

Combined Protection of Sternotomy Wound and Bone Stability for Fuller-sized Women



Who should use **QualiBra Advanced?**

Patients with breast cup D or larger, undergoing major chest and cardiac surgery, including:

- Median sternotomy for coronary artery bypass grafting (CABG)
 Valve replacement or repair surgery
- Aortic surgery (ascending, arch, or root repair)
- Heart transplant
- Ventricular assist device implantation (LVAD)
- Redo or complex re-operations via
- Combined cardiac and thoracic procedures
- High-risk thoracic surgery with chest wall instability.

Patient Selection Criteria

Risk factors for sternal wound complications and mechanical instability:

Patient-related Risk Factors:

- Macromastia (large breast size)
- Obesity (BMI >30)
- Diabetes mellitus
- COPD (Chronic Obstructive Pulmonary Disease)
- Chronic cough or frequent respiratory distress
- · Osteoporosis or bone fragility
- Current smokers
- Reduced mobility or frailty

Surgical & Medical Risk Factors:

- Use of bilateral internal mammary arteries for CABG
- Prolonged or complex sternotomy
- Previous myocardial infarction
- Preoperative renal insufficiency
- Re-operations or high-risk redo sternotomies
- Osteoporotic or fragile sternum

Risk Factors for Pulmonary Complications:

Patient-related Risk Factors:

- · All the same as the risk factors for Sternal Wound Infections
- Pain
- Immobility Ineffective cough

Surgical & Medical Risk Factors:

- Atelectasis caused by anesthesia
- Neurological injury
- Diaphragmatic dysfunction
- IMA dissection
- Inflammatory response to CPB (Cardiopulmonary Bypass)
- Low core temperature
- Preoperative renal failure
- Previous myocardial infarction

Risk Factors for Postoperative Persistent Pain:

Patient-related (Psychosocial factors):

- Anxiety
- Depression
- Catastrophizing
- Illness perception
- · Poor coping strategy
- · Low sense of control
- Poor social support

Expectations

- Why Choose QualiBra Advanced?
- Non-opioid pain relief for sore ribs and respiratory muscles.
- Stabilization of the sternum to prevent friction, inflammation and dehiscence.
- **Ease of breathing** through constant support of upper chest.
- Increased comfort for improved sleep and activity.
- Combines sternal support and wound protection in one device.
- **Keeps wound dry,** minimizing moisture-related infection risks.
- May improve wound healing, comfort, and postoperative confidence.
- Designed specifically for fuller-sized women undergoing median sternotomy.

- References:

 I-F. Anarry D., et al., Clinical management and rehabilitation of persistent sternal instability, International Journal of Therapy and Rehabilitation, September 2015, Vol 22, No 9.

 I-F. Anarry D., et al., Clinical management and rehabilitation of persistent sternal cheet supports based on the entire recovery process in and out of the hospital to avoid offset costs of long term complications and medications (2014), www.qualiteam.com.

 Neaszaros K. et al. Risk Factors of Sternal Wound Infection After Open Heart Operations Vary According to Type of Operation. Ann Thorac Surg. 2018 April (19/4);1418–25. doi: 10.1016/j. athoracsur.2015.09.010. Epub 2015 Nov 30. PMID: 26652136.

 Rupprecht L & Schmid C. Deep Sternal Wound Complications: An Overview of Old and New Therapeutic Options. Open Journal of Cardiovascular Surgery 2013.8

 Salialot, R. et al., Impact of deep sternal wound infection management with vocuum-ossisted closure therapy followed by termal osteosynthesis: a 15-year review of 23,499 sternatomies. European J Cardio-thorac Surg 37 (2010) 880-887.

 Nikraj G. & Rowbotham D). Persistent postoperative poin: where are we now? British journal of Ancesthesia 107 (1); 25-92 (2011)

 Capital G. & Rowbotham D). Persistent postoperative poin: where are we now? British journal of Ancesthesia 107 (1); 25-92 (2011)

 Capital G. & Rowbotham D). Persistent postoperative poin: where are we now? British journal of Ancesthesia 107 (1); 25-92 (2011)

 Capital G. & Rowbotham D). Persistent postoperative poin: where or we now? British journal of Ancesthesia 107 (1); 25-92 (2011)

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 Capital G. & Rowbotham D). Persistent postoperative poin: where or we now? British journal of a Capital Ancesthesia 107 (1); 25-92 (2011)

 Capital G. & Rowbotham D). Persistent postoperat





