3M Science. Applied to Life.™

Post-Acute Case Studies

Learn how 3M Negative Pressure Wound Therapy (NPWT) and Advanced Wound Care (AWC) solutions can help provide comprehensive wound management from start to finish.

Introduction

This booklet includes case studies across several wound types. As with any case study, the results and outcomes should not be interpreted as a guarantee or warranty of similar results. Individual results may vary depending on the patient's condition and circumstances.

Please note that all case studies in this booklet were conducted in the United States. Therefore, it is possible that treatment approaches and the non-3M products used in the case studies may not be available or used in Canada, and 3M does not suggest or endorse that they should or can be used in Canada.

Note: Specific indications, contraindications, warnings, precautions and safety information exist for these products and therapies. Please consult a clinician and product Instructions for Use, User Manual and Safety Information booklet prior to application. Rx only.

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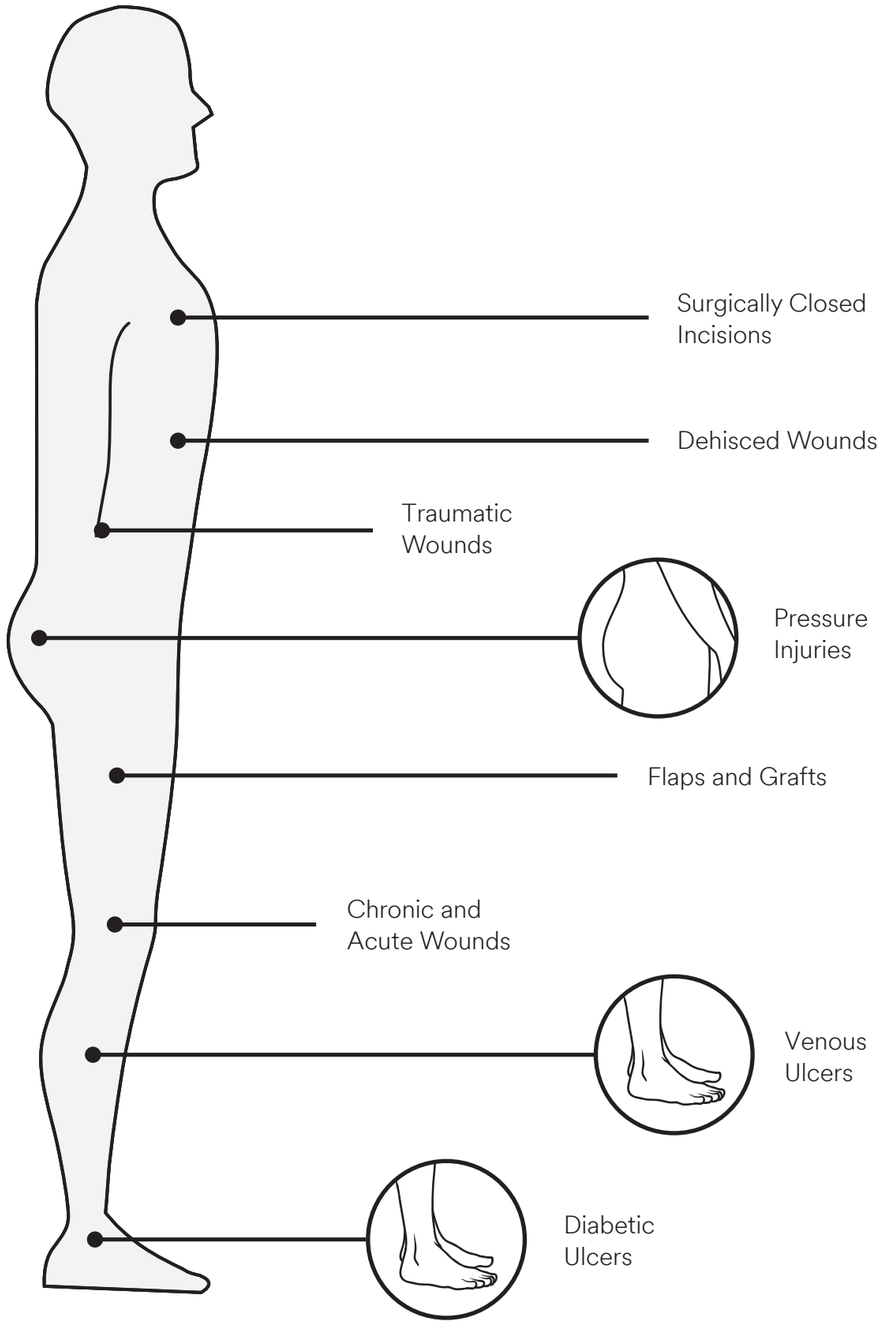
3M™ V.A.C.® Therapy System and 3M™ Snap™ Therapy System Indicated Wound Types

These 3M NPWT products are indicated for the following wound types:



ActiV.A.C. Therapy System was specifically developed for the mobile wound care patient, to help them resume their activities of daily living while still receiving the proven benefits of V.A.C.® Therapy.

The Snap Therapy System is a unique and convenient disposable negative pressure wound therapy (dNPWT) solution, ideal for patients who might benefit from silent, hidden and portable wound care.

For appropriate wounds, initiate the use of 3M NPWT.

Start early
with 3M NPWT.

Step down
3M Advanced Wound Care Solutions
according to facility wound care protocol.

Benefits of early initiation of 3M™ V.A.C.® Therapy on acute and chronic wounds have been demonstrated in acute care, long-term acute care, and home health care.[1-3**]

**Early NPWT was defined for acute wounds as treatment initiated within the first 7 days from the first wound treatment date and within 30 days for chronic wounds; late NPWT initiation occurred after this time. A secondary analysis was conducted on a sub-set of patients where Charlson Co-morbidity Index Scores ≤5, to assess Early vs. Late cost differences by wound type, excluding the sickest patients with significant non-wound long-term care costs; this cohort represented 80% of the wounds.

In a retrospective analysis[***], when V.A.C.® Therapy was initiated early in the wound care center setting, treatment time period compared to late initiation, the median days to reach significant closure (75% wound surface area reduction) were:[4]

1/2 **the time for acute wounds.**

1/3 **the time for chronic wounds.**

Additionally, the early group was **twice as likely** to reach 75% wound surface area (WSA) reduction as the late group for both acute and chronic wounds.

***The US Wound Registry was used in this retrospective analysis that examined 4,739 acute and chronic wounds (56.7% and 43.3%, respectively) that received NPWT, from 3,604 patients treated in 56 outpatient WCCs from 11-Nov-2000 through 16-Jul-2010.

Early initiation of V.A.C.® Therapy has led to:

- **Reduced inpatient days in acute and intensive care unit** by at least 50%[5]
- **Reduced inpatient days in long term acute care** by 30%[3]
- **Reduced homecare length of stay** by 34% for surgical wounds[2]
- **Reduced homecare length of stay** by 49% for pressure injuries[2]

The 3M™ ActiV.A.C.™ Therapy System at a glance.

The ActiV.A.C. Therapy Unit is a portable Negative Pressure Wound Therapy device designed for the ambulatory patient.

- Lightweight. Weighs only 2.4 pounds (1.09 kg)
- Small size with a low profile that can be worn close to the body
- Easy-to-use, single-touch therapy on/off operation
- Alarm notifications that are easy to recognize and correct
- Continuous or Intermittent therapy
- Pressure settings from -25 mmHg to -200 mmHg
- Easy, quick release 300 mL canister
- 14-hour battery for activities of daily living
- Only V.A.C.® Therapy Devices provide patented 3M™ SensaT.R.A.C.™ Technology, a real time pressure feedback system

There are numerous studies that have evaluated the cost-effectiveness of V.A.C.® Therapy in a variety of settings and wound types.

These studies have shown that V.A.C.® Therapy has been associated with:

- Fewer hospitalizations[6,8]
- Fewer complications[7,8]
- Fewer amputations[9,10]
- Fewer dressing changes[11,12]
- Faster time to wound healing[13]
- Shorter hospitalization[9,10]
- Reduced treatment times[14,15]

By minimizing the factors that contribute to direct and indirect wound care costs, V.A.C.® Therapy has emerged as a cost-effective option for wound management.

The 3M™ Snap™ Therapy System at a glance.

The Snap Therapy System combines the simplicity of advanced wound dressings with the proven benefits of negative pressure therapy in a discreet design.[16]

- Mechanically powered and portable for patient mobility
- No settings or adjustments for patient to learn
- Preserves patient quality of life (QOL)[16]
- Discreet and worn under clothing
- Silent design ensures minimal sleep interruptions
- Continuous -125 mmHg therapy
- Single-use, disposable NPWT
- Off-the-shelf availability

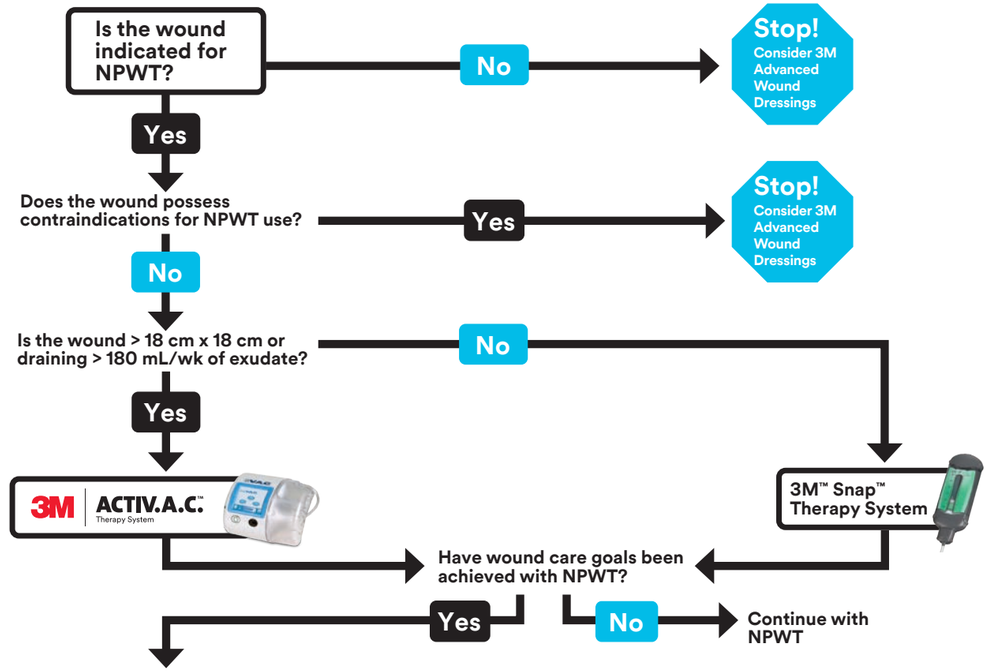
Snap™ Therapy Strap

3M™ Snap™ Advanced Dressings and
3M™ Snap™ Bridge Dressing

3M™ Snap™ SecurRing™
Hydrocolloid

Select the appropriate 3M product.

Wound/Clinical Considerations (Non-Hospital)		
Criteria	**3M™ ActiV.A.C.™ Therapy System**	**3M™ Snap™ Therapy System**
Wound Size	> 18 cm x 18 cm	≤ 18 cm x 18 cm
Wound Drainage	> 180 mL/week	≤ 180 mL/week (3) x 60cc cartridges/week
NPWT Initiation	Previously treated with Modern Wound Care; > Day 30	First line treatment; Day 1 (No 30 day requirement for modern wound care, No minimum depth)



When the time is right to transition from 3M NPWT, consider 3M Advanced Wound Care and Skin Integrity Solutions.

3M Advanced Wound Care and Skin Integrity Solutions are appropriate when NPWT is not available or appropriate and should be selected based on clinical goal.

Provide Collagen and ORC†	Manage Bioburden	Manage Bioburden	Routine Skin Protection
			
3M™ Promogran™ Matrix Family	3M™ Silvercel™ Dressing Family	3M™ Inadine™ (PVP-I) Non Adherent Dressing	3M™ Cavilon™ No Sting Barrier Film
At Risk or Damaged Skin Protection	**Minimize Adherence**	**Manage Exudate**	**Compression**
			
3M™ Cavilon™ Advanced Skin Protectant	3M™ Adaptic™ Touch Non-Adhering Silicone Dressing	3M™ Tegaderm™ Silicone Foam Dressings	3M™ Coban™ 2 Two-Layer Compression System and 3M™ Coban™ 2 Lite Two-Layer Compression System

†Oxidized regenerated cellulose.

Case Study 1

Sequential wound management employing a multimodal approach to wound dehiscence post metatarsalphalangeal joint arthrodesis.

Patient:
A 74-year-old male was referred to the wound care clinic and presented with a surgically dehisced wound to the right lower extremity. The patient's past medical history included: degenerative joint disease, hallux rigidus, peptic ulcer disease, and three prior surgeries to the first metatarsalphalangeal (MTP) joint.

Diagnosis:
The patient presented with an infected, dehisced surgical incision with eschar status post MTP joint arthrodesis (Figure 1). The patient opted for an effort to salvage the right hallux.

Course of Treatment:
The patient was referred to a vascular specialist and received an arteriogram of the lower extremities. Per the ankle-brachial index, the right toe pressures were suggestive of less than optimal potential for wound healing. He underwent a percutaneous transluminal (PT) angioplasty to treat an occlusion in the right posterior tibial artery. The presence of osteomyelitis prompted the removal of the surgically installed hardware and the patient declined amputation of the right hallux (Figure 2). The patient was referred to an Infectious Disease specialist and was administered antibiotics to manage the infection. He underwent a bone resection of the right hallux, and the patient was discharged home with a 3M™ ActiV.A.C.™ Therapy System (-125 mmHg) with 3M™ V.A.C.® Granufoam™ Dressing (Figure 3). Dressing changes occurred every 2-3 days. On postoperative day (POD) 21, the wound was evaluated, an allograft was applied (Figure 4), and the ActiV.A.C.™ Therapy System with V.A.C.® Granufoam Dressing was used to bolster the protected graft. As the allograft demonstrated appreciable take, 3M™ V.A.C.® Therapy was discontinued.

Discharge and Follow-up:
Treatment transitioned to the use of 3M™ Promogran Prisma™ Wound Balancing Matrix to facilitate tissue granulation and wound closure. Promogran Prisma Matrix was applied to the wound on POD 35 (Figure 5). On POD 49, the wound was reevaluated and treatment with Promogran Prisma Matrix continued (Figure 6). Seventy days (POD 70) following the bone resection, the wound was almost closed (Figure 7).

Treatment Modalities:
- Administration of antibiotics managed by Infectious Disease
- Hardware removal
- Arterial duplex ensued by vascular referral with arteriogram with PT angioplasty
- Intravenous antibiotics
- Resection of infected bone followed by conventional negative pressure wound therapy using the ActiV.A.C. Therapy System with V.A.C.® Granufoam™ Dressing
- Application of allograft with ActiV.A.C. Therapy System with V.A.C.® Granufoam Dressing to bolster the allograft
- Application of Promogran Prisma Matrix

Sequential wound management employing a multimodal approach to wound dehiscence post metatarsalphalangeal joint arthrodesis. (cont.)

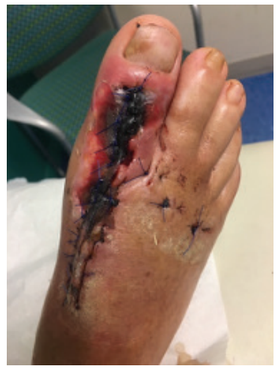


Figure 1. Right foot at presentation status post MTP joint arthrodesis demonstrating surgical incision dehiscence with eschar.

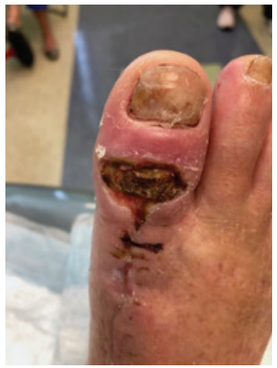


Figure 2. Right hallux following hardware removal and prior to infected bone resection.

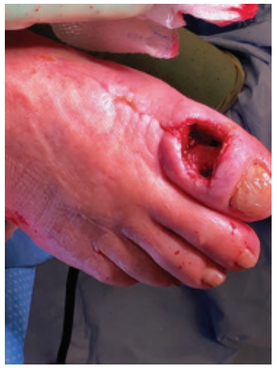


Figure 3. Wound following infected bone resection and the application of ActiV.A.C. Therapy System with V.A.C.® Granufoam Dressing.

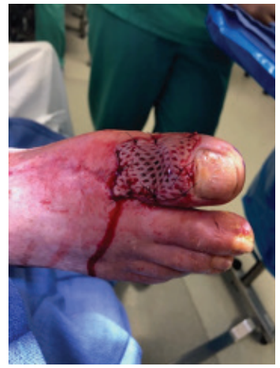


Figure 4. Wound covered with allograft on POD 21 prior to being bolstered with ActiV.A.C. Therapy System.

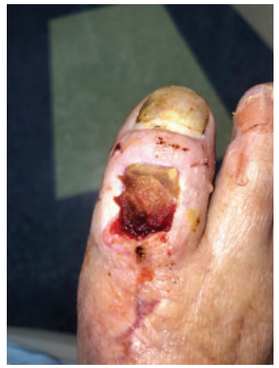


Figure 5. Wound filled with Promogran Prisma Matrix on POD 35.

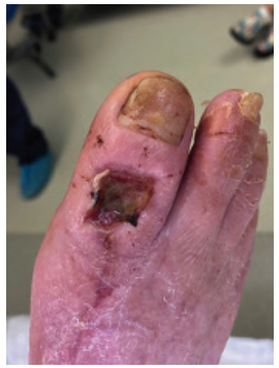


Figure 6. Wound on POD 49 following treatment with Promogran Prisma Matrix.

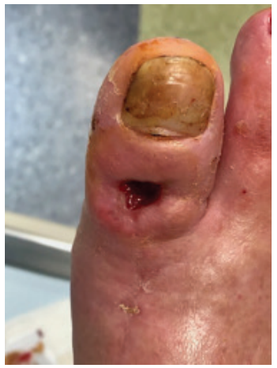


Figure 7. At follow-up appointment (POD 70), the wound on the right hallux is almost closed.

Patient data and photos courtesy of Robert J. Klein, DPM, FACFAS, CWS; Department of Surgery, University of South Carolina – School of Medicine, Greenville, South Carolina.

Case Study 2

Multimodal management of gas gangrene and a diabetic foot in a post-acute setting.

Patient:
A 44-year-old female presented to the Emergency Department with gangrene of the fourth toe, blanching of the sulcus of the forefoot and erythema of the plantar medial arch that extended upward (Figure 1). Six days prior, the patient reportedly dropped canned food on the left foot. The patient had type 2 diabetes, which was poorly controlled. However, she had no other known comorbidities, prior foot infection or ulceration.

Diagnosis:
The patient presented septic with gas seen on an X-ray of the left foot. The patient was diagnosed with gas gangrene and a diabetic left foot.

Course of Treatment:
The patient was taken to the operating room (OR) for emergent incision and drainage of the affected foot. The surgeon performed an open amputation of the second, third, fourth and fifth toes (Figure 2). Necrotic and grossly infected tissue was excised. The surgical defect of the open foot was packed and dressed using saline moistened gauze. The patient was admitted to the acute floor and administered intravenous antibiotics. On postoperative Day 3, the patient returned to the OR for debridement, washout and surgical revision of the open foot. Partial closure was achieved on the plantar arch. 3M™ V.A.C.® Therapy was initiated to the remaining open wound. Dressings changes occurred every 3 days.

Discharge and Follow-up:
One week later, the patient was discharged home with V.A.C.® Therapy and further instructed to be non-weight bearing on the left foot. A home health nurse changed 3M™ V.A.C.® Dressings every 2-3 days. The patient was seen in the clinic for follow-up twelve days status post debridement, washout, partial delayed primary closure and V.A.C.® Therapy (Figure 3A). Dressings changes occurred every 2-3 days. Maceration was noted along the sutured plantar incision and V.A.C.® Therapy over the open wound was suspended for 1 week (Figure 3B). To address the maceration, a povidone-iodine solution (Betadine®; Avrio Health LP, Stamford, Connecticut) was enlisted to promote drying and to serve as a bactericidal agent. Additionally, calcium alginate was employed as the primary dressing during the week-long suspension of V.A.C.® Therapy. After one week, V.A.C.® Therapy resumed over the open wound, and wound progression was evaluated each week (Figure 4). After seven weeks, V.A.C.® Therapy was discontinued. The remaining wound was without depth, demonstrated reduced wound area and was occupied by 100% granulation tissue (Figure 5).

The 3M™ Snap™ Therapy System was then enlisted to provide negative pressure wound therapy as the patient awaited approval of a biologic medical product (Figure 6). Upon approval of the biologic, the Snap Therapy System was discontinued. To facilitate wound closure, a bilayered human skin equivalent composed of living cells (Apligraf®; Organogenesis Inc., Canton, MA) was applied and covered with a nonadherent dressing. The human skin equivalent was applied weekly for seven weeks (Figure 7). At eight weeks, wound closure was achieved. The patient returned to the clinic nineteen weeks after the resolution of the wound for a follow-up appointment (Figure 8). The previously affected site was still intact and remained completely healed.

Treatment Modalities:
- Emergent surgical incision and drainage
- Open amputation and excision of necrotic and grossly infected tissue
- Surgical defect packed with saline moistened gauze
- Intravenous antibiotics
- Surgical revision with debridement and washout
- V.A.C.® Therapy to promote granulation tissue formation and create an environment to promote wound healing dimensions
- Povidone-iodine solution (Betadine®; Avrio Health LP, Stamford, Connecticut)
- Calcium alginate dressing
- Snap Therapy System as a transitional therapy between V.A.C.® Therapy discontinuation and application of skin substitute
- Living cellular skin substitute (Apligraf®; Organogenesis Inc., Canton, MA)

Multimodal management of gas gangrene and a diabetic foot in a post-acute setting. (cont.)

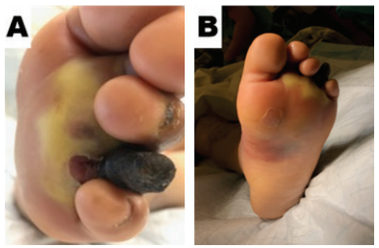


Figure 1. Left diabetic foot with gas gangrene at presentation. A. Gangrene of the fourth toe with blanching of the sulcus of the forefoot. B. Gangrene of the fourth toe, blanching of the sulcus of the forefoot and erythema extending up the plantar medial arch.

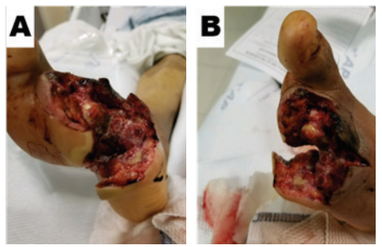


Figure 2. Left diabetic foot on postoperative Day 3 and prior to the second surgical procedure. A. Ventral aspect of open wound demonstrating the amputation of the 2nd through 5th toes. B. Dorsal aspect of open wound.

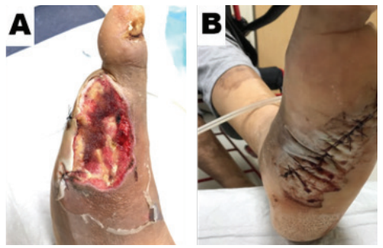


Figure 3. Left diabetic foot 12 days after second surgical procedure. A. Open foot wound after 1 week of V.A.C.® Therapy. B. Macerated tissue distributed along the length of the primary closed plantar arch.

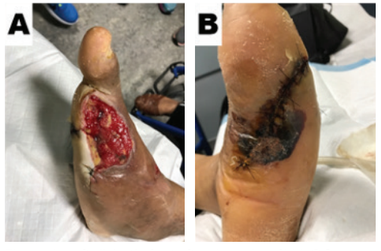


Figure 4. Left diabetic foot after 4 weeks of V.A.C.® Therapy. A. Open foot wound exhibiting bright beefy red tissue following 4 weeks of V.A.C.® Therapy. B. Ventral aspect of primary closed plantar arch.

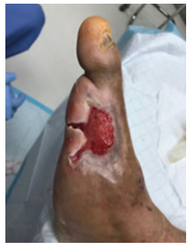


Figure 5. After 7 weeks of V.A.C.® Therapy, the open wound of the left diabetic foot was without depth as well as demonstrated reduced wound area and 100% tissue granulation. Having achieved therapeutic goals, V.A.C.® Therapy was discontinued.

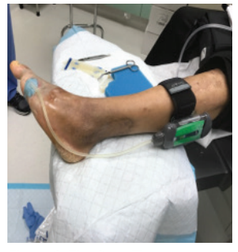


Figure 6. The Snap Therapy System was applied to the wound as the patient awaited approval for a biologic medical product.

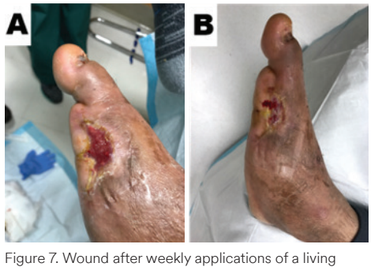


Figure 7. Wound after weekly applications of a living cellular skin substitute. A. Wound at 4 weeks. B. Wound at 7 weeks.

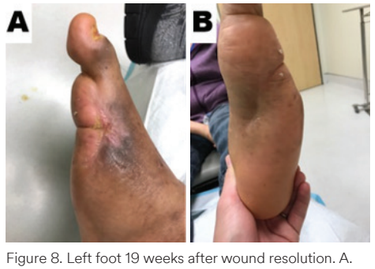


Figure 8. Left foot 19 weeks after wound resolution. A. Dorsal aspect of foot with resolved wound. B. Ventral aspect of foot with resolved plantar incision.

Patient data and photos courtesy of Colin J. Traynor, DPM, Parnassus Heights Podiatry Group, San Francisco, California.

Case Study 3

Management of an infected incision and drainage wound with undermining in a post-acute setting.

Patient:
A 28-year-old female presented to the outpatient wound clinic following hospitalization for an infected wound on the lower extremity (Figure 1). Three days prior, the patient underwent incision and drainage (I&D) for septic bursitis of the left knee. Aside from asthma, she had no other known medical history.

Diagnosis:
The patient had been previously diagnosed with abscess of the left knee prepatellar bursa. The patient presented to the clinic with an incision and drainage wound measuring 4.0 x 1.4 x 0.9 cm3 with 2.5 cm with undermining at the 9 o'clock position. The patient initially received an intravenous antibiotic and was transitioned to an oral antibiotic based on wound culture result.

Course of Treatment:
Following an evaluation of the wound, negative pressure wound therapy using the 3M™ActiV.A.C.™ Therapy System was recommended to manage the wound created from the I&D defect. 3M™ V.A.C.® Granufoam Dressing was applied to the defect, and 3M™ V.A.C.® Therapy was initiated at -125 mmHg of continuous subatmospheric pressure. Dressing changes occurred every 2-3 days. After 3 weeks of V.A.C.® Therapy, the undermining had resolved, and the wound measured 2.2 x 0.7 x 0.2 cm3 (Figure 2). The wound exhibited a reduction in volume and was occupied by granulation tissue. V.A.C.® Therapy was reapplied for 2 more weeks.

Discharge and Follow-up:
Five weeks after her initial presentation at the wound care clinic, the patient's wound measured 1.1 x 0.3 x 0.1 cm^3 (Figure 3). V.A.C.® Therapy was discontinued.

Treatment Modalities:
- Incision and drainage of bursa abscess
- Intravenous Antibiotics
- Oral antibiotic based on culture sensitivity assay
- Negative pressure wound therapy using the ActiV.A.C. Therapy System with V.A.C.® Granufoam Dressing

Management of an infected incision and drainage wound with undermining in a post-acute setting. (cont.)

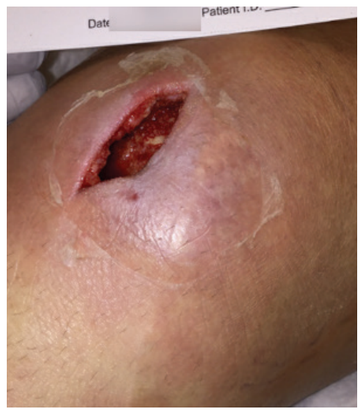


Figure 1. Infected left knee wound (4.0 x 1.4 x 0.9 cm^3) with undermining (2.5 cm) status post I&D 3 days prior.

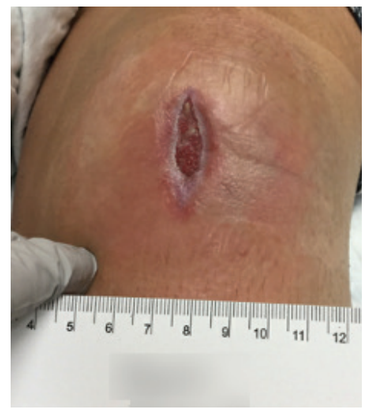


Figure 2. Left knee wound (2.2 x 0.7 x 0.2 cm^3) after 3 weeks of V.A.C.® Therapy.

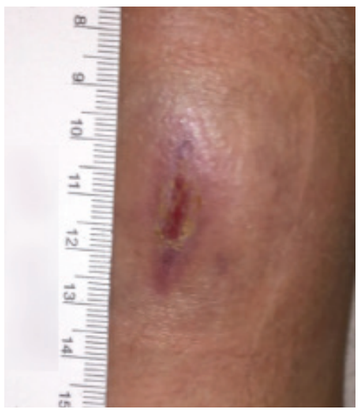


Figure 3. Left knee 5 weeks after initial presentation and measuring 1.1 x 0.3 x 0.1 cm^3.

Patient data and photos courtesy of Jonathan F. Arnold, MD, ABPM-UHM, CWS-P; Healing Center at Mercy Medical Center, Cedar Rapids, IA.

Case Study 4

Sequential wound management employing a multimodal approach to manage an infected diabetic foot wound.

Patient:
A 53-year-old female was admitted to the hospital with sepsis derived from an infected diabetic foot. The patient's past medical history included: type 2 diabetes, coronary artery disease, chronic kidney disease, hypertension, peripheral neuropathy, depression, anxiety disorder, panic disorder and fibromyalgia.

Diagnosis:
The patient presented with sepsis via an infected diabetic left foot. The patient was administered intravenous antibiotics to manage the infection.

Course of Treatment:
On the day of admission, a vascular fellow and vascular surgery attending physician took the patient to the operating room (OR) for emergent incision and drainage of the affected foot (Figure 1). The presence of osteomyelitis prompted a hallux and first ray amputation (Figure 2). On postoperative day (POD) 1, 3M™ V.A.C. Veraflo™ Therapy was enlisted to cleanse the surgical defect; 14 mL of normal saline was instilled with a 10-minute dwell time, followed by 3.5 hours of subatmospheric pressure (-125 mmHg). Dressing changes occurred every 2-3 days, the patient received 5 days of V.A.C. Veraflo Therapy. The patient was discharged home with an 3M™ ActiV.A.C.™ Therapy System with 3M™ V.A.C.® Granufoam Dressing. On POD 7, the open wound was evaluated (Figure 3), and ActiV.A.C. Therapy System with V.A.C.® Granufoam™ Dressing was continued. On POD 35, it was felt that additional therapy was needed using ActiV.A.C. Therapy System with V.A.C.® Granufoam Dressing (Figure 4). The patient was expected to be non-weight bearing on the left foot. Dressing changes occurred every 2-3 days. After 2 weeks (POD 49), V.A.C.® Therapy was discontinued as the wound cavity was filled and wound edges were brought together (Figure 5). To facilitate wound closure, 3M™ Promogran Prisma™ Wound Balancing Matrix was applied to the wound (Figure 6).

Discharge and Follow-up:
Ten weeks (POD 70) from the initial surgery, the wound achieved closure (Figure 7). The patient was seen in the clinic for her follow-up appointment, and the previously affected site was intact and remained closed. (Figure 8). The patient is ambulatory, utilizing diabetic shoes and insoles.

Treatment Modalities:
- Emergent surgical incision and drainage
- First ray resection along with amputation of the hallux
- Intravenous antibiotics
- V.A.C. Veraflo Therapy to cleanse the wound
- Conventional negative pressure wound therapy using the ActiV.A.C. Therapy System with V.A.C.® Granufoam Dressing
- Promogran Prisma Matrix

Sequential wound management employing a multimodal approach to manage an infected diabetic foot wound. (cont.)

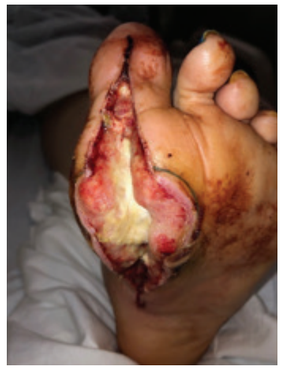


Figure 1. Infected left diabetic foot following emergent incision and drainage.

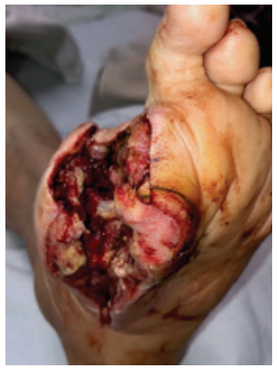


Figure 2. Left diabetic foot following ray amputation of the hallux.

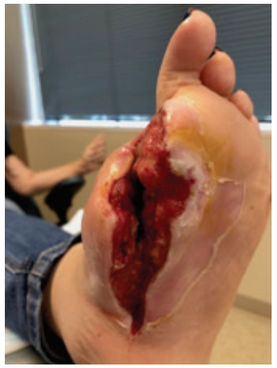


Figure 3. Open foot wound after 5 days (POD 7) of V.A.C. Veraflo Therapy. Patient transitioned to conventional negative pressure wound therapy using the ActiV.A.C. Therapy System.

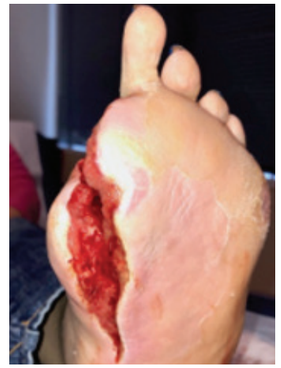


Figure 4. Left diabetic foot on POD 35. Application of the ActiV.A.C. Therapy System was continued.

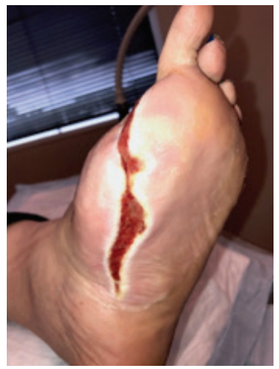


Figure 5. Left diabetic foot on POD 49. Having achieved therapeutic goals, V.A.C.® Therapy was discontinued.

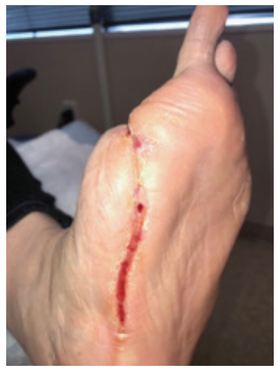


Figure 6. Left diabetic foot on POD 63, after receiving Promogran Prisma Matrix for two weeks.

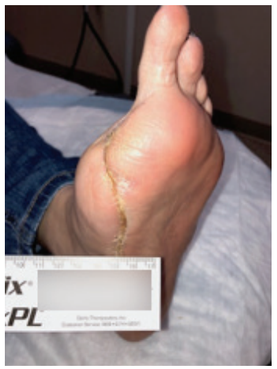


Figure 7. Wound closed on POD 70, ten weeks from initial surgical procedure.

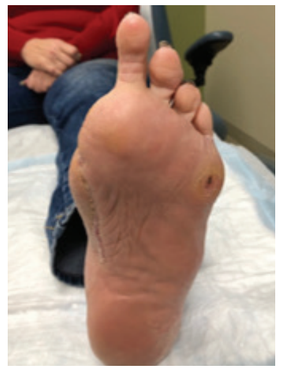


Figure 8. Left foot at follow-up appointment demonstrating wound remained closed.

Patient data and photos courtesy of Robert J. Klein, DPM, FACFAS, CWS; Department of Surgery, University of South Carolina – School of Medicine, Greenville, South Carolina.

Case Study 5

Venous stasis ulcer of the lower extremity.

Patient:
A 72-year-old male presented to the outpatient wound clinic with a venous leg ulcer (VLU) (Figure 1). The wound was extremely painful and unable to be adequately debrided in clinic. His previous medical history included peripheral vascular disease.

Diagnosis:
The patient had a venous stasis ulcer of the left lower extremity. The patient received perioperative antibiotics and was continued on oral antibiotics for 10 days.

Course of Treatment:
Following an initial evaluation of the VLU, the patient was taken to the operating room (OR) for the excision of non-viable tissue (Figure 2). 3M™ V.A.C. Veraflo™ Therapy was initiated (Figure 3); 30 mL of normal saline was instilled with a 20-minute dwell time, followed by continuous subatmospheric pressure (-125 mmHg) for 2 hours. The patient received V.A.C. Veraflo Therapy for 3 days and the dressing was removed (Day 4). The patient returned to the OR (Day 4) for STSG harvesting (Figure 4). The STSG was applied over the VLU and an allograft placental matrix (AmnioBand® Particulate; MTF Biologics, Edison, NJ) was distributed over the graft to optimize healing (Figure 5). Prior to applying 3M™ V.A.C.® Therapy dressing, 3M™ Adaptic™ Non-Adhering Dressing was placed over the graft to protect it. V.A.C.® Therapy was then applied and initiated to bolster the protected graft (Figure 6). 3M™ Promogran Prisma™ Wound Balancing Matrix was applied to the STSG donor sites on the left thigh to facilitate healing (Figure 7). Ten days later (Day 14), the graft demonstrated full take (Figure 8). The donor site also demonstrated adequate healing (Figure 9).

Discharge and Follow-up:
Six weeks after his initial presentation at the wound care clinic, the patient's VLU had healed completely (Figure 10) and the donor sites on the left thigh had also fully reepithelialized (Figure 11).

Treatment Modalities:
- Perioperative antibiotics
- Excision of non-viable tissue within the operating room (OR)
- Initiation of V.A.C. Veraflo Therapy
- Acquisition of STSG from thigh and application of STSG to VLU
- Application of allograft placental matrix (AmnioBand® Particulate) over the STSG to optimize healing
- Initiation of V.A.C.® Therapy using V.A.C.® Granufoam™ Dressing to bolster the STSG
- Adaptic Non-Adhering Dressing to protect the STSG
- Application of Promogran Prisma Matrix to donor site wounds to promote reepithelialization

Patient data and photos courtesy of Michael N. Desvigne, MD, FACS, CWS, FACCWS; Valley Wound Care Specialists, Glendale, Arizona.

Venous stasis ulcer of the lower extremity. (cont.)

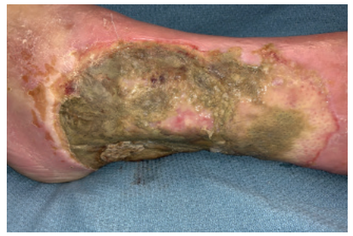


Figure 1. Venous stasis ulcer with non-viable tissue at presentation (Day 1).

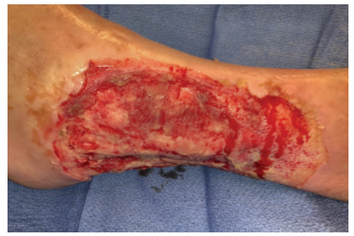


Figure 2. VLU post excision of non-viable tissue (Day 1).

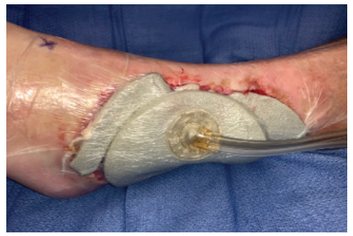


Figure 3. V.A.C. Veraflo Therapy applied to the VLU (Day 1).

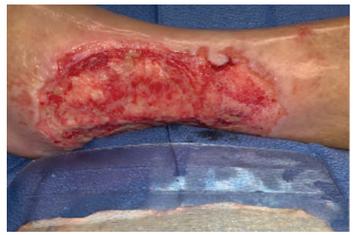


Figure 4. VLU after three days of V.A.C. Veraflo Therapy and prior to STSG placement (Day 4).

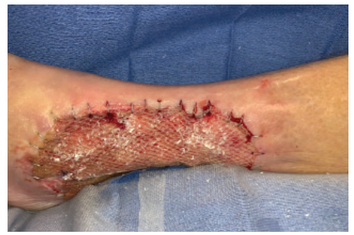


Figure 5. STSG and allograft placental matrix applied to the VLU (Day 4).

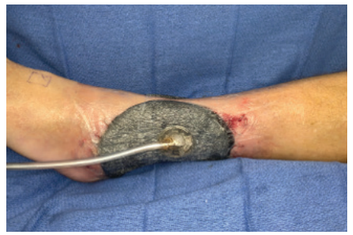


Figure 6. Application of V.A.C.® Therapy using V.A.C.® Granufoam™ Dressing to bolster. The STSG protected with Adaptic Non-Adhering Dressing (Day 4).

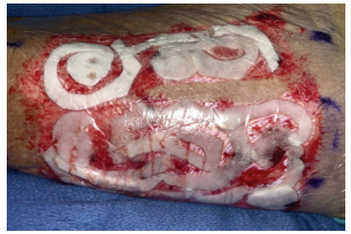


Figure 7. Placement of Promogran Prisma Matrix over the donor site wounds (Day 4).

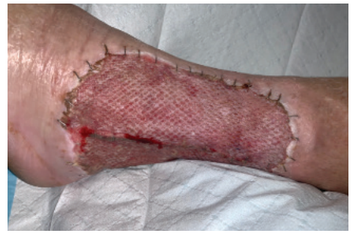


Figure 8. VLU on Day 14.

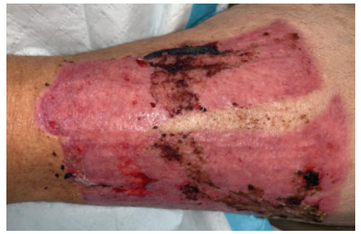


Figure 9. STSG donor site (left thigh) wounds on Day 14.

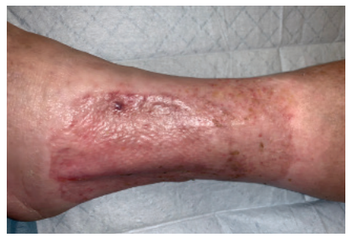


Figure 10. Completely healed VLU at follow-up appointment (6 weeks).

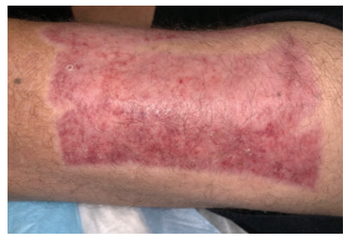


Figure 11. Reepithelialized STSG donor site (left thigh) wounds at follow-up appointment (6 weeks).

3M ACTIV.A.C.™ Therapy System

Ordering Information

	Product	Description		Ordering Options
	**3M™ V.A.C. Dermatac™ Drape with 3M™ V.A.C.® Granufoam™ Dressing Kit - Small**	• 1 Granufoam Dressing (10 cm x 7.5 cm x 3.2 cm) • 1 sheet of V.A.C.® Dermatac Drape	• 1 SensaT.R.A.C.™ Pad with connector • 1 disposable ruler	Case of 10 - DTGF10PKS
	3M™ V.A.C. Dermatac™ Drape with 3M™ V.A.C.® Granufoam™ Dressing Kit - Medium	• 1 Granufoam Dressing (18 cm x 12.5 cm x 3.2 cm) • 1 sheet of V.A.C.® Dermatac Drape	• 1 SensaT.R.A.C. Pad with connector • 1 disposable ruler	Case of 10 - DTGF10PKM
	3M™ V.A.C. Dermatac™ Drape with 3M™ V.A.C.® Granufoam™ Dressing Kit - Large	• 1 Granufoam Dressing (26 cm x 15 cm x 3.2 cm) • 2 sheets of V.A.C.® Dermatac Drape	• 1 SensaT.R.A.C. Pad with connector • 1 disposable rule	Case of 10 - DTGF10PKL
	**3M™ V.A.C.® Granufoam™ Dressing Kit - Small**	• 1 Granufoam Dressing (10 cm x 7.5 cm x 3.2 cm) • 1 sheet of V.A.C.® Drape	• 1 SensaT.R.A.C. Pad with connector • 1 disposable ruler	Case of 5 - M8275051/5 Case of 10 - M8275051/10
	3M™ V.A.C.® Granufoam™ Dressing Kit - Medium	• 1 Granufoam Dressing (18 cm x 12.5 cm x 3.2 cm) • 2 sheets of V.A.C.® Drape	• 1 SensaT.R.A.C. Pad with connector • 1 disposable ruler	Case of 5 - M8275052/5) Case of 10 - M8275052/10
	3M™ V.A.C.® Granufoam™ Dressing Kit - Large	• 1 Granufoam Dressing (26 cm x 15 cm x 3.2 cm) • 2 sheets of V.A.C.® Drape	• 1 SensaT.R.A.C. Pad with connector • 1 disposable ruler	Case of 5 - M8275053/5 Case of 10 - M8275053/10
	3M™ V.A.C.® Granufoam™ Dressing Kit - X-Large	• 1 Granufoam Dressing (60 cm x 30 cm x 1.8 cm) • 2 sheets of V.A.C.® Drape	• 1 SensaT.R.A.C. Pad with connector • 1 disposable ruler	Case of 5 - M8275065/5
	**3M™ V.A.C.® Granufoam™ Silver Dressing Kit - Small**	• 1 Granufoam Silver Dressing (10 cm x 7.5 cm x 3.2 cm) • 1 V.A.C.® Drape	• 1 SensaT.R.A.C. Pad with connector • 1 disposable ruler	Case of 10 - M8275098/10
	3M™ V.A.C.® Granufoam™ Silver Dressing Kit - Medium	• 1 Granufoam Silver Dressing (18 cm x 12.5 cm x 3.2 cm) • 2 sheets of V.A.C.® Drape	• 1 SensaT.R.A.C. Pad with connector • 1 disposable ruler	Case of 10 - M8275096/10
	3M™ V.A.C.® Granufoam™ Silver Dressing Kit - Large	• 1 Granufoam Silver Dressing (26 cm x 15 cm x 3.2 cm) • 2 sheets of V.A.C.® Drape	• 1 SensaT.R.A.C. Pad with connector • 1 disposable ruler	Case of 10 - M8275099/10
	**3M™ V.A.C.® Whitefoam™ Dressing Kit - Small**	• 1 polyvinyl alcohol dressing (10 cm x 7.5 cm x 1 cm) • 1 V.A.C.® Drape	• 1 SensaT.R.A.C. Pad with connector • 1 disposable ruler	Case of 10 - M8275068/10
	3M™ V.A.C.® Whitefoam™ Dressing Kit - Large	• 1 polyvinyl alcohol dressing (10 cm x 15 cm x 1 cm) • 1 V.A.C.® Drape	• 1 SensaT.R.A.C. Pad with connector • 1 disposable ruler	Case of 10 - M8275067/10
	**3M™ V.A.C.® Whitefoam™ Dressing - Small (foam only)**	• 1 polyvinyl alcohol dressing (10 × 7.5 × 1cm)		Case of 10 - M6275033/10
	3M™ V.A.C.® Whitefoam™ Dressing - Large (foam only)	• 1 polyvinyl alcohol dressing (10 × 15 × 1cm)		Case of 10 - M6275034/10
	**3M™ V.A.C.® Granufoam™ Bridge Dressing Kit**	• 1 Granufoam Dressing (3 pre-cut Circular pieces and 2 pre-cut Rectangular pieces, 6 cm x 17cm x 1.9 cm) • 1 Granufoam Bridge Dressing (67 cm) with integrated SensaT.R.A.C. Pad	• 1 sheet of perforated V.A.C.® Drape with pre-cut hole and 5 removal V.A.C.® Drape Strips • 1 disposable ruler	Case of 5 - M8275042/5 Case of 10 - M8275042/10

	Product	Description		Ordering Options
	**3M™ V.A.C.® Granufoam™ Bridge XG Dressing**	• 2 spiral Granufoam Dressings (14.7 cm x 17.4 cm x 1.75 cm, fully unwound: 81.3 cm) • 1 Granufoam Bridge Dressing (67 cm) with integrated SensaT.R.A.C. Pad	• 1 sheet of V.A.C.® Drape • 1 sheet of perforated V.A.C.® Drape with pre-cut hole • 1 disposable ruler	Case of 5 - M8275044/5
	**3M™ V.A.C.® Simplace™ Ex Small Dressing Kit**	• 2 spiral Granufoam Dressings • (7.5 cm x 11.5 cm x 1.75 cm, fully unwound: 81.3 cm) • 1 sheet of V.A.C.® Drape and 2 drape strips	• 1 SensaT.R.A.C. Pad with connector • 1 disposable ruler	Case of 5 - M8275046/5
	3M™ V.A.C.® Simplace™ Ex Medium Dressing Kit	• 2 spiral Granufoam Dressings (14.7 cm x 17.4 cm x 1.75 cm fully unwound: 81.3 cm)	• 1 sheet of V.A.C.® Drape and 2 drape strips • 1 SensaT.R.A.C. Pad with connector • 1 disposable ruler	Case of 5 - M8275045/5
	**3M™ Dermatac™ Drape**	• 1 sheet of adhesive drape (24.9 cm x 21 cm)		Case of 10 - DTAC10LDP
	**3M™ V.A.C.® Drape**	• 1 sheet of adhesive drape (30.5 cm x 26 cm)		Case of 10 - M6275009/10
	**3M™ V.A.C.® Y-Connector**	• Allows two V.A.C.® Dressings to be connected to one 1 V.A.C.® Therapy Unit†		Case of 10 - M6275066/10

†Contact your representative, or review the V.A.C.® Therapy Clinical Guidelines or Product IFU for additional information on treating multiple wounds with one V.A.C.® Therapy Unit.

3M™ Snap™ Therapy System

3M™ Snap™ Therapy Strap

SKU: STPAS
Size: Small 18 in

SKU: STPAM
Size: Medium 21 in

3M™ Snap™ Therapy Cartridge

SKU: SNPA125
Pressure: -125 mmHg
Capacity: 60 mL

3M™ Snap™ SecurRing™ Hydrocolloid

SKU: SRNG10
Size: 2 in diameter

3M™ Snap™ Bridge Dressing Kit

SKU: BKTF14X11
Size: 14 cm x 11 cm
Interface: Foam

SKU: BKTF14X11S
Size: 14 cm x 11 cm with Snap™ SecurRing™ Hydrocolloid
Interface: Foam

3M™ Snap™ Advanced Dressing Kit

SKU: SKTF10X10
Size: 10 cm x 10 cm
Interface: Reticulated Open Cell Foam (blue)

SKU: SKTF15X15
Size: 15 cm x 15 cm
Interface: Reticulated Open Cell Foam (blue)

3M Advanced Wound Care and Skin Integrity Solutions

3M™ Cavilon™ No Sting Barrier Film

Product Code	Size	Items/Case	Boxes/Case
3343E	1 mL wand	25	4
3344E	1 mL wipe	30	6
3345E	3 mL wand	25	4
3346E	28 mL spray bottle	12	1

3M™ Cavilon™ Advanced Skin Protectant

Product Code	Size	Items/Case	Boxes/Case
5050	2.7 mL applicator	20	-
5051	0.7 mL applicator	20	-

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

Product Code	Size	Items/Carton	Cartons/Box
P01481	5 cm x 5 cm	25/ct	1 ct/bx
P01512	9.5 cm x 9.5 cm	25/ct	1 ct/bx

3M™ Silvercel™ Non-Adhernet Dressing

Product Code	Size	Items/Carton	Cartons/Box
CAD7230	2.5 cm x 30.5 cm (Rope)	5 ea/ct	5 ct/bx
CAD7050	5 cm x 5 cm	10 ea/ct	5 ct/bx
CAD7011	11 cm x 11 cm	10 ea/ct	5 ct/bx
CAD7020	10 cm x 20 cm	5 ea/ct	5 ct/bx

3M™ Promogran™ Protease Modulating Matrix

Product Code	Size	Items/Carton	Cartons/Box
M772028	28 cm^2 Hexagon	10 ea/ct	4 ct/bx
M772123	123 cm^2 Hexagon	10 ea/ct	4 ct/bx

3M™ Promogran Prisma™ Wound Balancing Matrix

Product Code	Size	Items/Carton	Cartons/Box
PS2028	28 cm^2 Hexagon	10 ea/ct	4 ct/bx
PS2123	123 cm^2 Hexagon	10 ea/ct	4 ct/bx

3M™ Adaptic™ Touch Non-Adhering Silicone Dressing

Product Code	Size	Items/Carton	Cartons/Box
TCH501	5 cm x 7.6 cm	10/ct	1 ct/bx
TCH502	7.6 cm x 11 cm	10/ct	1 ct/bx
TCH503	12.7 cm x 15 cm	10/ct	1 ct/bx
TCH504	20 cm x 32 cm	5/ct	1 ct/bx

Ordering Information

3M™ Tegaderm™ Silicone Foam Dressing

Product Code	Product	Overall Dressing Size	Items/Box	Boxes/Case
90631	Non-bordered Dressing	10 cm x 11 cm (4 in. x 4-1/4 in.)	10	4
90632	Non-bordered Dressing	15 cm x 15 cm (6 in. x 6 in.)	10	4
90640	Bordered Dressing	8 cm x 8 cm (3 in. x 3 in.)	10	4
90641	Bordered Dressing	10 cm x 10 cm (4 in. x 4 in.)	10	6
90642	Bordered Dressing	15 cm x 15 cm (6 in. x 6 in.)	10	6
90643	Bordered Dressing	5 cm x 5 cm (2 in. x 2 in.)	10	4
90646	Heel and Contour	15 cm x 15 cm (6 in. x 6 in.)	5	6
90647	Small Sacral	15 cm x 17 cm (6 in. x 6-3/4 in.)	10	4
90648	Large Sacral	18.5 cm x 22 cm (7-1/4 in. x 8-3/4 in.)	5	4

3M™ Tegaderm™ High Performance Foam Non-Adhesive Dressing

Product Code	Size	Items/Box	Boxes/Case
90600	5 cm x 5 cm (2 in. x 2 in.)	10	4
90601	10 cm x 10 cm (4 in. x 4 in.)	10	4
90602	10 cm x 20 cm (4 in. x 8 in.)	5	6
90603	20 cm x 20 cm (8 in. x 8 in.)	5	6
90604	8.8 cm x 8.8 cm (3-1/2 in. x 3-1/2 in.), Fenestrated	10	4
90605	10 cm x 60 cm (4 in. x 24 in.), Roll	1 roll/pkg.	6 rolls

3M™ Tegaderm™ High Performance Foam Adhesive Dressing

Product Code	Foam Pad Size	Overall Dressing Size	Dressings/Box	Boxes/Case
90610 (Square)	5 cm x 5 cm (2 in. x 2 in.)	8.8 cm x 8.8 cm (3-1/2 in. x 3-1/2 in.)	10	4
90611 (Oval)	6 cm x 7.6 cm (2-1/2 in. x 3 in.)	10 cm x 11 cm (4 in. x 4-1/2 in.)	10	4
90612 (Square)	10 cm x 10 cm (4 in. x 4 in.)	14.3 cm x 14.3 cm (5-5/8 in. x 5-5/8 in.)	10	4
90613 (Oval)	10 cm x 11 cm (4 in. x 4-1/2 in.)	14.3 cm x 15.6 cm (5-5/8 in. x 6-1/8 in.)	5	6
90614 (Mini Oval)	3.1 cm x 3.8 cm (1-1/4 in. x 1-1/2 in.)	6.9 cm x 7.6 cm (2-3/4 in. x 3 in.)	10	4
90616 (Oval)	14 cm x 17.1 cm (5-1/2 in. x 6-3/4 in.)	19 cm x 22.2 cm (7-1/2 in. x 8-3/4 in.)	5	3
90619 (Heel/Elbow)	7.6 cm x 7.6 cm (3 in. x 3 in.)	13.9 cm x 13.9 cm (5-1/2 in. x 5-1/2 in.)	5	4
90615** (Mini Wrap)	2.5 cm x 2.5 cm (1 in. x 1 in.)	7 cm x 7 cm (2-3/4 in. x 2-3/4 in.)	10	4

Ordering Information

3M™ Coban™ 2 and 3M™ Coban™ 2 Lite Two-Layer Compression Systems

	Application/Use	Product Code	Comfort Layer Size Compression Layer Size	Boxes/Case
	Below the knee	2094N	10 cm x 2.7 m (4 in. x 2.9 yd.) 10 cm x 4.7 m (4 in. x 5.1 yd.) stretched	8
	Below the knee (ABPI > 0.5)	2794N	10 cm x 2.7 m (4 in. x 2.9 yd.) 10 cm x 4.7 m (4 in. x 5.1 yd.) stretched	8
	Above the knee	20096	15 cm x 3.5 m (6 in. x 3.8 yd.) 15 cm x 4.5 m (6 in. x 4.9 yd.) stretched	8

For more information, you can:

- Contact your local 3M sales executive
- Visit 3M.ca/Connect

References:

1 Baharestani, M.M.; Driver, V.R. Optimizing clinical and cost effectiveness with early intervention of V.A.C.® Therapy. *Ostomy Wound Manage*. 2008;54(11 Suppl):1-15.

2 Baharestani, M.M.; Houliston-Otto, D.B.; Barnes, S. Early versus late initiation of negative pressure wound therapy: examining the impact home care length of stay. *Ostomy Wound Manage*. 2008; 54 (11 Suppl): 48-53.

3 Driver, V.R.; de Leon, J.M. Health economic implications for wound care and limb preservation. *J. Managed Care Med*. 2008; 1(11):13-19.

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