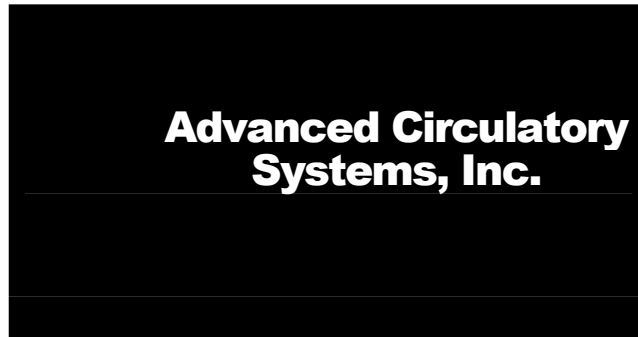


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Hospital is Rewriting Cardiac Arrest Survival Data *Cardiac Arrest Survival Rate at St. Dominic - Jackson Memorial is Triple the National Average*

Minneapolis, MN – (April 12, 2007) -- In the United States, a person's chance of surviving cardiac arrest is probably much lower than most people realize: 17-19 percent in hospitals. This is why the results reported by Ken Thigpen and his colleagues at St. Dominic - Jackson Memorial Hospital in Jackson, Miss. are so exciting. They are using the ResQPOD®, a fist sized device that increases circulation and blood flow to vital organs during CPR. Since Thigpen's team began using the device on patients who experience cardiac arrest at St. Dominic, the patient survival rate after a cardiac arrest has increased to 57 percent. That is nearly triple the national average.

"In the instances where ResQPODs have been used, our rates are re-writing survival numbers," said Thigpen, Administrative Director of Pulmonary Services. "This device is probably having as significant an impact on influencing the outcomes of 'code situations' as anything I've seen in my 25 years in the field." The hospital has been tracking results since implementing the device in its hospital in October, 2006.

Thigpen and his team at St. Dominic, are committed to saving lives and the implementation of more effective CPR with ResQPOD is just one part of their efforts. They have also been able to significantly reduce the number of patients who experience cardiac arrest while in the hospital through a program of early intervention. Codes are down by over 27% percent since the new program was implemented "With our PERT (Patient Evaluation Response Team) efforts our response is to immediately bring in a respiratory therapist and critical care nurse when early symptoms occur that are typically seen 6 to 8 hours in advance of cardiac arrest, often avoiding that code situation. When we combine prevention with improving CPR effectiveness, our results are pretty dramatic," said Thigpen.

The ResQPOD device works on a simple principle: The task of CPR is to get blood flowing again to the heart. The faster blood flow can be restored to the heart and then the brain, the less damage either organ will sustain. Studies have shown that the new ResQPOD, when placed on the breathing tube for CPR, rapidly doubles blood flow and dramatically increases the effectiveness of CPR. In fact, the American Heart Association (AHA) has recommended the use of a device to increase circulation during CPR in its latest cardiac care guideline. ResQPOD in the U.S. is the only device that meets the criteria outlined by the AHA.

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More than 500 hospitals and emergency medical systems across the country currently use the ResQPOD but many hospitals have not yet changed their CPR techniques following the AHA report. Since that time, other device users have reported in the use of ResQPOD during CPR outside of hospital settings. For example, in Cypress Creek, Texas – a county just outside Houston, survival rates increased by more than 50 percent after one year of use of ResQPOD by the EMS teams in that county. Survival rates for cardiac arrest that occurs outside of a hospital setting average only 5 percent in the U.S.

Use of the ResQPOD is also part of a ground-breaking new demonstration program, “Take Heart America”, which aims to dramatically improve cardiac survival rates by a combination of changes in emergency care. Take Heart America , which launched one year ago in St. Cloud Minnesota, involves widespread training of the lay public and EMS teams in advanced CPR, the use of the ResQPOD during CPR and increased deployment of defibrillators (AED’s). The program also includes the use of a technique called hypothermia to rapidly cool the body to protect vital organs while a patient is being revived after losing consciousness due to cardiac arrest. Combined, these actions are expected to significantly improve survival rates and provide a model that other cities could adopt.

The ResQPOD was invented by Dr. Keith Lurie, Chief Medical Officer of Minneapolis-based Advanced Circulatory Systems, Inc. (ACSI) and Professor of Emergency Medicine at the University of Minnesota, ResQPOD was cleared for use in 2004. More information can be found at www.advancedcirculatory.com.

The generally cleared indication for the ResQPOD is a temporary increase in blood circulation during emergency care, hospital, clinic and home use. Studies are ongoing in the United States to evaluate the long-term benefit of the ResQPOD for indications related to patients suffering from cardiac arrest, hypotension during dialysis and severe blood loss. The references in this communication are not intended to imply specific outcome-based claims not yet cleared by the US Food and Drug Administration or suggest future results that might be achieved with the ResQPOD. Clinical study references are available upon request.

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More information on St. Dominic Hospital can be found at www.st.dom.com.

To request an interview of for additional information about the ResQPOD, please contact Joanne Henry at 612.843.2142 or jhenry@henryschafer.com.

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