

POSTOPERATIVE DELIRIUM. COMMON. COSTLY. DEADLY.

COMMON



37-46%

of all surgical patients are affected by postoperative delirium¹



RISK INCREASES UP TO 87%

depending on the patients' age and type of surgery¹



UP TO 21%

of patients experience emergence delirium after anesthesia and surgery²



COSTLY

In-hospital delirium costs the U.S. healthcare system

\$164 BILLION

per year,³ and perioperative delirium costs

\$8,373 PER PATIENT⁴



Elderly patients with postoperative delirium have increased hospital stays by an average of



Patients with postoperative delirium have more than

2X THE RISK

of being readmitted to the hospital^{6,7}



DEADLY

Patients with postoperative delirium have

2-4X THE ODDS

of dying during their hospital stay^{8,9}



2.5-5X THE ODDS

of dying within six months⁷⁻⁹

These patients are exposed to other major postoperative complications, including prolonged hospitalization, loss of functional independence and reduced cognitive function³



POSTOPERATIVE DELIRIUM IS PREVENTABLE

Up to 40% of postoperative delirium cases may be prevented with:

- A proper screening program
- Identification of risk factors
- Evidence-based monitoring methods within the OR³

EVIDENCE-BASED BEST PRACTICE

According to the American Geriatrics Society, practitioners may use "processed electroencephalographic monitors of anesthetic depth during intravenous sedation or general anesthesia of older patients to reduce postoperative delirium"¹³



IMPROVED SAFETY

Directly monitoring how anesthesia is affecting patients' brains during surgery allows dosing optimization



IMPROVED PATIENT SATISFACTION

Monitoring leads to faster wake-up, recovery and discharge from PACU¹³



REDUCED POSTOPERATIVE DELIRIUM

Anesthetic dosing guided by brain function monitoring may decrease the rate of postoperative delirium^{11,12}



REDUCED COSTS

By lowering primary anesthetic delivery by 50%¹⁰ and decreasing the incidence of delirium, the BIS™ system may help reduce treatment costs¹⁴

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