



Science.
Applied to Life.™

Solutions for Diabetic Foot Ulcer Care

Helping patients put
their best foot forward.

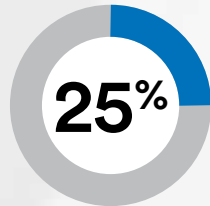
What is a diabetic foot ulcer?

Diabetic foot ulcers (DFUs) are partial to full thickness wounds with potential bone involvement that can occur due to diabetes, neuropathy, decreased blood flow, increased pressure on the bottom of the foot, decreased sensation, and other factors. Exudate levels can range from low to high depending on multiple factors including wound size, depth, tissue type, lower extremity edema and presence or absence of tissue inflammation and infection.

Impact of DFUs



\$9-13B
additional costs
from DFUs in U.S.¹

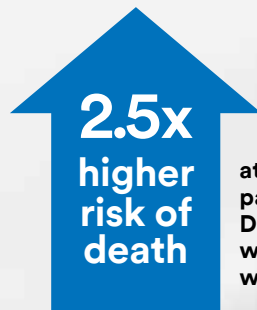


25%
lifetime risk
of developing a DFU for
patients with diabetes.²

DFUs are the leading
non-traumatic cause
of lower extremity foot
amputations worldwide.



>1M
diabetic related
amputations
annually.³



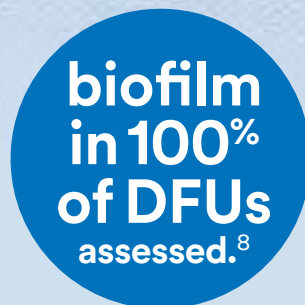
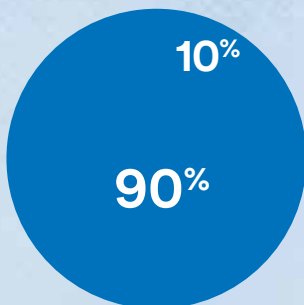
2.5x
higher
risk of
death
at 5 years for
patients with a
DFU than patients
with diabetes and
without a DFU.⁴

Biofilm delays healing of DFUs.⁵

Biofilm can disrupt the healing process resulting in delayed healing, higher health care costs, and increased risk for further complications, including the spread of infection. Osteomyelitis, a common consequence of diabetic foot infections, increases the risk of amputation.⁵

Biofilm is present in
most chronic wounds^{6,7}

A recent
study identified



Biofilm present Biofilm NOT present



Therapy goals for DFUs⁹

Key components of best practice DFU management

- Treatment of underlying disease process
- Ensure adequate blood supply to the limb
- Local wound care including infection control, tissue debridement and callus removal
- Pressure offloading

Lower-extremity neuropathic disease, frequently seen in the diabetic population, often results in loss of protective sensation and foot deformities. This leads to increased pressure and repetitive stress and strain during daily activities such as walking. These forces can lead to lower extremity ulcer formation. Off-loading, defined as pressure redistribution and reduction of repetitive shear, is critical for prevention

of further tissue inflammation and damage, lower extremity amputations, and healing of existing ulcers. Total Contact Casting (TCC) is considered the gold standard for off-loading and effective healing rates. Additional modalities, or alternatives to TCC, may include bed rest, removable cast walkers, healing sandals, surgical shoes, custom sandals, crutches, walkers, and wheelchairs.¹⁰

Best practice wound care supports the use of topical wound care dressings to properly manage exudate levels and support moist wound healing. Excessive moisture can lead to periwound maceration; inadequate moisture may cause desiccation and cell death. Both result in delayed healing and increased costs.

Protect skin

Protecting the skin is vital to help ensure good skin health for patients with diabetes. Adverse skin changes can be noted when dressings are unable to manage the volume of drainage, or not changed often enough. Research supports routine protection of periwound skin from excess exudate, mechanical trauma, and protection of at-risk, compromised skin as essential parts of wound management and wound bed preparation.¹¹



3M™ Cavilon™ No Sting Barrier Film

A gentle, effective and CHG-compatible solution for routine skin protection.



3M™ Cavilon™ Advanced Skin Protectant

Creates a highly durable, ultra-thin barrier that attaches to wet, weepy skin¹² and lasts up to seven days¹³ — providing long lasting skin protection.

Prepare wound bed

Wound healing starts with addressing underlying issues such as bioburden and inflammation, with biofilm present in most chronic DFUs. In a recent study, 100% of the 65 DFUs examined were found to contain biofilm.⁸ Effective wound management strategies may include the use of topical advanced wound care products to help address the underlying issues of biofilm, bioburden and inflammation.

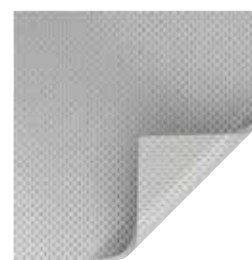
3M™ Kerracel™ Ag Gelling Fiber Dressing

Kerracel™ Ag Dressing is the only gelling fiber with Ag Oxysalts™ (Ag3+) Technology, providing up to 6 times more power than traditional silvers (Ag1+).^{14*} Ag Oxysalts™ Technology helps to reduce the barriers that create a hostile wound environment including killing bacteria within a biofilm.^{15*}



3M™ Silvercel™ Non-Adherent Antimicrobial Alginate Dressing with Easylift™ Precision Film Technology

Silvercel™ Non-Adherent Dressing is a nonwoven pad composed of alginate, carboxymethylcellulose (CMC) and silver coated nylon fibres, with a non-adherent Easylift™ Precision Film Technology designed to allow easy and pain free removal^{16*} along with providing protection to newly formed tissue.¹⁷



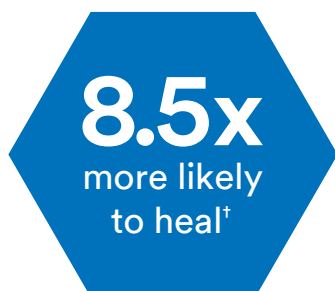
3M™ Promogran Prisma™ Matrix

Promogran Prisma™ Matrix is comprised of a sterile, freeze-dried composite of 44% oxidized regenerated cellulose (ORC), 55% collagen and 1% silver-ORC. In the presence of exudate, it transforms into a soft, conformable, biodegradable gel, thus allowing contact with all areas of the wound. The dressing maintains an optimal healing environment that is conducive to granulation tissue formation, epithelialization and rapid wound healing.

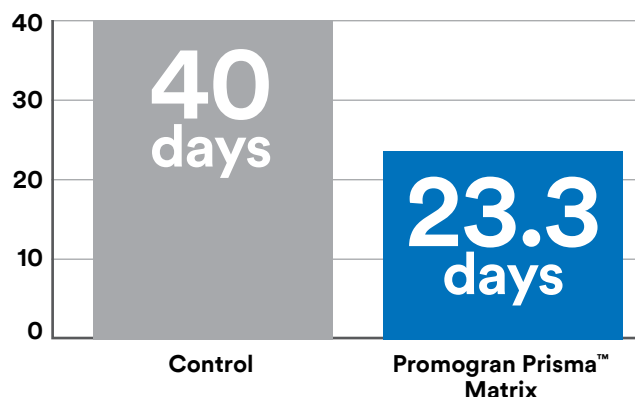
Significantly higher percentage of wounds healed

A 6-week RCT involving DFU patients (n=40) showed:¹⁸

- Significantly more wounds achieved complete healing in the Promogran Prisma™ Matrix Group vs Control Group (63% vs. 15%, $p < 0.03$, or 8.5)
- Based on the conditions and outcomes of this study, the Promogran Prisma™ Matrix Group was statistically 8.5x more likely to heal^{18†}



Number of days to complete healing¹⁸



*As demonstrated *in vitro*

†Moist wound healing—standard wound care protocol

Optimize wound environment

Diabetic foot ulcers are of variable depths, partial to full thickness, and may involve tendons and bone. Exudate levels can range from low to high depending on multiple factors including wound size, depth, tissue type, lower extremity edema and presence or absence of tissue inflammation and infection.⁸

Selecting products that help optimize the wound environment is important in wound healing. Things to consider include: maintaining an optimal environment through exudate management, providing protection from outside contaminants, and enabling easy application and removal.

Exudate management solutions



3M™ Kerramax Care™ Super-Absorbent Dressing

Kerramax Care Dressing comprises a soft, non-woven outer material, unique horizontal wicking layer, super-absorbent core and heat-sealed border which together provide a high absorption capacity^{19*} and an ability to effectively sequester and retain bacteria^{20*} and MMPs^{21*} present in moderate to highly exuding wounds, supporting wound healing and patient comfort.²²



3M™ Tegaderm™ Silicone Foam Dressing

Tegaderm Silicone Foam Dressing offers significantly longer wear time** plus gentle adhesion. The unique multi-layer design that absorbs and evaporates moisture to help reduce the potential for skin maceration and promote an optimal healing environment.



3M™ Tegaderm™ High Performance Foam Adhesive Dressing

Tegaderm High Performance Foam Dressing is designed to meet the challenges of low- to high-exuding wounds. Available with and without adhesion, and in a range of shapes and sizes, the dressing integrates innovative features and technology to help maintain an optimal wound healing environment.

Negative pressure wound therapy

Negative pressure wound therapy (NPWT) is a method that applies sub-atmospheric pressure through a foam dressing to create an environment that promotes wound healing by drawing wound edges together, removing exudate and infectious material and reducing edema.^{23,24}

Based on wound assessment and clinical judgment, NPWT may be appropriate for DFU management. Evidence supports greater wound area reduction and cost effectiveness achieved with the use of NPWT versus advanced moist wound therapy in hard-to-heal DFUs.

3M offers a portfolio of proven NPWT options that are indicated for the management of DFUs.



3M™ ActiV.A.C.™ Therapy System

ActiV.A.C Therapy System is a portable NPWT device for the mobile patient, with features that help maintain pressure at the wound site and detect leaks.



3M™ Snap™ Therapy System

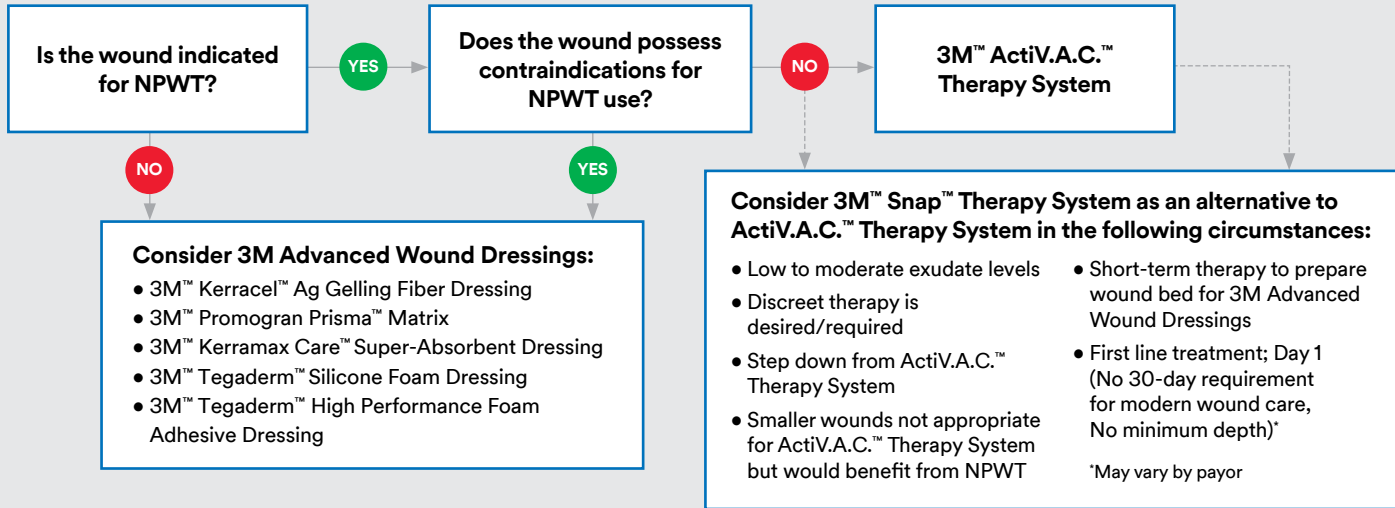
Snap Therapy System is a mechanically powered disposable NPWT system that's discreet, silent and lightweight – allowing patients to sleep with minimal interference and shower with the unit in place.

*As demonstrated *in vitro*.

**4x4 in. and 6x6 in. dressings, based on *in vivo* studies EM-13977 & EM-13978. 3M Report on file EM-05-301105.

3M solutions for DFU management

Find the wound care solutions you need to help ensure improved patient outcomes.



Protect skin

Routine skin protection

At-risk or damaged skin protection

3M™ Cavilon™ No Sting Barrier Film

3M™ Cavilon™ Advanced Skin Protectant



Prepare wound bed

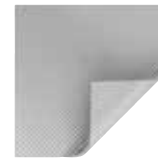
Manage biofilm/ bioburden

Provide collagen

3M™ Kerracel™ Ag Dressing

3M™ Silvercel™ Non-Adherent Dressing

3M™ Promogran Prisma™ Matrix



Optimize wound environment

Manage exudate

Supports granulation

3M™ Kerramax Care™ Super-Absorbent Dressing

3M™ Tegaderm™ Silicone Foam Dressing

3M™ Tegaderm™ High Performance Foam Adhesive Dressing

3M™ Snap™ Therapy System

3M™ ActiV.A.C.™ Therapy System



An elderly couple is walking together in a grassy park. The woman is on the left, wearing a red cardigan over a white top and dark pants. The man is on the right, wearing a light blue polo shirt and dark pants. They are both smiling and looking at each other, with the man's arm around the woman's shoulder. The background is a bright, sunny outdoor setting with trees and grass.

**Learn more about
3M products for
your DFU patients.**

Contact your 3M Account Representative
or visit [3M.com/DFU](https://www.3M.com/DFU) for more information.

A world leader in skin and wound care right by your side.

Our focus is on transforming outcomes through patient-centered science, providing you with the trusted solutions you need at every point in your patients' journeys. With 3M as your partner for better solutions, service and education, let's usher in a new era of wound and skin care together.



Science-based solutions

3M products are trusted in more than 60,000 hospitals, homes and businesses worldwide. Our comprehensive portfolio of advanced wound care solutions is supported by clinical evidence across new and growing categories including dressings, disposables, and digital technology and connectivity.



Ongoing support

Our support is seamless and efficient, from ordering, to placement, to therapy, through patient discharge. Ordering is easy with online ordering and scheduled same-day delivery, and our team is available 24/7 to assist you with onsite clinical and technical support.



World-class education

We act as an extension of your team—empowering you with hands-on training and award-winning education. Access free medical education live and on-demand at: [3M.com/MedicalEducation](https://www.3m.com/MedicalEducation)

1. Bradford Rice J, Desai U, et al. Burden of Diabetic Foot Ulcers for Medicare and Private Insurers. *Diabetes Care* 2014; 37:651–658.
2. Singh N, Armstrong DA, Lipsky BA. Preventing foot ulcers in patients with diabetes. *JAMA* 2005; 293: 217-28.
3. Hingorani, A., LaMuraglia, G. M., Henke, P., Meissner, M. H., Loretz, L., Zinszer, K. M., ... & Mills Sr, J. L. (2016). The management of diabetic foot: a clinical practice guideline by the Society for Vascular Surgery in collaboration with the American Podiatric Medical Association and the Society for Vascular Medicine. *Journal of vascular surgery*, 63(2), 3S-21S.
4. Armstrong D, Boulton M.D., Bus S. Diabetic Foot Ulcers and Their Recurrence. *N Engl J Med*, 2017; 376:24.
5. Giurato, L., Meloni, M., Izzo, V., & Uccioli, L. (2017). Osteomyelitis in diabetic foot: a comprehensive overview. *World journal of diabetes*, 8(4), 135.
6. Attinger C, Wolcott R. Clinically Addressing Biofilm in Chronic Wounds. *Adv Wound Care*. 2012;1(3):127-132.
7. Ceri H, Olson ME, Stremick C, Read RR, Morck D, Buret A. The Calgary Biofilm Device: new technology for rapid determination of antibiotic susceptibilities of bacterial biofilms. *J Clin Microbiol*. 1999; 37(6):1771-6.
8. Johani K, Malone M, Jensen S, Gosbell I, Dickson H, Hu H, Vickery K. Microscopy visualisation confirms multi-species biofilms are ubiquitous in diabetic foot ulcers. *Int Wound J* 2017; 14:1160–1169.
9. International Best Practice Guidelines: Wound Management in Diabetic Foot Ulcers. *Wounds International*, 2013. Available from: www.woundsinternational.com.
10. Driver RD, Blume PA. Evaluation of wound care and health-care use costs in patients with diabetic foot ulcers treated with negative pressure wound therapy versus advanced moist wound therapy. *Journal of the American Podiatric Medical Association*. 2014; 104 (2):147-153.
11. Bianchi, J. A. N. I. C. E. (2012). Protecting the integrity of the periwound skin. *Wound Essentials*, 7(1), 58-64.
12. Brennan MR, Milne CT, Agrell-Kann M, Ekholm BP. Clinical evaluation of a barrier film for the management of incontinence associated dermatitis (IAD) in an open label, non-randomized, prospective study. Accepted for publication in *Journal of Wound, Ostomy, and Continence Nursing (JWOCN)*. (n=9).
13. 3M data on file. EM-05-013924.
14. Spina C. Silver I,II,III: Chemical characteristics, properties, and anti-microbial activity. *Exciton Technologies*. 2015.
15. Thomason H, Doherty C, Warde D, Stephenson C, McBain A. Silver Dressings – A Balance Between Antimicrobial Efficacy and Healing Promotion Poster presented at Spring, SAWC; May 13-17, 2019; San Diego, CA.
16. Clark, R. et al. Simulated in use tests to evaluate a Non-Adherent Antimicrobial silver alginate dressing. Paper presentation CAWC Quebec, 2009.
17. Clark, R. and Bradbury, S. Silvercel™ Non-Adherent Made Easy. *Wounds International* Vol. 1(5) 2010.
18. Lazaro-Martinez JL, Garcia-Morales E, Beneit-Montesinos JV, Martinez-de-Jesus F, Aragon-Sanchez FJ. Randomized comparative trial of a collagen/oxidized regenerated cellulose dressing in the treatment of neuropathic diabetic foot ulcers. *Cir Esp*. 2007;82(1):27–31.
19. Jackson, S. & Warde, D. Determination of free swell absorption and fluid retention, and absorption capacity under pressure of Kerramax Care™. *Crawford Healthcare Ltd. CHC R596*. Knutsford, UK: 2017.
20. Singh, G. & Thomason, H. Sequestration and retention of bacteria by superabsorbent dressings over time. KCI. CHC R1043 (in vitro). University of Manchester & KCI Knutsford, UK. 2020.
21. Singh, G. & Thomason, H. Sequestration of matrix metalloproteinases (MMPs) by superabsorbent wound dressings. KCI. CHC R1042 (in vitro). University of Manchester & KCI Knutsford, UK. 2020.
22. Hughes, M. A large-scale evaluation of managing moderate and highly exuding wounds in the community. *Wounds UK*. 2017;13(3):78-85.1 = 27. Cotton S. The management of a chronic leg ulcer using Kerramax Care™ Super-Absorbent Dressing under compression. Poster presented at Wounds UK; November 2015; Harrogate, UK.
23. Morykwas MJ, Simpson J, Punger K, Argenta A, Kremers L, Argenta J. Vacuum-assisted closure: state of basic research and physiologic foundation. *Plastic Reconstructive Surgery*. 2006; 117:121S-126S.
24. Orgill DP, Bayer LR. Negative pressure wound therapy: past, present and future. *International Wound Journal*. 2013; 10:15-19.



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

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