geko™
circulation support

Reducing venous thromboembolism (VTE) risk in acute stroke patients[1]

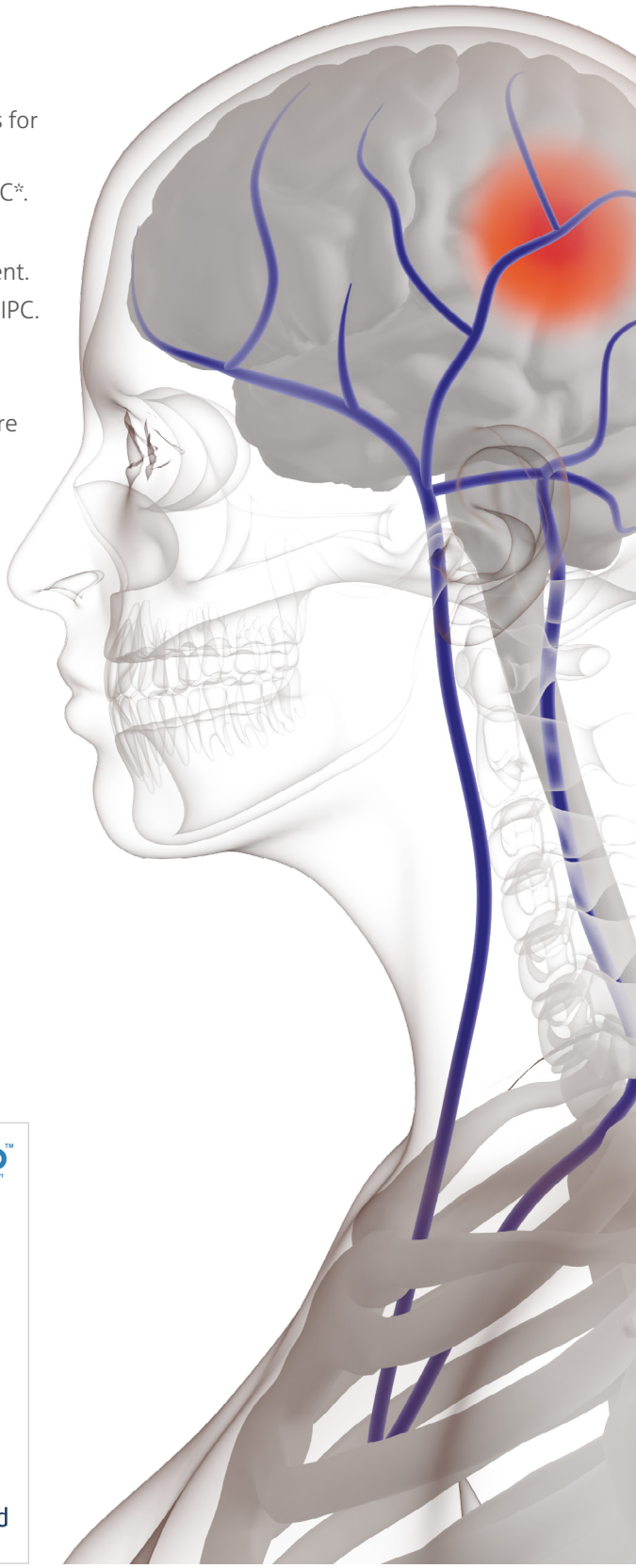
The prospective comparative study assessed 1,000 acute stroke patients for VTE incidence at 90 days post discharge: The study showed:

- 29.5% of patients were either contraindicated or unable to tolerate IPC*.
- 2.4% of patients prescribed IPC alone suffered a VTE event
- 0% of patients prescribed the geko™ device alone suffered a VTE event.
- Patients reported greater tolerance of the geko™ device compared to IPC.
- Health economics show the geko™ device is cost saving vs. the cost consequence of no VTE prophylaxis.

Furthermore, the geko™ device provided an anti-stasis intervention where previously patients would have had no other intervention available to them, ensuring no immobile stroke patient, with a high risk of VTE, was without a mechanical VTE prophylactic intervention.

Link to data

The use of the geko™ device (a neuromuscular electrostimulation device) and the resulting activation of the foot and calf muscle pumps for the prevention of venous thromboembolism in patients with acute stroke.



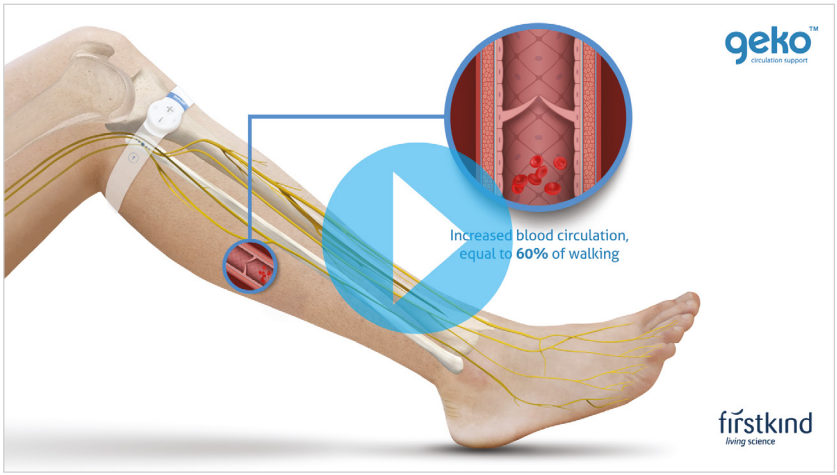
Zero

No DVT or PE reported in patients in the geko™ device arm.

29.5%

29.5% of patients were reported as either contraindicated or unable to tolerate IPC.

Mechanism of action animation video:



www.gekodevices.com

References:
1. Willliams et al The use of the geko™ device (a neuromuscular electrostimulation device) and the resulting activation of the foot and calf muscle pumps for the prevention of venous thromboembolism in patients with acute stroke.

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