

SWAT-T

Q&A



- 1. What is the cost of the SWAT-T?** *The cost is determined by the resellers. Most resellers price the SWAT-T around \$10. The GSA price is just above \$8.*
- 2. Has the SWAT-T been tested to ensure that it is durable and safe?** *Yes, the SWAT-T has been extensively tested from a durability standpoint, and detailed biocompatibility tested as well. It has been stretched to >200% strain x 5000 revolutions with no deformation in the properties. Frozen, boiled, and in the field from Antarctica (Vinson Massif) to Afghanistan; the SWAT-T will function well in any environment.*
- 3. What is the biggest strength of the SWAT-T?** *This is an opinion, but many feel the SWAT-T's biggest strength is its ability to perform many functions. The Multi-Tool! Some guys are married to their windlass tourniquets (deployed with them and saved lives with them); we find that many of these guys will tuck the SWAT-T in their IFAK - for a back up tourniquet or pressure wrap. Some like it more for its benefits with Pediatrics or Working Canines, but most still see its benefit as a primary tourniquet.*
- 4. Has there been research to compare the SWAT-T to other tourniquets?** *Yes, there are multiple independent (not company sponsored) studies looking at the SWAT-T's effectiveness. The military has not done head-to-head tourniquet trials since 2007 (before the SWAT-T was released), but other companies and universities/medical groups have studied it - and the SWAT-T performed very well. Just google the "Journal of Special Operations Medicine" or "Military Medicine" 2012 and 2013 and the word "SWAT-T" and you will find several recent studies. We should state here...there are NO studies that show problems with effectiveness or safety concerns.*
- 5. Have there been any head-to-head trials (not company sponsored)?** *Yes, referenced above, there have been several comparison trials. The biggest was a study published in Military Medicine - 2013, comparing the SWAT-T to the CAT (Combat Applications Tourniquet - the most distributed tourniquet to the military). The SWAT-T performed very well, and actually was superior to the CAT in many areas (including ease of use, effectiveness, and safety). The SWAT-T did not reach the dangerous occlusion and completion pressure seen with the strap style tourniquet, and the SWAT-T was completely effective. The author of this study also made some novel insight into strap/windlass style tourniquets - "these will lose significant pressure as tissue beneath the tourniquet relaxes." No other research has looked into this problem, and the researcher found the properties of the SWAT-T prevented this phenomena from occurring.*

Maybe what this researcher uncovered provided the reason for the problems found in this study - "17% tourniquet effectiveness (primarily the CAT Tourniquet) applied by Special Operations Combat Medics, and other medical personnel." *The Journal of Special Operations Medicine - Winter 2012 - Forward Assessment of 79 Prehospital Battlefield Tourniquets*

6. **What is the military's stance on the SWAT-T?** *We are seeing increased interest in the military in numerous areas. Some as tourniquets (often secondary as they have issued windlass tourniquets) but many as pressure dressings (over their hemostatic agent or gauze) or as a tourniquet for working canine or pediatrics...where many feel the SWAT-T is far superior. The best statement we have heard these guys say is, "if I carry 2-4 of the same type of tourniquet...I limit myself to any/all problems seen with that one device," and we all know there is no perfect solution.*
7. **Are there any challenges with the SWAT-T?** *The biggest challenge we see is easily overcome with brief training. Securing the device with two-handed applications is simple, but the user should pre-plan the tuck by placing a finger to hold a spot in the last wrap. The videos clearly show this, and it is easy with brief training. The SWAT-T can be applied one-handed - with ease, but finesse requires some added training. When applying one-handed start with very tight wraps, then back-off the last wrap so that the end can be easily tucked under the prior wrap. Additionally, there should be no goal of trying to have the SWAT-T lay flat when wrapping one-handed, as bunching up is expected. It should be noted that the SWAT-T will maintain its effectiveness even if not secured so long as the limb is against the stretcher, ground, or pinched to the body.*
8. **Are there any real-world circumstances where the SWAT-T has specifically outperformed the other tourniquets?** *Yes, we have had a couple of documented cases where the SWAT-T was able to be applied to high axillary wounds - that were not able to be controlled by other windlass tourniquets. We have also had pediatric and canine uses where we have been told the other tourniquets would not work.*
9. **How well does the SWAT-T perform wet or bloody?** *The SWAT-T can function well when wet/bloody/dirty. It has been tested and used in all of these settings. The biggest learning points are to get away from fingertip work, and focus on gross motor work. This would include pre-planning your tuck with a digit or two in the last wrap and grabbing handfuls of the device - rather than fingertip work. There is a video on the website that shows this application.*
10. **Why do you at TEMS believe the SWAT-T is the best tourniquet?** *We feel there are a lot of good devices out there (and the windlass tourniquets have saved 1000+ lives downrange), but none of the current tourniquets are multi-function trauma care devices. The SWAT-T has several distinct advantages to include: low cost, intuitive (less training), low weight/space, safer pressures, less pain, and effective on all limb sizes. We firmly feel the SWAT-T can perform as good as, or better than, the competition while providing additional treatment solutions.*