independently of the patients own clotting mechanism⁷
- Bleeding control highly effective with compromised patients on anticoagulant therapy or trauma induced coagulopathy⁸



SAFE & CLINICALLY EFFECTIVE

10 years of clinical efficacy vs standard of care

- **100% haemostasis for grade 1 & 2 bleeding** (up to 2500mls) in all deliveries^{1,4}
- 95.6% haemostasis⁹ for grade 1 to 3 bleeding (up to 8000mls) for vaginal deliveries^{1,4}
- 77.8% reduction in hysterectomies vs current standard of care^{1,4}
- Safe and clinical effective supported by a range of peer reviewed published clinical papers^{1,2,4,5,6}



VERSATILE & EASY TO USE

Allowing globalisation of the technology in Developed and Developing Nations

- Light weight product that's **simple and quick** to apply and remove^{4,5,9}
- Limited training required due to product simplicity and alignment with standard uterine packing technique
- Robust product design with **5 year** shelf life. **No special storage requirements** (wide temperature extremes) and **no additional** preparatory steps or need for additional materials or power.

For more information visit: www.celoxpph.com

References - 1 Celox Gauze - Post Partum Hemorrhage - Retrospective Data Analysis Report V11-19May2022 - Data on file. 2 Schmid BC, Rezniczek GA, Rolf N, et al. Uterine packing with chitosan-covered gauze for control of postpartum hemorrhage. Am J Obstet Gynecol 2013;209:225.e1-5. 3 A.M. Dueckelmann et al. Uterine packing with chitosan-covered gauze compared to balloon tamponade for managing postpartum hemorrhage. European Journal of Obstetrics & Gynecology and Reproductive Biology 240 (2019) 151-155. 4 C. Biele et al., "Does the use of chitosan covered gauze for postpartum hemorrhage reduce the need for surgical therapy including hysterectomy? A databased historical cohort study," (in eng), J Perinat Med, May 25 2022, doi: 10.1515/jpm-2021-0533. 5 TheWorld health report 2005: make every mother and child count. Geneva: World Health Organisation; 2005. 6 Say L et Al. Global causes of maternal death: a WHO systematic analysis. Lancet Glob Health. 2014 Jun;2(6):e323-33. 7 Borovac-Pinheiro A, Pacagnella RC, Cecatti JG, et al Postpartum hemorrhage: new insights for definition and diagnosis. Am J Obstet Gynecol. 2018;219:162-168. 8 Identifying regional variation in the prevalence of postpartum haemorrhage: a systematic review and meta-analysis. Clara Calvert I, Sara L Thomas, Carine Ronsmans, Karen S Wagner, Alma J Adler, Veronique Filippi. PLoS ONE. July 2012| volume 7| Issue 7| e41114. 9 Milliner RWJ, et al. Chitosan arrests bleeding in major hepatic injuries with clotting dysfunction: an in vivo experimental study in a model of hepatic injury in the presence of moderate systemic heparinisation. Ann R Coll Surg Engl 2010; 92: 559-561. (In-vivo)