



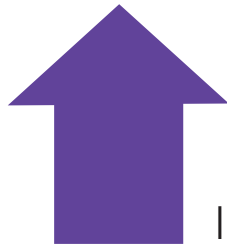
PrevenaTM
Incision Therapy

Discover the scientifically proven power of 3MTM PrevenaTM Therapy.

Higher standards in healthcare call for a higher standard of therapy. Now, you can take postop care to new levels, and provide your patients with protection from post-surgical complications with ciNPT.



Complications in orthopedic surgery can be costly.



7.7 to 11.7 days

Increased length of hospital stay due to SSIs.¹

18.8%

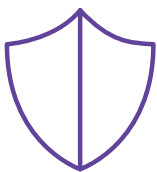
of unplanned 30-day readmission
following THA and TKA* due to SSI.²

\$29,197**
and
\$36,556**

Periprosthetic joint infection complications average hospital costs after TKA and THA, respectively.³

\$37,604**

Median readmission cost to treat infected
orthopedic trauma injuries.⁴



By working to help protect incisions from postoperative complications, 3M™ Prevena™ Therapy works to help stop the ripple effect before it begins, protecting patients, surgeons, staff, practices, and hospitals from potential consequences through low touch care.

*Total hip arthroplasty = THA; Total knee arthroplasty = TKA.

**Original costing in USD. Exchange rate from USD to CAD correct of 17 May 2021.

How 3M™ Prevena™ Therapy can help.

Indications for Use

The Prevena™ Incision Management System is intended to manage the environment of surgical incisions and surrounding intact skin in patients at risk for developing post-operative complications, such as infection, by maintaining a closed environment via the application of a negative pressure wound therapy system to the incision. The Prevena™ Dressing skin interface layer with silver reduces microbial colonization in the fabric.

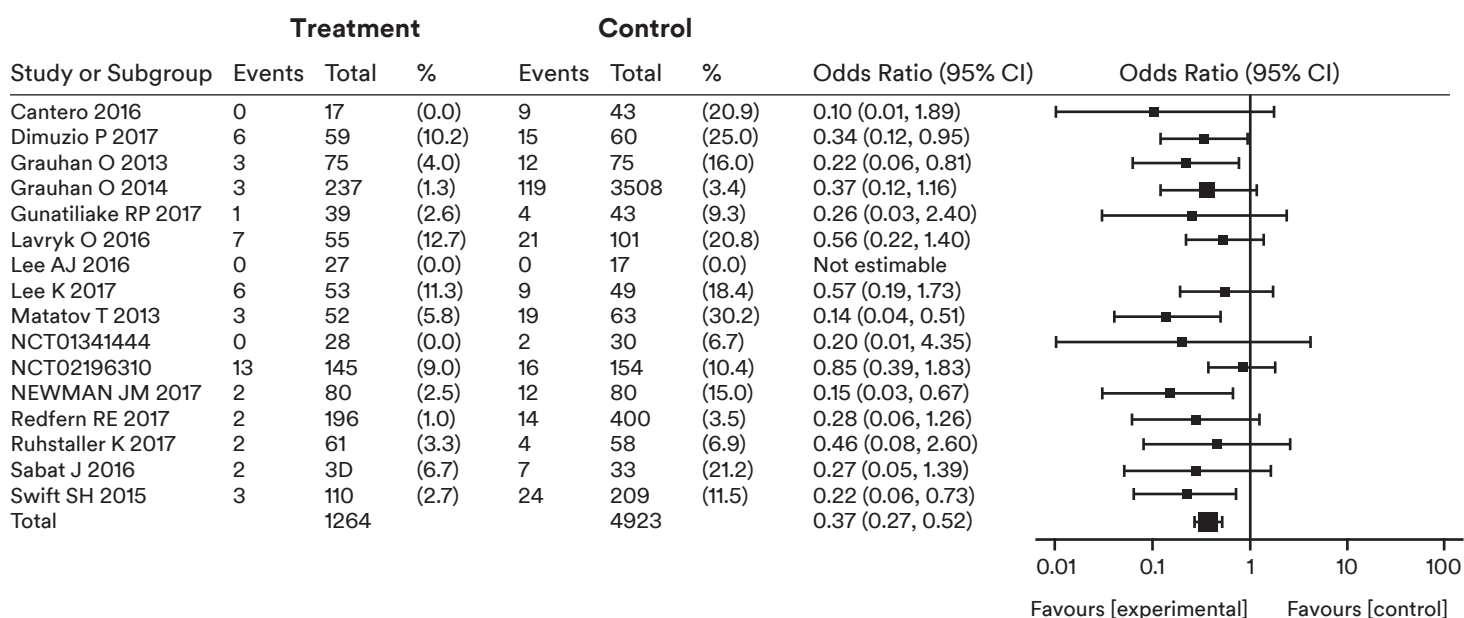
Clinical Evidence Supporting the Indication

A systematic literature review and associated meta-analysis were used to support the safety and effectiveness of Prevena Therapy over closed incisions in reducing the incidence of surgical site infections (SSIs) and seromas versus conventional wound dressings.

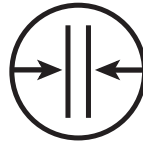
- Out of 426 studies in the initial search, ultimately, sixteen (16) prospective studies were included in this meta-analysis for SSI characterization
- A total of up to 6,187 evaluable patients were included in this meta-analysis for SSI with 1,264 in the Prevena Therapy (treatment) group and 4,923 in the conventional wound dressing (control) group
- 9 randomized controlled trials (RCTs) were included in a subgroup analysis for SSI in high risk patients

Prevena Therapy demonstrated the greatest benefit in reducing SSIs in high risk patients.

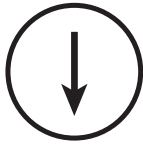
Forest Plot of Meta-Analysis on Surgical Site Infection



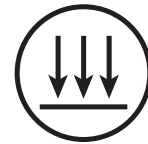
3M™ Prevena™ Therapy: science and mechanism of action.



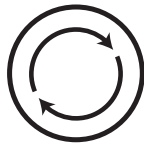
Helping to hold incision edges together.



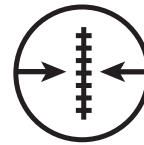
Reducing edema.



Acting as a barrier to external contamination.



Delivering continuous -125 mmHg up to 7 days.



Decreasing lateral tension of sutured/stapled incisions.^{†5}



Removing fluids and infectious materials.*



Designed to be flexible.

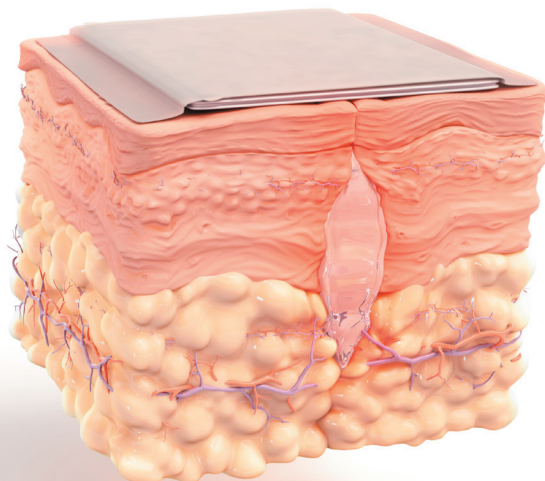
3M™ Prevena™ Incision Dressings are designed to allow for movement, enhancing the postoperative rehabilitation process.

*In a canister

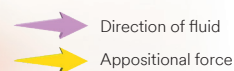
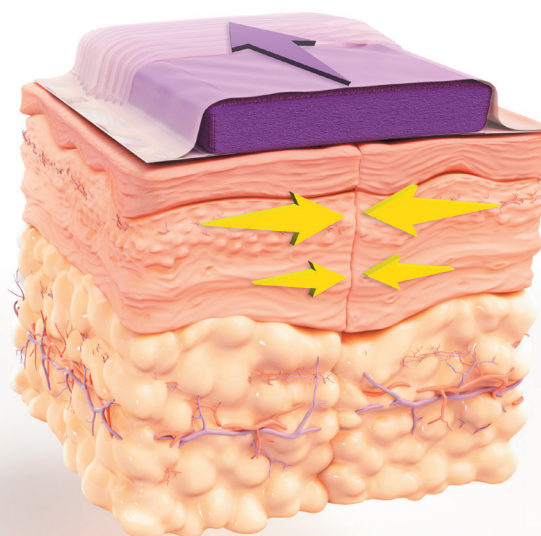
† In computer and bench models

3M™ Prevena™ Therapy utilizes reticulated open cell foam technology and -125 mmHg pressure.

Passive Therapy



Prevena Therapy



Under -125 mmHg of negative pressure, the Reticulated Open Cell Foam dressing collapses to its geometric center. This brings the incision edges together, reduces lateral tension, and also allows for improved fluid management.⁵⁻⁷

- Contours in 3M™ Prevena™ Dressing allow for even distribution of negative pressure
- Adhesive film creates a barrier to external contaminants
- Designed to conform to articulating joints to allow movement
- Skin interface layer contains 0.019% ionic silver, which reduces bacterial colonization in the fabric
- Multiple sizes and configurations
- 3M™ Prevena™ 125 Therapy Unit and Prevena Dressings are shower friendly*

*See Prevena Therapy Patient and Clinician Guides for additional details

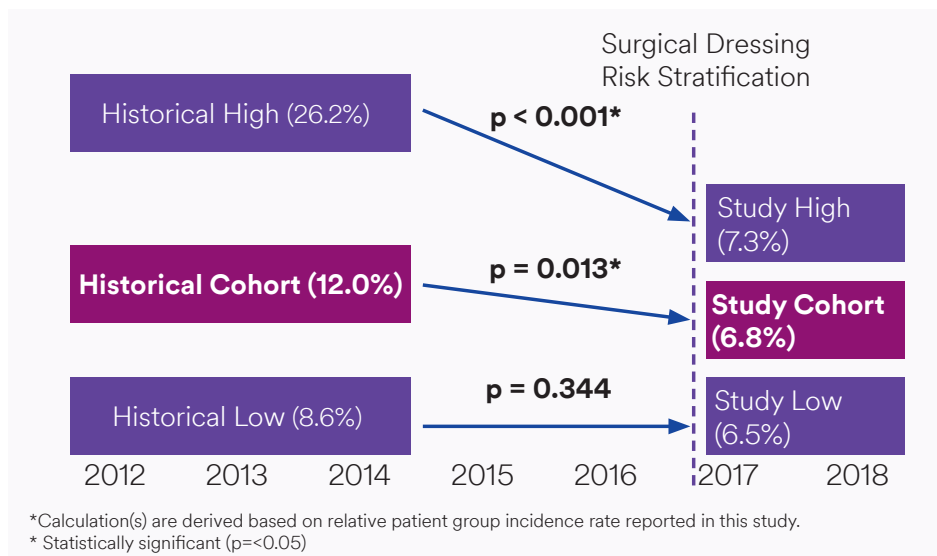
Identifying Patients Who May Benefit from 3M™ Prevena™ Therapy

The authors of a 2018 study⁸ implemented a risk-stratification algorithm (Table 1) for the use of Prevena Therapy. Working with patients undergoing primary total joint arthroplasties, they used the algorithm to categorize patients as high-risk (≥ 2 score) and low-risk (score < 2), and compared outcomes of patients treated prophylactically with closed incision negative pressure therapy (ciNPT) dressings with historical control groups.

Table 1

Risk factor	Weight
BMI	
<18.5kg/m ²	1
18.5-29.9kg/m ²	0
30-34.9kg/m ²	1
35-39.9kg/m ²	2
>40kg/m ²	3
Diabetes mellitus	2
Immunodeficiency	1.3
Active smoking	1
Non-ASA anticoagulation	1
Prior surgery	2

Table 2



High-risk patients	All patients
72% reduction* in surgical site complications**	43% reduction* in surgical site complications
7.3% (9/123) Prevena Therapy vs. 26.2% (32/122) Control ($p < .001$)	6.8% (22/323) Prevena Therapy vs. 12.0% (77/643) Control ($p < .013$)

*Percentages determined by calculating the difference between 26.2% to 7.3% and 12.0% to 6.8%, respectively.
 **SSC was defined as any dehiscence, suture granuloma, drainage occurring beyond postoperative day 5, significant hematoma formation, or SSI, as defined by the CDC, that required unplanned postoperative interventions.

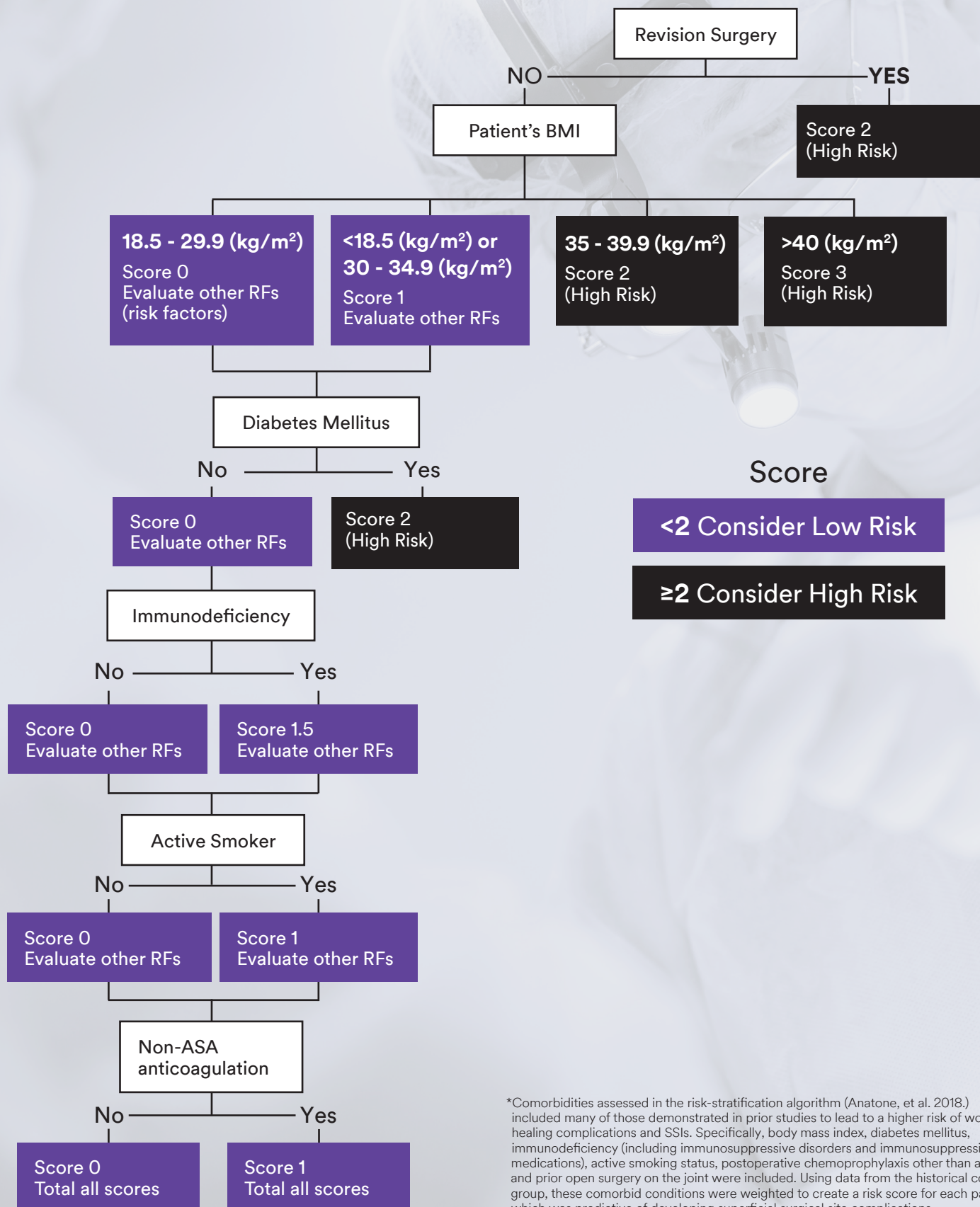
Additional Factors to Consider

A multidisciplinary group of surgical and infectious disease experts have also developed an algorithm⁹ to guide when to consider using Prevena Therapy (ciNPT). In addition to risk factors listed in Table 1, they cite:

Patient-Related Risk Factors				
<ul style="list-style-type: none"> Advanced age Hypoalbuminemia Corticosteroid usage 	<ul style="list-style-type: none"> Active alcoholism Male sex 	<ul style="list-style-type: none"> Hematoma Chronic renal insufficiency 	<ul style="list-style-type: none"> Chronic obstructive pulmonary disease ASA score ≥ 3 	
General Incision Related Risk Factors				
<ul style="list-style-type: none"> High tension incision Repeated incisions Extensive undermining 	<ul style="list-style-type: none"> Traumatized soft tissue Edema Contamination 	<ul style="list-style-type: none"> Emergency procedure Prolonged operation time Post-surgical radiation 	<ul style="list-style-type: none"> Mechanically unfavourable site 	
Procedure Related Risk Factors				
General	Plastic	Orthopedic	Vascular	Cardiovascular
<ul style="list-style-type: none"> Open general Open colorectal Open urology Open obgyn Incisional hernia repair 	<ul style="list-style-type: none"> Post-bariatric abdominoplasty Breast reconstruction Big soft tissue defects Soilage risk 	<ul style="list-style-type: none"> Open reduction and internal fixation of fractures Fasciotomy Above/below knee amputation 	<ul style="list-style-type: none"> Above/below knee amputation Synthetic graft implantations 	<ul style="list-style-type: none"> Sternotomy

Identification Tool for High-Risk Patients*

Decision tree developed from Anatone, et al. 2018



PROMISES study data suggests 3M™ Prevena™ Therapy can help advance the standard of care.

Promising new data from a randomized controlled trial¹⁰ further affirms that 3M™ Prevena™ Therapy significantly reduces the risk of 90-day surgical site complications (SSCs) and readmissions compared with silver-impregnated dressings, the current standard of care (SOC).

4x

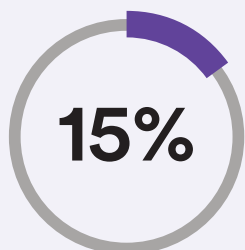
Reduction in SSCs*

3.4% (5/147) Prevena Therapy vs.
14.3% (21/47) SOC
(**p=0.0013**)*

3x

Reduction in readmission rates*

3.4% (5/147) Prevena Therapy vs.
10.2% (15/47) SOC
(**p=0.0208**)*



Fewer mean dressing changes*

1.1±0.3 Prevena Therapy vs.
1.3±1.0 Control
(**p=0.0003**)*

Study Design

The PROMISES study was a multicentre randomized controlled trial involving 294 patients undergoing elective revision knee arthroplasty. Patients were prospectively randomized to receive either 3M™ Prevena™ Therapy or an antimicrobial silver-impregnated dressing.

- Patients had at least one risk factor for developing wound complications
- Study endpoints included wound complications (such as SSI or drainage), health care utilization parameters (readmission, reoperation, dressing changes, and visits), and patient recorded outcomes

Science strong enough to challenge the standard of care.

*Calculation(s) are derived based on relative patient group incidence rate reported in this study.

*Statistically significant (p<0.05)

There are 70+ CINPT journal publications using our products.

The following publications are specific to orthopedics.

Citation	Wound/Surgery Type	Level of Clinical Evidence*
Higuera-Rueda, C.; Emará, A.K.; Nieves-Mallore, Y.; Klika, A.K.; Cooper, H.J.; Cross, M.B.; Guild, G.N.; Nam, D.; Nett, M.; Scuderi, G.R.; Cushner, F.D.; Piuze, N.S.; Silverman, R.P. The Effectiveness of Closed Incision Negative Pressure Therapy versus Silver-Impregnated Dressings in Mitigating Surgical Site Complications in High-Risk Patients after Revision Knee Arthroplasty: The PROMISES Randomized Controlled Trial. <i>J. Arthroplasty</i> (2021), doi: https://doi.org/10.1016/j.arth.2021.02.076	Revision total knee arthroplasty	1 ●
Newman, J.M.; Siqueira, M.B.P.; Klika, A.K.; Molloy, R.M.; Barsoum, W.K.; Higuera, C.A. Use of Closed Incisional Negative Pressure Wound Therapy After Revision Total Hip and Knee Arthroplasty in Patients at High Risk for Infection: A Prospective, Randomized Clinical Trial. <i>Journal of Arthroplasty</i> . 2018 Nov 17. [Epub Ahead of Print]	Total hip and knee arthroplasty	1b ●
Crist, B.D.; Oladeji, L.O.; Khazzam, M.; Della Rocca, G.J.; Murtha, Y.M.; Stannard, J.P. Role of acute negative pressure wound therapy over primarily closed surgical incisions in acetabular fracture ORIF: A prospective randomized trial. <i>Injury</i> . 2017 April 27.pii: S0020-1383(17)30283-8.	Acetabular fractures	1b ●
Pauser, J.; Nordmeyer, M.; Biber, R.; Jantsch, J.; Kopschina, C.; Bail, H.J.; Brem, M.H. Incisional negative pressure wound therapy after hemiarthroplasty for femoral neck fractures - reduction of wound complications. <i>International Wound Journal</i> . 2014; 13(5): 663-667.	Hemiarthroplasty for femoral neck fractures	1b ●
Manoharan, V.; Grant, A.; Harris, A.; Hazratwala, K.; Wilkinson, M.; McEwen, P. Closed Incision Negative Pressure Wound Therapy vs Conventional Dry Dressings After Primary Knee Arthroplasty: A Randomized Controlled Study. <i>J Arthroplasty</i> . 2016 April 28. pii: S0883-5403 (16)30083-3.	Knee arthroplasty	1b ●
Howell, R.D.; Hadley, S.; Strauss, E.; Pelham, F.R. Blister formation with negative pressure dressings after total knee replacement. <i>Current Orthopaedic Practice</i> . 2011 March; 22(2): 176-179.	Knee arthroplasty	1b ●
Stannard, J.P.; Robinson, J.T.; Anderson, E.R.; McGwin, G. Jr.; Volgas, D.A.; Alonso, J.E. Negative pressure wound therapy to treat hematomas and surgical incisions following high-energy trauma. <i>Journal of Trauma</i> . 2006 June; 60(6): 1301-6.	Lower extremity fractures	1b ●
Stannard, J.P.; Volgas, D.A.; McGwin, G.; Stewart, R.L.; Obremesky, W.; Moore, T.; Anglen, J.O. Incisional negative pressure wound therapy after high-risk lower extremity fractures. <i>Journal of Orthopedic Trauma</i> . 2012 January; 26(1): 37-42.	Lower extremity fractures	1b ●
Stannard, J.P.; Volgas, D.A.; Stewart, R.; McGwin, G. Jr.; Alonso, J.E. Negative pressure wound therapy after severe open fractures: a prospective randomized study. <i>Journal of Orthopedic Trauma</i> . 2009 September; 23(8): 552-7.	Lower extremity fractures	1b ●
Pachowsky, M.; Gusinde, J.; Klein, A.; Lehl, S.; Schulz-Drost, S.; Schlechtweg, P.; Pauser, J.; Gelse, K.; Brem, M.H. Negative pressure wound therapy to prevent seromas and treat surgical incisions after total hip arthroplasty. <i>International Orthopaedics</i> . 2012 April; 36(4): 719-22.	Total hip arthroplasty	1b ●
Redfern, R.E.; Cameron-Ruetz, C.; O'Drobinak, S.; Chen, J.; Beer, K.J. Closed incision negative pressure therapy effects on postoperative infection and surgical site complication after total hip and knee arthroplasty. <i>J. Arthroplasty</i> 2017 November; 32(11): 3333-3339.	Hip and knee arthroplasty	2 ●
Reddix, R.N. Jr.; Leng, X.I.; Woodall, J.; Jackson, B.; Dedmond, B.; Webb, L.X. The effect of incisional negative pressure therapy on wound complications after acetabular fracture surgery. <i>Journal of Surgical Orthopaedic Advances</i> . 2010 June; 19(2): 91-7.	Hip arthroplasty	3 ●
Cooper, H.J.; Roc, G.C.; Bas, M.A.; Berliner, Z.P.; Hepinstall, M.S.; Rodriguez, J.A.; Weiner, L.S. Closed incision negative pressure therapy decreases complications after periprosthetic fracture surgery around the hip and knee. <i>Injury</i> . 2018 February; 49(2): 386-391. doi: 10.1016/j.injury.2017.11.010. Epub 2017 Nov 14.	Periprosthetic fracture surgery	3 ●
Cooper, H.J.; Bas, M.A. Closed-Incision Negative-Pressure Therapy Versus Antimicrobial Dressings After Revision Hip and Knee Surgery: A Comparative Study. <i>J. Arthroplasty</i> . 2016 May; 31(5): 1047-52.	Revision knee and hip	3 ●
Anatone, A.J.; Shah, R.P.; Jennings, E.L.; Geller, J.A.; Cooper, J. A risk-stratification algorithm to reduce superficial surgical site complications in primary hip and knee arthroplasty. <i>Arthroplasty Today</i> . 2018; 4(4): 493-498. doi:10.1016/j. artd.2018.09.004.	Hip and knee arthroplasty	3 ●
Curley, A.J.; Terhune, E.B.; Velott, A.T.; Argintar, E.H. Outcomes of Prophylactic Negative Pressure Wound Therapy in Knee Arthroplasty. <i>Orthopedics</i> . 2018; 41(6): e837-e840. doi:10.3928/01477447-20181010-02.	Knee arthroplasty	3 ●
Reddix, R.N.; Tyler, H.K.; Kulp, B.; Webb, L.X. Incisional vacuum-assisted wound closure in morbidly obese patients undergoing acetabular fracture surgery. <i>The American Journal of Orthopedics</i> . 2009 September; 38(9): 32-5.	Acetabular fractures	4 ●
Hansen, E.; Durinka, J.B.; Costanzo, J.A.; Austin, M.S.; Deirmengian, G.K. Negative pressure wound therapy is associated with resolution of incisional drainage in most wounds after hip arthroplasty. <i>Clinical Orthopaedics and Related Research</i> . 2013 October; 471(10): 3230-6.	Hip arthroplasty	4 ●

Citation	Wound/Surgery Type	Level of Clinical Evidence*
Stannard, J.P.; Atkins, B.Z.; O-Malley, D.; Singh, H.; Bernstein, B.; Fahey, M.; Masden, D.; Attinger, C.E. Use of negative pressure therapy on closed surgical incisions: A case series. <i>Ostomy Wound Management</i> . 2009 August; 55(8): 58-66.	Lower extremity fractures	4 ●
Gomoll, A.H.; Lin, A.; Harris, M.B. Incisional vacuum-assisted closure therapy. <i>Journal of Orthopaedic Trauma</i> . 2006 November-December; 20(10): 705-9.	Orthopaedic trauma	4 ●
Stannard, J.P.; Gabriel, A.; Lehner, B. Use of Negative Pressure Wound Therapy Over Clean, Closed Surgical Incisions. <i>International Wound Journal</i> . 2012; 9:32-39.	Orthopaedic trauma	4 ●
Brem, M.H.; Bail, H.J.; Biber, R. Value of Incisional Negative Pressure Wound Therapy in Orthopedic Surgery. <i>International Wound Journal</i> . 2014 June; 11(Suppl 1): 3-5.	Mixed	5 ●
Berkowitz, M.J. Use of a Negative Pressure Incisional Dressing After Surgical Treatment of Calcaneal Fractures. <i>Techniques in Foot and Ankle Surgery</i> . 2013 December; 12(4): 172-174.	Calcaneal fractures	5 ●
Suleiman, L.I.; Mesko, D.R.; Nam, D. Intraoperative Considerations for Treatment/Prevention of Prosthetic Joint Infection. <i>Current Reviews in Musculoskeletal Medicine</i> . 2018:1-8.	Hip and knee arthroplasty	5 ●
Chotanaphuti, T.; Courtney, P.M.; Fram, B.; Kleef, N.J.; Kim, T.K.; Kuo, F.C.; Lustig, S.; Moojen, D.J.; Nijhof, M.; Oliashirazi, A.; Poolman, R.; Purtill, J.J.; Rapisarda, A.; Rivero-Boschert, S.; Veltman, E.S. Hip and Knee Section, Treatment, Algorithm: Proceedings of International Consensus on Orthopedic Infections. <i>The Journal of Arthroplasty</i> . 34(2S):S393-S397. doi: 10.1016/j.arth.2018.09.024.	Hip and knee arthroplasty	5 ●
DeCarbo, W.T.; Hyer, C.F. Negative-Pressure Wound Therapy Applied to High-Risk Surgical Incisions. <i>Journal of Foot and Ankle Surgery</i> . 2010 May; 49(3): 299-300.	Orthopaedic trauma	5 ●
Nam, D.; Sershon, R.A.; Levine, B.R.; Della Valle, C.J. The Use of Closed Incision Negative-Pressure Wound Therapy in Orthopaedic Surgery. <i>J. Am. Acad. Orthop. Surg</i> . 2018:1-8. doi: 10.5435/JAAOS-D-17-00054.	Orthopaedic surgery	5 ●
Al-Houraibi, R.K.; Aalirezaie, A.; Adib, F.; Anoushiravani, A.; Bhashyam, A.; Binlaksar, R.; Blevins, K.; Bonanzinga, T.; Chih-Kuo, F.; Cordova, M.; Deirmengian, G.K.; Fillingham, Y.; Frenkel, T.; Gomez, J.; Gundtoft, P.; Harris, M.A.; Harris, M.; Heller, S.; Jennings, J.A.; Jimenez-Garrido, C.; Karam, J.A.; Khlopas, A.; Klement, M.R.; Komnos, G.; Krebs, V.; Lachiewacz, P.; Miller, A.O.; Mont, M.A.; Montanez, E.; Romero, C.A.; Schwarzkopf, R.; Shaffer, A.; Sharkey, P.F.; Smith, B.M.; Sodhi, N.; Thienpont, E.; Villanueva, A.O.; Yazdi, H. General Assembly, Prevention, Wound Management: Proceedings of International Consensus on Orthopedic Infections. <i>The Journal of Arthroplasty</i> . 2019;34(2):S157-S168. doi:10.1016/j.arth.2018.09.066.	Orthopaedic infections	5 ●
Agarwal, A. Management of Closed Incisions Using Negative-Pressure Wound Therapy in Orthopedic Surgery. <i>Plastic and reconstructive surgery</i> . 2019;143(1 Management of Surgical Incisions Utilizing Closed Incision Negative Pressure Therapy): 21S-26S.	Orthopedic trauma surgery	5 ●

● Available on request.

***Level of Clinical Evidence Rating**": **Level 1**: Evidence obtained from at least one properly designed randomized controlled trial. **Level 1b**: Systematic reviews (with homogeneity) of randomized controlled trials. **Level 2**: Evidence obtained from well-designed controlled trials without randomization. **Level 2b**: Individual cohort study or low quality randomized controlled trials (e.g., <80% follow-up). **Level 3**: Evidence obtained from well-designed cohort or case-control analytic studies, preferably from more than one center or research group. **Level 4**: Case series (and poor quality cohort and case-control studies). **Level 5**: Expert opinion without explicit critical appraisal, or based on physiology, bench research or "first principles."

3M™ Prevena™ Therapy Resources



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Clinical and Technical Support

Ordering Information

Item#	Description	Unit of Measure (UOM)
PRE1001	3M™ Prevena™ Peel and Place System Kit – 20 cm	Each
PRE1055	3M™ Prevena™ Peel and Place Dressing – 20 cm	Case of 5
PRE1101	3M™ Prevena™ Peel and Place System Kit – 13 cm	Each

*Study evaluated by FDA.

Item#	Description	Unit of Measure (UOM)
PRE1155	3M™ Prevena™ Peel and Place Dressing – 13 cm	Case of 5
PRE3201	3M™ Prevena™ Plus Peel and Place Incision Management System – 35 cm	Each
PRE3255	3M™ Prevena™ Peel and Place Dressing – 35 cm	Case of 5
PRE4001	3M™ Prevena™ Plus Customizable Incision Management System	Each
PRE4055	3M™ Prevena™ Plus Customizable Dressing	Case of 5
PRE1121	3M™ Prevena™ Duo Incision Management System with Peel and Place Dressing – 13 cm/13 cm	Each
PRE1095	3M™ Prevena™ 45 ml Canister	Case of 5
PRE4095	3M™ Prevena™ Plus 150 ml Canister	Case of 5
PRE9090	3M™ Prevena™ Therapy V.A.C.® Connector	Case of 10

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- ² Merkow, R.; et al. Underlying reasons associate with hospital readmission following surgery in the US. *JAMA.* 2015; 313(5): 483-95.
- ³ Kurtz, S.M.; Lau, E.; Watson, H.; Schmier, J.K.; Parvizi, J. Economic burden of periprosthetic joint infection in the United States. *J. Arthroplasty.* 2012 September; 27(8 Suppl.): 61-5.e1. doi: 10.1016/j.arth.2012.02.022. Epub 2012 May 2.
- ⁴ Thakore, R.V.; et al. Surgical site infection in orthopedic trauma: A case-control study evaluating risk factors and cost. *Journal of Clinical Orthopaedics and Trauma.* 2015; (6): 220-226.
- ⁵ Wilkes, R.P.; Kilpadi, D.V.; Zhao, Y.; et al. Closed Incision Management With Negative Pressure Wound Therapy (CIM): Biomechanics. *Surgical Innovation.* 2012; 19(1): 67-75.
- ⁶ Kilpadi, D.V.; Cunningham, M.R. Evaluation of Closed Incision Management with Negative Pressure Wound Therapy (CIM): Hematoma/Seroma and Involvement of the Lymphatic System. *Wound Repair and Regeneration.* 2011; 19: 588-596.
- ⁷ Glase, D.A.; Farnsworth, C.L.; Varley, E.S.; et al. Negative pressure therapy for closed spine incisions: A pilot study. *Wounds.* 2012; 24(11): 308-316.
- ⁸ Anatone, A.J.; Shah, R.P.; Jennings, E.L.; Geller, J.A.; Cooper, J. A risk-stratification algorithm to reduce superficial surgical site complications in primary hip and knee arthroplasty. *Arthroplasty Today.* 2018; 4(4): 493-498. doi:10.1016/j. artd.2018.09.00.
- ⁹ Willy, C.; Agarwal, A.; Andersen, C.A.; Santis, G.; Gabriel, A.; Grauhan, O.; Guerra, O.M.; Lipsky, B.A.; Malas, M.B.; Mathiesen, L.L.; Singh, D.P. Reddy VS. Closed incision negative pressure therapy: international multidisciplinary consensus recommendations. *Int. Wound J.* 2017 April; 14(2): 385-398. doi: 10.1111/iwj.12612. Epub 2016 May 12. PMID: 27170231.
- ¹⁰ Higuera-Rueda, C.; Emara, A.K.; Nieves-Malloure, Y.; Klika, A.K.; Cooper, H.J.; Cross, M.B.; Guild, G.N.; Nam, D.; Nett, M.; Scuderi, G.R.; Cushner, F.D.; Piuze, N.S.; Silverman, R.P. The Effectiveness of Closed Incision Negative Pressure Therapy versus Silver-Impregnated Dressings in Mitigating Surgical Site Complications in High-Risk Patients after Revision Knee Arthroplasty: The PROMISES Randomized Controlled Trial. *J. Arthroplasty* (2021), doi: <https://doi.org/10.1016/j.arth.2021.02.076>
- ¹¹ Sullivan, D.; Chung, K.C.; Eaves, F.F.; Rohrich, R.J. The Level of Evidence Pyramid: Indicating Levels of Evidence in Plastic and Reconstructive Surgery Articles. *Plast. Reconstr. Surg.* 2011; 128(1): 311-314.

For more information about 3M™ Prevena™ Therapy,
contact your local representative.



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KCI owned and operated by 3M Company

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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.

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