



Butterfly Enterprise for Anesthesiology Departments.

Your complete point-of-care ultrasound imaging operating system.



Why Butterfly Enterprise?



Improved efficiency and care delivery.



Enhanced financial ROI.



Scalable POCUS education.

What is Butterfly Enterprise?

Security

User management and security controls integrate with hospital identity management systems to enable large scale, secure deployment of ultrasound with low administrative cost.

Analytics

Understand usage and track the progress of your ultrasound team quickly and easily to reduce your administrative burden.

POCUS education

Empower clinicians to make better, faster, more confident decisions with point-of-care ultrasound. Butterfly Education platform brings the POCUS skills and expertise to complement existing knowledge of your medical staff.

Workflow

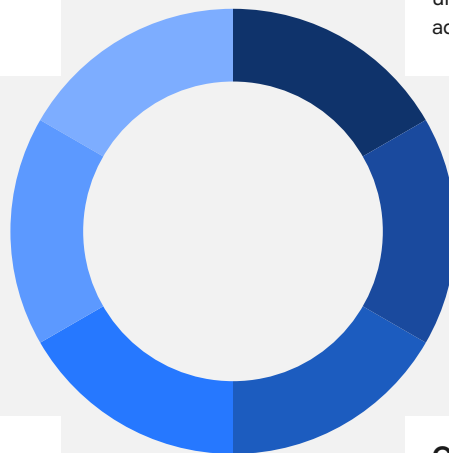
HIPAA-compliant storage with elegant workflows for providers facilitating reimbursement and documentation for qualifying activities. Integrate all your Butterfly iQs and traditional third-party ultrasound systems directly to your EMR and PACS.

Clinical imaging

Give every clinician a window into the body with enterprise-grade ultrasound solutions that scale.

Quality assurance and credentialing

Make large-scale POCUS governance easy with customizable QA, credentialing and dashboards.



For more information, visit butterflynetwork.com/enterprise.



New Butterfly iQ+

ULTRASOUND REINVENTED AGAIN, FOR YOU

A single probe for more control of regional nerve blocks, guided interventions and peri-operative care.



+ MORE THAN YOU IMAGINED

New Needle Viz™ technology

New Needle Viz™ technology makes it easier to identify the needle and get the control needed during in-plane guided procedures, such as regional nerve blocks.

Longer battery life, more durability¹

Enables clinicians to focus more on patients, and less on probe integrity and readiness.

Smaller probe face²

Provides anesthesiologists more control to get the views needed confidently and quickly.

Sharp cardiac & lung imaging³

Allows the clinicians to get the insights they need for regional anesthesia and beyond such as cardiopulmonary and gastric contents assessment.



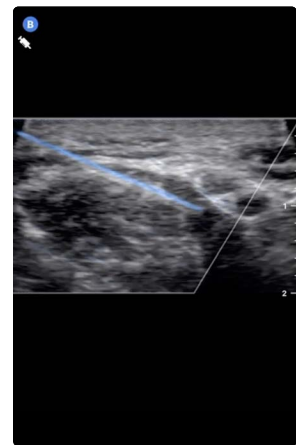
Rapid TTE for assessment of global cardiac function.



Assessment of pre-operative gastric status.



Peripheral and central line placement.



Nerve block guidance for more control over regional procedures.

1. 20% longer battery life, 2x continuous run time in select presets, 4-foot drop-test compliant.
2. 15% smaller probe head, 10% shorter probe.
3. 15% faster frame rates, 60% faster pulse repetition frequency, re-engineered preset optimizations.

For more information, visit butterflynetwork.com.





Clinical evidence.



“....Soft Tissue setting is great for procedures. In my experience with erector spinae and ESP blocks, the needle visualization is excellent. Good for vascular access as well.”

“...Butterfly iQ+ gives me more choices along the spectrum of anesthesia care: from pre-operative evaluation all the way through the full monty of peripheral nerve blocks.”

Professor Colin Royse
Cardiac Anesthesiologist, The Royal Melbourne Hospital
Academic Director Custom and Professional Education Faculty
of Medicine, Dentistry and Health Sciences,
The University of Melbourne

Colby Alexander, CRNA
Greater Anesthesia Solutions, AZ

Perioperative Medicine 2018

Ultrasound-guided regional anesthesia can contribute to a decrease in unnecessary opioid use, opioid-related adverse events, and side effects in the perioperative period. It is therefore a significant contributor to reducing the worldwide opioid epidemic.

Elena J. Koepke, Erin L. Manning, Timothy E. Miller, Arun Ganesh, David G. A. Williams, and Michael W. Manning in Perioperative Medicine

[Read article](#)

Ultrasound in Medicine and Biology 2020

Aspiration of gastric contents can be a serious perioperative complication, attributing up to 9% of all anesthesia-related deaths. Point-of-care ultrasound has been shown to quickly and accurately determine gastric content and volume in the perioperative period, and therefore a valuable tool in guiding operative decisions for those at risk.

Anahi Perlas, M.D., F.R.C.P.C.; Vincent W. S. Chan, M.D., F.R.C.P.C.; Catalin M. Lupu, M.D., Ph.D.; Nicholas Mitsakakis, M.Sc.; Anthony Hanbidge, M.D., F.R.C.P.C. in perioperative medicine

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