

Hydrofera Blue[®], an Essity Sponsored Learning:

Helping To Save Limbs & Lives: Clinician Perspectives On Offloading And A New Initiative In British Columbia

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The Prevalence Of Diabetes In Canada And The Burden Of Diabetic Foot Ulcers

In 2022, approximately 30% of the population in Canada suffered from diabetes mellitus (DM) or pre-diabetes.¹ Patients with DM are at a higher rate of hospitalization compared to those from the general population. They are three-times, and twelve-times more likely to be hospitalized due to cardiovascular disease and end-stage renal disease, respectively.¹ DM also impacts those who are of a lower socioeconomic status more severely. Additionally, incidences of DM and pre-diabetes is six-times higher among the Indigenous populations in Canada.² The amputation rate in these populations is thirty-eight-times higher than non-Indigenous populations.²

Approximately 15-25% of patients with DM will suffer a diabetic foot ulcer (DFU) in their lifetime.¹ Compared to the general population, patients with DM are twenty-times more likely to suffer a non-traumatic lower limb amputation (LLA), which usually results from a pre-existing DFU (~85%).¹ The five-year survival rate for a patient with a DFU is 50%.³ This is lower than that of prostate cancer, breast cancer, and Hodgkin's lymphoma. DFUs are costly to the health-care system financially. They also impact the patients and their families physically and psychologically.

The Pathophysiology Of Diabetic Foot Ulcers

Various risk factors predispose patients with DM to DFUs (see Table 1). The main cause of DFU can be attributed to large-fibre, distal symmetrical sensory

neuropathy. Patients with sensory neuropathy often develop calluses on their feet as a result of abnormal shear, friction, and pressure. Due to the lack of protective sensation, the skin continues to be traumatized and eventually breaks down beneath the calluses, leading to the formation of DFUs.

Total Contact Casting – The Gold Standard Treatment Of DFUs

Pressure offloading is a key element to the management of DFUs. It can be accomplished by a number of modalities, including total contact casting (TCC). TCC helps to redistribute plantar foot forces and aids with wound healing. TCCs have been found to have the highest healing rates and are considered the gold standard treatment for DFU according to the literature. If TCC is a mainstay treatment for DFUs, why is it not done more often? Barriers to implementing TCCs include, but are not limited to, the knowledge and skills required for application, and funding.

Factors that Impact Skin Integrity and Wound Healing

- Glycemic levels
- Activity
- Smoking
- Trauma
- Footwear
- Neuropathy
- Bony deformity
- Peripheral artery disease
- History of wounds
- Amputation
- Age

Cutimed® Total Contact Cast Kit And Hydrofera Blue® Dressings

Essity offers a simple solution to the application of TCCs – the Cutimed® Total Contact Cast Kit. The Kit contains all of the necessary materials to apply a fibre-glass TCC. There is a step-by-step application guide in each kit. Experienced practitioners may be able to apply a fiberglass TCC using the Cutimed® Total Contact Cast Kit within 15 minutes. You can watch speaker Rosemary Hill apply it in this presentation video link: https://drive.google.com/file/d/16L0rW5jk9unvSKYkC-Sz8imDa_y3Buvb/view?usp=share_link



Hydrofera Blue has a very versatile portfolio of Non-cytotoxic antibacterial dressings that can be used through the continuum of care. See cases presented by Rosemary Hill in above video link. **The Hydrofera Blue READY-Transfer is ideal to use with TCC.**

The dressing is made of polyurethane foam which facilitates a high rate of moisture transfer through the dressing and away from the wound bed. As the bacteria laden exudate passes through the dressing, the bacteria is effectively killed in the dressing. The dressing is soft, conformable and can be cut.



The BC PharmaCare Program For Offloading Devices: An Important Milestone

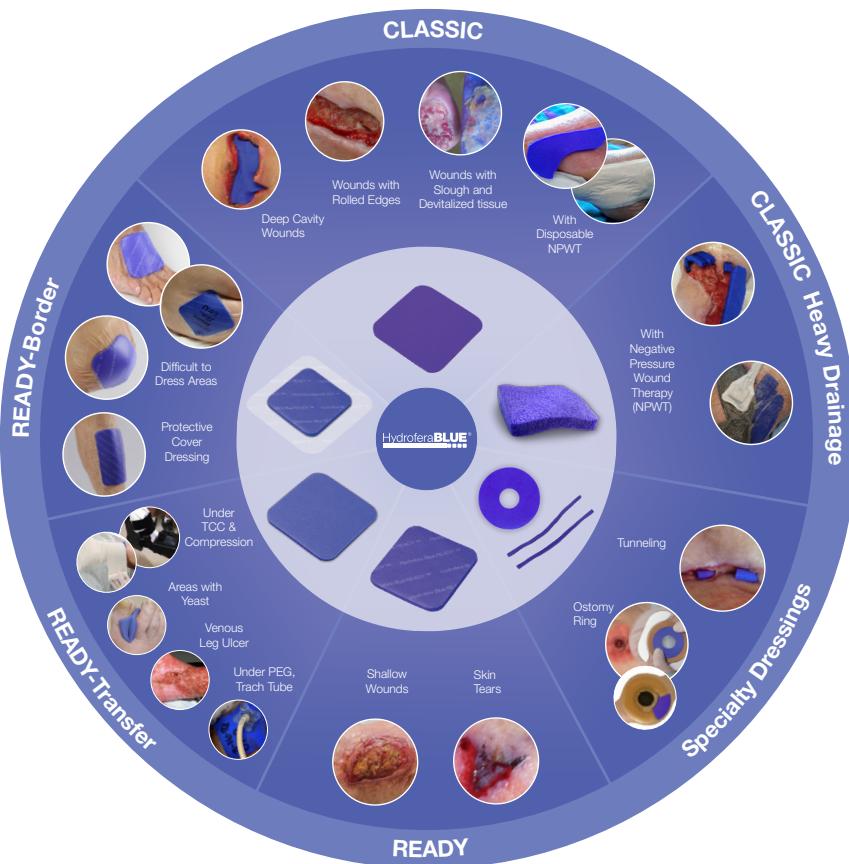
As of January 1, 2023, all five British Columbia (BC) Health Authorities can provide TCCs as a treatment for DFUs.⁴ The BC PharmaCare program also provides coverage for foot orthoses and adaptive shoes for patients who:

- Have been diagnosed with a DFU
- Have been wearing a TCC to treat a DFU
- Are almost ready to transition from TCC to an offloading device.⁵

This is an important milestone in the efforts to lower non-traumatic LLA related to DFUs. As mentioned before, TCC is the widely accepted gold standard treatment for DFUs. Lack of funding is often one of the biggest barriers to implementing TCCs as part of the treatment plan. Equally as important, and not to be neglected, patients who have healed DFUs need to be transitioned into appropriate footwear and orthoses to prevent future recurrence of their ulcerations. Lack of funding for orthopedic footwear and offloading devices (i.e., orthotics) contributes to the development and recurrence of ulcerations. Hopefully, this offloading program in BC is the first of many initiatives provincially and federally to fund preventative foot care, footwear, and offloading devices to prevent and treat DFUs and LLAs.

Hydrofera Blue®

Product Selection Guide



- Non-Cytotoxic
- Natural Negative Pressure*
- Natural Autolytic Debridement*
- Antibacterial
- Flattens Rolled Wound Edges*
- Disrupts Biofilm*

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