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# Global Cardiopulmonary Autotransfusion System Supply, Demand and Key Producers, 2026-2032

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## Abstracts

The global Cardiopulmonary Autotransfusion System market size is expected to reach $ 157 million by 2032, rising at a market growth of 5.0% CAGR during the forecast period (2026-2032).

Cardiopulmonary Autotransfusion System refers to a medical blood-management system designed to collect blood lost from a patient during or around surgery, process the recovered blood through filtration, centrifugal separation, washing and concentration, and prepare concentrated autologous red blood cells for reinfusion to the same patient. The system typically integrates or connects with blood collection reservoirs, aspiration and anticoagulation lines, centrifugal processing components, pumps, sensors, control software, reinfusion bags and waste-management components. Current product architectures primarily use discontinuous bowl-based centrifugation or continuous-flow centrifugation, with varying levels of automated processing, manual override capability, vacuum integration and support for intraoperative, postoperative or broader perioperative blood management. Cardiopulmonary Autotransfusion System is particularly relevant to procedures with expected moderate-to-high blood loss, including cardiovascular, orthopedic, vascular, trauma, transplant, thoracic, obstetric and gynecologic, neurological and general surgery, and forms an important equipment component within perioperative patient blood management programs.

## Key Findings

Autotransfusion centers on washed red cell recovery and patient reinfusion

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Cardiovascular surgery remains a core high blood loss application

Automation is becoming central to system workflow and process consistency

Continuous flow and bowl based platforms remain principal architectures

Disposable processing sets create a recurring consumables demand structure

Market Trends

The development of Cardiopulmonary Autotransfusion System is increasingly aligned with the broader transition from isolated transfusion equipment toward integrated patient blood management. Hospitals are placing greater emphasis on reducing unnecessary allogeneic transfusion, preserving a patient's own red blood cells and standardizing perioperative blood-management workflows. Technology development is therefore moving toward greater automation, faster processing, more stable washing performance, intelligent sensing, optimized suction control and easier switching between routine and emergency operating modes. At the same time, manufacturers are improving touchscreen interfaces, automated protocol selection, operating-data capture and connectivity to reduce dependence on manual intervention. Continuous-flow platforms provide an alternative to conventional bowl-based processing, while bowl-based systems continue to evolve through improved sensing, automated control and multiple processing-volume configurations. This means future product differentiation is likely to depend increasingly on the overall quality and consistency of blood recovery, workflow efficiency and usability rather than centrifugation capability alone. WHO's patient blood management guidance also identifies autologous cell salvage as an important blood-conservation option where clinically indicated and resources permit, reinforcing its long-term role in perioperative care.

# Market Dynamics

## Drivers

The principal structural driver for the Cardiopulmonary Autotransfusion System market is the continued institutionalization of patient blood management. Blood conservation has become increasingly important because hospitals must balance transfusion safety, blood-product availability and appropriate use of donor blood, particularly in operations associated with substantial blood loss. Autologous cell salvage provides a practical

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means of recovering and processing the patient's own shed blood and can therefore complement restrictive transfusion strategies, anemia management, hemostatic management and other perioperative blood-conservation measures. Demand is also supported by the continuing volume of cardiovascular, orthopedic, vascular, transplant and trauma procedures in which clinically meaningful blood loss may occur. In 2025 guidance, WHO explicitly included automated autologous blood collection and reinfusion devices among blood-management measures that healthcare organizations can consider where indicated, supporting the integration of these systems into more standardized hospital blood-management pathways.

## Restraints

Market expansion is constrained by the fact that Cardiopulmonary Autotransfusion System is not a universal requirement for every surgical procedure. The economic value of the system depends strongly on expected blood loss, procedure volume, institutional transfusion practices and the hospital's ability to maintain trained operators and standardized protocols. Equipment acquisition is only one element of total operating cost, as each procedure also requires dedicated disposable processing sets, reservoirs, tubing, bags and other consumables. Hospitals with low volumes of high-blood-loss surgery may therefore find utilization efficiency less attractive than large tertiary centers. Clinical use also requires careful assessment when collected blood could be contaminated by surgical-field materials, infection or other undesirable substances, which limits indiscriminate application and places significant responsibility on clinical protocols and trained personnel.

## Opportunities

Future opportunities are shifting from simply increasing equipment installations toward expanding the range of procedures in which autologous blood recovery can be incorporated into standardized perioperative pathways. Cardiovascular surgery remains an established application, while orthopedic reconstruction, major vascular procedures, transplant surgery, trauma, obstetric hemorrhage and other high-blood-loss operations provide additional opportunities for broader utilization. Product development can also address hospitals with different procedure volumes through more flexible processing capacities, simpler setup, automated operating programs and improved emergency-processing capability. Another opportunity lies in connecting Cardiopulmonary Autotransfusion System with broader digital blood-management workflows, allowing procedure data, processing parameters and device utilization to be documented more

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systematically. As patient blood management becomes more widely implemented, manufacturers able to combine equipment, disposable sets, clinical training and workflow support should be better positioned to convert device installation into sustained procedural utilization.

### Challenges

The principal challenge is maintaining highly consistent blood-processing quality under variable surgical conditions. Blood-loss volume, hematocrit, anticoagulation, aspiration conditions and contamination levels may vary significantly between procedures, requiring systems to adapt while maintaining reliable separation, washing and concentration performance. Manufacturers must also balance greater automation with sufficient manual control for experienced perfusionists and other clinical operators. Regulatory and quality requirements create an additional barrier because autotransfusion equipment and its patient-contacting disposable components require rigorous verification, manufacturing control and post-market management. In the United States, autotransfusion apparatus is regulated as a Class II medical device under 21 CFR 868.5830, illustrating the level of regulatory oversight required for this product category. Hospitals must simultaneously maintain operator competency, procedural protocols and quality-control practices, so successful commercialization depends on clinical implementation capabilities as well as equipment performance.

## Industry Chain Analysis

The Cardiopulmonary Autotransfusion System industry chain combines durable medical equipment manufacturing with a significant single-use consumables component. Upstream inputs include centrifuge and pump assemblies, motors, pressure and optical sensors, electronic control components, displays, software, medical-grade polymers, filters, tubing, connectors, reservoirs, centrifuge bowls or continuous-processing chambers, blood bags and anticoagulation-related fluid-path components. These materials and components must meet stringent requirements for blood compatibility, dimensional consistency, sterility and manufacturing reliability. Midstream manufacturers integrate mechanical, fluid-control, sensing and software technologies into reusable consoles while designing matched disposable blood-processing circuits. Product development therefore requires simultaneous optimization of device engineering and disposable-set performance rather than treating them as separate products.

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Downstream customers are primarily hospitals and surgical centers with operating rooms capable of managing procedures involving meaningful blood loss, particularly cardiac surgery centers and large tertiary hospitals. Perfusion teams, anesthesiology departments, operating-room personnel and patient blood management programs are key users or decision participants. Commercial value is created through a combined installed-base and procedure-volume model: the reusable console establishes the clinical platform, while each operation generates demand for processing sets, reservoirs, aspiration and anticoagulation lines, blood bags and related disposables. As a result, equipment reliability, consumable compatibility, training and service capability directly affect both customer retention and long-term utilization. Haemonetics and Medtronic product configurations illustrate this equipment-plus-disposables structure clearly.

Segment Insights

From a technology perspective, Cardiopulmonary Autotransfusion System is centered on two principal processing architectures: discontinuous bowl-based centrifugation and continuous-flow centrifugation. Bowl-based systems have developed around different bowl capacities, automated filling, washing and emptying cycles, while continuous-flow systems integrate multiple processing stages into a continuously operating disposable circuit. The commercial choice between these approaches is influenced by processing speed, minimum blood volume requirements, wash performance, procedural familiarity, consumable configuration and workflow preferences rather than by a single technical parameter. Fresenius Kabi's CATSmart demonstrates the continuous-flow approach, while systems from other confirmed suppliers demonstrate continued technological development of bowl-based processing.

Automation represents another important segmentation dimension. Fully automated systems increasingly integrate sensing, automatic filling and washing control, pump adjustment and preset clinical protocols, while automatic systems with manual override preserve operator flexibility in unusual blood-loss conditions. Products can also be differentiated by procedural coverage, ranging from intraoperative recovery to combinations of intraoperative and postoperative processing and, in selected systems, preoperative blood-component sequestration. Vacuum architecture provides a further distinction between integrated suction systems and external or modular vacuum configurations. These dimensions indicate that future competition will increasingly center on the ability to adapt a common platform to multiple clinical workflows without increasing operational complexity.

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Downstream Market Opportunities

Cardiovascular surgery is a core application for Cardiopulmonary Autotransfusion System because cardiothoracic procedures can involve substantial blood exposure and have long-established perfusion and blood-management workflows. Beyond cardiac surgery, major orthopedic procedures, vascular surgery, trauma, transplantation and selected obstetric, neurological, thoracic and general surgical procedures create additional opportunities when anticipated blood loss justifies cell salvage. The most attractive downstream opportunity is therefore not simply expansion into more surgical specialties, but deeper integration of autotransfusion into standardized protocols for procedures with predictable blood-loss risk. Hospitals that coordinate surgeons, anesthesiologists, perfusionists and transfusion services through structured patient blood management programs can achieve higher system utilization than facilities where cell salvage remains an ad-hoc response to individual procedures.

## Regional Insights

Regional development of the Cardiopulmonary Autotransfusion System market is influenced more by surgical infrastructure, patient blood management maturity and hospital purchasing capacity than by a single geographic factor. In developed healthcare markets, replacement demand increasingly centers on automated workflow, blood-processing consistency, operator efficiency, data management and integration with existing perioperative practices. Hospitals with established cardiac surgery, transplantation, complex orthopedics and trauma programs provide the strongest environment for recurring utilization because system economics improve when reusable equipment is supported by sufficient procedural throughput.

In emerging healthcare markets, the opportunity is more closely associated with expansion of tertiary hospitals, cardiovascular and orthopedic surgical capacity, improved blood-management awareness and localization of equipment and consumable supply. However, capital budgets, operator training, disposable-set availability and uneven implementation of patient blood management can slow adoption. This creates differentiated regional strategies: mature markets favor technology replacement and workflow upgrades, while developing markets offer greater potential for installed-base expansion and localized clinical education. WHO's recent patient blood management guidance specifically addresses implementation across healthcare systems with differing resource levels, supporting the long-term expansion of cell-salvage practices

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beyond the most established markets.

## Report Scope

This report studies the global Cardiopulmonary Autotransfusion System production, demand, key manufacturers, and key regions.

This report is a detailed and comprehensive analysis of the world market for Cardiopulmonary Autotransfusion System and provides market size (US$ million) and Year-over-Year (YoY) Growth, considering 2025 as the base year. This report explores demand trends and competition, as well as details the characteristics of Cardiopulmonary Autotransfusion System that contribute to its increasing demand across many markets.

## Highlights and key features of the study

Global Cardiopulmonary Autotransfusion System total production and demand, 2021-2032, (K Units)

Global Cardiopulmonary Autotransfusion System total production value, 2021-2032, (USD Million)

Global Cardiopulmonary Autotransfusion System production by region & country, production, value, CAGR, 2021-2032, (USD Million) & (K Units), (based on production site)

Global Cardiopulmonary Autotransfusion System consumption by region & country, CAGR, 2021-2032 & (K Units)

U.S. VS China: Cardiopulmonary Autotransfusion System domestic production, consumption, key domestic manufacturers and share

Global Cardiopulmonary Autotransfusion System production by manufacturer, production, price, value and market share 2021-2026, (USD Million) & (K Units)

Global Cardiopulmonary Autotransfusion System production by Type, production, value, CAGR, 2021-2032, (USD Million) & (K Units)

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Global Cardiopulmonary Autotransfusion System production by Application, production, value, CAGR, 2021-2032, (USD Million) & (K Units)

This report profiles key players in the global Cardiopulmonary Autotransfusion System market based on the following parameters - company overview, production, value, price, gross margin, product portfolio, geographical presence, and key developments. Key companies covered as a part of this study include LivaNova, Haemonetics, Medtronic, Fresenius Kabi, Lifemotion, Rocket Medical, Terumo, etc.

This report also provides key insights about market drivers, restraints, opportunities, new product launches or approvals.

Stakeholders would have ease in decision-making through various strategy matrices used in analyzing the World Cardiopulmonary Autotransfusion System market

## Detailed Segmentation:

Each section contains quantitative market data including market by value (US$ Millions), volume (production, consumption) & (K Units) and average price (USD/Unit) by manufacturer, by Type, and by Application. Data is given for the years 2021-2032 by year with 2025 as the base year, 2026 as the estimate year, and 2027-2032 as the forecast year.

### Global Cardiopulmonary Autotransfusion System Market, By Region:

United States

China

Europe

Japan

South Korea

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ASEAN

India

Rest of World

## Market Segmentation

### Global Cardiopulmonary Autotransfusion System Market, Segmentation by Type:

Unwashed ATS

Washed ATS

### Global Cardiopulmonary Autotransfusion System Market, Segmentation by Level of Automation:

Integrated Vacuum Autotransfusion System

External or Modular Vacuum Autotransfusion System

### Global Cardiopulmonary Autotransfusion System Market, Segmentation by Blood Centrifugation Method:

Discontinuous Bowl-Based Autotransfusion System

Continuous-Flow Autotransfusion System

### Global Cardiopulmonary Autotransfusion System Market, Segmentation by Application:

Heart Surgery

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Great Organ Transplant Surgery

Other Surgery

## Companies Profiled:

LivaNova

Haemonetics

Medtronic

Fresenius Kabi

Lifemotion

Rocket Medical

Terumo

## Key Questions Answered

1. How big is the global Cardiopulmonary Autotransfusion System market?
2. What is the demand of the global Cardiopulmonary Autotransfusion System market?
3. What is the year over year growth of the global Cardiopulmonary Autotransfusion System market?
4. What is the total value of the global Cardiopulmonary Autotransfusion System market?
5. Who are the Major Players in the global Cardiopulmonary Autotransfusion System market?
6. What are the growth factors driving the market demand?

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