



4910 Wright Road • Suite 170 • Stafford, Texas 77477
281.565.5700 FAX 281.565.5712 www.nimbicsystems.com

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Contact: Sean Self
Nimbic Systems, Inc.
P: (281) 565-5715
self@nimbicsystems.com
www.nimbicsystems.com

Groundbreaking Clinical Trial of **Air Barrier System™** Demonstrates Link between Airborne Pathogens in Operating Rooms and the Occurrence of Costly Implant Infections

HOUSTON (January 30, 2017) - In a randomized controlled clinical trial published in the January edition of *Infection Control and Hospital Epidemiology*, groundbreaking evidence was presented connecting the presence of airborne pathogens in operating rooms with the incidence of implant infection.

During the three-year study, the largest of its kind, three hundred patients undergoing hip replacement, spine surgery, and certain vascular procedures were enrolled and randomly assigned to one of two groups. One patient group underwent surgical procedures utilizing Nimbic System's **Air Barrier System (ABS)**, while the other group did not use the device. The **ABS** creates a specialized clean air field over the surgical site that greatly reduces the intrusion of airborne bacteria and other potentially infection-causing microorganisms into incisions. The study collected 2,822 samples of airborne microbes during 470 hours of surgery time.

Results demonstrated zero implant infections in the group that utilized the **ABS**, whereas four implant infections occurred in the group not using the **ABS**. At an estimated additional treatment cost of \$40,000 per incidence, use of the **Air Barrier System** potentially saved the study site \$160,000.

Operating room air, perhaps the most uncontrolled variable present in a surgery environment, is a known vector of implant infection. Notably, the study found that levels of airborne microorganisms were four times higher during the surgical procedures in which patients developed implant infections. The **ABS** is able to effectively control this vector by creating a positive-pressure clean air field directly surrounding the surgical field that prevents airborne pathogens, such as *Staphylococcus aureus*, from entering incisions. In addition, the device is portable, easy to use and adaptable to the surgery procedure and patient anatomy.

The study was conducted at the Michael E. DeBakey Veterans Affairs Medical Center in Houston, TX in a partnership between Baylor College of Medicine and Nimbic Systems, Inc. Study funding was provided by the National Institutes of Health.

For more information about the ABS, visit www.nimbicsystems.com

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