



# Understanding Total Cost of Procedures

## Overview

When hospitals evaluate devices for thrombectomy, they often examine the cost of the main component. But the true cost of a thrombectomy procedure is much broader. It includes every disposable component, the capital burden of equipment, the time spent setting up and running the case, the staffing model required to support it, and the downstream effects of complications, ICU recovery time, and throughput.

## Why Sticker Price Misleads

This is why sticker price alone can be misleading. For example, a system that appears \$5000 or \$10,000 at the point of purchase often become costly once the full case is assembled. Connective tubing (\$250), blood collection canisters (\$1000), separator wires (\$1500), ancillary catheters, separate proprietary sheath (\$2500), pumps (monthly PM), and required room support to manage the process and the capital equipment can all add up quickly.

In some cases, the total cost of the procedure doubles the initial \$10,000 price of the catheter creating complicated tracking of the upfront costs which directly impacts procedural profits downstream.

A case example: a dialysis thrombectomy system costing \$4000 for a catheter is reimbursable at around \$1700, which means the lab is operating at a deficit for each procedure, causing a revenue gap that also increases along with the scaling up of dialysis lines.

These systems are used because the rep pushes their systems into procedures that do not make financial sense with alternatives that offer the same patient outcome. It is waste that is influenced and pushed by big companies with massive sales forces – not what is best for a patient or a hospital.



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## What TCP Should Include

A much better approach is to evaluate the total cost of procedure (TCP), which asks a simple question: what does it actually cost to complete each successful thrombectomy from start to finish?

A comprehensive TCP assessment includes the device, but it also includes workflow complexity, inventory requirements, rep dependence, and the time spent getting to a successful patient outcome and hopefully out of the hospital quickly. A hospital does not make money from ICU beds being occupied. Some data suggests that a single 24-hour period can cost as much as \$15,000 / day.

From a hospital administrator's or Value Analysis Committee (VAC) perspective, these hidden variables can often matter as much or more than the product itself.

Rarely does a VAT evaluate the cost of surgical or drug alternatives which both require 4-7 days in an ICU, nor does a VAT ever understand the complete cost of the actual procedure inclusive of the ancillary additions and sales staff required to run the machines.

All of those costs are passed on to the hospital directly or indirectly as a result of liability in requiring a rep to manage the capital equipment.

## The Hidden Cost of Complexity

This is where rep-less and all-in-one platforms can change the economics significantly. iCHOR's iSWEEP approach is designed to simplify thrombectomy by reducing dependence on external support, eliminating the need for capital equipment, and creating a more standardized, efficient workflow.

This design simplicity, based around proven Fogarty balloon technology, can reduce procedural time, procedural overhead, improve the entire lab efficiency, and the bigger hospital efficiency as well. It also helps hospitals manage inventory more efficiently as iCHOR has everything in a singular kit; no hidden costs or having to search for the additional tools to execute a successful thrombectomy.



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## Clinical Value and Economics

The clinical side of the equation matters just as much as the costs. A thrombectomy platform should not attempt to save money by compromising something else for the patient.

Taking a clot out should avoid excessive blood loss, restoring flow should not cause internal vessel damage and scarring that reveals itself 15 days later. Medicine often has tradeoffs or side effects, however innovation and development should work harder to avoid those tradeoffs for better outcomes; not just the immediate arteriogram/venogram but the complete patient experience.

iCHOR's "no compromise" approach aims to preserve vessel and valve integrity, minimize blood loss, reduce distal embolization, while being highly efficient for physicians.

When a system can improve efficiency, support better clinical outcomes (immediate and long term complications), it effectively reduces the total cost of care while improving patient outcomes.

## The Bottom Line

For health systems, the most useful metric is **not** the sticker price of a single catheter or the headline price of a bundled program.

It is the total cost of the entire procedure, including what happens before, during, and after the case.

**The best thrombectomy technologies are the ones that deliver predictable outcomes with predictable economics.**

