



FIRST RECORDED HUMAN USE – CANADA

APRIL 2013

The first recorded human use of the iTClamp™50 was in Alberta, Canada on April 27, 2013. A patient sustained a 2-3 cm scalp laceration after being hit with a golf club. At the scene the wound did not seem to be bleeding; however, upon arrival at the hospital (in the ambulance bay), clinicians observed the wound bleeding significantly. The patient was on a spine-board with a head block, and the paramedic initially placed 4x4 gauze and a towel between the head block and wound to try and control the bleeding. When this failed, the paramedic tried placing direct pressure on the wound, which also failed.

At this point, the paramedic decided to apply the iTClamp50. Due to the location of the laceration on the side of the head, the head block needed to be moved. The paramedic also slightly closed the device prior to application in order to control the amount of scalp everted between the pressure bars. The paramedic noted that the wound was extremely difficult to see due to the dark hair of the patient.

Once the iTClamp50 was applied, the paramedic reported the bleeding was “instantly controlled” and there was no subsequent re-bleeding. The patient briefly experienced pain upon application of the device (7 out of 10 on the pain scale), as observed by the paramedic, though the paramedic felt the pain response could have been exaggerated due to acute alcohol intoxication; however, once in place the patient did not experience any pain or discomfort (1 out of 10, as observed by the paramedic). The patient did not complain about the device or even touch the device for the remainder of the patient encounter. The physician indicated to the paramedic that he would leave the device on until he was ready to suture the wound. The physician left the device on for 5 hours* at the hospital. During this time the patient underwent a CT scan and he noted minimal oozing around the wound which was easily wiped away with gauze.

** The iTClamp™50 is approved for use up to 24 hours; however, use beyond 3 hours has not been studied.*



LESSONS LEARNED:

- 1 Successfully addressed a scalp laceration on the side of the head despite the wound not being clearly visible and while the patient was immobilized on a spine board.
- 2 Successfully applied in an ambulance by someone who had never applied the device previously.
- 3 No pain after application.
- 4 Applied to an intoxicated patient.
- 5 No interference with the CT scan of the head.
- 6 No problems being left on the scalp for 5 hours.
- 7 No problems with the removal of the device.

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