

3M Science.
Applied to Life.™

The difference is real

3M™ Snap™ Therapy System



A global challenge: chronic wounds

The majority of wounds (approximately 154M) continue to be treated with wet-to-moist/dry gauze.¹



Venous Leg Ulcers (VLUs):

- In developed countries, 50% of VLUs last more than 4 months.^{2,3}
- 55% of healed VLUs reoccur within the first 12 months of closure.⁴
- A majority of VLUs were not adequately treated with standard of care for the wound type.⁵



Diabetic Foot Ulcers (DFUs):

- Up to 24% of DFUs will eventually lead to a lower extremity amputation (LEA).⁶
- By 5 years, 45%–55% of patients with neuropathic and ischemic DFUs respectively, will die due to common complications of diabetes. These complications have higher mortality rates than cancers of the prostate, breast, and colon, as well as Hodgkin's disease.⁷
- Only 6% of DFU patients receive the gold standard of care for offloading⁵

The 3M™ Snap™ Therapy System difference: a real solution for real life

Early first-line intervention with the Snap Therapy System in an outpatient setting supports healing while helping to return patients to normal daily activities.

The Snap Therapy System combines the simplicity of advanced wound dressings with the proven benefits⁸ of negative pressure wound therapy (NPWT) in a discreet, highly mobile design.



Benefits of Snap Therapy System:

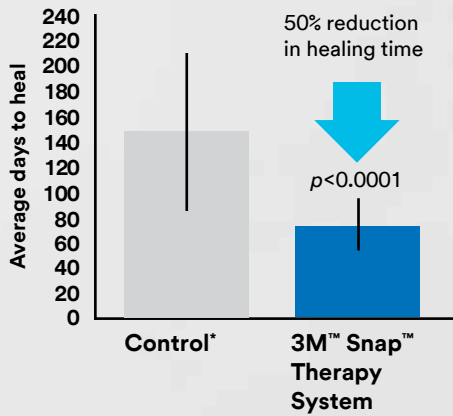
- Convenient single-use, disposable NPWT.
- Mechanically powered and portable for easy mobility.
- No complicated settings or adjustments to learn.
- Preserves patient quality of life (QOL).⁸
- Friendly fit: Discreet and comfortable placement to help preserve patient quality of life.
- Minimal interference: Silent design ensures minimal disruption to sleep, social activities and mobility.
- Fast application: Snap Therapy System is applied in under 10 minutes so patients can quickly move on with their lives.⁹
- Continuous -125mmHg therapy for increased confidence.
- Off-the-shelf availability for immediate use in the patient treatment plan.

The 3M™ Snap Therapy System: the smart choice for increased value in care



Reduced dressing changes

Low-contact care reduces dressing changes to a minimum of twice a week. The Snap Therapy System supports clinicians' goals.



Reduced time to closure

Patients with lower extremity venous or diabetic ulcers were evaluated in a prospective observational and retrospective match controlled study. Patients using the Snap Therapy System with skin substitutes or skin grafts healed significantly faster with a 50% absolute reduction in healing time verses modern dressings protocols including: Apligraf®, Regranex®, and skin grafting.⁹

*Outcomes were compared with 42 patient-matched controls treated at the same center with modern wound care protocols that included the use of Apligraf®, Regranex® and skin grafting.

**21 subjects completed treatment with the Snap Therapy System and with skin substitutes or skin grafts and were evaluated for wound healing for up to 4 months.



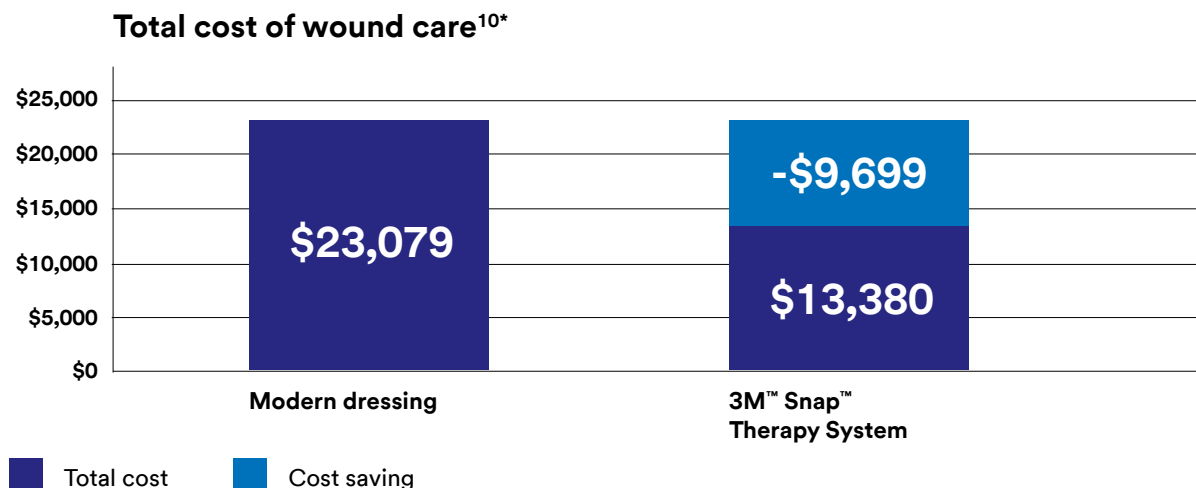
For increased cost effectiveness

Failure of many chronic wounds to heal can have a high associated burden on the entire healthcare system, including stalled wounds that are costly or may lead to amputation.^{6*}

*Up to 24% of diabetic foot ulcers (DFUs) will eventually lead to a lower extremity amputation (LEA)



A cost and effectiveness model found that 3M™ Snap™ Therapy System saved over \$9,000 per wound treated by avoiding longer treatment times and costs for complications and healing more wounds than modern dressings.



*Hutton DW, Sheehan P. Comparative effectiveness of the Snap Therapy System. *Int Wound J* 2011; 8: 196-205.

Exponential process to build Base Case includes: material & care resource cost, frequency of visits, duration of therapy, likelihood of healing, extended treatments for non-healed patients and management of complications (e.g. debridement, amputation, skin grafts) according to incidences reported.

Modified from Figure 2 Hutton 2011

Note: HE model was based on US study of diabetic lower extremity wounds

- Based on a model that analyzed the costs and effectiveness of the treatment of diabetic lower extremity wounds, Hutton and Sheehan reported that, compared to modern dressings, Snap Therapy System saved over \$9,000 per wound treated by avoiding longer treatment times and costs for complications and healing more wounds than the modern dressings.
- The authors concluded that, in addition to cost savings, Snap Therapy System also allowed patients greater mobility.

References:

1. LEK Survey, Market reports (MedTech Insight, GIA, iData), CI data, KCI Finance
2. Gottrup F. A specialized wound-healing center concept: importance of a multidisciplinary department structure and surgical treatment facilities in the treatment of chronic wounds. *Am J Surg.* 2004;187(5):S38-43.
3. O'Meara S, Cullum N, Nelson EA, Dumville JC. Compression for venous leg ulcers. *Cochrane Database Syst Rev* 2012 Nov 14. <https://www.ncbi.nlm.nih.gov/pubmed/23152202>
4. Finlayson K, et al. Predicting the likelihood of venous leg recurrence: The diagnostic accuracy of a newly developed risk assessment tool. *Int Wound.* 2018: 1-9.
5. Fife CE, Carter MJ, Walker D. Why is it so hard to do the right thing in wound care? *Wound Repair Regen.* 2010 Mar-Apr;18(2):154-8
6. Pemayun T, Naibaho R, Novitasari D, Amin N, Minuljo T. Risk Factors for lower extremity amputation in patients with diabetic foot ulcers: a hospital-based case-control study. *Diabetic Foot Ankle.* 2015 Dec 7;6:29629. doi:10.3402/dfa.v6.29629.
7. Snyder RJ, Hanft JR. Diabetic foot ulcers--effects on QOL, costs, and mortality and the role of standard wound care and advanced-care therapies. *Ostomy Wound Manage.* 2009;55(11):28-38.
8. Armstrong DG, Marston WA, Reyzelman AM, Kirsner RS. Comparative effectiveness of mechanically and electrically powered negative pressure wound therapy devices: a multicenter randomized controlled trial. *Wound Rep Reg* 2012; 20(3):332-341.
9. Lerman B, Oldenbrook L, Eichstadt SL, Ryu J, Fong KD, Schubart PJ. Evaluation of chronic wound treatment with the SNAP™ Wound Care System versus modern dressing protocols. *Plastic and Reconstructive Surgery.* 2010 Oct;126(4):1253-61.
10. Hutton DW, Sheehan P. Comparative effectiveness of the SNAP™ Wound Care System. *Int Wound J* 2011; 8: 196-205.

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. This material is intended for healthcare professionals.

