

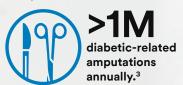
# What is a diabetic foot ulcer?

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**



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





The lifetime risk for foot ulceration in people with diabetes is 15-25%.<sup>2</sup>

The number prevalence of diabetes in Canada is expected to rise to 5 million by 2025.4

# Therapy goals for DFUs.5

#### 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 off-loading

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.

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.<sup>6</sup>







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 skin<sup>7</sup> and lasts up to seven days<sup>8</sup> — providing long-lasting skin protection.

# Prepare wound bed.

Wound healing starts with addressing underlying issues such as bioburden and inflammation. 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<sup>™</sup> Inadine<sup>™</sup> (PVP-I) Non-Adherent Dressing

Inadine Dressing is a reliable, efficient, and non-adherent dressing designed to manage bacterial contamination and prevent infection in both chronic and acute wounds. Inadine™ Dressing minimizes adherence to the wound bed, therefore reducing the risk of damage to the granulation tissue at dressing removal9, and in clinical practice has been shown to reduce pain for patients¹0,¹¹.



## 3M<sup>™</sup> Silvercel<sup>™</sup> Non-Adherent Hydro-Alginate Antimicrobial Dressing

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 painfree removal¹²² along with providing protection to newly formed tissue.¹³





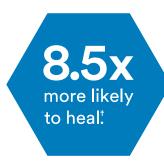
## 3M<sup>™</sup> Promogran Prisma<sup>™</sup> Wound Balancing Matrix

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:14

- Significantly more wounds achieved complete healing in the Promogran Prisma Matrix Group vs Control Group (63% vs. 15%, p < 0.03, or 8.5)</li>
- Based on the conditions and outcomes of this study, the Promogran Prisma Matrix Group was statistically 8.5x more likely to heal<sup>14tv</sup>



#### Number of days to complete healing.<sup>14</sup>



# 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.

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 contaminates, 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, horizontal wicking layer, superabsorbent core and heat-sealed border which together provide a high absorption capacity<sup>15\*</sup> and an ability to effectively sequester and retain bacteria<sup>16\*</sup> and MMPs<sup>17\*</sup> present in moderate to highly exuding wounds, supporting wound healing and patient comfort.<sup>18</sup>



#### 3M<sup>™</sup> Tegaderm<sup>™</sup> 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<sup>™</sup> Tegaderm<sup>™</sup> 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 (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. 19, 20

Based on wound assessment and clinical judgment, NPWT may be appropriate for DFU management. Evidence has demonstrated greater wound area reduction and cost effectiveness achieved with the use of NPWT versus advanced moist wound therapy in hard-to-heal DFUs.<sup>21</sup>

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<sup>™</sup> Snap<sup>™</sup> Therapy System

Snap Therapy System is a mechanically powered disposable NPWT system that's discreet, silent and lightweight<sup>22</sup> – allowing patients to sleep with minimal interference and shower with the unit in place.



#### 3M™ Dermatac™ Drape

Used as an accessory to 3M™ V.A.C.® Therapy providing peri-wound protection, an effective seal for NPWT.

<sup>\*</sup>As demonstrated in vitro.

<sup>\*\*</sup> $4\times4$  in. and  $6\times6$  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.

Is the wound indicated for NPWT?

Does the wound possess contraindications for NPWT use?

Yes

3M™ ActiV.A.C.™ **Therapy System** 



#### **Consider 3M Advanced Wound Dressings:**

- 3M<sup>™</sup> Inadine<sup>™</sup> (PVP-I) Non-Adherent Dressing
- 3M<sup>™</sup> Promogran Prisma<sup>™</sup> Wound Balancing Matrix
- 3M™ Kerramax Care™ Super-Absorbent Dressing
- 3M<sup>™</sup> Tegaderm<sup>™</sup> Silicone Foam Dressing
- 3M<sup>™</sup> Tegaderm<sup>™</sup> High Performance Foam Adhesive Dressing

Consider 3M<sup>™</sup> Snap<sup>™</sup> Therapy System as an alternative to ActiV.A.C. Therapy System in the following circumstances:

- Discreet therapy is desired/required
- Step down from ActiV.A.C. Therapy System
- Smaller wounds not appropriate for ActiV.A.C. Therapy System but would benefit from NPWT

• Low to moderate exudate levels • Short-term therapy to prepare wound bed for 3M Advanced Wound Dressings

## 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 bioburden.

3M™ Inadine™ (PVP-I) Non-Adherent Dressing

3M™ Silvercel™ Non-Adherent **Hydro-Alginate Antimicrobial Dressing with Silver** 



Provide collagen.

3M™ Promogran Prisma™ Wound **Balancing Matrix** 



# Optimize wound environment.

#### Manage exudate.

3M™ Kerramax Care™ Super-Absorbent Dressing



3M™ Tegaderm™ Silicone Foam Dressing



3M™ Tegaderm™High **Performance Foam** Adhesive Dressing



3M<sup>™</sup> Snap<sup>™</sup> Therapy System



#### Supports granulation.

3M™ ActiV.A.C.™ **Therapy System** 



3M™ Dermatac™ Drape





# 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 hospitals, homes and businesses worldwide. Our comprehensive portfolio of advanced wound care solutions is supported by clinical evidence across new and growing categories including skin care, dressings and Negative Pressure Wound Therapy.



Our support is seamless and efficient, from ordering, to placement, to therapy, through patient discharge.



We act as an extension of your team – empowering you with hands-on training and education. Access free on-demand education at 3M.ca/HealthCareAcademy.

- 1 Hopkins, R.B.; Burke, N.; Harlock, J.; et al. Economic burden of illness associated with diabetic foot ulcers in Canada. BMC Health Serv. Res. 2015; 13-15.
- <sup>2</sup> Botros, M.; Kuhnke, J.; Embil, J.; Goettl, K.; Morin, C.; Parsons, L.; Scharfstein, B.; Somayaji, R.; Evans, R. Best Practice Recommendations for the Prevention and Management of Diabetic Foot Ulcers, Foundations of Best Practice for Skin and Wound Management, Wounds Canada, 2021.
- <sup>3</sup> Hingorani, A.; LaMuraglia, G.M.; Henke, P.; Meissner, M.H.; Loretz, L.; Zinszer, K.M.; Mills, Sr., J.L. 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, 2016; 63(2): 3S-21S.
- <sup>4</sup> Houlden, R.L. 2018 Clinical Practice Guidelines, Canadian Jouranl of Diabetes, 2018; 42, S1-S5.
- <sup>5</sup> International Best Practice Guidelines: Wound Management in Diabetic Foot Ulcers. Wounds International, 2013. Available from: www.woundsinternational.com.
- <sup>6</sup> Bianchi, J. (2012). Protecting the integrity of the periwound skin. Wound Essentials, 7(1), 58-64.
- <sup>7</sup> Brennan, M.R.; Milne, C.T.; Agrell-Kann, M.; Ekholm, B.P. Clinical evaluation of a skin protectant 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), 2017. (n=9).
- 8 3M data on file. EM-05-013924.
- 9 Langley, S.R.N. INADINE\* wound dressings speed healing, reduce patient discomfort and cuts costs by almost 40%. Burns 1989 Vol.15.
- 10 Han K.H et al. Management of partial skin thickness burn wounds with INADINE™ dressings. Burns 1989 Vol.15 (6) 399-402.
- 1 Campbell, N. and Campbell, D. et al. Evaluation of a non-adherent, povidone-iodine dressing in a case series of chronic wounds. Journal of Wound Care, Vol 22, No 8, August 2013.
- <sup>12</sup> Clark R, Stephens SA, Del Bono M, Abioye O, Bayliff S. The evaluation of absorbent silver containing dressings in vitro. Poster 2009. Gargrave, Skipton, North Yorkshire.
- <sup>13</sup> Clark, R. and Bradbury, S. Silvercel™ Non-Adherent Made Easy. Wounds International Vol. 1(5) 2010.
- Lazaro-Martinez, J.L.; Garcia-Morales, E.; Beneit-Montesinos, J.V.; Martinez-de-Jesus, F.; Aragon-Sanchez, F.J. 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.
- <sup>15</sup> 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.
- <sup>16</sup> 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.
- <sup>17</sup> 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.
- 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.
- Morykwas, M.J.; 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.
- 20 Orgill, D.P.; Bayer, L.R. Negative pressure wound therapy: past, present and future. International Wound Journal. 2013; 10:15-19.
- 21 Driver, R.D.; Blume, P.A. 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.
- <sup>22</sup> Arrmstrong, D.G.; Marston W.A.; Reyselman A.M; Kirsner R.S. Where a wound is producing low levels of exudate, Kerralite Cool Dressings works responsively. Fluid and its components are drawn up vertically and directly to the top of the dressing, away from the peri-wound skin to reduce the risk of maceration5. Kerralite Cool Dressings absorb and lock in fluid into the gel layer3\*, minimising the infection and contamination risk for the patient. Wound Rep Reg. 2011; 19:173-180.



Available in Canada from your authorized 3M+KCI distributors. KCI USA, Inc., a 3M Company KCI owned and operated by 3M Company

KCI Medical Canada, Inc. 75 Courtneypark Dr., W., Unit 4 Mississauga, ON L5W 0E3

3M Canada Company Medical Solutions Division 300 Tartan Drive London, ON N5V 4M9 Canada 1-800-364-3577 3M.ca KCI USA, INC. 12930 IH 10 West San Antonio, TX 78249 KCI USA, INC. 12930 IH 10 West San Antonio, TX 78249

3M Company 2510 Conway Avenue St. Paul, MN 55144 USA 1-800-228-3957

3M Deutschland GmbH Health Care Business Carl-Schurz-Str. 1 41453 Neuss Germany **Note:** Specific instructions, contraindications, warnings, precautions, and safety information exist for these products and therapies. Please consult a clinician and product Instruction for Use prior to application.