

RICOCHET

Optimize Your Outcome



RICOCHET is an immunonutrition formula with a synergistic blend of **Arginine, Glutamine, Omega-3 Fatty Acids** and **Dietary Nucleotides** uniquely formulated to support the nutritional needs of patients undergoing elective surgery or cancer treatments.

The healthcare landscape has changed. Effective **April 1st, 2016** participation in Comprehensive Care for Joint Replacement is **mandatory**.

- CMS and private payers are aggressively transferring the financial risks of poor outcomes and high costs **to providers**
- Physician outcomes and patient satisfaction are now publically reported

Abundant literature has proven neglect of nutrition is associated with worsened clinical outcomes.

- **20%** of Medicare fee-for-service patients are **re-hospitalized** within 30 days of discharge¹
- Failure to thrive or malnutrition is the 3rd leading cause of hospital **readmissions** among general surgery patients²
- Wound complications increase the risk of **readmission** by a factor of 3.5 and post-operative complications by a factor of 4²

Nutrition is an independent risk factor for 30-day readmission.

- Malnourished patients are **3 times** more likely to be **readmitted** within 30 days of elective spine surgery³

Perioperative nutritional support with immunonutrition has been extensively studied with nearly **100 publications** spanning over **15 years of clinical trials and research**.

Perioperative immunonutrition is proven to be effective.

- **57%** reduction in postoperative complications^{4,5}
- **51%** reduction in risk of infections⁶
- **47%** reduction in risk of nosocomial pneumonia⁷

Perioperative immunonutrition is proven to reduce cost.

- **\$6,000** cost benefit to hospitals⁸
- National database evaluation of 1 million U.S. patients showed a net cost saving of **\$2,066**⁹
- **€6,245** euro saving per patient using immunonutrition¹⁰
- Hospitals saved **15%** of their DRG with patients who received perioperative immunonutrition⁹



RICOCHET is Your Formula for Success

Improve Patient Outcomes / Improve Physician Outcomes / Reduce Costs

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1. Jencks SF, Williams MV, Coleman EA. Rehospitalizations among Patients in the Medicare Fee-for- Service Program. N Engl J Med. 2009;360:1418.
2. Kassin MT, Owen RM, Perez SD, et al. Risk Factors for 30-Day Hospital Readmission among General Surgery Patients. J Am Coll Surg. 2012;215:322-330.
3. Adogwa O et al. Pre-operative Nutritional Status is an independent Predictor of 30-day Hospital Readmission After Elective Spine Surgery. Spine. 2016 Mar 4. (Epub ahead of print)
4. Braga M et al. Nutritional approach in malnourished surgical patients. Arch Surg 2002; 137: 174.
5. Ferreras N et al. Effects of early post op enteral immunonutrition on wound management in patients undergoing surgery for gastric cancer. Clin Nutr 2005; 24: 55.
6. Drover JW et al. Perioperative use of arginine-supplemented diets: A systematic review of the evidence. J Am Coll Surg 2011; 212(3): 385.
7. Waitzberg DL, Saito H et al. Postsurgical infections are reduced with specialized nutrition support. World J Surg 2006; 30:1592.
8. Mauskopf J et al. Immunonutrition for patients undergoing elective surgery for gastrointestinal cancer: Impact on hospital costs. WJSO 2012; 10(136) epub 7/6/2012.
9. Strickland A, Brogan A, Krauss J, et al. Is the use of specialized nutritional formulations a cost-effective strategy? A national database evaluation. JPENJ Parenter Enteral Nutr 2005;29:S81-91.
10. Braga M, Gianotti L, Vignali A, et al. Hospital resources consumed for surgical morbidity: effects of preoperative arginine and omega-3 fatty acid supplementation on costs. Nutrition 2005;21:1078.

Recommended for **surgical patients** undergoing inpatient procedures including:

- Total Joint Replacement
- Spine Surgery
- Abdominal Surgery
- Head & Neck Surgery
- All Wound Care Patients



Recommended for **oncology patients** receiving treatment including:

- Chemotherapy
- Radiation Therapy
- Immunotherapy