

WHY YOU MAY HAVE BRONCHIECTASIS



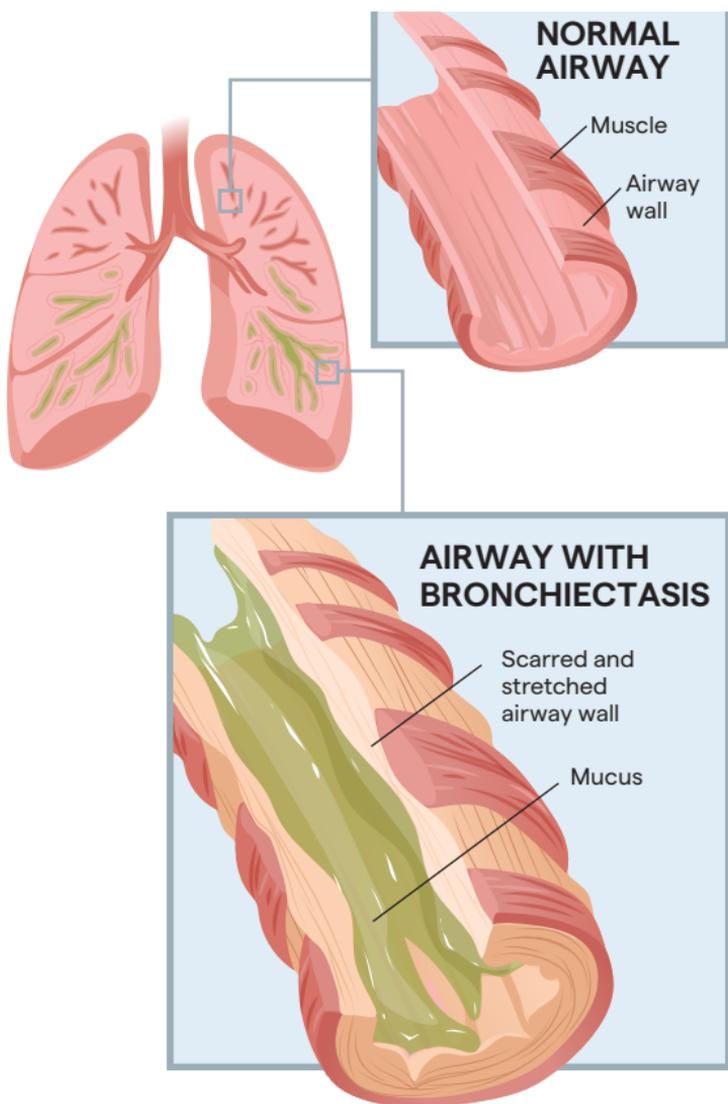
How airway
clearance therapy
can help



Hillrom™

KNOWLEDGE IS POWER

WHAT IS BRONCHIECTASIS (BE)?



Bronchiectasis (brong-ke-EK-ta-sis) (BE) is a disease in which the walls of your airways widen and become permanently damaged. The scarred airways lose their ability to clear mucus out of the lungs. Over time, mucus and bacteria build up and may lead to serious lung infections. This BE cycle, if left untreated is hard to break.

Learn more about BE by visiting www.LivingWithBE.com

92.7%

of patients diagnosed with COPD with two or more flare-ups or one hospitalization in 12 months **also had bronchiectasis¹**

Do these symptoms sound familiar to you?

Check the boxes if you agree with the statement.

DO YOU HAVE:

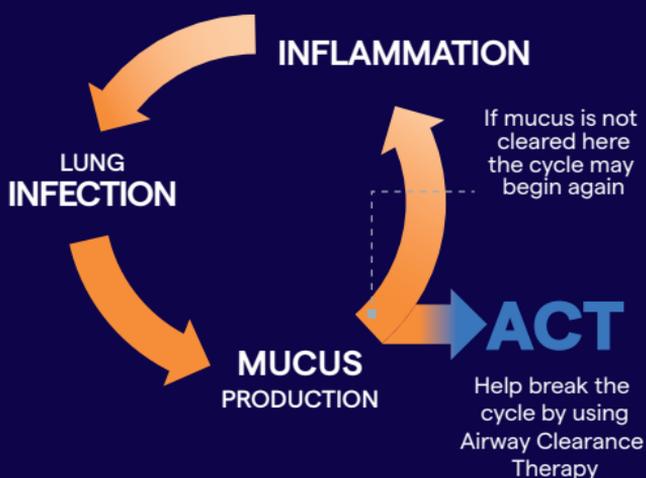
- Moderate to Severe COPD?¹⁻³
- Other Chronic Lung Disease?³⁻⁵

IN THE LAST 12 MONTHS HAVE YOU/YOUR:

- Frequently coughed up mucus or phlegm?^{3,4}
- Lungs frequently sound congested?^{3,4}
- Needed antibiotics for respiratory infections more than two times?^{1,2}
- Been in the hospital for a respiratory infection?¹⁻⁴

Break the cycle

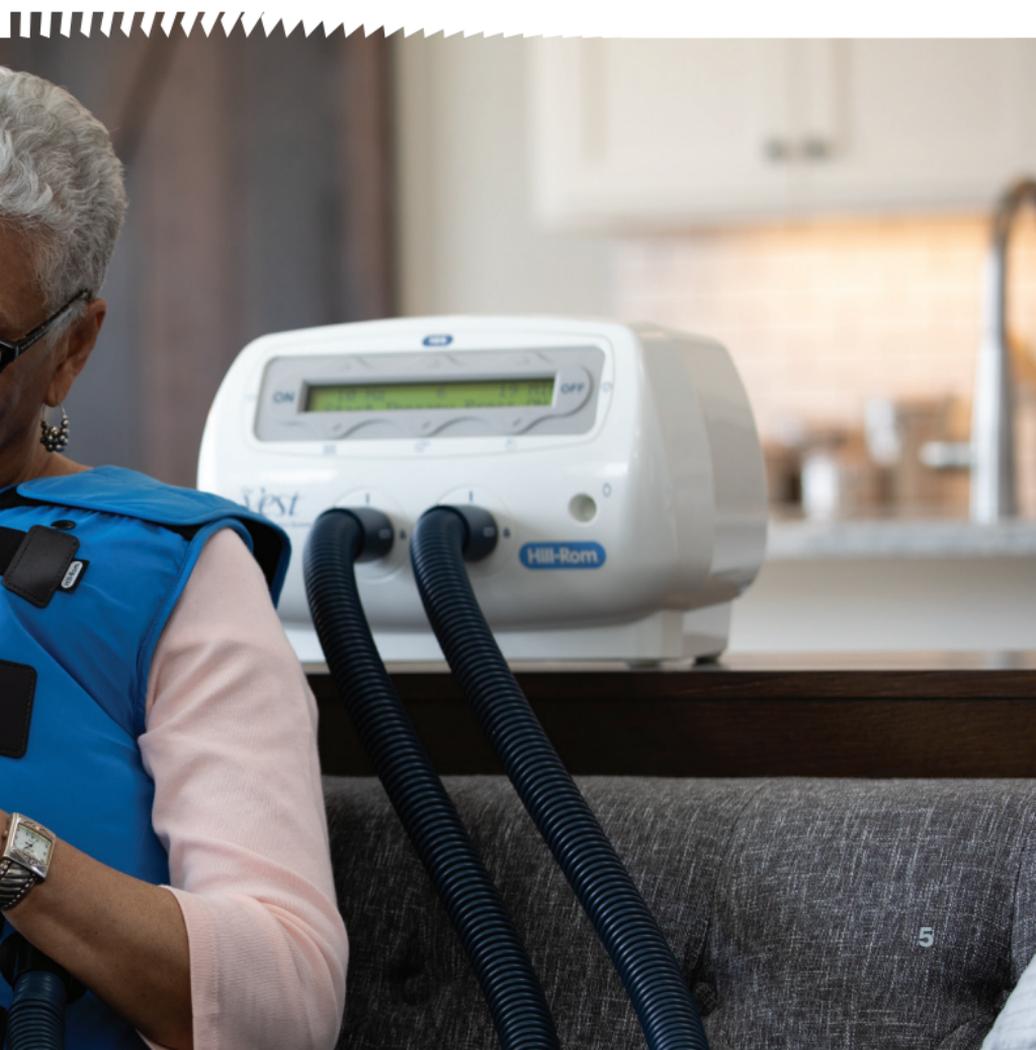
When you have BE, your airways slowly lose their ability to clear out mucus. Built up mucus creates an environment in which bacteria can grow, cause inflammation, and lead to serious, repeated lung infections. But we know how important it is to break the cycle and one way to do that is with airway clearance therapy (ACT).



Improve your quality of life with airway clearance therapy

Early detection and treatment of BE can lead to a better quality of life and may prevent further lung damage. Your doctor may prescribe antibiotics and other appropriate medications in addition to airway clearance therapy (ACT). While there is no cure for BE, this combination provides an effective, safe treatment.⁶

In one trial where vest therapy was studied in BE patients, there were fewer hospitalizations, office visits and medications used. Also, patients reported an improvement in their breathing and quality of life with a significant increase in lung function. Overall, patients gave a “good to excellent” rating to being able to clear their lungs and overall respiratory health.⁷



Airway clearance therapies

ACT includes devices that deliver “vest therapy.” We are proud to offer a number of airway clearance therapies that use high frequency chest wall oscillation (HFCWO). HFCWO creates gentle oscillating airflows that move mucus upward where it is easier to cough out, keeping mucus from building up in your lungs.



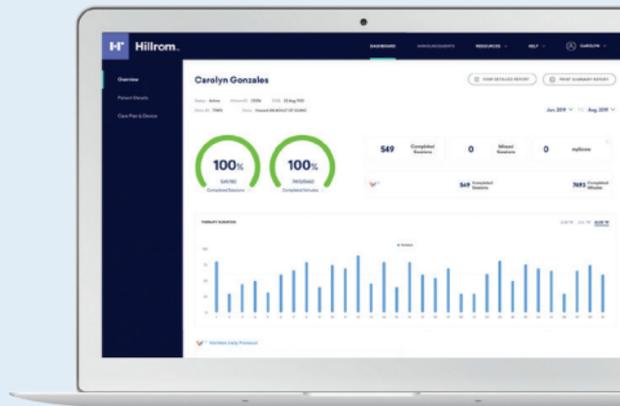
The Vest[®] Airway Clearance System

Delivers HFCWO therapy and is designed to help move mucus out of the lungs. The therapy can be used at home and in acute care settings. Data connectivity is also available through the VisiVest[®] System, which provides the same proven therapy as The Vest[®] System, but is Bluetooth[®] enabled.



The Monarch[®] System

Mobile HFCWO therapy with freedom to move about your life and multitask, too. The therapy combines mobility with targeted kinetic energy and airflow to thin and move secretions within the airways. Connects patients and their care teams via the VisiView[®] Health Portal using WiFi or cellular connection.



The VisiView[®] Health Portal

Designed to connect patients and their care teams via the VisiView[®] Health Portal, increasing therapy adherence which may lead to lower healthcare costs.

ABOUT HILLROM

Hillrom is a global medical technology leader whose 10,000 employees have a single purpose: enhancing outcomes for patients and their caregivers by advancing connected care. Around the world, our innovations touch over 7 million patients each day. They help enable earlier diagnosis and treatment, optimize surgical efficiency and accelerate patient recovery while simplifying clinical communication and shifting care closer to home. We make these outcomes possible through connected smart beds, patient lifts, patient assessment and monitoring technologies, caregiver collaboration tools, respiratory care devices, advanced operating room equipment and more, delivering actionable, real-time insights at the point of care. Learn more at hillrom.com.

For further information about products or services, please contact your local Hillrom representative or visit LivingwithBE.com.



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- ¹ Kosmas E, Dumitru S, Gkatzias S, et al. Bronchiectasis in patients with COPD: an irrelevant imaging finding or a clinically important phenotype? American College of Chest Physicians. Elsevier Inc., 2016. Doi:<http://dx.doi.org/10.1016/j.chest.2016.08.994>.
 - ² Patel IS, Vlahos I, Wilkinson TM, et al. Bronchiectasis, exacerbation indices, and inflammation in chronic obstructive pulmonary disease. *Am J Respir Crit Care Med* 2004;170:400–7.
 - ³ Maguire G. Bronchiectasis—A guide for primary care. *Australian Family Physicians* Vol 41. No. 11 November 2012.
 - ⁴ Barker AF. Bronchiectasis. *N Engl J. Med* 2002; 346: 1383-1393.
 - ⁵ American Thoracic Society. <https://www.thoracic.org/patients/patient-resources/breathing-in-america/resources/chapter-4-bronchiectasis.pdf> accessed 10-20-16.
 - ⁶ Sievert C, Beaner C. Using high-frequency chest wall oscillation in a bronchiectasis patient population: an outcomes-based case review. *Respiratory Therapy*. 2016;11(4).
 - ⁷ Living with Bronchiectasis. NIH: National Heart, Lung, and Blood Institute website. <https://www.nhlbi.nih.gov/health/health-topics/topics/brn/livingwith> updated June 2, 2014. Accessed March 26, 2020.

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