ConvaTec Introduces AQUACEL® BURN and AQUACEL® Ag BURN Dressings with Hydrofiber® Technology for Partial Thickness Burns

Innovative dressing technology designed to reduce the need for frequent and painful dressing changes in burn patient care

ConvaTec, a world-leading developer of innovative medical technologies for community and hospital care, announced the introduction of AQUACEL® BURN and AQUACEL® Ag BURN dressings for the management of partial thickness burns (PTBs) and donor sites.

Incorporating Hydrofiber® Technology, AQUACEL® BURN and AQUACEL® Ag BURN dressings create a moist wound environment and are designed to detach during healing and re-epithelialization. The dressing can be left in place for up to 21 days, helping reduce painful dressing changes and the risk of exposure to pathogens in the atmosphere.[1,2] AQUACEL® Ag BURN dressing[a] has been shown to provide activity against antimicrobial-resistant bacteria and potentially reduce the risk of infection.[3b]

Different sizes and shapes from child to adult are available, including gloves. Dressings are reinforced with Nylon stitching to offer patients maximum flexibility and mobility. For more information, call our Customer Relations Center at 1-800-465-6302 or visit www.convatec.ca.

Advanced Wound Dressings with Hydrofiber® Technology from ConvaTec

ConvaTec dressings with Hydrofiber® Technology are soft, absorbent, non-woven wound dressings which gel on contact with fluid, enabling the dressing to lock in exudate and its harmful components[2,4,5c] and to micro-contour to the wound bed,[6c] in response to changing wound conditions.

a. AQUACEL® Ag BURN dressing is the same Hydrofiber® Technology as AQUACEL® Ag dressing **b.** As demonstrated *in vitro* **c.** Applies to AQUACEL® and AQUACEL® Ag dressings

Hydrofiber and AQUACEL are registered trademarks of ConvaTec Inc. AP-012262-CA

1. Caruso D.M, Foster K.N, Blome-Eberwein S.A, et al. Randomised clinical study of Hydrofiber dressing with silver or silver sulphadiazine in the management of partial-thickness burns. *Journal of Burn Care and Research*. 2006 May/June; 27(3): 298-309. **2.** Walker M, Hobot JA, Newman GR, Bowler PG. Scanning electron microscopic examination of bacterial immobilization in a carboxymethyl cellulose (AQUACEL™) and alginate dressing. *Biomaterials*. 2003;24(5):883-890. **3.** Jones SA, Bowler PG, Walker M, Parsons D. Controlling wound bioburden with a novel silver-containing Hydrofiber dressing. *Wound Repair Regen*. 2004;12(3):288-294. **4.** Waring MJ, Parsons D. Physico-chemical characterization of carboxymethylated spun cellulose fibres. *Biomaterials*. 2001; 22:903-912. **5.** Walker M, Bowler PG, Cochrane CA. In vitro studies to show sequestration of matrix metalloproteinases by silver-containing wound care products. *Ostomy Wound Manage*. 2007; 53(9):18-25. **6.** Jones SA, Bowler PG, Walker M. Antimicrobial activity of silver-containing dressings is influenced by dressing conformability with a wound surface. *Wounds*. 2005; 17(9):263-270.

ConvaTec Introduces AQUACEL® EXTRA™ Wound Dressing with Hydrofiber® Technology in Canada

Dressing designed to be nine times stronger and 39% more absorbent than current dressing[1]

ConvaTec, a world-leading developer of innovative medical technologies for community and hospital care, announced the availability of AQUACEL® EXTRA™ wound dressing with strengthening fibers in Canada.

Composed of two layers of Hydrofiber® Technology stitched together, AQUACEL® EXTRA™ wound dressing is designed to be nine times stronger and to give an increased absorbency of 39% over current AQUACEL® wound dressing.[1] Cleared for the same indications as AQUACEL® wound dressing, AQUACEL® EXTRA™ wound dressing will be specifically suitable when managing moderate to highly exuding wounds.

"Clinicians managing acute or chronic wounds know the benefits of Hydrofiber® Technology and this family of products, supported by 15 years of clinical heritage demonstrating our dressings'[a] efficacy," explains Fabien Paquette, Business Director, ConvaTec Canada.

AQUACEL® EXTRA™ wound dressings come in three sizes: 5x5cm, 10x10cm, and 15x15cm. For more information, call our Customer Relations Center at 1-800-465-6302 or visit www.convatec.ca.

Advanced Wound Dressings with Hydrofiber® Technology from ConvaTec

ConvaTec dressings with Hydrofiber® Technology are soft, absorbent, non-woven wound dressings which gel on contact with fluid, enabling the dressing to lock in exudate and its harmful components,[2-4b] and to micro-contour to the wound bed,[5b] in response to changing wound conditions.

a. Applies to AQUACEL® and AQUACEL® Ag dressings **b.** As demonstrated *in vitro*

Hydrofiber and AQUACEL are registered trademarks of ConvaTec Inc. AP-012260-CA

1. Assessment of the Physical Properties of AQUACEL® EXTRA and AQUACEL Dressings. Scientific Background Report WHRI3461 TA214. 2011 Data on File, ConvaTec. **2.** Walker M, Hobot JA, Newman GR, Bowler PG. Scanning electron microscopic examination of bacterial immobilization in a carboxymethylcellulose (Aquacel) and alginate dressings. *Biomaterials*. 2003; 24:883-890. **3.** Waring MJ, Parsons D. Physico-chemical characterization of carboxymethylated spun cellulose fibres. *Biomaterials*. 2001; 22:903-912. **4.** Walker M, Bowler PG, Cochrane CA. In vitro studies to show sequestration of matrix metalloproteinases by silver-containing wound care products. *Ostomy Wound Manage*. 2007; 53(9):18-25. **5.** Jones SA, Bowler PG, Walker M. Antimicrobial activity of silver-containing dressings is influenced by dressing conformability with a wound surface. *Wounds*. 2005; 17(9):263-270.

Systagenix Globally Announces European CE mark of WOUNDCHEK™ Protease Status, the First Point-of-care Diagnostic Test for Chronic Wounds

WOUNDCHEK™ Protease Status is the world's first rapid, point-of-care diagnostic test developed specifically for chronic wounds. WOUNDCHEK™ Protease Status has the potential to revolutionise wound care by enabling early, targeted intervention and cost-effective use of advanced therapies designed to modulate protease activity.

Designed to form part of routine wound assessment, WOUNDCHEK™ Protease Status is easy-to-use and provides results in just 15 minutes at the point of care. This enables the test to immediately influence treatment decisions and help clinicians target advanced wound care therapies more effectively by identifying when elevated protease activity (EPA) exists in chronic wounds.

Although widely understood and recognised as a key marker in wound healing[1], today EPA in chronic wounds goes undetected, as there are no visual cues for it[2]. A recently published study showed that chronic wounds with EPA have a 90% probability they will not heal without appropriate intervention[3]. The estimated 30 million worldwide chronic wounds treated each year account for approximately 3% of total health expenditure[4]. With almost 30% of non-healing wounds having EPA, the addition of a test could result in more effective treatment choices, leading to significant cost savings to healthcare providers.

Health Canada submission is currently in process.

1. World Union of Wound Healing Societies. Principles of best practice: A consensus document: MEP Ltd. London, 2008. **2.** Snyder, R. et al. A survey: the importance of proteases in wound healing and wound assessment. Poster, Wounds UK 2011. **3.** Serena, T. et al. Protease activity levels associated with healing status of chronic wounds. Poster, Wounds UK 2011 **4.** Posnett J, Franks PJ (2007) The cost of skin breakdown and ulceration in the UK. In: The Smith and Nephew Foundation (2007) Skin Breakdown – The Silent Epidemic. Smith and Nephew Foundation, Hull

TCC Gold Standard Made Even Easier!

Total contact casting is the most effective offloading device in healing neuropathic foot wounds, as overwhelmingly validated by clinical results, and is in fact considered Gold Standard by most diabetic foot specialists. Unfortunately, it is not widely used, for different perceived reasons. In order to facilitate its use, BSN Medical developed the **Total Contact Cast Kit** in partnership with healthcare professionals dealing with diabetic foot ulcers every day. The TCC Kit combines specifically chosen and proven casting materials to provide an intimate comfortable close fit and optimized healing environment for a cost-effective treatment.

Today, BSN Medical is proud to launch a new improved version of the kit, the **Cutimed® TCC Kit**, which is even easier to use! In addition to the advantages of the original version, the new Cutimed® TCC Kit now identifies each product for step-by-step application, and includes pre-cut slabs to replace some of the rolls for faster application. Cutimed® TCC Kit simplifies the implementation of the pressure offloading gold standard in the treatment of diabetic foot ulcers.

For optimal results in managing diabetic foot ulcers, BSN Medical recommends the use of **Cutimed® Sorbact®**. This unique and effective antimicrobial dressing with microbe-binding action can be used, without risks involved, as it does not contain any chemical agents.

Please contact your BSN local representative, or our customer service at 1-877-978-5526, to find out more about our unique solution for diabetic foot ulcers.

3M™ Coban™ 2: Redefining Compression Bandaging for Lymphedema Patients

3M™ has expanded the Coban™ 2 Compression line to include new sizes specifically for lymphedema therapy. This was a result of many years of research in Europe and Canada and the launch was accompanied by the publication of numerous clinical articles.

Until now, compression bandaging has been physically and emotionally taxing for patients and clinicians. 3M™ Coban™ 2 Compression System materials enable new application techniques for a better therapy experience and a higher standard of care.

Clinicians can easily adapt application to accommodate any size, shape or tissue consistency with only two layers of conformable, cohesive materials. The compression layer is applied at full stretch to reduce application variability and consistently deliver the right amount of pressure.

Coban™ 2 is a disposable single-use system that is cost-effective and eliminates the time and expense of washing and re-rolling bandages while minimizing the risk associated with potential contamination. The materials used in the two thin layers of the system are safe for skin and were developed with unique stretch and cohesion properties to provide ideal compression and help patients overcome the challenges of wearing bandages during the intensive phase of treatment for lymphedema.

> *"They are so much easier for the therapist to put them on and honestly you don't know they are on when she has finished." – Patient P3, Canada1*

> *"The cumulative results from these research studies support that the 'Coban 2 Compression System' is clinically effective and is set to fundamentally change the field of lymphoedema." – Christine Moffatt CBE PhD, Lead Researcher, Derby Hospitals, Honorary Professor in Nursing & Health Care, Glasgow University*

For more information, visit www.3m.ca/coban2layer.

Covidien Offers the Canadian Wound-care Community a Valuable Tool in the Management of Wounds

Covidien is proud to offer a complete line of traditional and advanced wound-care products to meet the needs of Canadian clinicians. But what sets us apart from other wound-care companies is our line of polyhexamethylene biguanide (PHMB) impregnated dressings.

Part of a proven prophylactic infection prevention program, PHMB has gained popularity amongst many clinicians across the country and has recently been added to the CAWC Product Picker as a safe and effective tool in wound management.

PHMB has been in general use for approximately 60 years, with no evidence of the development of resistance. Exerting little toxicity, it has been found to be safe and effective. PHMB is a bacterial agent that is effective against Gram-negative and Gram-positive bacteria, as well as fungi and yeast. It acts to kill bacteria by integrating into the cell membrane and reorganizing the membrane structure. This structural change prevents the cell from pumping PHMB out of the membrane, thus bactericidal concentrations are maintained in the cell. PHMB's mode of action attacks the bacteria by disrupting the cytoplasmic membrane of the microorganism, as the bacteria is absorbed into the dressing (Coutts, 2009).

Our foam dressings, including our recently launched Kendall™ AMD foam with border, are available in a 0.5% PHMB concentration. Our various gauze formats, including Kerlix™ AMD rolls and sponges, Curity™ AMD packing strips and Excilon™ AMD IV sponges, are also available in a 0.2% PHMB concentration.

As a proud member of the CAWC, Covidien participates in all of the L-Series educational courses held across Canada. We look forward to seeing you in November at the CAWC National Conference in London.

Coloplast Canada Launches Biatain® Silicone and Biatain® Silicone Lite!

At Coloplast we are pleased to introduce two new products to our Canadian customers. Biatain Silicone and Biatain Silicone Lite. Biatain Silicone is a Barrier Free Foam™ that combines the superior absorbency of Biatain foam with the gentleness of a silicone adhesive, delivering three unique benefits:

Silicone only where you need it, on the border
The unique design of Biatain Silicone has silicone adhesive only on the border and not on the foam, leaving the foam barrier free. This Barrier Free Foam™ is measured to have superior absorption and retention properties – even under compression/pressure.

Ultra flexible design for superior fit to wound and body
With only two layers, Biatain Silicone is far more flexible, creating a perfect fit anywhere on the body – even in hard to dress areas.

Easy to apply even with gloves
Biatain Silicone has a unique three part opening. This allows for the clinician to put the dressing safely on the patient. The dressing is easy to apply even with gloves!

To get more information on Biatain Silicone and Biatain Silicone Lite, go to our website www.coloplast.ca.

To request samples, please email or call us.

NUTRITION SOLUTIONS
FOR PRESSURE ULCER MANAGEMENT

Pressure ulcers are a common, costly and debilitating form of chronic wounds which occur with relative frequency in all care settings. Defined by the National Pressure Ulcer Advisory Panel (NPUAP) as "an area of localized damage to the skin and underlying tissue caused by pressure, shear, friction, moisture or a combination of these factors"[1], pressure ulcers are a preventable condition and a major concern for patients and healthcare facilities alike.

In Canada, as many as 30% of individuals in non-acute care centres (rehabilitation, long term care, complex continuing care) and 25% of those in acute care hospitals develop pressure ulcers at some point during their stay[2].

Common Characteristics of Patients/Residents with Pressure Ulcers include[3]:

- Over 70 years of age
- Poor nutritional status
- Prolonged periods of immobilization; bed or chair-bound
- Incontinence
- Poorly controlled diabetes
- Circulatory problems
- Fracture recovery

The burden of pressure ulcers extends beyond the obvious significant patient suffering and decreased quality of life. Increased caregiver anguish, extra work for healthcare providers and ultimately millions spent in Canadian healthcare dollars make pressure ulcers a serious clinical concern[4].

Nutrition and pressure ulcer healing are closely linked. Research shows that malnutrition negatively affects wound healing by prolonging early phases of the healing process and by decreasing the production of collagen and other essential healing components[5]. Malnutrition has also been associated with increased wound infections which can further delay healing.

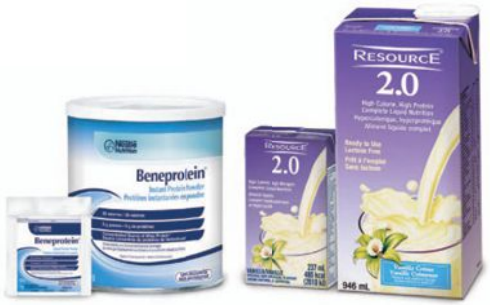
Elderly individuals with pressure ulcers are likely to be malnourished[6]. Assessing nutritional status is an important first step in designing a successful nutrition care plan and providing for optimal pressure ulcer healing. As metabolic rates are increased in the presence of chronic wounds such as pressure ulcers, without adequate energy intake, muscle breakdown will occur to provide amino acids and energy. The result is an increased risk for malnutrition, poor healing capabilities and a persistent non-healing chronic ulcer. The NPUAP-EPUAP recommended guideline for energy to optimize pressure ulcer healing, is 30-35 Kcal/kg/day and is further increased to 35-40 Kcal/kg/d for those who are underweight or are losing weight[7,8].

All stages of wound healing require protein. Severe protein depletion is associated with decreased wound strength and increased wound infection rates[5]. Older adults require an increased protein intake above the current Dietary Reference Intake (DRI) due to the increased risk of muscle loss (sarcopenia) and decreased immune function[9]. It has been shown that increased protein intake is associated with enhanced wound healing rates.[5,10] NPUAP-EPUAP guidelines suggest that 1.2 - 1.5 g protein/kg/d is required for healing pressure ulcers[8]. Intakes as high as 2.0 g/kg/day have been suggested for multiple or large, full thickness pressure ulcers[7].

Micronutrient supplements such as Vitamin C and Zinc are recommended only when a dietary deficiency has been demonstrated or diagnosed[8]. High doses of vitamin C have not been shown to accelerate wound healing and high-dose zinc supplementation may in fact interfere with healing[11]. Supplementation of vitamins and minerals beyond the DRI's has not been proven as beneficial.

Management of pressure ulcers requires a multidisciplinary team approach. All patients with pressure ulcers should be nutritionally assessed, have their food intake, hydration and blood glucose monitored frequently, and be provided with the means to meet their elevated protein and energy needs for healing. Oral nutritional supplements are beneficial to help achieve these needs, combat under-nutrition and enhance healing[7].

Nestlé Healthcare Nutrition has a variety of nutrition solutions to help with pressure ulcer healing. The MedPass program with **Resource 2.0** provides 480 Kcal and 20g protein per day to support elevated nutritional needs for pressure ulcer healing. In addition, **Beneprotein**, a concentrated source of 100% whey protein, can help to meet the protein needs of your patients and residents.



References:
1. National Pressure Ulcer Advisory Panel 2009. www.npuap.org. **2.** Woodbury MG et al. Ostomy/Wound Management. 2004;50(10):22-38. **3.** Agency for Health Care Policy and Research (AHCPR). 1994. HCPR;Clinical Practice Guideline; No.15. **4.** Canadian Association of Wound Care website www.cawc.net **5.** Arnold M. et al. Plast Reconstr Surg 2006;117(7 suppl): 42S-58S **6.** Langkamp-Henken B et al. J Am Diet Assoc. 2005;105:1590-1596. **7.** Stechmiller Nutr Clin Pract. 2010. 25:61-68 8. Dorner B et al. National Pressure Ulcer Advisory Panel. Adv Skin Wound Care.2009;22(5):212-221. **9.** Wolfe RR et al. Clinical Nutrition (2008); 27, 675-84. **10.** Stechmiller JK, et al. Support Line.2009;31:2-8 **11.** Thomas DR. Rev Clin Gerontology 2007;17:241-257.

Nutrition. The factor that can make a difference.

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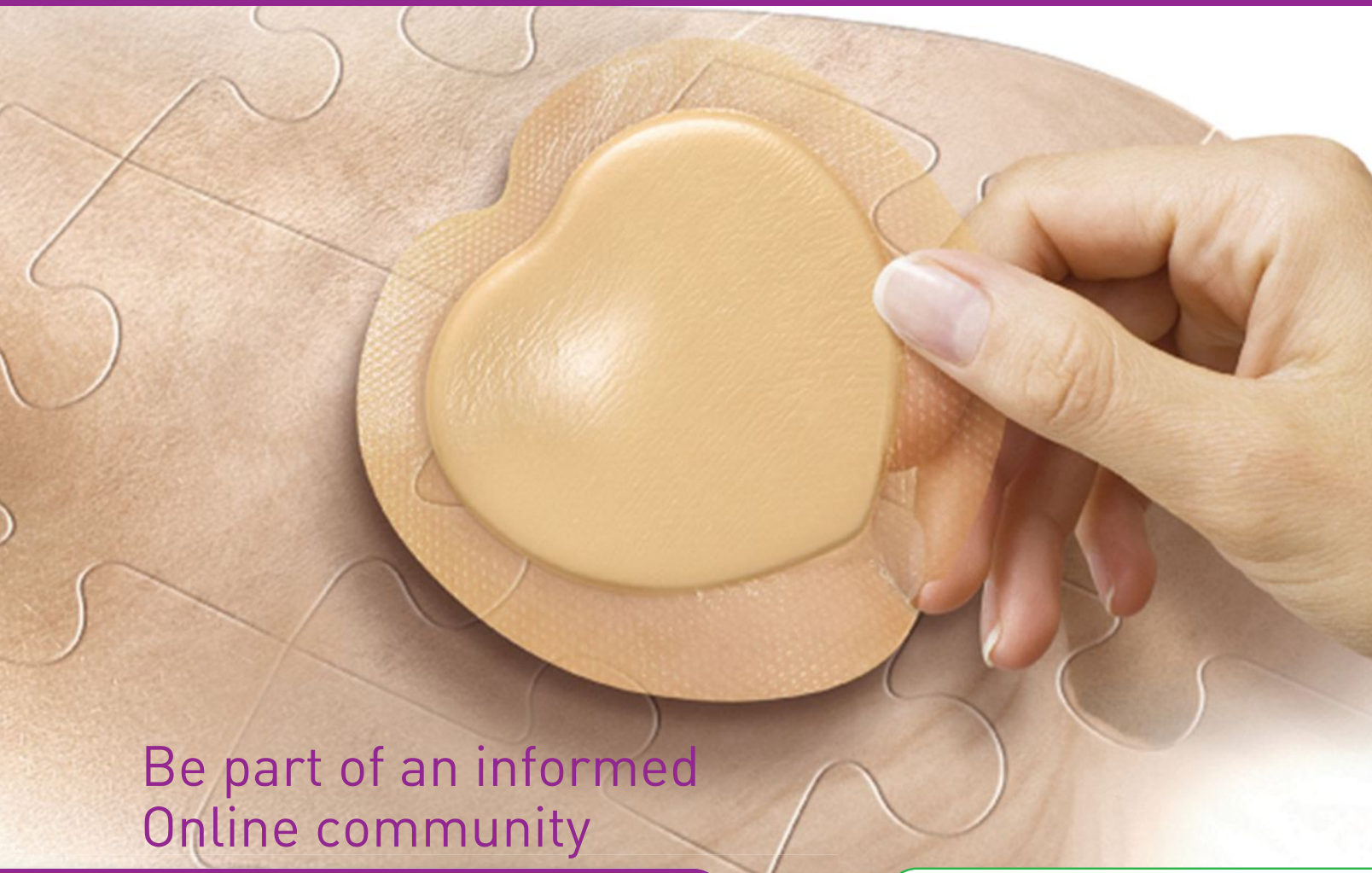
The Pressure's on!

Discover how to help REDUCE risks and improve outcomes of Pressure Ulcers!



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