



# Cavilon™

Skin Care Solutions



3M™ Cavilon™ Advanced Skin Protectant

## Experience the power of ultimate protection.

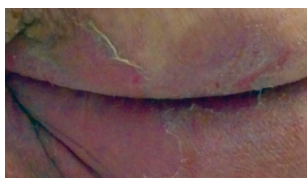


# The many challenges of skin integrity.

Skin damage presents negative clinical outcomes resulting in potential complications such as infection, pain and suffering, and a poor patient experience. In addition, skin damage increases the time and cost of care.

Exposure over time to factors such as irritants, moisture, friction, shear and adhesives can lead to conditions of skin breakdown, including:

## Moisture-Associated Skin Damage (MASD)



### Incontinence-associated dermatitis (IAD)

Severe inflammation caused by liquid stool, mixed incontinence or urine, which can lead to destruction of the epidermis.



### Peristomal skin damage

Problem stomas, poor stoma location and high-volume output, especially that of liquid stool, can contribute to skin injury that can rapidly progress to erosion.



### Periwound skin damage

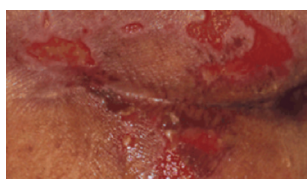
This type of skin damage is often associated with wounds that produce large quantities of drainage, such as venous ulcers or infected wounds.



### Intertriginous dermatitis (ITD)

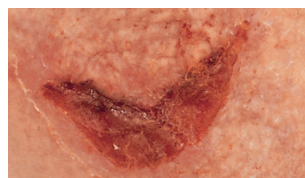
Skin damage between skin surfaces due to the interaction of friction and moisture.

## Pressure ulcer/injury



Localised damage to the skin and underlying soft tissue, usually over a bony prominence or related to a medical or other device. Moisture, friction and shear are accepted risk factors for pressure ulcer/injury development.

## Medical Adhesive-Related Skin Injury (MARSI)



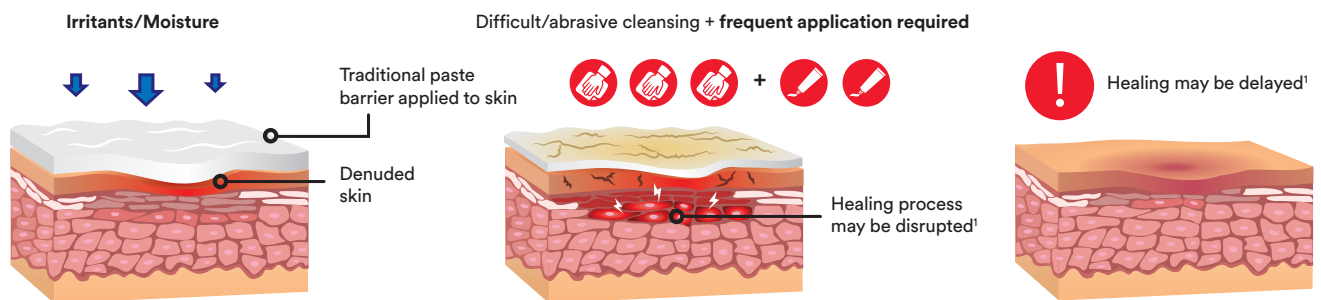
Skin damage, such as stripping or maceration, related to adhesive product use.

# Limitations of traditional skin protectants.

Moisture barrier creams, ointments and pastes have long been the standard of care for skin protection, but often these products:

- ▶ Aren't effective for preventing and managing skin damage
- ▶ Don't last as long as you need them to
- ▶ Don't adhere to wet, weepy, damaged skin
- ▶ May interfere with healing
- ▶ Don't stay in place on the skin
- ▶ Cause discomfort upon application, during wear and cleansing
- ▶ Are difficult to clean and remove, and may cause additional skin damage
- ▶ Interfere with skin assessment
- ▶ Are not suitable around an ostomy or fistula

## How traditional protectants work



Newer technologies such as pure cyanoacrylates can have limitations as well. While able to attach to a wet surface, heat is given off during drying and the surface can fracture easily, compromising protection and requiring reapplication.



# The power of 3M™ Cavilon™ Advanced Skin Protectant.

Featuring 3M's revolutionary polymer-cyanoacrylate technology, Cavilon Advanced Skin Protectant is designed to help manage moderate to severe skin damage and protect at-risk skin. The ultra-thin yet highly durable barrier is able to attach to wet, weepy surfaces and create a protective environment that repels irritants and supports healing.

**Attaches to wet,  
weepy, damaged skin<sup>2</sup>**

**Provides an effective  
barrier, which  
has been shown  
to reduce the pain  
of managing IAD<sup>2</sup>**

**Single-use applicator  
reduces the  
potential for  
cross-contamination**

**Application  
only needed  
**2x** per week<sup>2</sup>**

## The results are clear

A clear improvement on traditional treatment options, Cavilon Advanced Skin Protectant uses a unique polymer-cyanoacrylate system to deliver ultimate protection and prevention – even in the most challenging circumstances.



**Patient with skin damage  
on Day 2**



**Patient with improvement  
noted on Day 4**



# See the science of skin protection at work.

3M™ Cavilon™ Advanced Skin Protectant represents a revolutionary technology for the management of skin damage and protection of at-risk skin. Its formulation is unlike any other skin protectant or moisture barrier, but what makes it so different?



## Unique, elastomeric polymer

The polymer forms a coating that can elongate and conform, avoiding the cracking seen with other moisture barriers. This assures greater barrier integrity, durability and protection against challenging irritants such as liquid stool and gastric fluid, resulting in twice weekly application.



## Revolutionary polymer-cyanoacrylate system

The cyanoacrylate enables attachment of the skin protectant to damaged skin that is wet and weeping. Once on the skin, the protective coating creates an environment that repels irritants and supports healing and comfort.

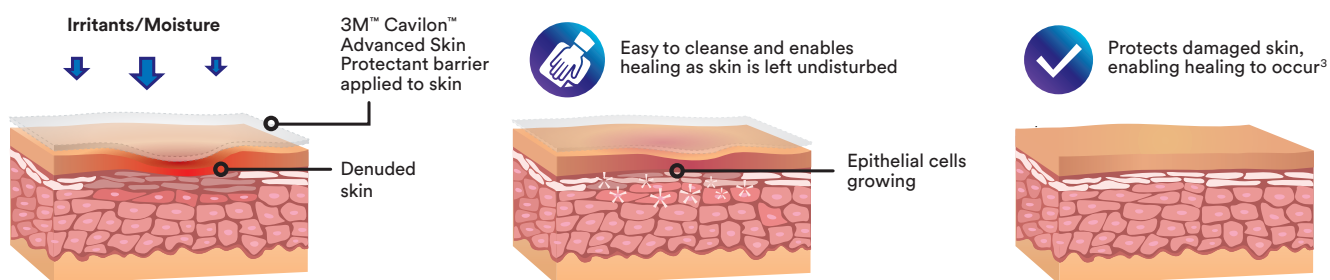
Remember: if a moisture barrier product cannot reliably attach to the underlying skin, it's not capable of reliable protection.



## Non-stinging solvent

The polymer-cyanoacrylate system is delivered onto the skin by a non-stinging solvent.





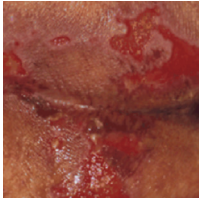
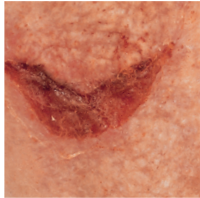
## How 3M™ Cavilon™ Advanced Skin Protectant works



Cavilon Advanced Skin Protectant is also breathable, allowing for moisture-vapour transmission that helps keep skin comfortable. Plus, it doesn't require removal, and the surface is easily cleansed – making wear easier for patients and care easier for staff.



# The many uses of 3M™ Cavilon™ Advanced Skin Protectant.

| Moisture-Associated Skin Damage (MASD)  |   |  |   | Pressure Ulcer/Injury   | Medical Adhesive-Related Skin Injury (MARSi)  |
|---|---|--|---|---|---|
|  |  |   |  |  |  |
| Incontinence-Associated Dermatitis (IAD)  | Peristomal Skin Damage  | Periwound Skin Damage  | Intertriginous Dermatitis (ITD)   |   |   |
| Manage damaged or broken skin   |   |  |   |   |   |
| Manage IAD  | Manage peristomal/perifistular skin damage  | Manage periwound skin damage (e.g. maceration)   | Manage superficial skin damage from moisture and friction                         | Manage superficial skin injury in difficult-to-dress locations                      | Manage superficial skin damage (e.g. stripping, skin tears) from adhesive use       |
| Protect at-risk skin  |   |  |   |   |   |
| Protect intact skin especially in the presence of diarrhea or mixed incontinence  | Protect skin around problem fecal or urinary stomas, fistulas or tracheostomies   | Protect skin around at-risk wounds (e.g. heavily draining wounds such as diabetic foot ulcers, venous leg ulcers or infected wounds) |   | Protect intact skin from moisture, friction or shear                                |   |



**3M™ Cavilon™  
Advanced Skin  
Protectant**

# Ultimate protection that can effectively transform your practice.



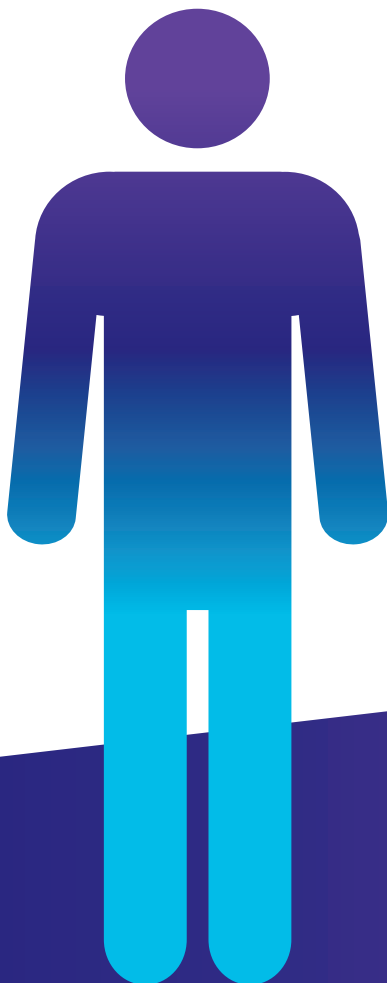
For your patients and residents, 3M™ Cavilon™ Advanced Skin Protectant provides an effective barrier, which can help:

- ✓ Prevent skin injury and maintain skin integrity
- ✓ Protect against caustic, corrosive body fluids including liquid stool and gastric fluid
- ✓ Create an environment that supports healing
- ✓ Improve the overall healthcare experience



For you and your organisation, 3M™ Cavilon™ Advanced Skin Protectant can help:

- ✓ Eliminate the need for frequent reapplication
- ✓ Reduce the potential for the cross-contamination possible with traditional multi-use products
- ✓ Offer superior value in pounds spent for skin management
- ✓ Lead to improved patient and resident outcomes



## 100% of patients

who reported pain associated with IAD on Day 1 (n=9) experienced a reduction in pain resulting from the protective barrier provided by Cavilon Advanced Skin Protectant.<sup>2</sup>

With Cavilon Advanced Skin Protectant, your organisation could potentially save (per IAD patient per week)\*:



## £400



## 16.5 hours of nursing time

Compared to use of a traditional zinc oxide paste.<sup>2,4,5,6</sup>

Experience the power  
of Cavilon Advanced Skin Protectant  
at [3Mae.ae/Medical](https://3Mae.ae/Medical)

## Ordering information

### 3M™ Cavilon™ Advanced Skin Protectant

| Cat.No. | Description                     | Items/box |
|---------|---------------------------------|-----------|
| 5050G   | 2.7ml Foam applicator (sterile) | 20        |



### To find out more:

 [3Mae.ae/Medical](http://3Mae.ae/Medical)

 +971 4 3670 777

or contact your 3M representative

#### References

- 1 Been RA et al. In vivo methods to evaluate a new skin protectant for loss of skin integrity. Wound Repair and Regen. 2016; 24: 851-859
- 2 Brennan, Mary R.; Milne, Catherine T.; Agrell-Kann, Marie; Ekholm, Bruce P. Clinical Evaluation of a Skin Protectant for the Management of Incontinence Associated Dermatitis: An Open-Label, Nonrandomized, Prospective Study. J of Wound, Ostomy & Continence Nursing. 2017. 44(2):172-180.
- 3 3M data on file. EM-05-01 3924.
- 4 Bliss DZ, Zehrer C, Savik K, Smith G, Hedblom E. An economic evaluation of four skin damage prevention regimens in nursing home residents with incontinence. J WOCN 2007;34(2):143-52.
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- 6 Heidegger CP, Graf S, Perneger T, Genton L, Oshima T, Pichard C. The burden of diarrhea in the intensive care unit (ICU-BD). A survey and observational study of the caregivers' opinions and workload. Int J Nurs Stud. 2016 Jul;59:163-8.

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