



If it doesn't say V.A.C.[®] Therapy, it's not

V.A.C.[®] Therapy: Why consider using anything else for your Negative Pressure Wound Therapy needs?

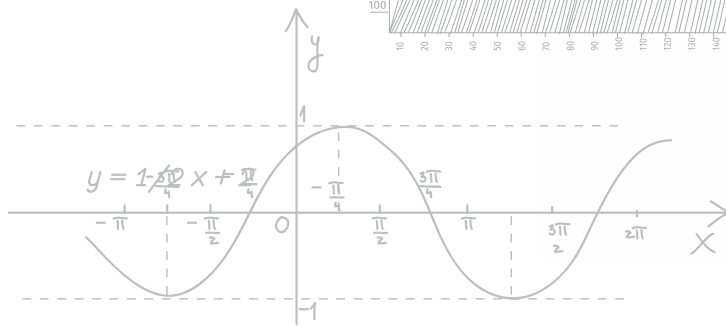
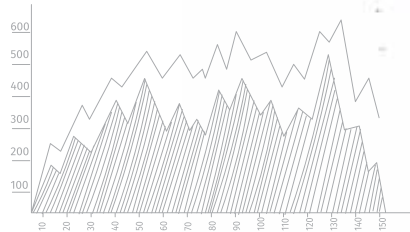
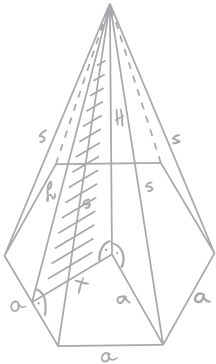


Only V.A.C.® Therapy performs like V.A.C.® Therapy

V.A.C.® Therapy is the only Negative Pressure Wound Therapy Device engineered with SENSAT.R.A.C.™ Technology, a proprietary technology that maintains and adjusts to deliver set pressure at the wound site. SENSAT.R.A.C.™ Technology provides confidence that the appropriate environment for wound healing is being maintained.

Monitoring and Adjusting Software with SENSAT.R.A.C.™ Technology

Set negative pressure is continuously monitored and maintained using complex algorithms, adjusting pump output and compensating for wound distance, wound position and exudate characteristics.



SENSAT.R.A.C.™ Tubing

SENSAT.R.A.C.™ Tubing efficiently draws exudate away from the wound and independently monitors target pressure.



SENSAT.R.A.C.™ Pad

The SENSAT.R.A.C.™ Pad in conjunction with SENSAT.R.A.C.™ Software, helps maintain pressure.

V.A.C.ULTA™, INFOV.A.C.®, V.A.C. FREEDOM™, V.A.C.Simplicity, and V.A.C.VIA™ Therapy Units utilize the same SENSAT.R.A.C.™ Technology as the ACTIV.A.C.™ Therapy Unit used in the bench testing.

Multi-lumen versus single-lumen tubing

V.A.C.® Therapy features a unique five lumen tube design that monitors and adjusts for changes in pressure at the wound site.

- Prevents and clears blockages by periodically forcing air through four outer lumens
- Helps clear fluid from outer lumens to maintain their ability to sense pressures
- Helps clear fluid from inner lumen typically because of a blockage



V.A.C.® Therapy with SENSAT.R.A.C.™ Technology can:

- Detect blockages below the canister site and notify clinicians with alarms when target pressure is not achieved
- Force air into the system to help reduce blockages (i.e., EASYCLEAR™ Purge Technology)
- Sense pressure changes at the wound site
- Regulate and maintain pressure as conditions change (e.g., change in head height, patient position, viscosity of exudate, etc.)

Does your NPWT system utilize SENSAT.R.A.C.™ Technology?

SENSAT.R.A.C.™ with EASYCLEAR™ Purge Technology

Some other NPWT devices adopt a single-lumen design that relies upon one lumen to remove exudate from the wound. This could prove problematic should the lumen become blocked.¹

The multi-lumen design of SENSAT.R.A.C.™ Technology:

- Engineered to maintain programmed pressure settings (identified as -125mmHg^{2,3})
- Utilizes 5 lumens to effectively remove exudate
- Senses pressure through 4 outer lumens

SENSAT.R.A.C.™ with EASYCLEAR™ Purge Technology:

- Forces positive air periodically through outer lumen to aid in the prevention and clearance of blockages
 - Helps to clear fluid from outer lumens to maintain their pressure sensing ability
 - Helps to clear fluid in inner lumen that is not being pulled up (typically because of a blockage)

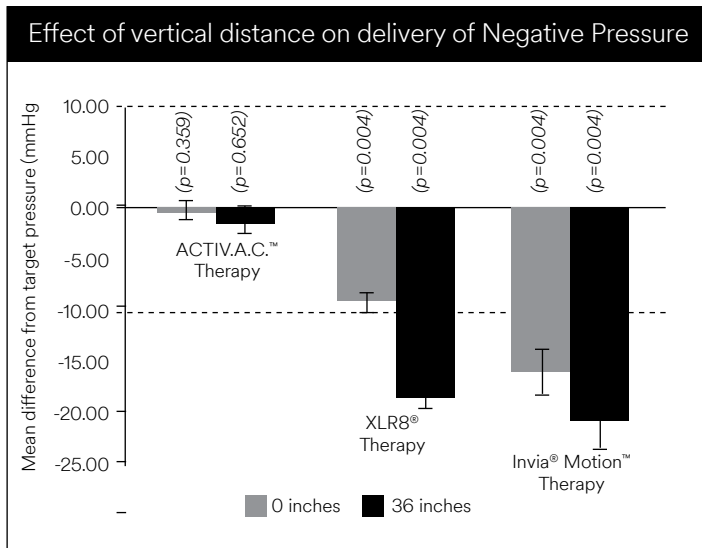


Why SENSAT.R.A.C.™ Technology

V.A.C.® Negative Pressure Wound Therapy integrated with SENSAT.R.A.C.™ Technology was shown in bench testing to perform significantly better in accurately delivering programmed negative pressure at the simulated wound site and efficiently removing fluid from the simulated wound site.^{1,2}

A bench NPWT study¹ demonstrated the ACTIV.A.C.™ Negative Pressure Wound Therapy System, which has SENSAT.R.A.C.™ Technology, delivered target negative pressure (-125mmHg) to the simulated wound site when the dressing was elevated 36 inches above the therapy unit and simulated wound fluid injected into dressing at 0.83ml/min. The Genadyne XLR8® Negative Pressure Wound Therapy Unit and the Medela Invia® Motion™ Negative Pressure Wound Therapy Unit showed a drop in pressure due to height difference from the simulated wound and removal of simulated wound fluid from the dressing (3 units/group x 3 runs/group). Another bench study,² therapy units were placed 36 inches above dressed simulated wounds, with inline canisters for fluid collection 19 inches above the wounds. Simulated wound fluid (180ml; 14 cP viscosity) was injected into the dressings and therapy units started along with a timer. Fluid volume in the inline canister was measured over 24 hours. Both Genadyne XLR8® and Medela Invia® Motion™ Systems removed lower volumes of simulated wound fluid compared to ACTIV.A.C.™ Systems over the 24 hour period.

Accurately delivered prescribed negative pressure⁴



NOTES:

- Correlation of bench-top results in humans has not been established in specific clinical studies
- V.A.C.® Therapy target pressure can vary +/- 10mmHg (per Instructions for Use)

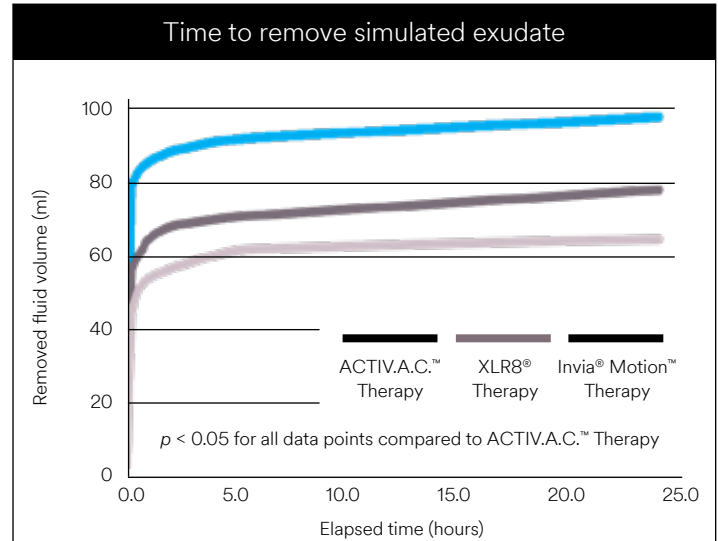
Key Takeaway for Negative Pressure Delivery

Under similar test conditions, ACTIV.A.C.™ Therapy maintained target negative pressure at the simulated wound site, unlike XLR8® and Invia® Motion™ Systems which had significant losses in negative pressure delivery.

Only V.A.C.® Therapy Units provide patented SENSAT.R.A.C.™ Technology, a real-time pressure feedback system that:

- Adjusts pump output, compensating for wound distance, wound position, exudate characteristics, and patient movement
- Delivers and maintains prescribed negative pressure at the wound site

Time to remove fluid from simulated wound site⁵



- The fluid inflow rate used was 0.83ml/min of an albumin based simulated wound exudate

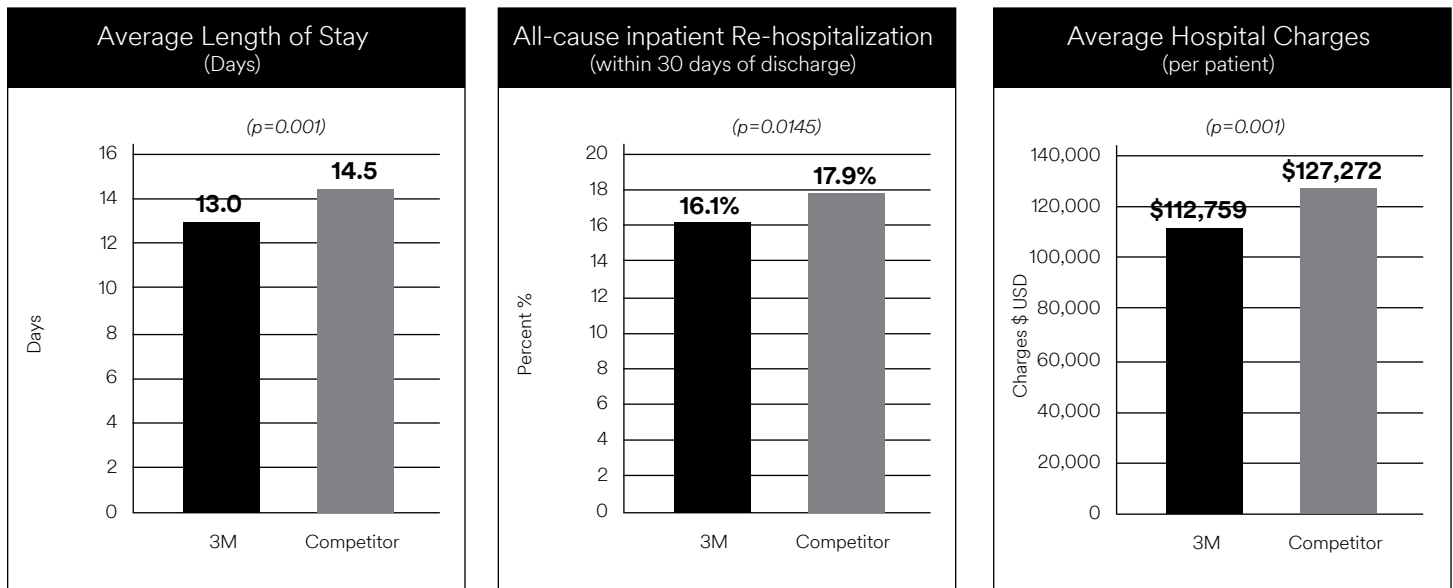
Key takeaway for Fluid Removal

It took XLR8® 24 hours to remove the volume of fluid removed in 15 min (80ml) by ACTIV.A.C.™ Therapy, while Invia® Motion™ System removed 67ml in 24 hours.

Failure to heal a wound effectively can lead to higher overall cost of care

Study 1: A retrospective observational database study of 21,638 patients (n=18,385, Competitor n=3,253) was conducted by Premier Research Services (PRS) to evaluate the costs and readmission rates of Negative Pressure Wound Therapy (NPWT) patients* at facilities using 3M vs. Competitor Therapies.⁶

Analysis of 3M NPWT vs. Competitor NPWT



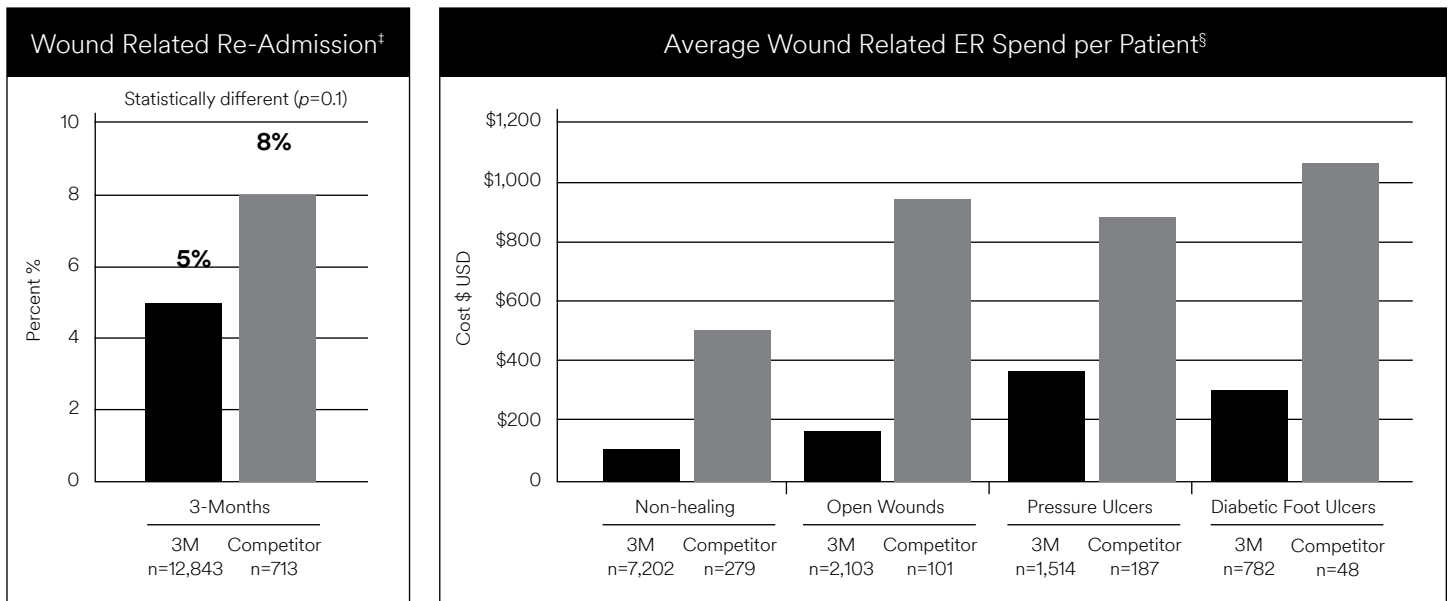
*Each patient received at least 1 charge for NPWT. Competitor hospitals include all Non-3M NPWT hospitals

Total Cost of Care

- Total cost to treat (in addition to wound closure) is important for evaluating cost effectiveness of wound care products and services
- Failure to heal a wound effectively can lead to overall higher costs to treat
- In addition to randomized control trials and clinical papers, analysis of real world expenditure data can provide insights into cost effectiveness of wound care therapies

Study 2: U.S. claims data were analyzed by Optum® Life Sciences for over 15,000 patients with at least one NPWT claim in the post-acute setting to identify total cost of care for V.A.C.® Therapy vs. Competitor NPWT patients.⁷

Average Wound Related Re-Admission Rate and ER Spend Per Patient



* Each patient received at least 1 diagnosis claim with an NPWT HCPCS code (E2402). Competitor patients includes all Non-3M NPWT patients.

† Analysis conducted on a longitudinal closed system patient level data base by Optum® Life Sciences in 2012 and 2013. Research funded by 3M. Data on file.

‡ Wound related re-admission rate represents re-admissions after initial Post Acute NPWT claim, with wound diagnosis in top three re-admission diagnoses.

§ Wound related ER spend represents insurer's spend on ER visit with wound diagnosis in top three diagnoses. DFU not statistically significant due to small sample size.

NOTES:

- All cost savings are expressed in US Dollars

- Average wound related re-admission rate was higher for competitor NPWT patients
- Average per patient wound-related ER spend was higher for competitor NPWT patients across all wound types

3M Portfolio of Negative Pressure Wound Therapy with Patented SENSAT.R.A.C.™ Technology



V.A.C.® Therapy is Designed to Help Accurately Deliver the Programmed Negative Pressure for Wound Management

- Individual sensing lumens measure, monitor, manage, and maintain negative pressure at the wound site.
- Software controlled technology helps maintain negative pressure.
- Nationwide product related clinical and technical support for patients, clinicians and caregivers available 24/7/365.

We understand the importance of demonstrating our therapies' value in improving outcomes, patient satisfaction, and lowering the total cost of care.

For additional information, please call **800-275-4524**.

References:

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3. Morykwas MJ, Falier BJ, Pearce DJ, Argenta LC. Effects of varying levels of subatmospheric pressure on the rate of granulation tissue formation in experimental wounds in swine. *Ann Plast Surg.* 2001 Nov; 47(5):547-51.
4. Comparing fluid removal by negative pressure wound therapy systems from simulated wound sites. Kilpadi DV, Kauffman C. Presented at the 36th John A. Boswick, MD Burn and Wound Care Symposium, February 15-19, 2014, Maui, HI.
5. Negative pressure wound therapy (NPWT) systems: Ability to deliver prescribed negative pressure (NP) to the wound site. Kilpadi DV, Kauffman C. Presented at the Symposium on Advanced Wound Care - Spring, April 23-27, 2014, Orlando, FL.
6. Law, A., Beach, K. Hospital stay costs associated with negative pressure wound therapy. Poster Presented at: Symposium on Advanced Wound Care(SAWC);October 16-18, 2014, Las Vegas, NV. 47(5):547-51.
7. Law, A, Cyhaniuk,A, and Krebs, B. Comparison of health care Costs and hospital readmission rates associated with negative pressure wound therapies. *WOUNDS.* 2015;27(3):63-72.

NOTE: Specific indications, contraindications, warnings, precautions and safety information exist for these products and therapies. Please consult a clinician and product instructions for use prior to application. Rx only.

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