



Lifeline Hospital & Heart Center

The EECP Therapy Center



Advantage of EECP

EECP is Non-Invasive, simple, safe, and cost effective treatment without surgery or hospital stay patient can take this treatment without disturbing his / her daily routine life.

Effects of EECP

Hemodynamics of EECP

- EECP increases blood flow to the Heart, Brain and other vital organs.
- Blood supply to heart increases by 20 - 40 %
- Blood supply to Brain increases by 25%
- Blood flow to the Kidneys increases by 20%
- Increases Heart's output (stroke volume) by 15%
- Increases Stroke Volume per unit work (efficiency of left ventricle)
- Reduces after load
- Increase in LVEF



Indications for EECP

- Angina (Chest Pain) on maximal medical therapy & Patients, who do not want to undergo Bypass surgery or angioplasty, or Patients in whom Angioplasty or By-pass surgery is risky.
- Failed angioplasty or By-pass Surgery
- Patients with low heart function



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The EECF Therapy Center



EECF also Benefits in

- Erectile Dysfunction
- Sports Fatigue -- General Health care and restoration
- Peripheral Vascular Diseases
- Preventive Cardiology
- Improves Memory, Renal Function

Special Clinical Issues

- Elderly patients: Patients age 80 years or older can be effectively treated with EECF[®] therapy.
- Data shows a minimum of one class reduction in angina class and an improvement in quality of life in 76% of patients.
- At one year follow-up, 81% reported maintenance of angina improvement.
- Diabetes: CAD patients with diabetes can safely and effectively be treated with comparable results to non-diabetic CAD patients.
- Obesity: EECF[®] treatment is equally safe and effective in patients with a diverse range of body mass index (BMI), including obese patients (BMI > 30 kg.m²) and morbidly obese (BMI > 40 kg.m²).
- Severe peripheral vascular disease: listed as precaution due to inadequate diastolic augmentation may have benefits from EECF[®] treatment similar to those without PVD.
- The effect of EECF treatment in patients with abdominal aortic aneurysm (AAA) with increased risk of rupture or retrograde thromboembolic events has not been reported in the literature. AAA larger than 4.0 cm should be referred to vascular surgeon for evaluation.
- Atrial fibrillation patients can be treated with EECF[®] with rate control between 40-100 bpm.



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- Patients with pacemakers and defibrillators may undergo EECF[®] treatment safely and derive clinical benefits with appropriate monitoring.
- A rate-adaptive pacemaker may trigger a paced tachycardia due to patient's body motion and can be turned off during EECF[®] treatment.
- Treatment protocol: The 35, one-hour daily treatments are associated with angina reduction and improved exercise tolerance in at least 75% of patients.
- Extension of therapy by 10-12 hours is associated with further improvement.
- Repeat treatment: 18% of patients undergo another course of treatment due to recurrent, persistent angina within two years after initial EECF[®] treatment, with benefits similar to patients who respond to their first course of treatment.