

## THE LUNGS SUPPORT THE HEART

The main effect of chest compressions is to increase intrathoracic pressure, which causes blood circulation to be maintained or restored. But at the same time, air does escape from the lungs, which inhibits the effect of the pressure buildup and so reduces cardiac output. This is precisely where the CCSV ventilation mode comes into play: By administering the mechanical breath in synchrony with the chest compression, it prevents any volume of gas from escaping. As a result, pressure in the lungs is increased and cardiac output rises.

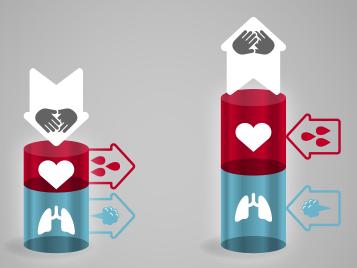


# CONVENTIONAL CPR AT 30:2

## CPR WITH CCSV

Compression phase

Decompression phase

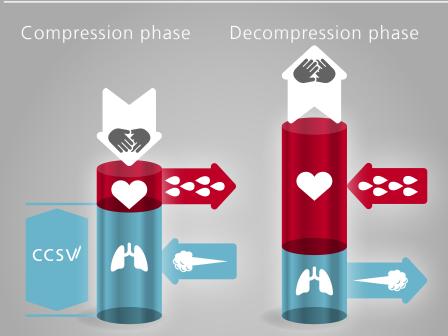


During chest compressions, the heart and the pulmonary vessels ir the thorax are compressed, but air is simultaneously released from the surrounding lungs, causing a decrease in pressure.





For an informative overview of scientific study results, please refer to our white paper on CCSV



In the compression phase with CCSV, mechanical breaths are administered in synchrony with manual or mechanical chest compressions. The synchronized mechanical breath means that only a negligible volume of gas can escape from the thorax. As a result, intrathoracic pressure increases during the compression phase.

#### This leads to:

- Increased arterial pressure
- An increase in blood circulation
- An improvement in gas exchange (decompression phase)

In the decompression phase, the ventilator switches to expiration, which causes air to escape from the lungs. At the same time, intrathoracic pressure decreases and the venous return to the heart can occur unhindered.



### CCSV - THE VENTILATION MODE THAT SUPPORTS THE HEART

PEEP 3 mbar

(1)

compressions

Chest Compression Synchronized Ventilation (CCSV) is a ventilation mode developed by WEINMANN specifically for cardiopulmonary resuscitation. Integrated in MEDUMAT Standard<sup>2</sup>, CCSV applies a pressure-controlled mechanical breath in synchrony with each chest compression. This revolutionary method demonstrably improves gas exchange and hemodynamics.



# CCSV AS A **crucial** BRIDGE TO TREATMENT IN HOSPITAL

During cardiopulmonary resuscitation, continuous chest compressions and a reduction in hands-off time are used to establish circulation that is essential for survival and to perfuse vital organs such as the heart and brain. This is precisely where CCSV comes in: The rise in intrathoracic pressure during compression can increase arterial blood pressure. During the decompression phase, the device switches to expiration, thereby supporting the venous return flow to the heart. These two mechanisms can in turn increase perfusion. CCSV therefore not only ensures that the lungs are oxygenated and ventilated, but also improves hemodynamics. As a result, a system with CCSV provides optimal prerequisites for further treatment at the hospital (e.g. thrombolysis, catheter laboratory, ECMO or eCPR).

# FROM THE EMERGENCY

CCSV IMPROVES THE PROCESS FOR USERS DURING CPR

START OF RESUSCITATION

At the emergency site, you start cardiopulmonary resuscitation as quickly as possible using the 30:2 method. Press the CPR button of the MEDUMAT Standard<sup>2</sup> to start ventilation during CPR. The MEDUtrigger can be used to release the mechanical breaths manually.

VENTILATION DURING CPR WITH

Let CCSV work automatically once you have secured the airway. MEDUMAT Standard<sup>2</sup> now ventilates in synchrony with your continuous chest compressions fully automatically with no need to set ventilation parameters. Here, the frequency tachometer provides added assurance when monitoring the compression frequency!

FULLY AUTOMATED CPR

The use of CCSV with mechanical chest compression creates a fully automated system for cardiopulmonary resuscitation. This not only guarantees adequate perfusion over a longer period of time, but also ensures optimal crew resource management (CRM) by freeing up hands. The team then has time to focus on treating the cause of the cardiac arrest.





MAN OR MACHINE: CCSV IS COMPATIBLE WITH ALL COMMON CHEST COMPRESSION DEVICES!





# SITE TO THE HOSPITAL

4
SHOCK DELIVERY REQUIRED?
START THE ANALYSIS!
MEDUMAT Standard² interacts
perfectly with defibrillator
monitoring systems like MEDUCORE
Standard². If you interrupt manual
or mechanical chest compressions
for rhythm analysis, MEDUMAT
Standard² detects this and interrupts
the ventilation automatically. This
enables a trouble-free ECG analysis.

## CONTINUING THE CHEST COMPRESSIONS

Once you continue with chest compressions after delivering the shock, CCSV detects this and resumes synchronous ventilation.

## RESUMPTION OF SPONTANEOUS CIRCULATION

If chest compressions are interrupted for a prolonged period, MEDUMAT Standard<sup>2</sup> automatically exits CCSV mode and switches to volume-controlled backup ventilation.

#### DOES CPR HAVE TO BE REPEATED?

If you start chest compressions again after ROSC has occurred, MEDUMAT Standard<sup>2</sup> will automatically resume ventilation during CPR in CCSV mode.









# INTEGRATING THE SOFTWARE OPTION IS SO EASY

The option is activated using an enable code. CCSV ventilation mode is available exclusively from WEINMANN as a software option for the MEDUMAT Standard<sup>2</sup> emergency ventilator. It can be activated either during initial commissioning or at a later stage.

# THE "FLOW MEASUREMENT + ASB" AND "CCSV" SOFTWARE OPTIONS

In order for you to use CCSV, the "Flow measurement + ASB" software option must be activated. Why? CCSV adjusts the ventilation to the chest compressions and requires a trigger to initiate a mechanical breath. This trigger is provided by the "Flow measurement + ASB" function. In addition, the compression frequency and applied tidal volume can be monitored with this option.

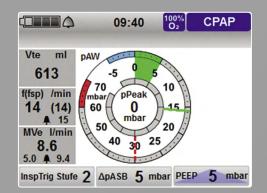
Software option: Flow measurement + ASB

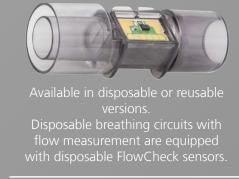


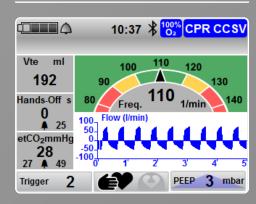
Accessories: FlowCheck sensor



Software option: CCSV











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# FIVE remarkable

# FACTS ABOUT CCSV





The maximum CCSV ventilation time of a patient requiring CPR and able to leave the hospital was over 3 hours.<sup>2</sup>



Initial publications are promising: In one study, ROSC was achieved on hospital admission in 21 out of 34 (61.8%) CCSV patients.<sup>3</sup> For comparison: According to the annual report of the German Resuscitation Registry, a total of 30% of all patients reached the hospital with restored spontaneous circulation in 2022.



Equally promising:

hospital alive.<sup>3</sup>
For comparison: According to the annual report of the German Resuscitation Registry, a total of 10.7% of all patients were able to leave the hospital alive



Since the introduction of CCSV, the mode has already been used in over 150 EMS organizations and clinics – and the trend is rising!<sup>4</sup>





#### **%** We Simplify Saving Lives

Contact

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Logistics and Service











#### UAE (Branch)