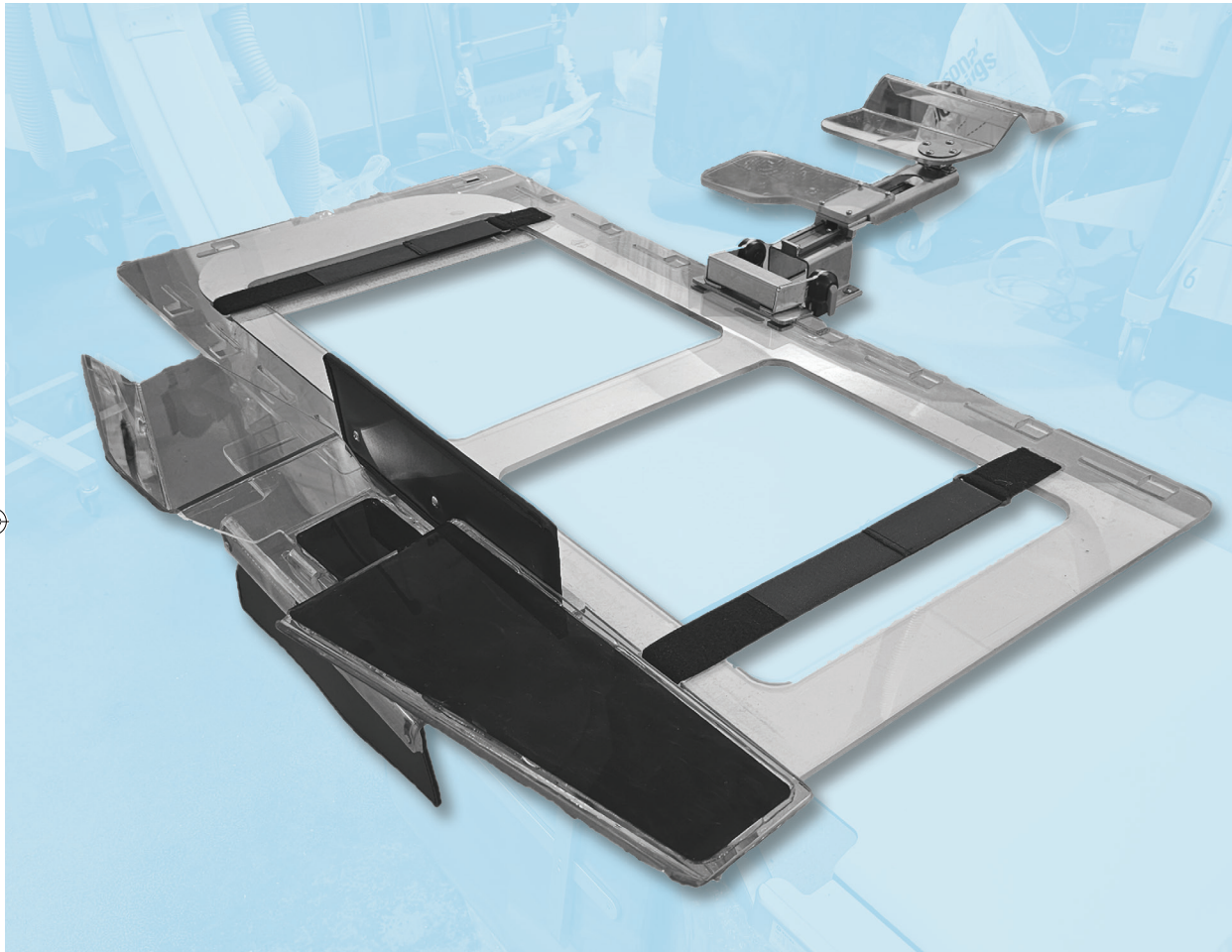


MAXIMIZE YOUR PROTECTION AND SUPPORT

WITH MINIMAL OBSTRUCTION
TO WORKFLOW



KEY BENEFITS

- Radiation protection
- Arm stabilization
- Equipment support

FEATURES

Modular system

- Versatile pieces easily installed anywhere around the table

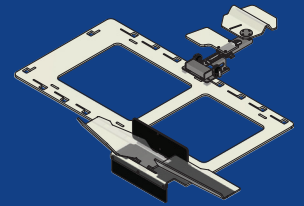
Low-profile design

- Adjustable pieces blend seamlessly into existing equipment

Strategic materials

- Radiolucent where needed with cut-outs to limit scatter

ARMERY SHIELD
RADIAL SUPPORT



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BASE

Universal

- Made-to-order to fit any table dimensions

Simple installation

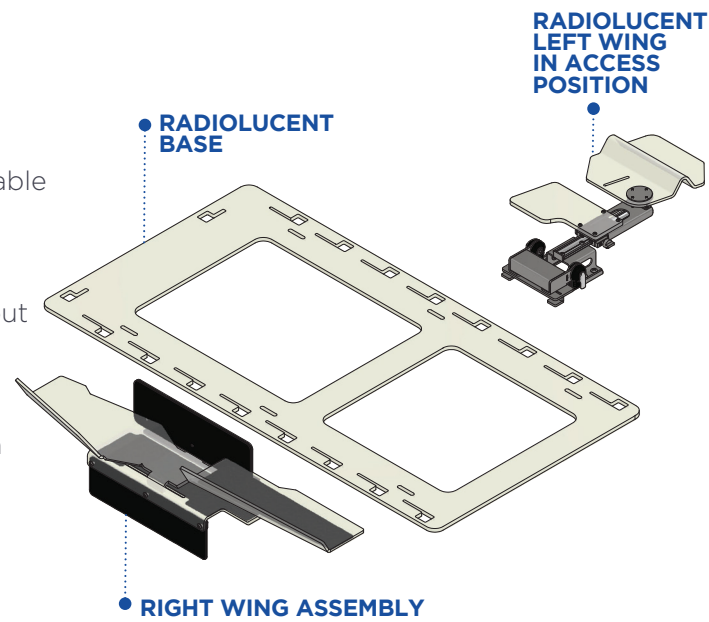
- Solidly fixes to table without hardware

Unobstructive

- Safe patient transfer when pieces uninstalled

Flexible

- Multiple mounting points



RIGHT

Adjustable

- Adjusts to patient position and arm length

Ergonomic

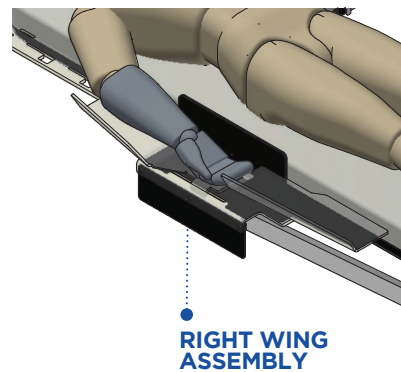
- Adjustable contoured form positions patient arm to optimize arterial access

Strategically oriented lead

- Closes the radiation window to minimize remaining exposure source

Supportive work bench

- Runway supports wires, catheters, and other procedural equipment



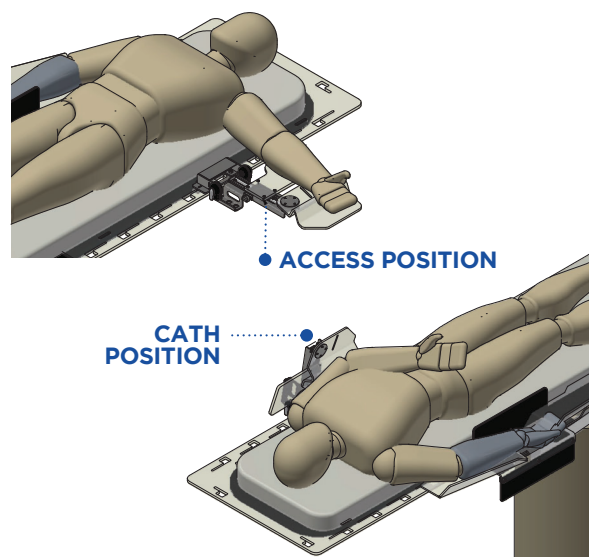
LEFT

Dual-purpose

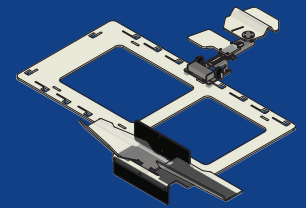
- Access position
 - Supports abducted left or right arm when obtaining access
- Cath position
 - Locks left arm comfortably in position for left radial approach

Compact

- Transforms for cath position to minimize interference



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REDUCING RADIATION EXPOSURE

to Operators During Invasive Cardiac Procedures With a Novel Lead-Based Arm Board (RADAR)

Background

- Ionizing radiation exposure during invasive coronary angiography and percutaneous interventions carries potential adverse effects to the operator and patient
- The Armery board was evaluated in a randomized controlled trial to evaluate its ability to reduce radiation exposure to operators in real-world clinical practice

Results

- Baseline clinical and procedural characteristics were similar between the two groups
- 346 patients who underwent 351 procedures (175 with lead-based arm board) were randomized
- There was no difference between groups in air kerma or dose area product
- Compared with standard lead shielding alone, the use of lead-based arm board significantly reduced the radiation dose (see Main Results table) to the primary operator at:



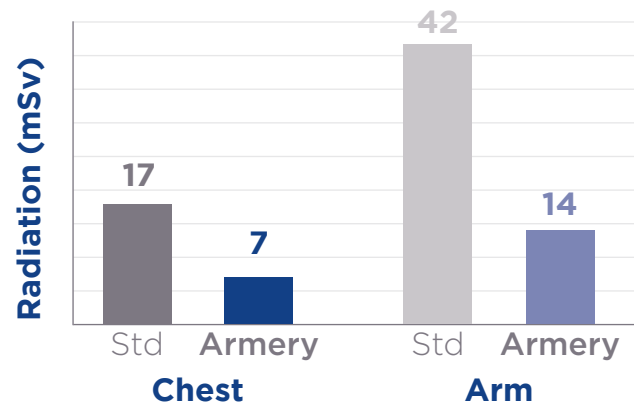
Chest Level
58% reduction;

17.3 ± 17.2 vs.
7.3 ± 10.3 µSv



Forearm Level
65% reduction;

42.4 ± 48.9 vs.
14.8 ± 19.1 µSv



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Procedural Characteristics

Procedure	Arm Board (n=175)	Control (n=176)	P Value
Diagnostic	113 (64.6)	103 (58.5)	0.27
PCI	62 (35.4)	73 (41.5)	0.27
Access			
R Radial	157(89.7)	146 (83.0)	0.09
L Radial	9 (5.1)	19 (10.8)	0.07
Femoral	8 (4.6)	12 (6.8)	0.49

Procedure Radiation Parameters and Characteristics

	Arm Board (n=175)	Control (n=176)	P Value
Cine — 15 frames/sec	157 (91)	158 (90)	0.76
Cine — 30 frames/sec	16 (9)	18 (10)	0.76
Use of Pelvic Lead Shielding	67 (39)	73 (42)	0.54
Fluoroscopy Time (sec)	489 ± 584	513 ± 444	0.65
No. of Cine Acquisitions	16.9 ± 13.2	17.6 ± 12.0	0.61

Main Results

	Arm Board (n=176)	Control (n=175)	P Value
Primary Outcomes — Operator Radiation Dose			
Chest Level (µSv)	7.3 ± 10.3	17.3 ± 17.2	<0.001
Forearm Level (µSv)	14.8 ± 19.1	42.4 ± 48.9	<0.001
Secondary Outcomes — Patient Dose			
DAP (Gy*cm²)	54.7 ± 45.9	59.4 ± 41.6	0.32
Total Dose (Air Kerma; Gy)	0.97 ± 0.9	0.99 ± 0.7	0.84
Umbilicus (µSv)	184 ± 289	215 ± 303	0.32

Conclusions

Adding a lead-based arm board is associated with a significant reduction in radiation dose to the primary operator when compared to the standard lead shielding and without increasing the dose to the patient.

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