

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 and hospitals
- Physician outcomes and patient satisfaction are now publically reported

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

- **34%** of Medicare fee-for-service patients are **re-hospitalized** within 90 days of discharge¹
- Failure to thrive or malnutrition is the 3rd leading cause of hospital **readmissions** among general surgery patients²
- Risk of **readmission** increases by a factor of 3.5 for wound complications and a factor of 4 for post-operative complications²
- 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 **500 publications** spanning over **20 years of clinical trials and research**.

Perioperative immunonutrition is proven to be effective.

- **50%** reduction in major complications⁴
- **78%** reduction in surgical site infections⁵
- **30%** reduction on post-operative complications⁶

Perioperative immunonutrition is proven to reduce cost.

- **\$3,300** cost benefit per patient⁷
- National database evaluation of 1 million U.S. patients showed a net cost saving of **\$2,066**⁸
- **179%** increase in per patient profit with immunonutrition⁹
- 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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RICOCHET

Optimize Your Outcome

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. Chapman JS, Roddy E, Westhoff G, Simons E, Brooks R, Ueda S, Chen L. Post-operative enteral immunonutrition for gynecologic oncology patients undergoing laparotomy decreases wound complications. Gynecol Oncol. 2015
6. 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.
7. 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.
8. 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.
9. 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