



T.E.D.™ Anti-Embolism Stockings For Continuing Care

T.E.D. STOCKINGS

- Clinically proven to reduce Thromboembolic Disease ¹
- Designed for the recuperating patient
- Graduated compression pattern
- Closed toe for patient comfort
- Available in knee length and thigh length

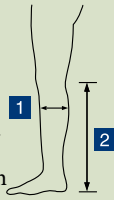


T.E.D. anti-embolism stockings are prescribed for the recuperating patient to avoid the danger of thromboembolic disease (blood clots which frequently form in the leg and break free to travel to the lungs to occlude the pulmonary arteries.) The probability of fatal pulmonary embolism can be lessened through the use of T.E.D. stockings. ²

The risk of DVT can extend up to 6 weeks after hospitalization. T.E.D. anti-embolism stockings are the only anti-embolism stockings clinically proven to prevent VTE in over 20,000 patients studied. ^{1,3,4}

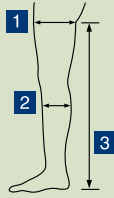
Fitting Knee Length

1. Measure calf circumference at greatest portion to determine size.
2. Measure the distance from bend of knee to bottom of heel to determine length. (If possible, measure length in standing position.)



Fitting Thigh Length

1. Measure upper thigh circumference at the buttock fold. When thigh circumference measures greater than 25 inches, select knee length style.
2. Measure calf circumference at greatest portion to determine size.
3. Measure distance from buttock fold to base of heel to determine length. (If possible, measure length in standing position.)



Clinically-Proven Pressure Pattern



For Home Use:

The risk of DVT can extend up to 6 weeks after hospitalization. Therefore, T.E.D. anti-embolism stockings in closed-toe style can be ordered in Knee Length (white, beige, black) or Thigh Length (white only) for the recuperating patient. Call 1-800-962-9888. Visa, MasterCard or Check accepted.

KNEE LENGTH

1 Calf Circumference	2 Length	Item Description	Item Code		
			White	Beige	Black
<12"	<16"	Small Regular	4278	4265	4434
	>16"	Small Long	4282	4317	4572
12" – 15"	<17"	Medium Regular	4279	4271	4435
	>17"	Medium Long	4283	4323	4573
15" – 17.5"	<18"	Large Regular	4280	4289	4436
	>18"	Large Long	4284	4335	4574
17.5" – 20"	<18"	X-Large Regular	4281	4296	4437
	>18"	X-Large Long	4285	4344	4575

THIGH LENGTH

1 Thigh Circumference	2 Calf Circumference	3 Length	Item Description	Item Code (White Only)
<25"	12" – 15"	<29"	Small Short	4297
		29" – 33"	Small Regular	4300
		>33"	Small Long	4303
	15" – 17.5"	<29"	Medium Short	4298
		29" – 33"	Medium Regular	4301
		>33"	Medium Long	4304
17.5" – 20"	<29"	Large Short	4299	
	29" – 33"	Large Regular	4302	
	>33"	Large Long	4305	

T.E.D. Stocking Contraindications:

Stockings may not be recommended for patients with the following:

1. Any leg condition in which stockings would interfere, such as:
 - a. Dermatitis (skin problems)
 - b. Vein ligation (recent leg surgery)
 - c. Gangrene
 - d. Recent skin graft
2. Severe vascular diseases, such as arteriosclerosis (hardening of the arteries) that cause poor circulation to the leg.
3. Massive edema (swelling) of the legs, or pulmonary edema (fluid in the lungs) from congestive heart failure.
4. Extreme deformity of the leg.
5. For thigh length stockings, patients with a circumference greater than 25 inches at the gluteal furrow.

T.E.D. Stocking Precautions:

Proper sizing and application must be assured.

IMPORTANT: These stockings are only to be worn on your doctor's advice and during the time period recommended.

References:

- 1 Wells, P.S., Lensing, A.W.A., Hirsh, J. Graduated Compression Stockings in the Prevention of Postoperative Venous Thromboembolism, A Meta-analysis *Arch Intern Med* 1994; 154: 67-71
- 2 Hooker, J.A., Lachiewicz, P.F., et al. Efficacy of Prphylaxis Against Thromboembolism with Intermittent Pneumatic Compression After Primary and Revision Total Hip Arthroplasty *J Bone Joint Surg Am.* 199;81:690-6.
- 3 Wilkens, R.W., Stanton, J.R. Elastic Stockings in the Prevention of Pulmonary Embolism: II. A Progress Report *NEJM* 1953; 284: 1087-1090
- 4 Wilkens, R.W., et al. Elastic Stockings in the Prevention of Pulmonary Embolism: A Preliminary Report *NEJM* 1952; 246: 360-364

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