3M Science. Applied to Life.™

Wound Care
Product Selection Guide

How to Use This Guide*

This guide is intended to be used as a wound management resource for all members of the healthcare team involved in the assessment and management of wounds. It is not intended for patient diagnosis or treatment. This resource includes images to help serve as a reference for you regarding wound severity, and when used in conjunction with holistic patient assessment it helps identify the corresponding 3M wound product(s) that may be appropriate for the management and treatment of individual wounds. Other 3M products may also be suitable/available. It is up to each clinician to assess whether any product will meet their wound care objectives.

Any product identified through this guide is not intended to substitute for clinicians' clinical judgment. Please consult product Instructions For Use prior to application.

Follow these three steps to use the guide:

1. Select the tab for the type of wound you are assessing.
2. Find the appropriate treatment for the wound and your assessment.
3. Move down the chart to see the 3M product(s) that may be appropriate for your patients and go to the referenced page.

*Guide and references are to be used in conjunction with good clinical practice; utilize appropriate debridement and/or antibiotics where necessary. Untreated osteomyelitis is contraindicated for use with 3M™ V.A.C.® Therapy. Specific indications, contraindications, warnings, precautions and safety information exist for these products. Please consult a healthcare provider and product Instructions For Use prior to application. This material is intended for healthcare professionals. Rx Only.

Table of Contents

Wound Classification Systems

General Product Selection

3M Products

Protect the Skin — Skin Integrity

Protect/Prepare Wound Bed

Minimize Adherence in the Wound Bed

Manage Biofilm/Bioburden

Provide Collagen

Manage Exudate — Advanced Wound Dressings

Dry

Maintain Moisture

Low to High Exudate

Manage Odor

Provide Therapeutic Compression

Negative Pressure Wound Therapy (NPWT)

Disposable Negative Pressure Wound Therapy

Open Abdomen Management

Incision Management

Wound
Classification Systems

Pressure Injury Classification System[1]

Pressure Injury Stages

Stage 1: Non-blanchable erythema of intact skin.

Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.

Stage 2: Partial thickness skin loss with exposed dermis.

Partial-thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough, and eschar are not present. These injuries commonly result from adverse microclimate and shear or pressure in the skin over the pelvis and shear or pressure in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), incontinence-associated (ITD), medical adhesive related skin injury (MARSI), or traumatic wounds (skin tears, burns, abrasions).

Stage 3: Full thickness skin loss.

Full-thickness loss of skin in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage, and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss, this is an Unstageable Pressure Injury.

Stage 4: Full thickness tissue loss.

Full thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage, or bone in the ulcer. Slough and/or eschar may be visible. Epibole (rolled edges), undermining, and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss, this is an Unstageable Pressure Injury.

Reference: 1. European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline. The International Guideline. Emily Haesler (Ed.). EPUAP/NPIAP/PPPIA:2019

Additional Stages for the USA

Unstageable Pressure Injury

Obscured full thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e., dry, adherent, intact without erythema or fluctuance) on the heel or ischemic limb should not be softened or removed.

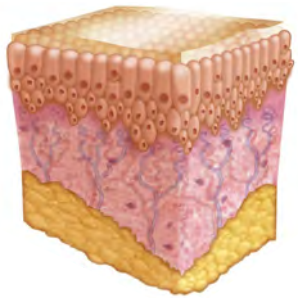
Deep Tissue Pressure Injury

Persistent non-blanchable deep red, maroon, or purple discoloration — intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon, purple discoloration, or epidermal separation revealing a dark wound bed or blood filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle, or other underlying structures are visible, this indicates a full thickness pressure injury (Unstageable, Stage 3, or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.

Additional Pressure Injury Definitions

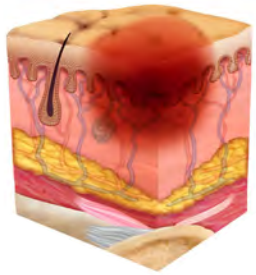
Medical Device-Related Pressure Injury

This describes an etiology. Medical device-related pressure injuries result from the use of devices designed and applied for diagnostic or therapeutic purposes. The resultant pressure injury generally conforms to the pattern or shape of the device. The injury should be staged using the staging system.



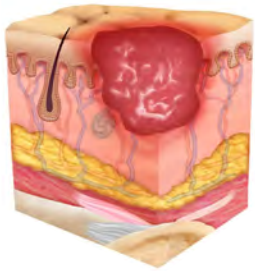
Mucosal Membrane Pressure Injury

Mucosal membrane pressure injury is found on mucous membranes with a history of a medical device in use at the location of the injury. Due to the anatomy of the tissue, these ulcers cannot be staged.



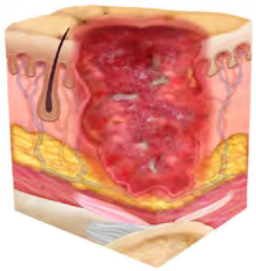
Stage 1

Skin is intact with non-blanchable redness over a bony area. The area may be painful, firmer, softer, or different in temperature compared to the surrounding area. Darker skin tones may not show differences.



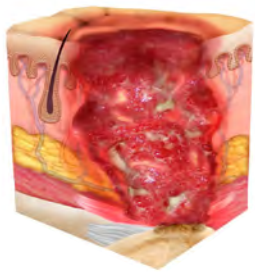
Stage 2

Shiny or dry shallow ulcer. There is partial thickness loss of dermis in a shallow open ulcer, without slough.



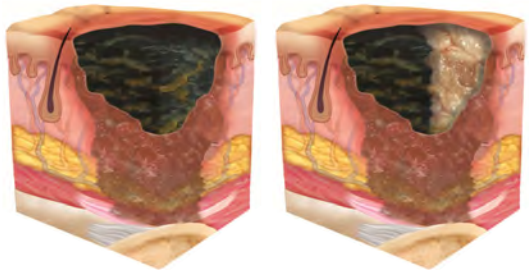
Stage 3

Full thickness tissue loss without bone, tendon, or muscle exposure. Subcutaneous fat may be visible. The depth of the ulcer varies with the location.



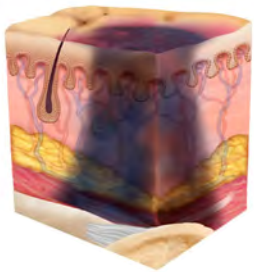
Stage 4

Full thickness tissue loss with exposed bone, tendon, or muscle. The depth of the ulcer varies by anatomical location.



Unstageable

Full thickness tissue loss with slough obscuring the ulcer depth and/or eschar in the wound bed. Stage can't be determined until slough and eschar are removed but is either Stage 3 or 4.

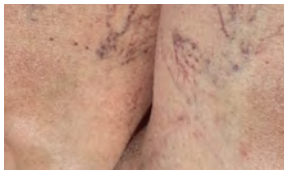


Deep Tissue Injury

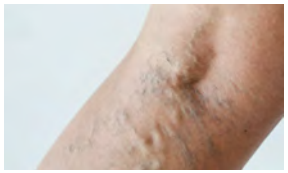
Discolored purple or maroon area or blood-filled blister due to underlying soft tissue damage from pressure and/or shear. Tissue may be painful, firm, mushy, warmer, or cooler compared to adjacent tissue.

Photo/illustration credit: NPIAP

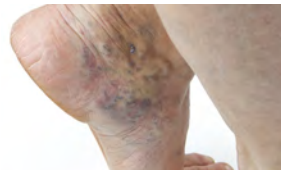
Comprehensive Classification System for Chronic Venous Disorders (CEAP)[1]



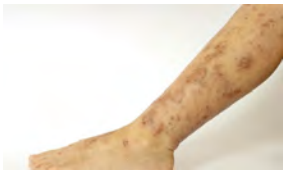
C_1-
telangiectasias or reticular veins



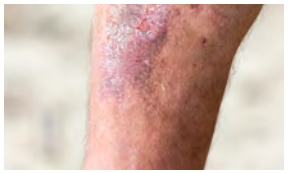
C_2-
varicose vein



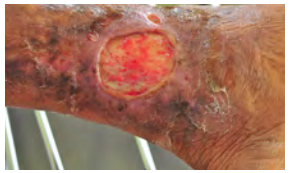
C_3-
edema



C_4-
lipodermatosclerosis and eczema



C_5-
ulcer scar



C_6-
active ulcer

Classification	Description	Classification	Description
C_0	No visible or palpable signs of venous disease	C_{4a}	Milder skin changes due to venous disorders (pigmentation, eczema)
C_1	Telangiectasias or reticular veins	C_{4b}	Severe skin changes due to venous disorders (dermatosclerosis, atrophie blanche)
C_2	Varicose veins	C_5	C4 along with healed ulcers
C_3	Edema	C_6	Skin changes with active ulcers

Classification of Venous Ulcers Etiology[2]		
E_C–Congenital	**E_P**–Primary	**E_S**–Secondary (usually due to prior DVT)
Anatomy[2]		
A_S–Superficial veins	**A_P**–Perforating veins	**A_D**–Deep veins
Pathophysiology[2]		
P_R–Reflux	**P_O**–Obstruction	

References: 1. Lurie F, Passman M, Meisner M, et al. The 2020 update of the CEAP classification system and reporting standards [published correction appears in *J Vasc Surg Venous Lymphat Disord*. 2021 Jan;9(1):288]. *J Vasc Surg Venous Lymphat Disord*. 2020;8(3):342–352. **2.** Fronek HS, Bergan J. In: The Fundamentals of Phlebology: Venous Diseases for Clinicians. Oakland, CA: American College of Phlebology; 2004:151.

Surgical Site Infection (SSI) Definitions

Criterion	Surgical Site Infection (SSI)
Superficial Incisional SSI	**Must meet the following criteria:** Infection occurs within 30 days after any NHSN operative procedure (where day 1 = the procedure date), including those coded as "OTH".[1] **AND** involves only skin and subcutaneous tissue of the incision. **AND** patient has at least one of the following: • Purulent drainage from the superficial incision. • Organisms isolated from an aseptically obtained culture from the superficial incision or subcutaneous tissue. • Superficial incision that is deliberately opened by a surgeon, attending physician,* or other designee and is culture positive or not cultured. **AND** patient has at least one of the following signs or symptoms: pain or tenderness; localized swelling; erythema; or heat. A culture negative finding does not meet this criterion. • Diagnosis of superficial incisional SSI by the surgeon or attending physician* or other designee.
Comments	**There are two specific types of superficial incisional SSIs:** 1. Superficial Incisional Primary (SIP) — a superficial incisional SSI that is identified in the primary incision in a patient that has had an operation with one or more incisions (e.g., C-section incision or chest incision for CBGB). 2. Superficial Incisional Secondary (SIS) — a superficial incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (e.g., donor site incision for CBGB).

*The term attending physician for the purposes of application of the NHSN SSI criteria may be interpreted to mean the surgeon(s), infectious disease, other physician on the case, emergency physician or physician's designee (nurse practitioner or physician's assistant).

Reference: 1. Leaper DJ, Edmiston CE. World Health Organization: global guidelines for the prevention of surgical site infection. *Journal of Hospital Infection*. 2017;95(2):135–136. doi:10.1016/j.jhin.2016.12.016.

Surgical Site Infection (SSI) Definitions (continued)

Criterion	Surgical Site Infection (SSI)
Deep Incisional SSI	**Must meet the following criteria:** Infection occurs within 30 or 90 days after the NHSN operative procedure SSI (where day 1 = the procedure date) according to the list on page 9. **AND** involves deep soft tissues of the incision (e.g., fascial and muscle layers). **AND** patient has at least one of the following: • Purulent drainage from the deep incision. • A deep incision that spontaneously dehisces, or is deliberately opened or aspirated by a surgeon, attending physician,[1] or other designee and is cultured positive or not cultured. **AND** patient has at least one of the following signs or symptoms: fever (>38° C); localized pain tenderness. A culture negative finding does not meet the criterion. • An abscess or other evidence of infection involving the deep incision that is detected on gross anatomical or histopathologic exam or imaging test.
Comments	**There are two specific types of deep incisional SSIs:** 1. Deep Incisional Primary (DIP) — a deep incisional SSI that is identified in a primary incision in a patient that has had an operation with one or more incisions (e.g., C-section incision or chest incision for CBGB). 2. Deep Incisional Secondary (DIS) — a deep incisional SSI that is identified in the secondary incision in a patient that has had an operation with more than one incision (e.g., donor site incision for CBGB).

Criterion	Surgical Site Infection (SSI)
Organ/Space SSI	**Must meet the following criteria:** Infection occurs within 30 or 90 days after the NHSN operative procedure SSI (where day 1 = the procedure date) according to the list on page 9. **AND** infection involves any part of the body deeper than the fascial/muscle layers that is opened or manipulated during the operative procedure. **AND** patient has at least one of the following: • Purulent drainage from a drain that is placed into the organ/space (e.g., closed suction drainage system, open drain, T-tube drain, CT-guided drainage). • Organisms isolated from an aseptically obtained culture of fluid or tissue in the organ/space. • An abscess or other evidence of infection involving the organ/space that is detected on gross anatomical or histopathologic exam or imaging test. **AND** meets at least one criterion for a specific organ/space infection site listed on page 10. These criteria are in the Surveillance Definitions for Specific Types of Infections chapter.

Reference: 1. Leaper DJ, Edmiston CE. World Health Organization: global guidelines for the prevention of surgical site infection. *Journal of Hospital Infection*. 2017;95(2):135≠136. doi:10.1016/j.jhin.2016.12.016.

Surveillance Period for Deep Incisional or Organ/Space SSI Following Selected NHSN Operative Procedure Categories.

Day 1 = the date of the procedure.

30-Day Surveillance

Code	Operative Procedure
AAA	Abdominal aortic aneurysm repair
AMP	Limb amputation
APPY	Appendix surgery
AVSD	Shunt for dialysis
BILI	Bile duct, liver, or pancreatic surgery
CEA	Carotid endarterectomy
CHOL	Gallbladder surgery
COLO	Colon surgery
CSEC	Cesarean section
GAST	Gastric surgery
HTP	Heart transplant
HYST	Abdominal hysterectomy
KTP	Kidney transplant
LAM	Laminectomy
LTP	Liver transplant
NECK	Neck surgery
NEPH	Kidney surgery
OVRY	Ovarian surgery
PRST	Prostate surgery
REC	Rectal surgery
SB	Small bowel surgery
SPLE	Spleen surgery
THOR	Thoracic surgery
THYR	Thyroid and/or parathyroid surgery
VHYS	Vaginal hysterectomy
XLAP	Exploratory laparotomy
OTH	Other NHSN operative procedures not included in these categories

90-Day Surveillance

Code	Operative Procedure
BRST	Breast surgery
CARD	Cardiac surgery
CBGB	Coronary artery bypass graft with both chest and donor site incisions
CBGC	Coronary artery bypass graft with chest incision only
CRAN	Craniotomy
FUSN	Spinal fusion
FX	Open reduction of fracture
HER	Herniorrhaphy
HPRO	Hip prosthesis
KPRO	Knee prosthesis
PACE	Pacemaker surgery
PVBY	Peripheral vascular bypass surgery
VSHN	Ventricular shunt

30-Day Surveilla Specific Sites of an Organ/Space SSI

Code	Operative Procedure
BONE	Osteomyelitis
BRST	Breast abscess or mastitis
CARD	Myocarditis or pericarditis
DISC	Disc space
EAR	Ear, mastoid
EMET	Endometritis
ENDO	Endocarditis
EYE	Eye, other than conjunctivitis
GIT	GI tract
HEP	Hepatitis
IAB	Intra-abdominal, not specified
IC	Intracranial brain abscess or dura
JNT	Joint or bursa
LUNG	Other infections of the respiratory tract
MED	Mediastinitis
MEN	Meningitis or ventriculitis
ORAL	Oral cavity (mouth, tongue, or gums)
OREP	Other infections of the male or female reproductive tract
PJI	Periprosthetic joint infection
SA	Spinal abscess without meningitis
SINU	Sinusitis
UR	Upper respiratory tract
USI	Urinary system infection
VASC	Arterial or venous infection
VCUF	Vaginal cuff

Note: Criteria for these sites can be found in the NHSN Help system (must be logged in to NHSN) or the Surveillance Definitions for Specific Types of Infections chapter.

Moisture Associated Skin Damage (MASD) Identification

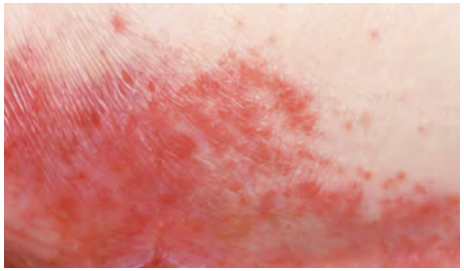
MASD is a complex and common skin complication that results from prolonged exposure to various sources of moisture and irritants. This overexposure can lead to several conditions including:

- Incontinence-associated dermatitis (IAD)
- Intertriginous dermatitis
- Periwound moisture-associated dermatitis
- Peristomal-associated dermatitis

Incontinence-Associated Dermatitis (IAD)

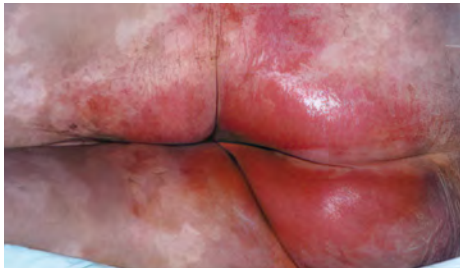
Patient risks: Type of incontinence urine, fecal, exposure time, frequency and volume, poor skin condition, comorbidities, medications (antibiotics, immunosuppressants) critical illness.

Wound criteria: Persistent erythema, intact vesicle/bullae, maceration, denuded skin partial or full thickness skin, swelling, pain, incontinence urinary/fecal.



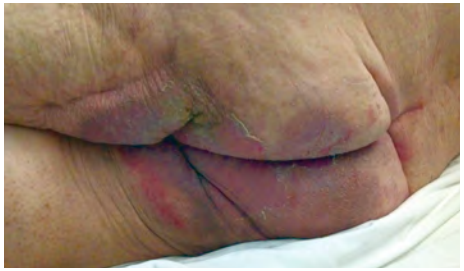
Category 1A: Persistence Redness without Signs of Infection

Redness is present. In darker skin tones, skin may a different color than surrounding areas.



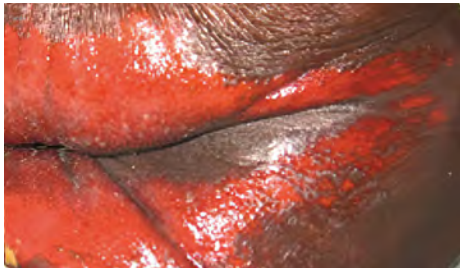
Category 1B: Persistent Redness with Signs of Infection

Persistent redness or skin color variation in darker skin tones and signs of infection such as lesions to suggest fungal component.



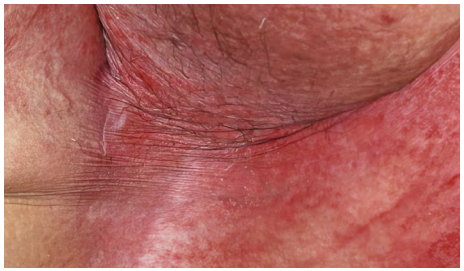
Category 2A: Skin Loss without Signs of Infection

Skin loss, patches or diffuse pattern.



Category 2B: Skin Loss with Clinical Signs of Infection

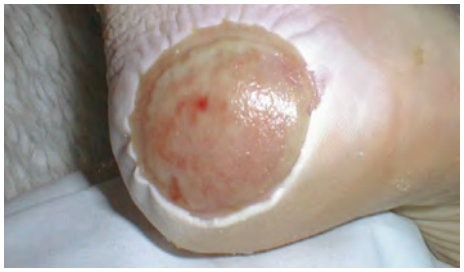
Persistent redness or skin color variation in darker skin tones and signs of infection such as lesions to suggest fungal component and skin loss. Wound bed may have slough and excessive exudate levels.



Intertriginous Dermatitis (intertrigo)

Patient risks: Obesity, sweating, lymphoedema, bariatric patients, excessive skin due do extreme weight loss, diaphoretic, poor hygiene.

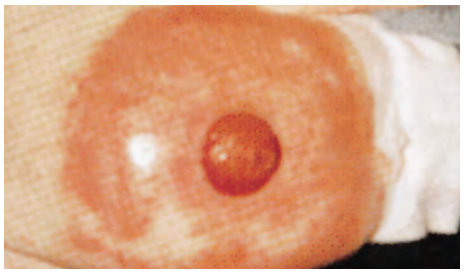
Wound criteria: Erythema, inflammation, itching, swelling, stinging/burning, rash appearance — but could have patches.



Periwound Maceration

Patient risks: Heavily draining wounds, infrequent dressing changings, medications that cause skin thinning.

Wound criteria: Often skin in lighter in color, softer than surrounding skin, wrinkles.



Peristomal Dermatitis

Patient risks: Adnominal anatomy, location of stoma, pouch wear time or changing technique, increased moisture exposure due to effluent or external factors.

Wound criteria: Erythema, denuded skin, erosion, poor pouch fit, skin tone change, edema around the stoma that wasn't already present, rash, folliculitis, lesions. For dark skin tone — patient report of pain, temperature difference, number of pouch changes, discomfort, itchy, excessive bleeding, swelling.

Moisture Associated Skin Damage (MASD) Diagnostic Codes

ICD-10 Codes

As of October 1, 2021, new specific coding for MASD were made available. Use of these codes will facilitate research, enhance clinician education and improve patient care using accurate reporting of the patient's condition

ICD-10 Code Irritant Contact Dermatitis due to:

Code	Irritant
L24.A	Bodily Fluids
L24.A0	Body Fluids, Unspecified
L24.A1	Saliva
L24.A2	Fecal, Urinary or Dual Incontinence
L24.A9	Friction or Contact with Other Specified Body Fluids (Wound Exudate)
L24.B	Stoma or Fistula
L24.B0	Unspecified Stoma or Fistula
L24.B1	Digestive Stoma or Fistula
L24.B2	Respiratory Stoma or Fistula
L24.B3	Fecal or Urinary Stoma or Fistula

General
Product Selection

Quick Reference Guide — General Product Selection

When used in conjunction with good clinical practice, such as appropriate use of sharp debridement, antibiotics, and compression therapy as appropriate.

Protect Skin

Routine Skin Protection

3M™ Cavilon™ No Sting Barrier Film

At-risk or Damaged Skin Protection

3M™ Cavilon™ Advanced Skin Protectant

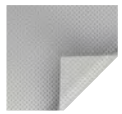
Prepare Wound Bed

Minimize Adherence

3M™ Adaptic™ Non-Adhering Dressing

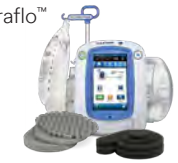
Manage Biofilm/Bioburden

3M™ Silvercel™ Non-Adherent Antimicrobial Alginate Dressing



Wound Cleansing

3M™ Veraflo™ Therapy



3M™ Veraflo™ Cleanse Choice Complete™ Dressing or 3M™ V.A.C. Veraflo Cleanse Choice™ Dressing*

Provide Collagen

3M™ Promogran™ Collagen Matrix with ORC and 3M™ Promogran Prisma™ Collagen Matrix with ORC and Silver

Optimize Wound Environment

Manage Exudate

3M™ Kerramax Care™ Super-Absorbent Dressing

3M™ Tegaderm™ Silicone Foam Dressing

3M™ Tegaderm™ High Performance Foam Adhesive Dressing

Manage Exudate and Support Granulation

3M™ ActiV.A.C.™ Therapy System

3M™ Prevena™ Plus 125 Therapy Unit**

3M™ Veraflo™ Therapy

3M™ Veraflo™ Cleanse Choice Complete™ Dressing or 3M™ V.A.C. Veraflo Cleanse Choice™ Dressing*

Manage Exudate and Support Macrostrain

3M™ Snap™ Therapy System

Incision Management

3M™ Prevena™ Therapy

Provide Therapeutic Compression

3M™ Coban™ 2 Two-Layer Compression System

3M™ Coban™ 2 Lite Two-Layer Compression System

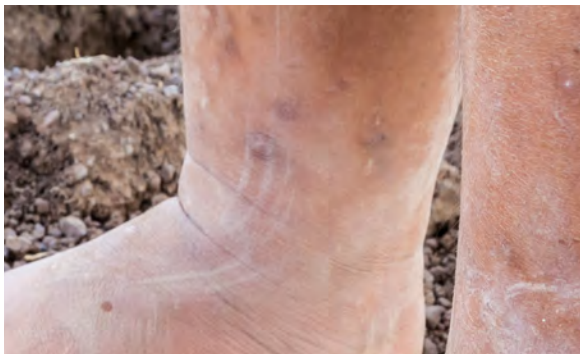
Note: Negative Pressure Wound Therapy is not cleared for use with compression therapy.

*Provides hydromechanical removal of infectious materials, non-viable tissue and wound debris, which reduces the number of surgical debridements required, while promoting granulation tissue formation, creating an environment that promotes wound healing.

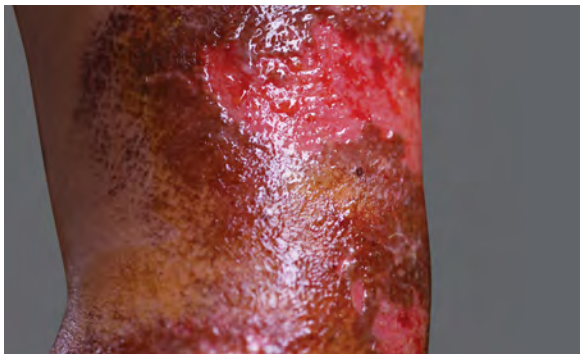
**Indicated for use with select 3M™ V.A.C.® Dressings for open wounds.

Venous Leg Ulcer

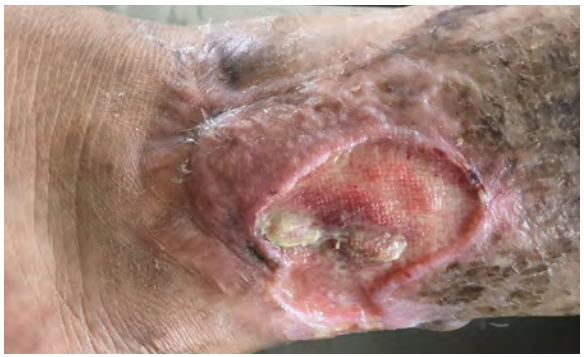
3M has a broad range of products as described on the following pages that help you meet Wounds International 2015 consensus recommendations for the management of venous leg ulcers.[1]



Healed or Skin at Risk



Partial Thickness



Full Thickness

Reference: 1. Harding K. Simplifying venous leg ulcer management: consensus recommendations. https://www.woundsinternational.com/resources/details/simplifying-venous-leg-ulcer-management-consensus-recommendations. 2015 Aug 8.

Venous Leg Ulcers

When used in conjunction with good clinical practice, such as appropriate use of sharp debridement, antibiotics, and compression therapy as appropriate.

Protect Skin

Routine Skin Protection

3M™ Cavilon™ No Sting Barrier Film

At-risk or Damaged Skin Protection

3M™ Cavilon™ Advanced Skin Protectant

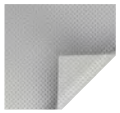
Prepare Wound Bed

Minimize Adherence

3M™ Adaptic™ Non-Adhering Dressing

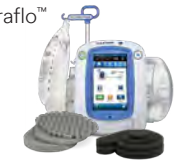
Manage Biofilm/Bioburden

3M™ Silvercel™ Non-Adherent Antimicrobial Alginate Dressing



Wound Cleansing

3M™ Veraflo™ Therapy



3M™ Veraflo™ Cleanse Choice Complete™ Dressing or 3M™ V.A.C. Veraflo Cleanse Choice™ Dressing*

Provide Collagen

3M™ Promogran™ Collagen Matrix with ORC and 3M™ Promogran Prisma™ Collagen Matrix with ORC and Silver

Optimize Wound Environment

Manage Exudate

3M™ Kerramax Care™ Super-Absorbent Dressing

3M™ Tegaderm™ Silicone Foam Dressing

3M™ Tegaderm™ High Performance Foam Adhesive Dressing

Manage Exudate and Support Granulation

3M™ ActiV.A.C.™ Therapy System

3M™ Prevena™ Plus 125 Therapy Unit**

3M™ Veraflo™ Therapy

3M™ Veraflo™ Cleanse Choice Complete™ Dressing or 3M™ V.A.C. Veraflo Cleanse Choice™ Dressing*

Manage Exudate and Support Macrostrain

3M™ Snap™ Therapy System

Provide Therapeutic Compression

3M™ Coban™ 2 Two-Layer Compression System

3M™ Coban™ 2 Lite Two-Layer Compression System

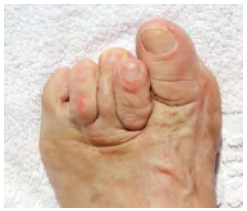
Note: Negative Pressure Wound Therapy is not cleared for use with compression therapy.

*Provides hydromechanical removal of infectious materials, non-viable tissue and wound debris, which reduces the number of surgical debridements required, while promoting granulation tissue formation, creating an environment that promotes wound healing.

**Indicated for use with select 3M™ V.A.C.® Dressings for open wounds.

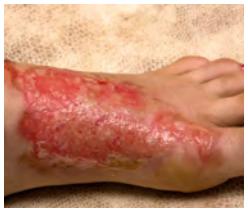
Diabetic Foot Ulcer Wagner Grading System[1]

What is the grade of the Diabetic Foot Ulcer as per the Wagner Grading System?



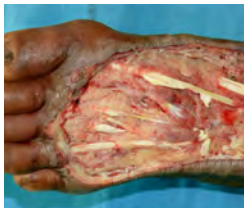
Grade 0

Intact skin.



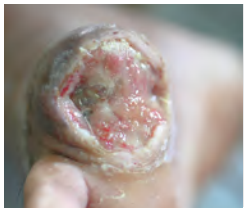
Grade 1

Superficial ulcer of skin or subcutaneous tissue.



Grade 2

Ulcers extend into tendon, bone, or joint capsule.

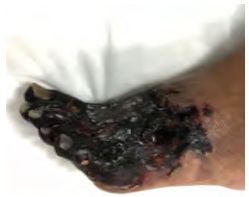


Grade 3

Deep ulcer with osteomyelitis or abscess.

Grade 4

Gangrene of toes or forefoot.



Grade 5

Midfoot or hindfoot gangrene.

3M has a broad range of products as described on the following pages that help you meet Diabetes/Metabolism Research and Reviews Guidelines on the prevention of foot ulcers in persons with diabetes (IWGDF 2019 update) for the management of Diabetic Foot Ulcers.

Reference: 1. Schaper NC, Netten JJvan, Apelqvist J, et al. Practical guidelines on the prevention and management of diabetic foot disease (IWGDF 2019 update). *Diabetes Metab Res Rev*. 2020;36(S1):e3266. https://doi.org/10.1002/dmrr.3266

Diabetic Foot Ulcers Grades represent the Wagner Grading System appropriate for each product

When used in conjunction with good clinical practice, such as appropriate use of sharp debridement, antibiotics, and compression therapy as appropriate.

Protect Skin

Routine Skin Protection

3M™ Cavilon™ No Sting Barrier Film

At-risk or Damaged Skin Protection

3M™ Cavilon™ Advanced Skin Protectant

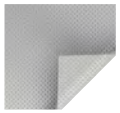
Prepare Wound Bed

Minimize Adherence

3M™ Adaptic™ Non-Adhering Dressing

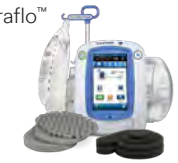
Manage Biofilm/Bioburden

3M™ Silvercel™ Non-Adherent Antimicrobial Alginate Dressing



Wound Cleansing

3M™ Veraflo™ Therapy



3M™ Veraflo™ Cleanse Choice Complete™ Dressing or 3M™ V.A.C. Veraflo Cleanse Choice™ Dressing*

Provide Collagen

3M™ Promogran™ Collagen Matrix with ORC and 3M™ Promogran Prisma™ Collagen Matrix with ORC and Silver

Optimize Wound Environment

Manage Exudate

3M™ Kerramax Care™ Super-Absorbent Dressing

3M™ Tegaderm™ Silicone Foam Dressing

3M™ Tegaderm™ High Performance Foam Adhesive Dressing

Manage Exudate and Support Granulation

3M™ ActiV.A.C.™ Therapy System

3M™ Prevena™ Plus 125 Therapy Unit**

3M™ Veraflo™ Therapy

3M™ Veraflo™ Cleanse Choice Complete™ Dressing or 3M™ V.A.C. Veraflo Cleanse Choice™ Dressing*

Manage Exudate and Support Macrostrain

3M™ Snap™ Therapy System

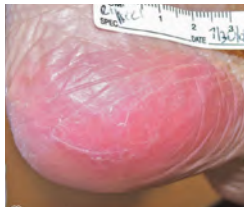
Determine appropriate plan of care/off-loading device, based on patient assessment, functional status, wound condition, and frequency of re-assessment. Follow facility policies and procedures.

*Provides hydromechanical removal of infectious materials, non-viable tissue and wound debris, which reduces the number of surgical debridements required, while promoting granulation tissue formation, creating an environment that promotes wound healing.

**Indicated for use with select 3M™ V.A.C.® Dressings for open wounds.

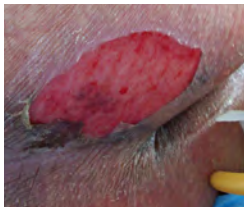
Pressure Injuries

What is the stage of the Pressure Injury per the NPIAP Classification System?



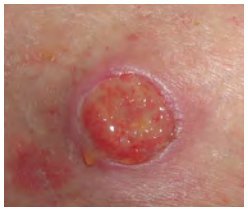
Stage 1

Non-blanchable erythema.



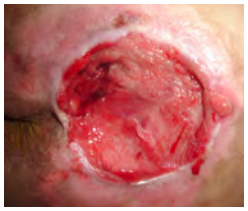
Stage 2

Partial thickness skin loss with exposed dermis.



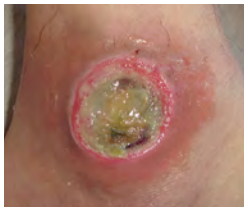
Stage 3

Full thickness skin loss.



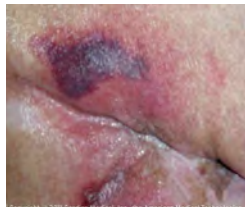
Stage 4

Full thickness skin and tissue loss.



Unstageable

Obscured full thickness skin and tissue loss.



Deep Tissue Injury

Persistent non-blanchable deep red, maroon, or purple discoloration.

3M has a broad range of products as described on the following pages that help you meet EPUAP/NPIAP/PPPIAP: 2019 *Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline* for the Management of Pressure Injuries.[1]

Photo/illustration credit: NPIAP

Reference: 1. European Pressure Ulcer Advisory Panel, National Pressure Injury Advisory Panel and Pan Pacific Pressure Injury Alliance. Prevention and Treatment of Pressure Ulcers/Injuries: Clinical Practice Guideline. The International Guideline. Emily Haesler (Ed.). EPUAP/NPIAP/PPPIA:2019.

Pressure Injury

When used in conjunction with good clinical practice, such as appropriate use of sharp debridement and/or antibiotics.

Protect Skin

Routine Skin Protection

3M™ Cavilon™ No Sting Barrier Film

At-risk or Damaged Skin Protection

3M™ Cavilon™ Advanced Skin Protectant

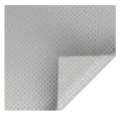
Prepare Wound Bed

Minimize Adherence

3M™ Adaptic™ Non-Adhering Dressing

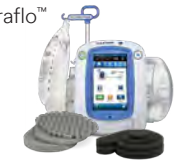
Manage Biofilm/Bioburden

3M™ Silvercel™ Non-Adherent Antimicrobial Alginate Dressing



Wound Cleansing

3M™ Veraflo™ Therapy



3M™ Veraflo™ Cleanse Choice Complete™ Dressing or 3M™ V.A.C. Veraflo Cleanse Choice™ Dressing*

Provide Collagen

3M™ Promogran™ Collagen Matrix with ORC and 3M™ Promogran Prisma™ Collagen Matrix with ORC and Silver

Optimize Wound Environment

Manage Exudate

3M™ Kerramax Care™ Super-Absorbent Dressing

3M™ Tegaderm™ Silicone Foam Dressing

3M™ Tegaderm™ High Performance Foam Adhesive Dressing

Manage Exudate and Support Granulation

3M™ ActiV.A.C.™ Therapy System

3M™ Prevena™ Plus 125 Therapy Unit**

3M™ Veraflo™ Therapy

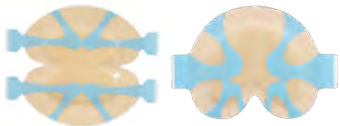
3M™ Veraflo™ Cleanse Choice Complete™ Dressing or 3M™ V.A.C. Veraflo Cleanse Choice™ Dressing*

Manage Exudate and Support Macrostrain

3M™ Snap™ Therapy System

Pressure Injury Prevention

3M™ Tegaderm™ Silicone Foam Dressing



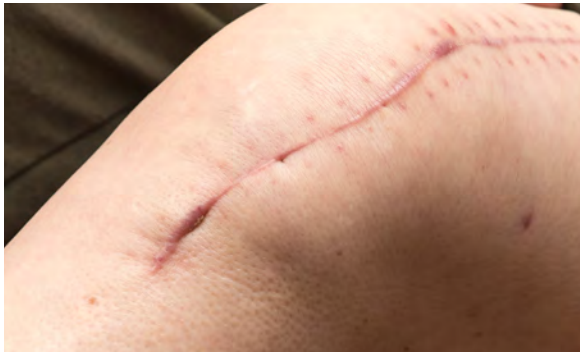
Note: The use of Tegaderm Silicone Foam Border Dressing may help prevent skin damage as part of a comprehensive pressure ulcer prevention program. The dressing may be lifted and repositioned to allow for skin assessment.

*Provides hydromechanical removal of infectious materials, non-viable tissue and wound debris, which reduces the number of surgical debridements required, while promoting granulation tissue formation, creating an environment that promotes wound healing.

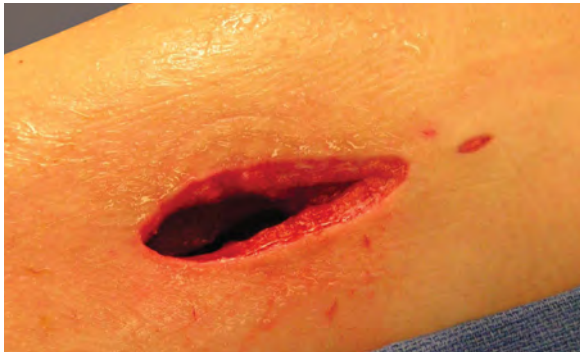
**Indicated for use with select 3M™ V.A.C.® Dressings for open wounds.

Non-Healing Surgical Wounds

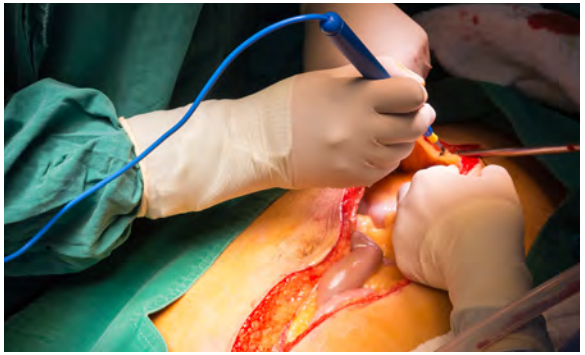
3M has a broad range of products as described on the following pages that help you meet guidelines for the prevention of surgical site infection and for the management of non-healing surgical wounds.[1–6]



Superficial Incisional



Deep Incisional



Organ/Space

References: 1. Berríos-Torres SI, Umscheild CA, Bratzler DW, et al. Centers for Disease Control and Prevention Guideline for the Prevention of Surgical Site Infection, 2017. *JAMA Surg*. 2017 Aug 1;152(8):784–791. **2.** Global guidelines for the prevention of surgical site infection, second edition. Geneva: *World Health Organization*. 2018. **3.** Ban KA, Minei JP, Laronga C, et al. American College of Surgeons and Surgical Infection Society: Surgical Site Infection Guidelines, 2016 Update. *J Am Coll Surg*. 2017 Jan; 224(1):59–74. **4.** National Institute for Health and Care Excellence (NICE). Surgical site infections: prevention and treatment. C2008 [updated 2019 April] Available from: https://www.nice.org.uk/guidance/ng125/chapter/Recommendations. **5.** Al-Houraibi RK, Aalirezaie A, Adib Farshad, et al. General Assembly, Prevention, Wound Management: Proceedings of International Consensus on Orthopedic Infections. *J Arthroplasty. 2019;34(2S):S157-S168. doi:10.1016/j.arth.2018.09.066.* **6.** Dumville JC, Gray TA, Walter CJ, Sharp CA, Page T, Macefield R. Dressings for the prevention of surgical site infection. Cochrane Database Syst Rev. 2016.

Non-Healing Surgical Wounds

When used in conjunction with good clinical practice, such as appropriate use of sharp debridement and/or antibiotics.

Protect Skin

Routine Skin Protection

3M™ Cavilon™ No Sting Barrier Film

At-risk or Damaged Skin Protection

3M™ Cavilon™ Advanced Skin Protectant

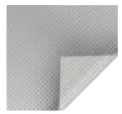
Prepare Wound Bed

Minimize Adherence

3M™ Adaptic™ Non-Adhering Dressing

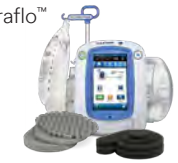
Manage Biofilm/Bioburden

3M™ Silvercel™ Non-Adherent Antimicrobial Alginate Dressing



Wound Cleansing

3M™ Veraflo™ Therapy



3M™ Veraflo™ Cleanse Choice Complete™ Dressing or 3M™ V.A.C. Veraflo Cleanse Choice™ Dressing*

Provide Collagen

3M™ Promogran™ Collagen Matrix with ORC and 3M™ Promogran Prisma™ Collagen Matrix with ORC and Silver

Optimize Wound Environment

Manage Exudate

3M™ Kerramax Care™ Super-Absorbent Dressing

3M™ Tegaderm™ Silicone Foam Dressing

3M™ Tegaderm™ High Performance Foam Adhesive Dressing

Manage Exudate and Support Granulation

3M™ ActiV.A.C.™ Therapy System

3M™ Prevena™ Plus 125 Therapy Unit**

3M™ Veraflo™ Therapy

3M™ Veraflo™ Cleanse Choice Complete™ Dressing or 3M™ V.A.C. Veraflo Cleanse Choice™ Dressing*

Manage Exudate and Support Macrostrain

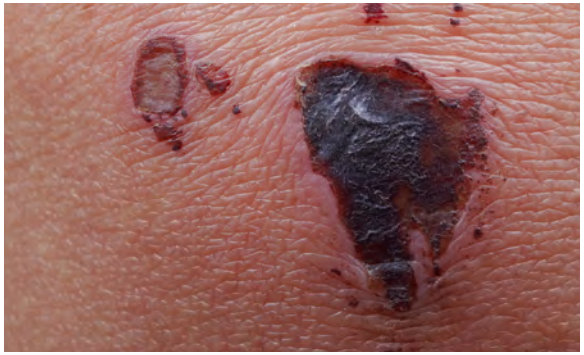
3M™ Snap™ Therapy System

*Provides hydromechanical removal of infectious materials, non-viable tissue and wound debris, which reduces the number of surgical debridements required, while promoting granulation tissue formation, creating an environment that promotes wound healing.

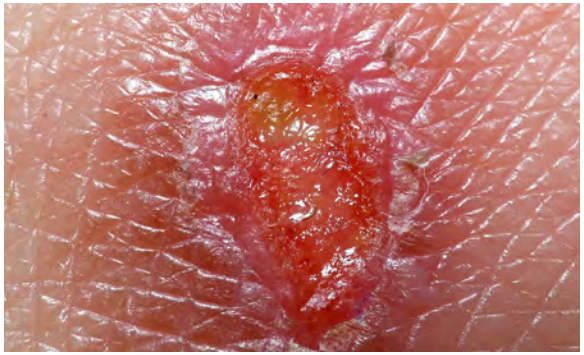
**Indicated for use with select 3M™ V.A.C.® Dressings for open wounds.

Arterial Ulcers

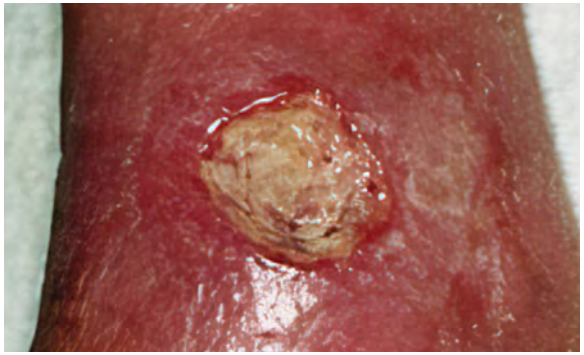
3M has a broad range of products as described on the following pages that help you meet Guidelines for the Management of Wounds in Patients with Lower-Extremity Arterial Disease for the Management of Arterial Ulcers.[1]



Dry, Stable Eschar



Partial Thickness



Full Thickness

References: 1. Lurie F, Passman M, Meisner M, et al. The 2020 update of the CEAP classification system and reporting standards [published correction appears in *J Vasc Surg Venous Lymphat Discord*. 2021 Jan; 9(1) 288]. *J Vasc Surg Venous Lymphat Discord*. 2020;8(3):342–352.

Arterial Ulcers

When used in conjunction with good clinical practice, such as appropriate use of sharp debridement and/or antibiotics and/or thorough vascular assessment with appropriate intervention.

Protect Skin

Routine Skin Protection

3M™ Cavilon™
No Sting Barrier Film

At-risk or Damaged Skin Protection

3M™ Cavilon™
Advanced Skin
Protectant

3M™ Adaptic™ Touch
Non-Adhering
Silicone Dressing

Prepare Wound Bed

Minimize Adherence

3M™ Adaptic™
Non-Adhering Dressing

Provide Collagen

3M™ Promogran™ Collagen Matrix with ORC and
3M™ Promogran Prisma™ Collagen Matrix with
ORC and Silver

Optimize Wound Environment

Manage Exudate

3M™ Tegaderm™
High Performance
Non-Adherent Foam
Dressings

3M™ Tegaderm™
Silicone Foam Dressing

3M™ Tegaderm™
High Performance Foam
Adhesive Dressing

Moisture Associated Skin Damage (MASD)

Risk assessment and prevention strategies are of key importance to protect the skin and prevent MASD,[1] including the use skin protection products. 3M has a broad range of products as described below that help you meet guidelines for MASD.

	For Intact or Irritated Skin		
Skin Hygiene	3M™ Cavilon™ No-Rinse Skin Cleanser 		
Protect Skin	**For Intact Skin** 3M™ Cavilon™ Durable Barrier Cream 	**For Irritated Skin** 3M™ Cavilon™ No Sting Barrier Film 	**At-risk or Damaged Skin Protection** 3M™ Cavilon™ Advanced Skin Protectant 

Reference: 1. Fletcher J, Beeckman D, Boyles A et al (2020) International Best Practice Recommendations: Prevention and management of moisture associated skin damage (MASD). *Wounds International*.

3M Products

Protect the Skin — Skin Integrity

3M™ Cavilon™ No-Rinse Skin Cleanser

3M™ Cavilon™ Durable Barrier Cream

3M™ Cavilon™ No Sting Barrier Film

3M™ Cavilon™ Advanced Skin Protectant

3M™ Cavilon™ No-Rinse Skin Cleanser

What is it?

Cavilon No-Rinse Skin Cleanser is a no-rinse cleanser that can be used for incontinence and general skin cleansing needs.

How does it work?

This low dermatitis potential, pH balanced cleanser gently moisturizes, conditions, and cleanses while helping to control odor.

When do I use it?

Cavilon No-Rinse Skin Cleanser is ideal for incontinence cleansing, removing urine, stool, and body fluids from the skin.

3M™ Cavilon™ No-Rinse Skin Cleanser

Item Code	Size	Eaches Carton/Box	HCPCS Code
3380	8oz bottle	12 ea/bx	A6250

3M™ Cavilon™ Durable Barrier Cream

What is it?

Formulated with 3M polymer technology, **Cavilon Durable Barrier Cream** is a concentrated, fragrance-free moisturizing skin barrier that resists wash-off and allows adhesives to adhere. It's ideal for moisturization of at-risk and/or very dry skin. It also provides a barrier which protects skin at low risk for breaking down.

How does it work?

This concentrated, CHG-compatible cream helps to meet the needs of caregivers and patients with a polymer-based formula that:

- Moisturizes at-risk and very dry skin
- Resists wash-off, eliminating the need for frequent application
- Allows tapes and dressings to adhere

More resistant to soaking and washing.

In one study, Cavilon Durable Barrier Cream provided better barrier effectiveness than the competitor, even after four soak cycles and three cleansing steps. Further testing showed it had significantly greater barrier effectiveness remaining after four soak cycles than the competitor had after one.[1]

When do I use it?

Cavilon Durable Barrier Cream can be used for moisturizing dry skin and protecting at-risk skin from damage associated with incontinence.

3M™ Cavilon™ Durable Barrier Cream

Item Code	Size	Eaches Carton/Box	HCPCS Code
3353	2g sachet	20 ea/bx, 12 bx/cs	A6250
3354	1oz. tube	48 ea/bx, 1 bx/cs	A6250
3355	3.25oz. tube	12 ea/bx, 1 bx/cs	A6250

References: 1. Data on file at 3M, Study #13746.

3M™ Cavilon™ No Sting Barrier Film

What is it?

Cavilon No Sting Barrier Film is a unique terpolymer based, alcohol-free liquid barrier film that protects intact or damaged skin from bodily fluids, adhesive trauma, friction and incontinence. It is supported by more than 80 pieces of evidence.

How does it work?

Its unique formulation of polymers forms a sting-free, waterproof, protective coating that is breathable and transparent, allowing for continuous visualization and monitoring of skin. It is also flexible and conforms to the skin during movement or position changes.

When do I use it?

- Periwound skin protection
- Protection from moisture associated skin damage
- Peristomal/peritube skin protection
- Protection from medical adhesive-related skin injury (MARSI)
  - Dressings
  - Tapes
  - Negative Pressure Wound Therapy (NPWT)

3M™ Cavilon™ No Sting Barrier Film

Item Code	Size	Eaches Carton/Box	HCPCS Code
3343	1mL wand	25 ea/bx, 4 bx/cs	Skin Care: A6250, Ostomy: A5120
3344	1mL wipe	30 ea/bx, 4 bx/cs	Skin Care: A6250, Ostomy: A5120
3345	3mL wand	25 ea/bx, 4 bx/cs	Skin Care: A6250, Ostomy: A5120
3346	28mL spray bottle	12 ea/bx, 4 bx/cs	Skin Care: A6250, Ostomy: A5120

3M™ Cavilon™ Advanced Skin Protectant

What is it?

Cavilon Advanced Skin Protectant utilizes revolutionary polymer-cyanoacrylate technology to create a highly durable, ultra-thin barrier that protects damaged or intact skin from caustic, corrosive body fluids, such as liquid stool and gastric fluid.

How does it work?

Its unique elastomeric polymer forms a coating with the ability to elongate or conform, avoiding the cracking that can be common with other moisture barriers. Unlike moisture barrier products that cannot reliably attach to underlying skin, 3M's polymer-cyanoacrylate enables attachment to wet, weepy, damaged skin.[1] The single-use applicator reduces the potential for cross-contamination — plus, Cavilon Advanced Skin Protectant doesn't require removal.

When do I use it?

Cavilon Advanced Skin Protectant can help protect your patients against these types of healthcare-acquired skin damage:

- Moisture associated skin damage
- Periwound skin damage
- Incontinence-associated dermatitis
- Peristomal/perifistula skin damage
- Pressure ulcer/injury (PU/I)

3M™ Cavilon™ Advanced Skin Protectant

Item Code	Size	Eaches Carton/Box	HCPCS Code
5050	2.7mL applicator	20 ea/bx	A6250
5051	0.7mL applicator	20 ea/bx	—

Reference: 1. Brennan MR, Milne CT, Agrell-Kann M, Ekholm BP. Clinical evaluation of a skin protectant for the management of incontinence — associated dermatitis: an open-label, nonrandomized, prospective study. *Journal of Wound, Ostomy & Continence Nursing*. 2017;44(2):172–180.

Protect/Prepare Wound Bed

Minimize Adherence

3M™ Adaptic™ Non-Adhering Dressing and 3M™ Adaptic™ Touch Non-Adhering Silicone Dressing

3M™ Adaptic™ Digit Non-Adhering Dressing

Manage Biofilm/Bioburden

3M™ Silvercel™ Non-Adherent Antimicrobial Alginate Dressing

3M™ Silvercel™ Antimicrobial Alginate Dressing

Provide Collagen

3M™ Promogran™ Collagen Matrix with ORC

3M™ Promogran Prisma™ Collagen Matrix with ORC and Silver

3M™ Fibracol™ Plus Collagen Wound Dressing with Alginate

3M™ Adaptic™ Non-Adhering Dressing and 3M™ Adaptic™ Touch Non-Adhering Silicone Dressing

What are they?

Adaptic Dressing is a primary wound contact layer made of knitted cellulose acetate mesh, impregnated with a petrolatum emulsion.

Adaptic Touch Dressing is a flexible, open-mesh primary wound contact layer comprised of cellulose acetate coated with a soft tack silicone designed to facilitate fluid transfer to secondary dressing and minimize adherence and pain at dressing change. It may be used in conjunction with Negative Pressure Wound Therapy for the protection of fragile wound structures.

Why use Adaptic Touch Dressing for wounds?

- Soft tack silicone assists dressing application, conformability and atraumatic removal.[1]
- Advanced mesh design means minimized risk of exudate pooling and secondary dressing adherence to the wound.[1]

3M™ Adaptic™ Non-Adhering Dressing

Item Code	Size	Eaches Carton/Box	HCPCS Code
2012	3" x 3"	50 ea/ct - 12 ct/bx	A6222
2013	3" x 8"	36x3 ea/ct - 6 ct/bx	A6223
2014	3" x 16"	36 ea/ct - 6 ct/bx	A6223
2015	3" x 8"	24 ea/ct - 6 ct/bx	A6223
2018	3" x 60" Roll	10 rl/bx	A6266
2019	5" x 9" Sheet	12 ea/ct - 6 ct/bx	A6223

3M™ Adaptic™ Touch Non-Adhering Silicone Dressing

Item Code	Size	Eaches Carton/Box	HCPCS Code
TCH501	2" x 3"	10 ea/ct - 5 ct/bx	A6206
TCH502	3" x 4.25"	10 ea/ct - 5 ct/bx	A6206
TCH503	5" x 6"	10 ea/ct - 5 ct/bx	A6207
TCH504	8" x 12.75"	5 ea/ct - 10 ct/bx	A6208

References: 1. Stephens S, Brosnan P, Mistry P, et al. Evaluation of a non-adhering silicone wound contact dressing with optimized design for the management of dry to heavily exuding wounds (*in-vitro/vivo*). Poster, Wounds UK 2010.

3M™ Adaptic™ Digit Non-Adhering Dressing

What is it?

Adaptic Digit Dressing is made of a unique, tacky, silicone-coated fabric covered with a tubular bandage. It is specifically designed for dressing fingers and toes.

Comfortable:

- Adaptic Digit Dressing does not adhere to the wound.
- Adaptic Digit Dressing is quick and simple to apply; no applicator or scissors are required. It removes cleanly from the wound, minimizing trauma.[1]

Easy To Apply:

It is conformable and non-bulky, therefore, allowing maximum digit flexibility.

Why use Adaptic Digit Dressing for wounds?

- Adaptic Digit Dressing is indicated to manage a range of mild to severe digit injuries. The dressing can be used to manage:
  - Lacerations and abrasions
  - Nail extractions
  - Traumatic injuries
  - Suture lines
  - Surgical incisions and reconstructive procedures
- Adaptic Digit Dressing can be used both as a primary and secondary dressing.[2]

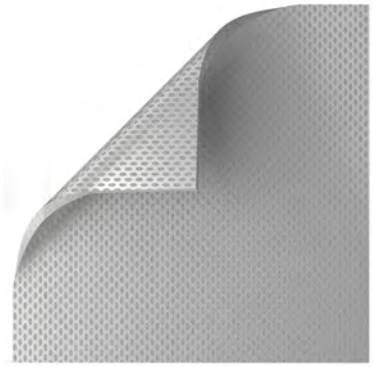
3M™ Adaptic™ Digit Non-Adhering Dressing

Item Code	Size	Eaches Carton/Box	HCPCS Code
MAD003U	Small 0.75"	10 ea/bx	A6457
MAD013U	Medium 1"	10 ea/bx	A6457
MAD023U	Large 1.125"	10 ea/bx	A6457
MAD042U	Extra Large 1.25"	10 ea/bx	A6457

3M™ Adaptic™ Digit Dressing Toe

Item Code	Size	Eaches Carton/Box	HCPCS Code
MAD062U	Large 1.125"	10 ea/bx	A6457

References: 1. Whittaker S. A dressing for the occasion? A comparative trial of two dressings for digit injuries. *Professional Nurse Magazine*. 1994 Aug. 729–732. **2.** Hargreaves J. The use of a non-adhering digit dressing on wounds in a primary care setting. *EWMA*. Krakow Poland, May 2018.



3M™ Silvercel™ Non-Adherent Antimicrobial Alginate Dressing

What is it?

Silvercel Non-Adherent Dressing is the next generation of antimicrobial dressing with the unique feature of a non-adherent layer to maximize protection of the wound bed.

The unique feature of 3M™ Easylift™ Precision Film Technology designed for intact removal, helps minimize the risk of adherence to the wound bed, fibers shedding, and allows easy and pain-free dressing removal.

Why use Silvercel Non-Adherent Dressing for wounds?

- The composition of the dressing manages exudate in moderate to heavily exuding wounds, promoting a favorable environment for effective wound management.[1]
- The silver fibers kill a broad spectrum of microorganisms associated with bacterial colonization and infection of wounds (*in vitro*).[1]
- The unique Easylift Precision Film Technology layer allows intact and pain free removal.[1]
- Help maintain a moist wound environment beneficial to wound healing.
- Effective against a broad spectrum of wound pathogens *in vitro* including MRSA, MRSE and VRE.[2] Odor reduction results from the antibacterial effect.[3]

3M™ Silvercel™ Non-Adherent Antimicrobial Alginate Dressing

Item Code	Size	Eaches Carton/Box	HCPCS Code
900202	2" x 2"	10 ea/ct - 5 ct/bx	A6196
900404	4.25" x 4.25"	10 ea/ct - 5 ct/bx	A6197
900408	4" x 8"	5 ea/ct - 5 ct/bx	A6197
900112	1" x 12" rope	5 ea/ct - 5 ct/bx	A6199

Note: Indicated for acute and chronic wounds. Please refer to the full Instructions for Use in the packaging insert.

References: 1. Teot L et al. The management of wounds using SILVERCEL™ Hydro-Alginate. *Wounds UK Supplement*. 2005.1(2). **2.** Clark R and Bradbury S., Silvercel NON ADHERENT Made Easy. *Wounds International*. 2010; Vol. 1(5). **3.** Data on file. Report: P1157R 7 day log reduction (2008).

3M™ Silvercel™ Antimicrobial Alginate Dressing

What is it?

3M Silvercel Dressing is a sterile, non-woven pad composed of a high G (guluronic acid) alginate, carboxymethylcellulose (CMC) and silver coated nylon fibers.

Why use Silvercel Antimicrobial Dressing for wounds?

The excellent fluid absorption ability and the lasting antimicrobial activity make this dressing the ideal dressing for chronic wounds[1,2] with moderate to high levels of exudate. The unique composition of the dressing means fluid is absorbed from moderately to heavily exuding wounds and helps maintain an optimal moist wound healing environment in exuding wounds.[2]

3M™ Silvercel™ Antimicrobial Alginate Dressing

Item Code	Size	Eaches Carton/Box	HCPCS Code
800202	2" x 2"	10 ea/ct - 5 ct/bx	A6196
800404	4.25" x 4.25"	10 ea/ct - 5 ct/bx	A6197
800408	4" x 8"	5 ea/ct - 5 ct/bx	A6197
800112	1" x 12" rope	5 ea/ct - 5 ct/bx	A6199

References: 1. Rennison T. et al. In-vitro evaluations of a silver hydro-alginate dressing to determine suitability for use on chronic wounds. Poster presented at: *EWMA*; May 18–20, 206; Prague, CZ. **2.** Di Lonardo, A. et al. The use of Silvercel™ to dress excision wounds following burns surgery. Wounds UK 2006, Vol 2(4):122-124.

3M™ Promogran™ Collagen Matrix with ORC and 3M™ Promogran Prisma™ Collagen Matrix with ORC and Silver

What are they?

3M™ Promogran™ Collagen Matrix with ORC is comprised of a sterile, freeze-dried composite of 45% oxidized regenerated cellulose (ORC) and 55% collagen.

Promogran Matrix is composed of:
- 55% Collagen
- 45% ORC

Promogran Prisma Matrix is composed of:
- 55% Collagen
- 44% ORC
- 1% Silver-ORC

3M™ Promogran™ Collagen Matrix with ORC

Item Code	Size	Eaches Carton/Box	HCPCS Code
PG004	4.34 sq. in. hexagon	10 ea/ct - 4 ct/bx	A6021
PG019	19.07 sq. in. hexagon	10 ea/ct - 4 ct/bx	A6022

3M™ Promogran Prisma™ Collagen Matrix with ORC and Silver is comprised of a sterile, freeze-dried composite of 44% oxidized regenerated cellulose (ORC), 55% collagen and 1% silver-ORC. Silver-ORC contains 25% w/w ionically bound silver, a well-known antimicrobial agent.

3M™ Promogran Prisma™ Collagen Matrix with ORC and Silver
3M™ Promogran Prisma™ Rope Collagen Matrix with ORC and Silver

Item Code	Size	Eaches Carton/Box	HCPCS Code
MA028	4.34 sq. in. hexagon	10 ea/ct - 4 ct/bx	A6021
MA123	19.07 sq. in. hexagon	10 ea/ct - 4 ct/bx	A6022
MA032	3/8" x 3/8" x 12-5/8" rope	6 ea/ct - 4 ct/bx	A6024

Promogran Matrix is composed of:
- 55% Collagen
- 45% ORC

Promogran Prisma Matrix is composed of:
- 55% Collagen
- 44% ORC
- 1% Silver-ORC

3M™ Promogran™ Collagen Matrix with ORC and 3M™ Promogran Prisma™ Collagen Matrix with ORC and Silver

Why use Promogran Matrix and Promogran Prisma Matrix?

- To help promote an optimal wound healing environment. This environment is conducive to granulation tissue formation, epithelialization and wound healing.
- They are supported by a large body of clinical evidence, including 13 published RCTs and more than 100 supporting publications.[1–3]
- Significant reduction in wound area. A 12-week RCT involving VLU patients (n=73) found that wounds in the Promogran Matrix group experienced a significantly greater reduction in wound areas compared to control (54.4% vs. 36.5%, $p<0.0001$).[3]
- Promogran Prisma Matrix contains ionic silver (Silver-ORC), *in-vitro* studies have demonstrated antimicrobial protection against bacteria and infection.[4]
- In clinical practice Promogran Prisma Matrix has been demonstrated to protect against infection and promote healing in DFUs.[5]
- In the presence of exudate Promogran Matrix and Promogran Prisma Matrix, transform into a soft, conformable, biodegradable gel, which does not have to be removed from the wound.
- The dressings can be cut with sterile scissors to fit the wound shape, or it can be pre-moistened to form a gel and molded to fit the wound.
- 3M™ Promogran Prisma™ Matrix can be used in combination with 3M™ ActiV.A.C.™ Therapy System and associated foam dressings, 3M™ V.A.C.® Granufoam™ Dressing and 3M™ V.A.C.® Simplace™ Dressing.

References: 1. Lazaro-Martinez J L, Garcia-Morales E, Beneit-Montesinos JV, et al. Randomized comparative trial of a collagen/oxidized regenerated cellulose dressing in the treatment of neuropathic diabetic foot ulcers. *F.R. Circ. Esp.* 2007;82(1):27–31. **2.** Veves A, Sheehan P, Pham H. A randomized, controlled trial of Promogran (a collagen oxidized regenerated cellulose dressing) vs. standard treatment in the management of diabetic foot ulcers. *Arch Surg.* 2002;137(7):822-827. **3.** Vin F, Teot L, Meaume S. The healing properties of Promogran in venous leg ulcers. *J. Wound Care*. 2002; 11(9):335–415. **4.** Bourdillon KA, Delury C, Cullen B. Biofilms and delayed healing – an *in vitro* evaluation of silver and iodine containing dressings and their effect on bacterial and human cells. *International Wound Journal 2017*. ISSN 1742–4801. **5.** Gottrup F, Cullen B, Karlsmerk T, et al. Randomized controlled trial on collagen/oxidized regenerated cellulose/silver treatment. *Wound Rep Reg* 2013, 21:1–10.

3M™ Fibracol™ Plus Collagen Wound Dressing with Alginate

What is it?

Fibracol Plus Dressing is a soft, absorbent, and conformable wound dressing composed of 90% collagen and 10% calcium alginate.

Why use Fibracol Plus Dressing for wounds?

- Fibracol Plus Dressing maintains a physiologically moist microenvironment.
- Its combination of natural biopolymers created by a process that combines the structural support of collagen and the gel forming properties of alginates into a sterile, soft, absorbent, conformable topical wound dressing.
- It is indicated for the management of exuding wounds, including full-thickness and partial thickness wounds, pressure injuries, venous ulcers, ulcers caused by mixed vascular etiologies, diabetic ulcers, donor sites and other bleeding surface wounds, and traumatic wounds healing by secondary intention.

3M™ Fibracol™ Plus Collagen Wound Dressing with Alginate

Item Code	Size	Eaches Carton/Box	HCPCS Code
2981	2" x 2"	12 ea/ct – 6 ct/bx	A6021
2982	4" x 4-3/8"	12 ea/ct – 6 ct/bx	A6022
2983	4" x 8-3/4"	6 ea/ct – 6 ct/bx	A6022
2984	3/8" x 3/8" x 15-3/4" rope	6 ea/ct – 6 ct/bx	A6024

Manage Exudate— Advanced Wound Dressings

Dry

3M™ Nu-Gel™ Hydrogel with Alginate

Maintain Moisture

3M™ Kerralite Cool™ Moisture Balancing Hydrogel Dressing

Low to High Exudate

3M™ Tegaderm™ Absorbent Clear Acrylic Dressing

3M™ Tegaderm™ Silicone Foam Dressing

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

3M™ Tegaderm™ High Integrity Alginate Dressing and 3M™ Tegaderm™ High Gelling Alginate Dressing

3M™ Kerracel™ Gelling Fiber Dressing

3M™ Kerramax Care™ Dressing Family

Manage Odor

3M™ Actisorb™ Silver 220 Antimicrobial Binding Dressing

3M™ Nu-Gel™ Hydrogel with Alginate

What is it?

Nu-Gel Hydrogel is a transparent hydro active amorphous gel containing sodium alginate that gently and effectively debrides necrotic tissue and fibrinous slough. It is easy to use and can be applied to the wound with a simple, one-handed technique. In addition, the ampoule packaging allows easy application and limits product wastage.

Nu-Gel Hydrogel also offers long wear time for increased cost effectiveness. An RCT on PUs showed Nu-Gel Hydrogel to have a mean wear time of 2.78 days — 38% longer than IntraSite Gel — before secondary dressing change was necessary (p=0.014).[1]

How does it work?

The hydrogel creates a moist wound healing environment which assists with natural autolytic debridement while the alginate component enhances its absorptive capabilities.

The gel can be used to soften and hydrate eschar by facilitating rehydration of the wound.

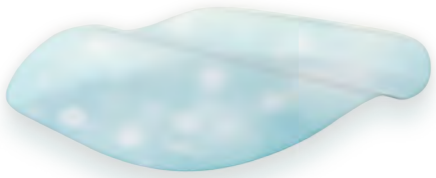
When do I use it?

Nu-Gel Hydrogel helps create a moist wound healing environment designed to facilitate autolytic debridement and desloughing of wounds together with the management of chronic wounds throughout all stages of the healing process.

3M™ Nu-Gel™ Hydrogel with Alginate

Item Code	Size	Ampules/Box	HCPCS Code
MNG415U	15g (0.52 oz.)	10 ea/ct, 4 ct/bx	A6248
MNG425U	25g (0.88 oz.)	6 ea/ct, 4 ct/bx	A6248

Reference: 1. Young, T. et al. A study of two hydrogels used in the management of pressure sores. Study presented at: European Wound Management Association; 1996; Amsterdam, The Netherlands.



3M™ Kerralite Cool™ Moisture Balancing Hydrogel Dressings

What are they?

Kerralite Cool Dressings aid the process of autolytic debridement and help soothe the wound on contact. They provide the ideal environment for managing lightly exuding sloughy wounds.

Why use Kerralite Cool Dressings for wounds?

Clinical results demonstrate:

- Interaction with the wound bed to promote debridement and granulation[1]
- Supports an environment for optimal wound healing by donating and/or absorbing fluid as needed[2]
- Helps minimize wound pain

3M™ Kerralite Cool™ Moisture Balancing Hydrogel Dressing

Item Code	Size	Eaches Carton/Box	HCPCS Code
CWL1004	2.4" x 2.4"	5 ea/bx	A6234
CWL1005	5" x 3.5"	5 ea/bx	A6235
CWL1006	7" x 5"	5 ea/bx	A6235

3M™ Kerralite Cool™ Border Moisture Balancing Hydrogel Dressing

Item Code	Size	Eaches Carton/Box	HCPCS Code
CWL1007	3" x 3"	5 ea/bx	A6237
CWL1008	4" x 4"	5 ea/bx	A6237
CWL1009	6" x 6"	5 ea/bx	A6238

References: 1. Williams-Kelly, W. KerraLite Cool for the debridement of a painful leg ulcer. Poster presented at: Wounds UK Annual Conference; November 13–15, 2017; Harrogate, UK. **2.** Ivins N. Evaluation of the mode of action of a new gel wound dressing. Wounds UK. 2014;10(2). UK.

3M™ Tegaderm™ Absorbent Clear Acrylic Dressing

What is it?

Tegaderm Absorbent Clear Acrylic Dressing is a unique, absorbent dressing that offers a clear view of the wound or surgical incision. It offers a waterproof, transparent barrier — allowing active monitoring and early interventions without disturbing the wound or incision.

How does it work?

Its novel acrylic polymer pad is breathable and designed to absorb low to moderate exudate to promote an optimal healing environment. The extended wear time gives patients protection beyond their initial hospital stay and into their home. Plus, it acts as a barrier to external contaminants, body fluids, bacteria, and viruses.*

When do I use it?

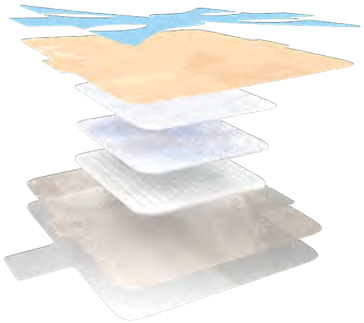
Suggested applications:

- Partial and full thickness dermal ulcers
- Skin tears
- Pressure injuries
- Superficial wounds
- Abrasions
- Superficial and partial-thickness burns
- Donor sites
- Clean, closed approximated surgical incisions or laparoscopic incisions
- Undamaged, at-risk skin

3M™ Tegaderm™ Absorbent Clear Acrylic Dressing

Item Code	Dressing Pad Size	Overall Dressing Size	Eaches Carton/Box	HCPCS Code
90800 (Oval)	1.5" x 2.25" (3.8cm x 5.7cm)	3" x 3.75" (7.6cm x 9.5cm)	10 ea/bx, 4 bx/cs	A6203
90801 (Oval)	2.375" x 3" (6cm x 7.6cm)	4.375" x 5" (11.1cm x 12.7cm)	10 ea/bx, 4 bx/cs	A6203
90802 (Square)	3.875" x 4" (9.8cm x 10.1cm)	5.875" x 6" (14.9cm x 15.2cm)	10 ea/bx, 4 bx/cs	A6203
90803 (Oval)	3.375" x 4.25" (8.5cm x 10.7cm)	5.625" x 6.25" (14.2cm x 15.8cm)	10 ea/bx, 4 bx/cs	A6203
90805 (Square)	5.875" x 6" (14.9cm x 15.2cm)	7.875" x 8" (20cm x 20.3cm)	10 ea/bx, 4 bx/cs	A6204
90815 (Rectangle)	1.75" x 8" (4.5cm x 20cm)	3.5" x 10" (9cm x 25cm)	30 ea/bx, 4 bx/cs	A6203
90817 (Rectangle)	1.75" x 11.75" (4.5cm x 30cm)	3.5" x 13.75" (9cm x 35cm)	30 ea/bx, 4 bx/cs	A6204

*_In vitro_ testing shows that the transparent film provides a viral barrier from viruses 27nm in diameter or larger while the dressing remains intact without leakage.



3M™ Tegaderm™ Silicone Foam Dressing

What is it?

Tegaderm Silicone Foam Dressings are an excellent choice for wound management. The use of 3M™ Tegaderm™ Silicone Foam Dressing may help prevent skin damage as part of a comprehensive pressure ulcer prevention program. The dressing may be lifted and repositioned to allow for skin assessment.

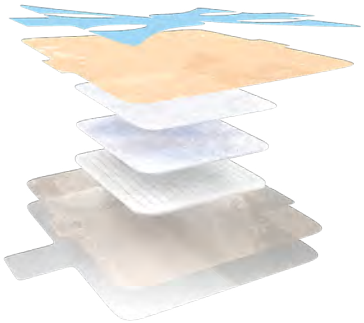
Featuring 3M's innovative adhesive technology, the dressing features a highly conformable low-profile edge to help minimize rolling and lifting, especially in high shear locations. Unique multi-layer design that absorbs and evaporates moisture with a spoke delivery system enabling easy, accurate application. Advanced adhesive enables "lift and check" interval monitoring without loss of adhesive properties.

How does it work?

Their unique multi-layer design absorbs and evaporates moisture away from the skin, helping reduce the potential for skin maceration. The foam layer wicks moisture away, and the superabsorbent layer helps minimize the backward moisture migration that can cause maceration — and then, the moisture control layer evaporates it through the film backing. Tegaderm Silicone Foam dressing is gentle on the skin, and does not cause damage to the wound, periwound or surrounding skin.

Indications

Tegaderm Silicone Foam Dressing is indicated for management of low- to highly-exuding partial and full thickness wounds such as pressure ulcers, venous leg ulcers, neuropathic ulcers, arterial ulcers, skin tears, and surgical wounds. The dressing is suitable for use on fragile skin and with compression therapy.



When do I use it?

Suggested applications:

- Wound management as part of a comprehensive pressure injury prevention program.
- Can be used with compression therapy.

3M™ Tegaderm™ Silicone Foam Dressing

Item Code	Product	Pad Dimensions	Overall Dressing Size	Eaches Carton/Box	HCPCS Code
90631	Non-bordered Dressing	4" x 4.25" (10cm x 10.8cm)	4" x 4.25" (10cm x 10.8cm)	10 ea/bx, 4 bx/cs	A6210
90632	Non-bordered Dressing	6" x 6" (15cm x 15cm)	6" x 6" (15cm x 15cm)	10 ea/bx, 4 bx/cs	A6210
90643	Bordered Dressing	0.8" x 0.8" (2cm x 2cm)	2" x 2" (5cm x 5cm)	10 ea/bx, 6 bx/cs	A6212
90640	Bordered Dressing	1.5" x 1.5" (4cm x 4cm)	3" x 3" (7.5cm x 7.5cm)	10 ea/bx, 6 bx/cs	A6212
90641	Bordered Dressing	2.38" x 2.38" (6cm x 6cm)	4" x 4" (10cm x 10cm)	10 ea/bx, 6 bx/cs	A6212
90642	Bordered Dressing	4.13" x 4.13" (10.5cm x 10.5cm)	6" x 6" (15cm x 15cm)	10 ea/bx, 4 bx/cs	A6213
90646	Heel and Contour	3.88" x 3.88" (9.8cm x 9.8cm)	6.5" x 6.5" (16.5cm x 16.5cm)	5 ea/bx, 4 bx/cs	A6212
90647	Small Sacral	4.13" x 5" (10.5cm x 12.4cm)	6" x 6.75" (15cm x 17cm)	10 ea/bx, 4 bx/cs	A6213
90648	Large Sacral	5.25" x 6.38" (13cm x 16cm)	7.25" x 8.75" (18.5cm x 22cm)	5 ea/bx, 4 bx/cs	A6213

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

What is it?

Tegaderm High Performance Foam Adhesive Dressing and Tegaderm High Performance Foam Non-Adhesive Dressing are designed to meet the challenges of low- to highly-exuding wounds.

How does it work?

These dressings integrate innovative layer technology to absorb and evaporate moisture to maintain optimal wound healing environments. Their high absorbency and breathability to reduce the risk of maceration. The film backing prevents strike-through and protects against external bacteria and viruses.*

When do I use it?

Suggested applications for these dressings:

- Can be used on neuropathic ulcers, pressure ulcers/injuries and skin tears
- Management of low- to highly-exudating partial and full thickness wounds
- Venous leg ulcer management
- Fenestrated dressing can be used around drains and tubes
- Superficial wounds and abrasions

**In vitro* testing shows that the transparent film provides a viral barrier from viruses 27nm in diameter or larger while the dressing remains intact without leakage.

3M™ Tegaderm™ High Performance Foam Adhesive Dressing

Item Code	Foam Pad Size	Overall Dressing Size	Eaches Carton/Box	HCPCS Code
90610 (Square)	2" x 2" (5cm x 5cm)	3.5" x 3.25" (8.8cm x 8.8cm)	10 ea/bx, 4 bx/cs	A6212
90611 (Oval)	2.5" x 3" (6cm x 7.6cm)	4" x 4.25" (10cm x 11cm)	10 ea/bx, 4 bx/cs	A6212
90612 (Square)	4" x 4" (10cm x 10cm)	5.625" x 5.625" (14.3cm x 14.3cm)	10 ea/bx, 4 bx/cs	A6212
90613 (Oval)	4" x 4.5" (10cm x 11cm)	5.625" x 6.125" (14.3cm x 15.6cm)	5 ea/bx, 6 bx/cs	A6213
90614 (Mini Oval)	1.25" x 1.5" (3.1cm x 3.8cm)	2.75" x 3" (6.9cm x 7.6cm)	10 ea/bx, 4 bx/cs	A6212
90616 (Oval)	5.5" x 6.75" (14cm x 17.1cm)	7.5" x 8.75" (19cm x 22.2cm)	5 ea/bx, 3 bx/cs	A6213
90619 (Heel/Elbow)	3" x 3" (7.6cm x 7.6cm)	5.5" x 5.5" (13.9cm x 13.9cm)	5 ea/bx, 4 bx/cs	A6212

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

Item Code	Size	Eaches Carton/Box	HCPCS Code
90600	2" x 2" (5cm x 5cm)	10 ea/bx, 4 bx/cs	A6209
90601	4" x 4" (10cm x 10cm)	10 ea/bx, 4 bx/cs	A6209
90602	4" x 8" (10cm x 20cm)	5 ea/bx, 6 bx/cs	A6210
90603	8" x 8" (20cm x 20cm)	5 ea/bx, 6 bx/cs	A6211
90604	3.5" x 3.5" (8.8cm x 8.8cm) *Fenestrated*	10 ea/bx, 4 bx/cs	A6209

3M™ Tegaderm™ High Integrity Alginate Dressing and 3M™ Tegaderm™ High Gelling Alginate Dressing

What is it?

Tegaderm High Integrity Alginate Dressing and Tegaderm High Gelling Alginate Dressing are optimal for maintaining a moist wound healing environment. The absorbent dressing may be used on moderate to heavily exuding wounds, absorbing up to 20 times their own weight in exudate.

How does it work?

Gel forming for optimal moist wound healing environments and compatible with 3M cover dressings.

When do I use it?

Suggested Tegaderm Alginate dressing applications:

- Pressure, venous, and neuropathic (diabetic) ulcers
- Superficial wounds, cuts, and abrasions
- Donor sites
- Post-operative wounds

3M™ Tegaderm™ High Integrity Alginate Dressing

Item Code	Size	Eaches Carton/Box	HCPCS Code
90112	4" x 4" (10cm x 10cm)	10 ea/bx, 5 bx/cs	A6196
90120	12" (30.4cm) rope	5 ea/bx, 4 bx/cs	A619

3M™ Tegaderm™ High Gelling Alginate Dressing

Item Code	Size	Eaches Carton/Box	HCPCS Code
90212	4" x 4" (10cm x 10cm)	10 ea/bx, 5 bx/cs	A9196
90220	12" (30.4cm) rope	5 ea/bx, 4 bx/cs	A6199

3M™ Kerracel™ Gelling Fiber Dressing

What is it?

Kerracel Dressing is a versatile carboxymethyl cellulose (CMC) primary dressing for moderately to heavily exuding wounds. Its unstitched design aids micro-contouring to the wound bed to minimize dead space, the pooling of exudate and its harmful components. Even when saturated, Kerracel Dressing has a high tensile strength enabling straightforward, integral removal.

Why use Kerracel Dressings for wounds?

- Unstitched design aids micro-contouring to the wound bed to minimize dead space, the pooling of exudate and its harmful components
- Forms a gel when wet
- Helps maintain a moist healing environment

3M™ Kerracel™ Gelling Fiber Dressing

Item Code	Size	Eaches Carton/Box	HCPCS Code
CWL1032	2" x 2" (5cm x 5cm)	10 ea/bx	A6196
CWL1166	4" x 4" (10cm x 10cm)	10 ea/bx	A6197
CWL1034	6" x 6" (15cm x 15cm)	5 ea/bx	A6197
CWL1035	1" x 18" (2.5cm x 45cm) ribbon	5 ea/bx	A6199

3M™ Kerramax Care™ Super-Absorbent Dressings

What are they?

Kerramax Care Dressings are sterile, super-absorbent dressings for use on moderate to highly exuding wounds. Excess wound fluid can delay the wound healing process. Kerramax Care dressings absorb exudate and lock it away inside the dressing, helping to reduce skin maceration. High absorption and retention can enable fewer dressing changes and minimize disturbance to the wound bed.

Why use Kerramax Care Dressings for wounds?

- Soft, non-woven material featured on both sides of the dressing, so either side can be placed on the wound while being comfortable for the patient[1] helping support patient compliance.
- Horizontal wicking layer draws up serous and viscose exudate[1,2], distributing it evenly, both horizontally and vertically throughout the the dressing, utilizing the full absorption capacity while helping to prevent bulk.[2,4]
- 3M™ Kerramax Care™ Super-Absorbent Dressings with 3M™ Exu-Safe™ Technology absorb and retain high levels of exudate and potentially harmful bacteria and MMPs from the wound bed to facilitate healing and reduce the risk of skin maceration.*[1-2]

3M™ Kerramax Care™ Super-Absorbent Dressing

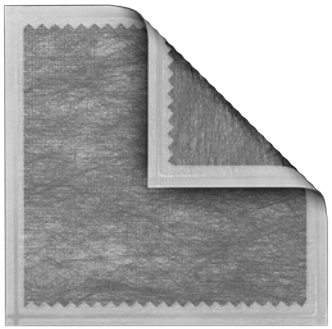
Item Code	Size	Eaches Carton/Box	HCPCS Code
PRD500-025	2" x 2" (5cm x 5cm)	10 ea/bx	A6196
PRD500-050	4" x 4" (10cm x 10cm)	10 ea/bx	A6196
PRD500-100	5" x 6" (13.5cm x 15.5cm)	10 ea/bx	A6197
PRD500-120	4" x 9" (10cm x 22cm)	10 ea/bx	A6197
PRD500-240	8" x 9" (20cm x 22cm)	10 ea/bx	A6197
PRD500-380-B10	8" x 12" (20cm x 30cm)	10 ea/bx	A6198

3M™ Kerramax Care™ Gentle Border Dressing

Item Code	Size	Eaches Carton/Box	HCPCS Code
PRD500-1174	4" x 4" (10cm x 10cm)	10 ea/bx	A6196
PRD500-1175	6" x 6" (15.5cm x 15.5cm)	10 ea/bx	A6196
PRD500-1176	8" x 8" (20cm x 20cm)	10 ea/bx	A6197
PRD500-1177	6" x 10" (15.5cm x 25.5cm)	10 ea/bx	A6197

*As demonstrated *in vitro*.

References: 1. Hughes, M. A large-scale evaluation of managing moderate and highly exuding wounds in the community. *Wounds UK*. 2017;13(3):78–85. **2.** Jones J, Barraud J. An evaluation of Kerramax Care in the management of moderate to heavily exuding wounds. *Br J Community Nurs*. 2014 Mar; Suppl: S8, S50–53. **3.** Rose R. A large clinical evaluation assessing the tolerance & effectiveness of super-absorbent dressing, Kerramax Care. Poster presented at: Wounds UK Annual Conference 2015; Harrogate, UK.



3M™ Actisorb™ Silver 220 Activated Charcoal Dressing with Silver

What is it?

Actisorb Silver 220 Dressing is an activated charcoal dressing with silver, enclosed in a non-adherent nylon sleeve, is intended to be used in the management of wound malodour.

Why use Actisorb Silver 220 Dressing for wounds?

- Actisorb Silver 220 Dressing is suitable for use in the management of all chronic wounds including fungating carcinomas, diabetic ulcers, decubitus (pressure) ulcers, venous ulcers, arterial ulcers, mixed aetiology ulcers, traumatic and surgical wounds where odor occurs.
- Is suitable for use under compression bandaging.
- Can be combined with a non-adherent primary contact layer, such as 3M™ Adaptic™ Touch Non-Adhering Silicone Dressing.
- Product may be left in place for several days depending on the type of the wound, volume of exudate, and clinical situation.

3M™ Actisorb™ Silver 220 Antimicrobial Binding Dressing

Item Code	Size	Eaches Carton/Box	HCPCS Code
650220	2.5" x 3.7" (6.5cm x 9.5cm)	10 ea/ct - 5 ct/bx	A4649
105220	4" x 4" (10.5cm x 10.5cm)	10 ea/ct - 5 ct/bx	A4649
190220	7.5" x 4" (19cm x 10.5cm)	10 ea/ct - 5 ct/bx	A4649

Provide Therapeutic Compression

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

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

What is it?

Coban 2 Compression System and Coban 2 Lite Compression System are easy to use and provide high compression (35–40mmHg) for patients with ABPI greater than or equal to 0.8, and reduced compression (25–30mmHg) for patients with ABPI greater than or equal to 0.5. Each system is supplied as a kit that includes a stocking and two rolls: a comfort layer roll and a compression layer roll. The thin, lightweight and breathable sleeve allows patients to wear their own footwear. Coban 2 Compression System and Coban 2 Lite Compression System are comfortable to wear and provide sustained therapeutic compression for up to seven days.

How does it work?

Coban 2 Compression System and Coban 2 Lite Compression System are engineered with intelligent compression dynamics to stay in place — clinically proven to significantly reduce slippage to encourage longer wear.[1,2]

When do I use it?

Coban 2 Compression System and Coban 2 Lite Compression System delivers comfortable, therapeutic compression for the management of venous leg ulcers, lymphadema, edema and other conditions where compression therapy is appropriate.

- Coban 2 Two-Layer Compression System may be used for patients with an ABPI greater than or equal to 0.8.
- Coban 2 Lite Two-Layer Compression System may be used for patients with an ABPI greater than or equal to 0.5.

References: 1. Moffatt C et al. A randomised controlled 8-week crossover clinical evaluation of the Coban 2 Layer Compression System versus Profore™ to evaluate the product performance in patients with venous leg ulcers. *International Wound Journal*. 2008;5(2):267–279. **2.** Mosti G, Crespi A, Mattaliano V. Comparison between a new, two-component compression system with zinc paste bandages for leg ulcer healing: a prospective, multicenter, randomized, controlled trial monitoring sub-bandage pressures. *Wounds*. 2011;23(5):126–134.

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

Application/ Use	Name	3M Code	Size	Black Nylon Stocking	Rolls/Box, Boxes/Case	Eaches Carton/ Box	HCPCS Code
Below the knee	3M™ Coban™ 2 Two-Layer Compression System	2094N	Comfort Layer: 4" x 2.9 yd (10cm x 2.7m) Compression Layer: 4" x 5.1 yd (10cm x 4.7m) stretched	1	2 rolls (1 of each layer) 8	6	A6441 A6452
Below the knee (ABPI ≥ 0.5)	3M™ Coban™ 2 Lite Two-Layer Compression System	2794N	Comfort Layer: 4" x 2.9 yd (10cm x 2.7m) Compression Layer: 4" x 5.1 yd (10cm x 4.7m) stretched	1	2 rolls (1 of each layer) 8	6	A6441 A6452
Below the knee (large circumference)	3M™ Coban™ 2 Two-Layer Compression System	2094XL	Comfort Layer: 4" × 3.8 yd (10cm × 3.5m) Compression Layer: 4" x 6.3 yd (10cm x 5.8m) stretched	1	2 rolls (1 of each layer) 8	4	A6441 A6452
Above the knee	3M™ Coban™ 2 Two-Layer Compression System	20096	Comfort Layer: 6" x 3.8 yd (15cm x 3.5m) Compression Layer: 6" x 4.9 yd (15cm x 4.5m) stretched	—	2 rolls (1 of each layer) 8	4	—
Toe boot	3M™ Coban™ 2 Two-Layer Compression System	2092	Comfort Layer: 2" x 1.3 yd (5cm x 1.2m) Compression Layer: 2" x 3 yd (5cm x 2.7m) stretched	—	2 rolls (1 of each layer) 8	4	—

Negative Pressure Wound Therapy (NPWT)

3M™ V.A.C.® Ulta Therapy System

3M™ Veraflo™ Therapy

3M™ Veraflo™ Cleanse Choice Complete™ Dressing Kit

3M™ V.A.C. Veraflo Cleanse Choice™ Dressing

3M™ Dermatac™ Drape

3M™ V.A.C.® Granufoam™ Dressing

3M™ V.A.C.® Simplace™ Ex Dressing

3M™ V.A.C.® Granufoam™ Bridge Dressing

3M™ V.A.C. Whitefoam™ Dressing

3M™ ActiV.A.C.™ Therapy System

3M™ V.A.C.® Simplicity Therapy System

3M™ V.A.C.® Therapy Ordering Table

3M™ V.A.C.® Ulta Therapy System

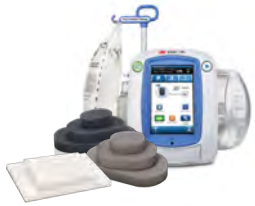
What is it?

V.A.C.® Ulta Therapy System is an integrated wound management system, for the acute care setting, that provides four separate, distinct, Negative Pressure Wound Therapies: 3M™ V.A.C.® Therapy, 3M™ Veraflo™ Therapy, 3M™ AbThera™ Open Abdomen Negative Pressure Therapy, and 3M™ Prevena™ Therapy in one device.

Why use V.A.C.® Ulta Therapy System?

V.A.C.® Ulta Therapy System provides the convenience of four Negative Pressure Wound Therapies in one simple, easy to use device.

What are the four therapies?



V.A.C.® Therapy is the only negative pressure wound therapy (NPWT) device engineered with technology that maintains and adjusts to deliver set pressure at the wound site. 3M™ SensaT.R.A.C.™ Technology provides confidence that the programmed negative pressure is being maintained.

See page 59 for more information.

Veraflo Therapy combines the benefits of V.A.C.® Therapy with automated delivery, soak, and removal of topical wound solution.

See page 60 for more information.

AbThera Therapy is designed for simple and rapid application in the management of the open abdomen.

See page 85 for more information.

Prevena Therapy provides negative pressure management of linear and non-linear incisions.

See page 87 for more information.

3M™ V.A.C.® Ulta Therapy System

Why use V.A.C.® Ulta Therapy System?

Recently upgraded to include enhanced user support and device control, V.A.C.® Ulta Therapy System's features include:

- **Animated Help** — Animated guidance automatically plays on the device for troubleshooting common alert/alarm issues such as leak and canister not engageds.
- **Instill Phase Postpone** — While Veraflo Therapy is running, users can postpone **the instill phase based on situational need**.
- **Therapy Inactive Alarm Timer Extension** — When changing a dressing using the Dressing Soak feature and after completion of fluid removal, users have the option to extend the time before a therapy inactive alarm asserts.

3M™ Veraflo™ Therapy

What is it?

Veraflo Therapy combines the benefits of 3M™ V.A.C.® Therapy with automated instillation and dwell of topical wound solution. 3M™ Veraflo™ Therapy with either 3M™ Veraflo™ Cleanse Choice Complete™ Dressing or 3M™ V.A.C. Veraflo Cleanse Choice™ Dressing provides hydromechanical removal of infectious materials, non-viable tissue and wound debris, which reduces the number of surgical debridements required, while promoting granulation tissue formation, creating an environment that promotes wound healing.

Veraflo Therapy can help:

- Disrupt the formation of bioburden while stimulating granulation tissue formation.
- Prepare primary wounds for closure, maximize patient comfort, and has been shown in comparative clinical studies to have the potential to lower the total cost of care.[1]

Why use Veraflo Therapy?

Potential for positive clinical outcomes and significant advantages over standard of care, including traditional NPWT.[1,2]

A systematic review of comparative studies and meta-analysis[1] evaluated the performance of Veraflo Therapy versus control in 13 studies and 720 patients with various wound types:

- >50% reduced length of therapy[1,2] (9.88 days vs. 21.8 days, p=0.02).
- Wounds ready for closure almost twice as fast[1,2] (7.88 days vs. 14.36 days, p=0.003).
- Wounds were 2.39 times more likely to close[1] (p=0.01).
- Reduced bacterial count from baseline.[1] Odds were 4.4 times greater (p=0.003) than for controls.

References: 1. Gabriel, Allen MD, FACS; Camardo, Mark MS; O'Rorke, Erin BS; Gold, Rebecca BS; Kim, Paul J. DPM, MS, FACFAS Effects of Negative-Pressure Wound Therapy With Instillation versus Standard of Care in Multiple Wound Types: Systematic Literature Review and Meta-Analysis, *Plastic and Reconstructive Surgery:* January 2021 - Volume 147 - Issue 1S-1 - p 68S-76S doi: 10.1097/PRS.0000000000007614. **2.** Kim PJ, Lookess S, Bongards C, Griffin LP, Gabriel A. Economic model to estimate cost of negative pressure wound therapy with instillation vs control therapies for hospitalised patients in the United States, Germany, and United Kingdom. *Int Wound J*. 2021;1–7.

3M™ Smart Instill™ Feature for 3M™ Veraflo™ Therapy

What is it?

The Smart Instill Feature uses sophisticated software that automates many of the Veraflo Therapy steps and delivers an easier and less time-consuming interaction when initiating instillation therapy:

- Automatically determines the volume of topical wound solution to instill.
- Preprogrammed therapy settings align to global advisory recommendations.[1]
- Animated troubleshooting, customizable alarm, and postpone feature.

Select the Smart Instill Feature. Then select:

- Canister selection
- 3M™ Seal Check™ Button/Feature Automated
- Fill Estimation Automated
- Instillation Automated
- Confirmation Optional Automation

Smart Instill Feature

Automatically determines the volume of topical wound solution to instill.

Preprogrammed therapy settings align to global advisory recommendations.[1]

Animated troubleshooting, customizable alarm and postpone feature.

References: 1. Kim PJ, Attinger CE, Constantine T, et al. Negative pressure wound therapy with instillation: International consensus guidelines update. *Int Wound J*. 2019;1–13. https://doi.org/10.1111/iwj.13254

Veraflo Therapy is not indicated for treatment of infection, for the prevention and treatment of biofilm, or for the delivery of nontopical antibiotics or drugs.[1]

Expert recommendations for use of 3M™ Veraflo™ Therapy

General recommendations[1]

Appropriate Wound Types:

- Traumatic wounds
- Diabetic wounds
- Venous leg ulcers
- Pressure injuries/ulcers
- Surgical, including dehisced, wounds
- Full-thickness burns after excision
- Wounds with exposed intact bone
- Wounds with treated, underlying osteomyelitis
- Infected or contaminated wounds in the presence of orthopedic fixation hardware
- Wounds resulting from evacuation of a hematoma and when hemostasis is achieved
- Wounds that are a bridge between staged/delayed amputation

Appropriate Wound Characteristics:

- Clean wounds
- Wounds that are difficult to granulate
- Contaminated/infected wounds
- Adequately cleansed and debrided wounds
- Wounds with heavy bioburden

Appropriate Wound Types for 3M™ V.A.C. Veraflo Cleanse Choice™ Dressing Kit and 3M™ Veraflo™ Cleanse Choice Complete™ Dressing:

- Contaminated/infected wounds
- Wounds with heavy bioburden
- Wounds that could benefit from wound cleansing when sharp debridement is delayed or not an option
- Wound beds that contain thick exudate
- Wounds with 20% to 40% surface area coverage with clean, healthy, and viable tissue

3M™ Veraflo™ Therapy with either 3M™ Veraflo™ Cleanse Choice Complete™ Dressing or 3M™ V.A.C. Veraflo Cleanse Choice™ Dressing provides hydromechanical removal of infectious materials, non-viable tissue and wound debris, which reduces the number of surgical debridements required, while promoting granulation tissue formation, creating an environment that promotes wound healing.

Reference: 1. Kim PJ, Attinger CE, Constantine T, et al. Negative pressure wound therapy with instillation: International consensus guidelines update. *Int Wound J*. 2020;17(1):174–186.

Expert recommendations for use of 3M™ Veraflo™ Therapy

Settings, solutions, and discontinuation[1]

Appropriate Therapy Time Setting:

- 2.0 to 3.0 hours

Appropriate Dwell Time Setting:

- 10 minutes

Appropriate Pressure Setting:

- −125mmHg

Recommended Compatible Solutions:

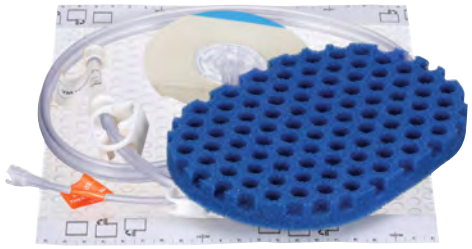
- Normal saline
- Hypochlorous acid solution
- Sodium hypochlorite solution (dilute Dakin's® Solution 0.125% or quarter strength)
- Acetic acid solution (0.25% to 1.0%)
- Polyhexamethylene biguanide (0.1%) + betaine (0.1%)

When to Discontinue:

- Clinical goals are met
- Wound is deemed ready for surgical closure or coverage
- Wound has decompensated
- Wound is clinically stable for standard NPWT or other advanced therapy to be applied

Reference: 1. Kim PJ, Attinger CE, Constantine T, et al. Negative pressure wound therapy with instillation: International consensus guidelines update. *Int Wound J*. 2020;17(1):174–186.

3M™ Veraflo™ Therapy with either 3M™ Veraflo™ Cleanse Choice Complete™ Dressing or 3M™ V.A.C. Veraflo Cleanse Choice™ Dressing provides hydromechanical removal of infectious materials, non-viable tissue and wound debris, which reduces the number of surgical debridements required, while promoting granulation tissue formation, creating an environment that promotes wound healing.



3M™ Veraflo™ Cleanse Choice Complete™ Dressing Kit

What is it?

The Veraflo Cleanse Choice Complete Dressing Kit features a uniquely combined single layer foam that offers more versatility in dressing application, along with the gentle skin-friendly strength of the 3M™ Dermatac™ Drape. This powerful combination makes the dressing application and initiation of Veraflo Therapy easier than ever.

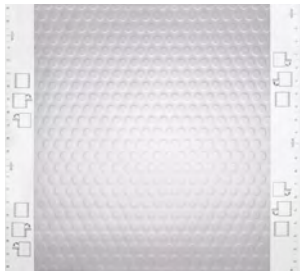
3M™ V.A.C. Veraflo Cleanse Choice™ Dressing

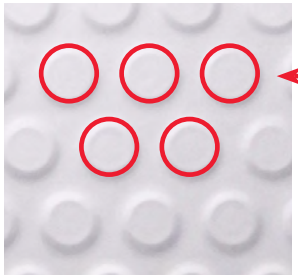
What is it?

The V.A.C. Veraflo Cleanse Choice Dressing features three foam layers to provide application options for wounds with varying depths, and allows for single or duo pad application. This dressing is ideal for dirty wounds needing active therapy.

Why use it?

- Higher tensile strength to help ensure complete removal of foam from the wound bed
- Less hydrophobic properties to help with the even distribution of topical wound solutions across the wound bed
- Cleanse wounds when slough or non-viable tissue remains
- Promote granulation tissue formation
- Remove thick, non-viable tissue and infectious materials
- Help prepare for wound closure





3M™ Dermatac™ Drape

What is it?

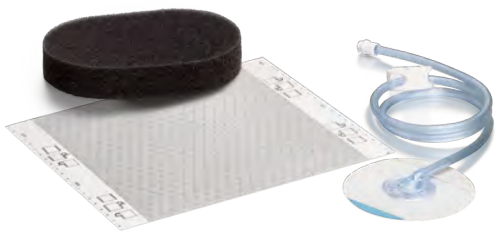
Dermatac Drape is the first silicone-acrylic drape which provides the ideal balance for wound healing support.

How is it different?

Hybrid design:

- **Acrylic** (inside the circles) ensures a tight seal to protect wounds on challenging, anatomical locations.
- **Silicone** (outside the circles) allows for repositioning upon initial application and easy handling during dressing changes.
- Compatible for use with 3M™ V.A.C.® Therapy and 3M™ Veraflo™ Therapy.
- Skin-friendly removal supports optimal healing and patient comfort.
- Low-tack adhesive properties of 3M™ Dermatac™ Drape are strong enough to maintain a seal for yet gentle enough to help take the pain out of dressing changes.[1–3]

Reference: 1. KCI. Summative User Interface Evaluation Report. March 20, 2018. **2.** KCI. The Performance of Dermatac™ Drape as Compared to V.A.C. Drape in Healthy Human Subjects. April 5, 2016. **3.** ICG. DERMATAC Opportunity Assessment: Qualitative & Quantitative Market Research Final Report. October 8, 2015.



Why use 3M™ Dermatac™ Drape?

Dermatac Drape offers features related to sealing and repositionability upon initial placement and works hard during each step of 3M™ V.A.C.® Therapy.

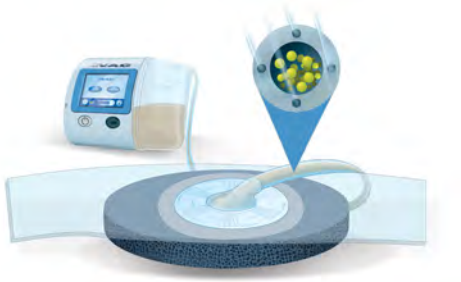
1. **Apply with ease:** conforms to different anatomical locations and can be repositioned upon initial placement.
2. **Seal in the heal:** maintains a highly-effective seal for wound protection.
3. **Remove with kindness:** skin-friendly removal supports optimal healing and patient comfort.

Dermatac Drape offers clinicians efficiency through easier training, reduced time at dressing changes, and reduced waste when compared to standard of care.[1]

Tips for applying Dermatac Drape:

- DO NOT stretch and apply loosely over the wound area
- Leave at least a 5cm border
- Cut slits on curved areas, and overlap the fold to remove the wrinkle

Reference: 1. KCI. Summative User Interface Evaluation Report. March 20, 2018. 0000046678



3M™ V.A.C.® Therapy with 3M™ V.A.C.® Granufoam™ Dressing

What is it?

V.A.C.® Therapy creates an environment to promote wound healing through well-established mechanisms of action.

3M™ SensaT.R.A.C.™ Technology with 3M™ Easyclear Purge™ Technology

Only V.A.C.® Therapy provides patented SensaT.R.A.C. Technology, a real-time pressure feedback system that adjusts pump output, compensating for wound distance, wound position, exudate characteristics, and patient movement. Easyclear Purge Technology facilitates exudate removal and helps increase accuracy of blockage alarm.

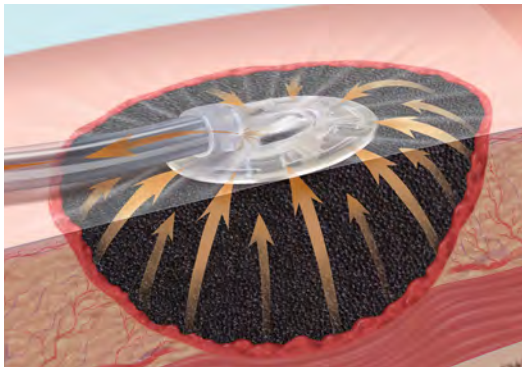
Macrostrain:

- Draws wound edges together
- Removes exudate
- Reduces edema
- Promotes perfusion
- Removes infectious material

Microstrain:[1–4]

Promotes granulation, tissue formation, and perfusion by means of:

- Cell proliferation
- Fibroblast migration



References: 1. McNulty A, Spranger I, Courage J, et al. The consistent delivery of negative pressure to wounds using reticulated, open cell foam and regulated pressure feedback. *Wounds*. 2010 May;22(5):114–120. **2.** Saxena V, Hwang C-W, Huang S, et al. Vacuum-assisted closure: microdeformations of wounds and cell proliferation. *Plastic and Reconstructive Surgery*. 2004 Oct;114(5):1086–1096; discussion 1097–8. **3.** McNulty AK, Schmidt M, Feeley T, Kieswetter K. et al. Effects of negative pressure wound therapy on fibroblast viability, chemotactic signaling, and proliferation in a provisional wound (fibrin) matrix. *Wound Repair Regen*. 2007 November 1;15(6):838–46. **4.** McNulty AK, Schmidt M, Feeley T, et al. Effects of negative pressure wound therapy on cellular energetics in fibroblasts grown in a provisional wound (fibrin) matrix. *Wound Repair Regen*. 2009 March 1;17(3):192–9.

Why use 3M™ V.A.C.® Therapy with 3M™ V.A.C.® Granufoam™ Dressing in a wide variety of wounds?

- V.A.C.® Therapy promotes granulation tissue formation while providing a closed, moist wound environment that promotes wound healing.
- V.A.C.® Granufoam™ Dressing can be easily trimmed to fit the contours of deep or irregularly shaped wounds and are available in a variety of configurations for bridging techniques and offloading when treating multiple wounds.
- Reticulated Open Cell Foam (ROCF) specifically designed with 400–600 micron pore sizes.
- Allows for the even distribution of negative pressure across the wound bed and the efficient removal of exudate.

3M™ V.A.C.® Therapy with 3M™ V.A.C.® Granufoam Silver™ Dressing

What is it?

V.A.C.® Granufoam Silver™ Dressing is an advanced wound dressing to assist granulation tissue formation and exudate removal — with the effective bacterial barrier properties of silver.

V.A.C.® Therapy helps promotes wound healing through well-established mechanisms of action.

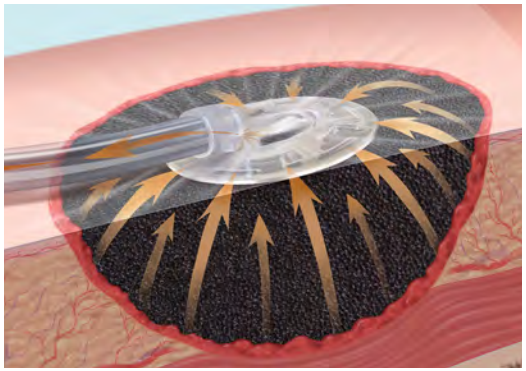
Macrostrain:

- Draws wound edges together
- Removes exudate
- Reduces edema
- Promotes perfusion
- Removes infectious material

Microstrain:[1–4]

Promotes granulation, tissue formation, and perfusion by means of:

- Cell proliferation
- Fibroblast migration



References: 1. McNulty A, Spranger I, Courage J, et al. The consistent delivery of negative pressure to wounds using reticulated, open cell foam and regulated pressure feedback. *Wounds*. 2010 May;22(5):114–120. **2.** Saxena V, Hwang C-W, Huang S, et al. Vacuum-assisted closure: microdeformations of wounds and cell proliferation. *Plastic and Reconstructive Surgery*. 2004 Oct;114(5):1086–1096; discussion 1097-8. **3.** McNulty AK, Schmidt M, Feeley T, Kieswetter K. et al. Effects of negative pressure wound therapy on fibroblast viability, chemotactic signaling, and proliferation in a provisional wound (fibrin) matrix. *Wound Repair Regen*. 2007 November 1;15(6):838–46. **4.** McNulty AK, Schmidt M, Feeley T, et al. Effects of negative pressure wound therapy on cellular energetics in fibroblasts grown in a provisional wound (fibrin) matrix. *Wound Repair Regen*. 2009 March 1;17(3):192–9.

Why use 3M™ V.A.C.® Therapy for chronic, critically colonized, or infected wounds?*

- V.A.C.® Therapy promotes granulation tissue formation while providing a closed, moist wound environment that promotes wound healing.
- V.A.C.® Granufoam Silver™ Dressing:
  - The only silver dressing that allows the 3M™ Granufoam™ Dressing pores to come in direct contact with the wound, eliminating the need for additional silver dressing layers that may inhibit negative pressure and granulation.
  - Micro-bonded metallic silver is uniformly distributed throughout the dressing, providing silver even after sizing.
  - **Easy-to-use:** A single application of V.A.C.® Granufoam Silver™ Dressing eliminates the need for adjunct silver dressings.
  - **Effective protection:** Based on *in-vitro* microbial testing, provides an effective barrier to bacterial penetration. The protective silver ion reduces aerobic, gram-negative and gram-positive bacteria, and may help reduce infections in wounds.

*When used in conjunction with good clinical practice, such as appropriate use of sharp debridement and/or antibiotics.

3M™ V.A.C.® Therapy with 3M™ V.A.C.® Simplace™ Ex Dressing/3M™ V.A.C.® Simplace™ Dressing with 3M™ Tegaderm™ Drape

What is it?

V.A.C.® Simplace™ Dressing has been specifically designed to simplify the V.A.C.® Therapy dressing placement process.

V.A.C.® Therapy helps promotes wound healing through well-established mechanisms of action.

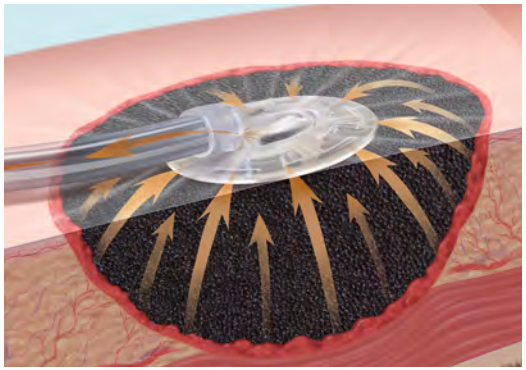
Macrostrain:

- Draws wound edges together
- Removes exudate
- Reduces edema
- Promotes perfusion
- Removes infectious material

Microstrain:[1–4]

Promotes granulation, tissue formation, and perfusion by means of:

- Cell proliferation
- Fibroblast migration



Note: 3M and Tegaderm are trademarks of 3M Company.

References: 1. McNulty A, Spranger I, Courage J, et al. The consistent delivery of negative pressure to wounds using reticulated, open cell foam and regulated pressure feedback. *Wounds*. 2010 May;22(5):114–120. **2.** Saxena V, Hwang C-W, Huang S, et al. Vacuum-assisted closure: microdeformations of wounds and cell proliferation. **Plastic and Reconstructive Surgery**. 2004 Oct;114(5):1086–1096; discussion 1097–8. **3.** McNulty AK, Schmidt M, Feeley T, Kieswetter K. et al. Effects of negative pressure wound therapy on fibroblast viability, chemotactic signaling, and proliferation in a provisional wound (fibrin) matrix. *Wound Repair Regen*. 2007 November 1;15(6):838–46. **4.** McNulty AK, Schmidt M, Feeley T, et al. Effects of negative pressure wound therapy on cellular energetics in fibroblasts grown in a provisional wound (fibrin) matrix. *Wound Repair Regen*. 2009 March 1;17(3):192–9.

Why use 3M™ V.A.C.® Therapy in difficult anatomical areas?

- Designed to simplify the V.A.C.® Therapy dressing placement process.
- Spiral-cut foam kits are simple to size and place.
- No scissors necessary with these “ease of use” kits.
- 3M™ V.A.C.® Simplace™ Ex Dressing: Precut 3M™ V.A.C.® Drape strips provide easier application and fewer steps for bridging.
- V.A.C.® Simplace™ Ex Dressing Medium Kit is supplied with 2 spiral cut 3M™ V.A.C.® Granufoam™ Dressing, 1 sheet and 2 strips of 3M™ V.A.C.® Drape, 1 SensaT.R.A.C.™ Pad with connector, and 1 disposable ruler.
- V.A.C.® Simplace™ Dressing Medium Kit with 3M™ Tegaderm™ Transparent Film Dressings is supplied with 2 spiral cut V.A.C.® Granufoam™ Dressings, 3 sheets of Tegaderm Drape, 1 SensaT.R.A.C. Pad with connector, and 1 disposable ruler.

3M™ V.A.C.® Therapy with 3M™ V.A.C.® Granufoam™ Bridge Dressing/ 3M™ V.A.C.® Granufoam™ Bridge XG Dressing

What is it?

V.A.C.® Granufoam™ Bridge Dressing is ideal for use with wounds in pressure sensitive areas that require bridging.

V.A.C.® Granufoam™ Bridge Dressing includes components designed to simplify dressing application including:

- A wicking layer that helps intact skin stay dry
- Integrated bridge allows for 3M™ SensaT.R.A.C.™ Pad placement away from wound site

V.A.C.® Therapy helps promotes wound healing through well-established mechanisms of action.

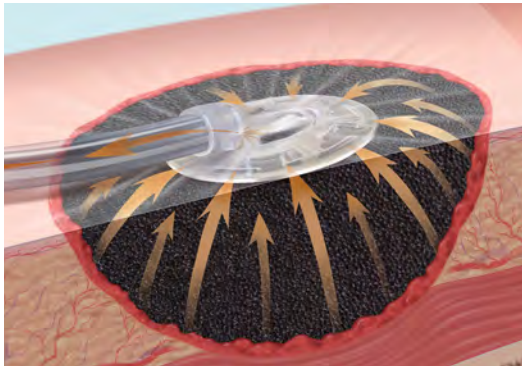
Macrostrain:

- Draws wound edges together
- Removes exudate
- Reduces edema
- Promotes perfusion
- Removes infectious material

Microstrain:[1–4]

Promotes granulation, tissue formation, and perfusion by means of:

- Cell proliferation
- Fibroblast migration



References: 1. McNulty A, Spranger I, Courage J, et al. The consistent delivery of negative pressure to wounds using reticulated, open cell foam and regulated pressure feedback. *Wounds*. 2010 May;22(5):114–120. **2.** Saxena V, Hwang C-W, Huang S, et al. Vacuum-assisted closure: microdeformations of wounds and cell proliferation. *Plastic and Reconstructive Surgery*. 2004 Oct;114(5):1086–1096; discussion 1097–8. **3.** McNulty AK, Schmidt M, Feeley T, Kieswetter K. et al. Effects of negative pressure wound therapy on fibroblast viability, chemotactic signaling, and proliferation in a provisional wound (fibrin) matrix. *Wound Repair Regen*. 2007 November 1;15(6):838–46. **4.** McNulty AK, Schmidt M, Feeley T, et al. Effects of negative pressure wound therapy on cellular energetics in fibroblasts grown in a provisional wound (fibrin) matrix. *Wound Repair Regen*. 2009 March 1;17(3):192–9.

Why use 3M™ V.A.C.® Therapy in areas of pressure (plantar surface of the foot, etc.) wounds?

- V.A.C.® Therapy promotes granulation tissue formation while providing a closed, moist wound healing environment.
- 3M™ V.A.C.® Granufoam™ Bridge Dressing has been specifically designed to place the 3M™ SensaT.R.A.C.™ Pad away from the wound site. This dressing helps support mobility, allowing patients to resume activities of daily living, and facilitates patient transition to a non-acute care setting with an off-loading boot and V.A.C.® Therapy.
- V.A.C.® Granufoam™ Bridge Dressing is supplied with 1 V.A.C.® Granufoam™ Dressing (6 x 17 x 1.9cm), 1 V.A.C.® Granufoam™ Bridge Dressing (67cm) with integrated SensaT.R.A.C. Pad, 1 sheet of perforated V.A.C.® Drape with pre-cut hole, and 1 disposable ruler.
- V.A.C.® Granufoam™ Bridge XG Dressing is supplied with 2 spiral cut V.A.C.® Granufoam™ Dressings, 1 V.A.C.® Granufoam™ Bridge Dressing (67cm) 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, and 1 disposable ruler.

3M™ V.A.C.® Therapy with 3M™ V.A.C. Whitefoam™ Dressing

What is it?

V.A.C. Whitefoam Dressing is a versatile, polyvinyl alcohol dressing used for tunnels and undermining, in situations where hypergranulation responses are likely and to bolster split thickness skin grafts.

V.A.C.® Therapy helps promotes wound healing through well-established mechanisms of action.

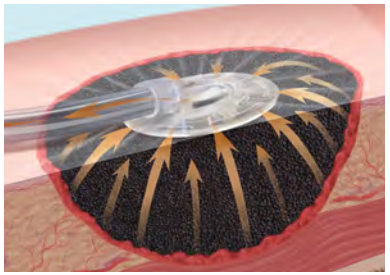
Macrostrain:

- Draws wound edges together
- Removes exudate
- Reduces edema
- Promotes perfusion
- Removes infectious material

Microstrain:[1–4]

Promotes granulation, tissue formation, and perfusion by means of:

- Cell proliferation
- Fibroblast migration



Why use V.A.C. Whitefoam Dressing in a wide variety of wounds?

- V.A.C.® Therapy promotes granulation tissue formation while providing a closed, moist wound healing environment.
- V.A.C. Whitefoam Dressings have:
  - Higher tensile strength facilitating removal from tunnels and undermining
  - Open cell non-reticulated properties to help minimize ingrowth of granulation tissue for a more comfortable dressing change
  - Less adherent material than 3M™ V.A.C.® Granufoam™ Dressing can be used as a bolster for skin grafts
  - Pre-moistened with sterile water

References: 1. McNulty A, Spranger I, Courage J, et al. The consistent delivery of negative pressure to wounds using reticulated, open cell foam and regulated pressure feedback. *Wounds*. 2010 May;22(5):114–120. **2.** Saxena V, Hwang C-W, Huang S, et al. Vacuum-assisted closure: microdeformations of wounds and cell proliferation. *Plastic and Reconstructive Surgery*. 2004 Oct;114(5):1086–1096; discussion 1097–8. **3.** McNulty AK, Schmidt M, Feeley T, Kieswetter K. et al. Effects of negative pressure wound therapy on fibroblast viability, chemotactic signaling, and proliferation in a provisional wound (fibrin) matrix. *Wound Repair Regen*. 2007 November 1;15(6):838–46. **4.** McNulty AK, Schmidt M, Feeley T, et al. Effects of negative pressure wound therapy on cellular energetics in fibroblasts grown in a provisional wound (fibrin) matrix. *Wound Repair Regen*. 2009 March 1;17(3):192–9.

3M™ ActiV.A.C.™ Therapy System

What is it?

ActiV.A.C. Therapy System is a portable NPWT therapy system designed to help patients begin to resume their activities of daily living while still receiving the proven wound healing benefits of 3M™ V.A.C.® Therapy. The system is small, lightweight, and easy to use, making it an optimal system for wound care patients transitioning to home recovery.

Why use ActiV.A.C. Therapy System for at-home wound care?

- Ergonomically designed to be small and light — just 2.4 pounds
- Powered by lithium ion rechargeable battery, so ambulatory patients have more freedom of movement
- Long battery life — generally 14 hours average (depending on setting)
- Therapy History Reporting to document patient compliance with V.A.C.® Therapy – Monitors therapy usage, settings, durations and dressing and canister changes to help ensure patients are receiving the programmed course of therapy
- USB port for convenient data downloads

3M™ V.A.C.® Simplicity Therapy System

What is it?

The V.A.C.® Simplicity Therapy System keeps it simple for both patients and clinicians with a pre-set system designed to deliver the most commonly prescribed negative pressure, with fewer steps. V.A.C.® Simplicity Therapy System comes pre-loaded with the features of 3M™ V.A.C.® Therapy, including proprietary SensaT.R.A.C.™ Technology to reduce erroneous alarms and help quickly resolve issues. Despite all these features, V.A.C.® Simplicity Therapy System is so easy to use, it just requires a single touch.

Why use ActiV.A.C. Therapy System for at-home wound care?

- Intuitive alerts and alarms with minimal button pushes, including low battery, blockage, and leak
- Easy to operate, with a simple interface that minimizes device training time
  - Automatically delivers the most commonly prescribed NPWT setting of Continuous -125mmHg
  - Quick release canisters allow for efficient replacement
  - Long battery life (14+ hours) with fast recharge time
  - 300mL, multi-orientational canister minimizes canister changes while allowing for patient mobility and product position flexibility
- Lightweight and portable for patient comfort
  - Carrying case allows discreet delivery of therapy on-the-go

3M™ V.A.C.® Therapy Units and Canisters

Part Number	Description
ULTDEV01/US	3M™ V.A.C.® Ulta Therapy System, United States
340000	3M™ ActiV.A.C.™ Therapy System, United States
414773	3M™ V.A.C.® Simplicity Therapy Unit
M8275063/10	500mL Canister with Gel for use with INFOV.A.C.™ and 3M™ V.A.C.® Ulta Therapy Systems, case of 10
M8275063/5	500mL Canister with Gel for use with INFOV.A.C.™ and 3M™ V.A.C.® Ulta Therapy Systems, case of 5
M8275071/10	500mL Canister without Gel for use with INFOV.A.C.™ and 3M™ V.A.C.® Ulta Therapy Systems, case of 10
M8275071/5	500mL Canister without Gel for use with INFOV.A.C.™ and 3M™ V.A.C.® Ulta Therapy Systems, case of 5
M8275093/5	1,000mL Canister with Gel for use with INFOV.A.C.™ and 3M™ V.A.C.® Ulta Therapy Systems, case of 5
M8275058/10	3M™ ActiV.A.C.™ 300mL Canister with Gel, case of 10
M8275058/5	3M™ ActiV.A.C.™ 300mL Canister with Gel, case of 5

3M™ Dermatac™ Drape

Part Number	Description
DTAC10LDP	3M™ Dermatac™ Drape, case of 10
DTGF05PKS	3M™ Dermatac™ Drape with 3M™ V.A.C.® Granufoam™ Dressing Kit — Small (includes 1 Dermatac Drape), case of 5
DTGF10PKS	3M™ Dermatac™ Drape with 3M™ V.A.C.® Granufoam™ Dressing Kit — Small (includes 1 Dermatac Drape), case of 10
DTGF05PKM	3M™ Dermatac™ Drape with 3M™ V.A.C.® Granufoam™ Dressing Kit — Medium (includes 1 Dermatac Drape), case of 5
DTGF10PKM	3M™ Dermatac™ Drape with 3M™ V.A.C.® Granufoam™ Dressing Kit — Medium (includes 1 Dermatac Drape), case of 10
DTGF05PKL	3M™ Dermatac™ Drape with 3M™ V.A.C.® Granufoam™ Dressing Kit — Large (includes 2 Dermatac Drapes), case of 5
DTGF10PKL	3M™ Dermatac™ Drape with 3M™ V.A.C.® Granufoam™ Dressing Kit — Large (includes 2 Dermatac Drapes), case of 10

3M™ V.A.C.® Granufoam™ Dressing and 3M™ V.A.C.® Simplace™ Dressing with 3M™ SensaT.R.A.C.™ Technology

Part Number	Description
M8275042/10	3M™ V.A.C.® Granufoam™ Bridge Dressing, 10-pack
M8275042/5	3M™ V.A.C.® Granufoam™ Bridge Dressing, 5-pack
M8275044/5	3M™ V.A.C.® Granufoam™ Bridge XG Dressing, 5-pack
M8275051/10	3M™ V.A.C.® Granufoam™ Dressing Small, 10-pack
M8275051/5	3M™ V.A.C.® Granufoam™ Dressing Small, 5-pack
M8275052/10	3M™ V.A.C.® Granufoam™ Dressing Medium, 10-pack
M8275052/5	3M™ V.A.C.® Granufoam™ Dressing Medium, 5-pack
M8275053/10	3M™ V.A.C.® Granufoam™ Dressing Large, 10-pack
M8275053/5	3M™ V.A.C.® Granufoam™ Dressing Large, 5-pack
M8275065/5	3M™ V.A.C.® Granufoam™ Dressing X-Large, 5-pack
M8275046/5	3M™ V.A.C.® Simplace™ Ex Dressing, Small, 5-pack
M8275045/5	3M™ V.A.C.® Simplace™ Ex Dressing, Medium, 5-pack
M8275041/10	3M™ V.A.C.® Simplace™ Dressing, Small, 10-pack
M8275041/5	3M™ V.A.C.® Simplace™ Dressing, Small, 5-pack
M8275040/10	3M™ V.A.C.® Simplace™ Dressing, Medium, 10-pack
M8275040/5	3M™ V.A.C.® Simplace™ Dressing, Medium, 5-pack

3M™ V.A.C. Veraflo™ Dressing and Supplies

Part Number	Description
VFCCC05MD	3M™ Veraflo™ Cleanse Choice Complete™ Dressing Kit, Medium, 5-pack
VFCCC05LG	3M™ Veraflo™ Cleanse Choice Complete™ Dressing Kit, Large, 5-pack
ULTVCC05MD	3M™ V.A.C. Veraflo Cleanse Choice™ Dressing Kit, Medium, 5-Pack
ULTVCC05LG	3M™ V.A.C. Veraflo Cleanse Choice™ Dressing Kit, Large, 5-Pack
ULTVFL05SM	3M™ V.A.C. Veraflo™ Dressing, Small, 5-pack
ULTVFL05MD	3M™ V.A.C. Veraflo™ Dressing, Medium, 5-pack
ULTVFL05LG	3M™ V.A.C. Veraflo™ Dressing, Large, 5-pack
ULTVCL05MD	3M™ V.A.C. Veraflo Cleanse™ Dressing, Medium, 5-pack
ULTLNK0500	3M™ V.A.C. Veralink™ Cassette, 5-pack
ULTDUO0500	3M™ V.A.C. VeraT.R.A.C. Duo™ Tube Set, 5-pack

3M™ V.A.C. Whitefoam™ Dressing with 3M™ SensaT.R.A.C.™ Technology

Part Number	Description
M6275033/10	3M™ V.A.C. Whitefoam™ Dressing, Small, Foam Only, 10-pack
M6275034/10	3M™ V.A.C. Whitefoam™ Dressing, Large, Foam Only, 10-pack
M8275067/10	3M™ V.A.C. Whitefoam™ Dressing, Large, 10-pack
M8275067/5	3M™ V.A.C. Whitefoam™ Dressing, Large, 5-pack
M8275068/10	3M™ V.A.C. Whitefoam™ Dressing, Small, 10-pack
M8275068/5	3M™ V.A.C. Whitefoam™ Dressing, Small, 5-pack

3M™ V.A.C.® Granufoam Silver™ Dressing with 3M™ SensaT.R.A.C.™ Technology

Part Number	Description
M8275098/10	3M™ V.A.C.® Granufoam Silver™ Dressing, Small, 10-pack
M8275098/5	3M™ V.A.C.® Granufoam Silver™ Dressing, Small, 5-pack
M8275096/10	3M™ V.A.C.® Granufoam Silver™ Dressing, Medium, 10-pack
M8275096/5	3M™ V.A.C.® Granufoam Silver™ Dressing, Medium, 5-pack
M8275099/10	3M™ V.A.C.® Granufoam Silver™ Dressing, Large, 10-pack
M8275099/5	3M™ V.A.C.® Granufoam Silver™ Dressing, Large, 5-pack

Disposable Negative Pressure Wound Therapy

3M™ Snap™ Therapy System

3M™ Prevena™ Plus 125 Therapy Unit

3M™ Snap™ Therapy System

What is it?

The Snap Therapy System is a disposable, off-the-shelf NPWT solution that combines the simplicity of advanced dressings with the benefits of negative pressure wound therapy.

Why use Snap Therapy System for DFU and VLU wounds?

- Ideal for small to medium DFUs and VLUs with low to moderate amounts of exudate
- Small, silent, lightweight system designed for ambulatory or elderly patients
- Medicare reimbursed in Wound Care Clinics, Home Health Agencies, and Physician Offices (97607/8)

3M™ Snap™ Therapy System

Part Number	Description	Size	Unit of Measure
SNPA125US	3M™ Snap™ 125mmHg Therapy Cartridge	60mL	Each
SNPA125US/10	3M™ Snap™ 125mmHg Therapy Cartridge	60mL	Case of 10
SNPA125PLUS	3M™ Snap™ Plus 125mmHg Therapy Cartridge	150mL	Eaches
SNPA125PLUS/10	3M™ Snap™ Plus 125mmHg Therapy Cartridge	150mL	Case of 10
BKTF14X11	3M™ Snap™ Bridge Dressing Kit	5.5" x 4.25"	Each
BKTF14X11/10	3M™ Snap™ Bridge Dressing Kit	5.5" x 4.25"	Case of 10
BKTF14X11S	3M™ Snap™ Bridge Dressing with 3M™ Snap™ SecurRing™ Hydrocolloid Skin Barrier	5.5" x 4.25"	Eaches
BKTF14X11S/10	3M™ Snap™ Bridge Dressing with 3M™ Snap™ SecurRing™ Hydrocolloid Skin Barrier	5.5" x 4.25"	Case of 10

Part Number	Description	Size	Unit of Measure
SKTF10X10	3M™ Snap™ Advanced Dressing Kit	4" x 4"	Eaches
SKTF10X10/10	3M™ Snap™ Advanced Dressing Kit	4" x 4"	Case of 10
SKTF15X15	3M™ Snap™ Advanced Dressing Kit	6" x 6"	Eaches
SKTF15X15/10	3M™ Snap™ Advanced Dressing Kit	6" x 6"	Case of 10
STPAS	3M™ Snap™ Therapy Strap, Small	18"	Eaches
STPAM	3M™ Snap™ Therapy Strap, Medium	21"	Eaches
STPAL	3M™ Snap™ Therapy Strap, Large	24"	Eaches
STPASP	3M™ Snap™ Plus Therapy Strap, Small	18"	Eaches
STPAMP	3M™ Snap™ Plus Therapy Strap, Medium	21"	Eaches
STPALP	3M™ Snap™ Plus Therapy Strap, Large	24"	Eaches
SRNG10	3M™ Snap™ SecurRing™ Hydrocolloid Skin Barrier	2" diam.	Case of 10

3M™ Prevena™ Plus 125 Therapy Unit is indicated for use with select 3M™ V.A.C.® Dressings for open wounds

What is it?

Prevena Plus 125 Therapy Unit is a portable, single-use, disposable therapy unit provides NPWT to help manage closed incisions and low-exudating, small- to medium-sized open wounds. When used with compatible V.A.C.® Dressings on open wounds, the Prevena Plus 125 Therapy Unit is intended to create an environment that promotes wound healing by preparing the wound bed for closure, reducing edema, promoting granulation tissue formation and perfusion, and by removing exudate and infectious material.

The unit is:

- Pre-set, continuous negative pressure at -125mmHg for up to 14 days
- Aligned with 3M™ SensaT.R.A.C.™ Technology
- Disposable, single patient use
- Contains a rechargeable battery
- Portable, easy to carry (case included)

Why use Prevena Plus 125 Therapy Unit for open soft tissue wounds?

- For patients who would benefit from a negative pressure wound therapy (NPWT) unit.
- For clinicians who desire a single-use, disposable device for delivering NPWT.

3M™ Prevena™ Plus 125 Therapy Unit is compatible with:

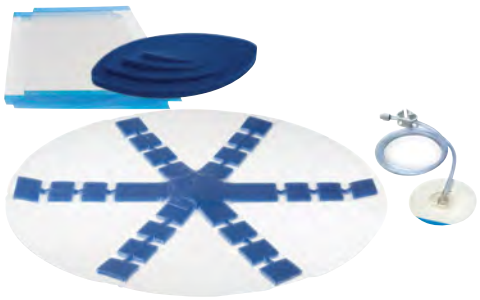
Part Number	Description
M8275046/5	3M™ V.A.C.® Simplace™ Ex Dressing Small Dressing Kit,* 5-pack
M8275045/5	3M™ V.A.C.® Simplace™ Ex Dressing Medium Dressing Kit,* 5-pack
DTGF10PKS	3M™ Dermatac™ Drape and V.A.C.® Granufoam™ Dressing Kit,* Small, 10-pack
DTGF05PKS	3M™ Dermatac™ Drape and V.A.C.® Granufoam™ Dressing Kit,* Small, 5-pack
DTGF10PKM	3M™ Dermatac™ Drape and V.A.C.® Granufoam™ Dressing Kit,* Medium, 10-pack
DTGF5PKM	3M™ Dermatac™ Drape and V.A.C.® Granufoam™ Dressing Kit,* Medium, 5-pack
M8275051/10	3M™ V.A.C.® Granufoam™ Dressing Kit,* Small, 10-pack
M8275051/5	3M™ V.A.C.® Granufoam™ Dressing Kit,* Small, 5-pack
M8275052/10	3M™ V.A.C.® Granufoam™ Dressing Kit,* Medium, 10-pack
M8275052/5	3M™ V.A.C.® Granufoam™ Dressing Kit,* Medium, 5-pack
M8275068/10	3M™ V.A.C. Whitefoam™ Dressing Kit,* Small, 10-pack
M8275068/5	3M™ V.A.C. Whitefoam™ Dressing Kit,* Small 5-pack
M6275033/10	3M™ V.A.C. Whitefoam™ Dressing, Small (foam only), 10-pack
M8275098/10	3M™ V.A.C.® Granufoam Silver™ Dressing Kit,* Small, 10-pack
M8275098/5	3M™ V.A.C.® Granufoam Silver™ Dressing Kit,* Small, 5-pack
M8275096/10	3M™ V.A.C.® Granufoam Silver™ Dressing Kit,* Medium, 10-pack
M8275096/5	3M™ V.A.C.® Granufoam Silver™ Dressing Kit,* Medium, 5-pack

*Small- and medium-sized V.AC.® Dressings are compatible with Prevena™ Plus 125 Therapy Unit.

Open Abdomen Management

3M™ AbThera™ Open Abdomen Negative Pressure Therapy

3M™ AbThera™ Advance Open Abdomen Dressing



3M™ AbThera™ SensaT.R.A.C.™ Open Abdomen Dressing

3M™ AbThera™ Open Abdomen Negative Pressure Therapy

What is it?

AbThera Therapy is a Temporary Abdominal Closure (TAC) system that helps surgeons take control early when managing a challenging open abdomen, helping to achieve primary fascial closure.

Why use AbThera Therapy for open abdomen management?

Under negative pressure, the unique configuration of the 3M™ AbThera™ Perforated Foam is designed to collapse medially while maintaining its vertical rigidity. It actively facilitates drawing the wound edges together.[1]

- Actively removes fluid and helps reduce edema
- Provides medial tension which helps minimize fascial retraction and loss of domain[2]
- Provides separation between the abdominal wall and viscera, protecting abdominal contents
- Allows rapid access for re-entry and does not require sutures for placement

3M™ AbThera™ Advance Open Abdomen Dressing

Part Number	Description
ABT1055	3M™ AbThera™ Advance Open Abdomen Dressing, 5-pack

3M™ AbThera™ SensaT.R.A.C.™ Open Abdomen Dressing

Part Number	Description
M8275026/5	3M™ AbThera™ SensaT.R.A.C.™ Open Abdomen Dressing, 5-pack

References: 1. Schmidt M, et al. Novel foam design actively draws wound edges together under negative pressure: benchtop and pre-clinical assessment. *SAWC*. 2018 Nov 2–4. **2.** Miller Pr, et al. Prospective evaluation of vacuum-assisted fascial closure after open abdomen: planned ventral hernia rate is substantially reduced. *Ann Surg*. 2004 May; 239(5):608–614.

Incision Management

3M™ Prevena™ Therapy

3M™ Prevena™ Plus 125 Therapy Unit

3M™ Prevena™ Incision Management System

What is it?

Prevena Incision Management System manages the surgical incision by:

- Helping to hold incision edges together
- Removing fluids and infectious materials
- Acting as a barrier to external contamination
- Delivering continuous negative pressure at -125mmHg up to 7 days

Why use 3M™ Prevena™ Therapy for incision management?

- The **first** medical device indicated by FDA to aid in the reduction of superficial surgical site infections in Class I and II wounds, Prevena Therapy can help protect your high risk patients.*
- Timely incision management can help reduce the human and economic costs relate to HAIs.[1] Complications with incision healing lead to serious patient consequences.
- There are 8 million people at risk for Healthcare-associated infections (HAIs).[1]
- Surgical Site Infections are 21.8% of all healthcare-associated infections.[2]
- Infections increase average length of hospital stay to an extra 9.58 days at an additional cost of $38,656.[3]
- 3M™ Prevena Restor™ Therapy helps provide protection and reduces edema by managing the incision and surrounding soft tissue.

*The effectiveness of Prevena Therapy in reducing the incidences of SSIs and seroma in all surgical procedures and populations has not been demonstrated. See full indications for use and limitations at hcbgregulatory.3M.com

†In a canister.

Reference: 1. Zimlichman E, Henderson D, Tamir O, et al. Health care-associated infections: a meta-analysis of costs and financial impact on the US health care system. *JAMA Intern Med*. 2013;173(22):2039–2046. **2.** Magill SS, Edwards JR, Bamberg W, et al. Multistate point-prevalence survey of health care-associated infections. *N Engl J Med*. 2014;370(13):1198–1208. **3.** Zhan C, Miller MR. Excess Length of Stay, Charges, and Mortality Attributable to Medical Injuries During Hospitalization. *JAMA*. 2003;290;1868–1874.

3M™ Prevena™ Plus 125 Therapy Unit

What is it?

Prevena Plus 125 Therapy Unit offers more versatility with one therapy unit for wound, incision and surrounding soft tissue management. The unit is:

- Pre-set, continuous negative pressure at -125mmHg for up to 7 or 14 days*
- Aligned with 3M™ SensaT.R.A.C.™ Technology
- Disposable, single patient use
- Contains a rechargeable battery
- Portable, easy to carry (case included)

Why use Prevena Plus 125 Therapy Unit for incision management?

- For patients who would benefit from a negative pressure wound therapy (NPWT) device
- For clinicians who desire a single-use, disposable device for delivering NPWT

Disposable therapy unit provides NPWT to help manage closed incisions.

Prevena Plus 125 Therapy unit is compatible with Prevena Dressings and select or small/medium V.A.C.® Dressings.

*3M™ Prevena™ Plus 125 Therapy Unit can be continuously applied for 7 to 14 days. 3M™ Prevena™ and Prevena Restor™ Dressings have a maximum wear time of 7 days. 3M™ V.A.C.® Dressings should be changed every 48–72 hours but no less than three times per week, with frequency adjusted by the clinician as appropriate.

*Small and medium size V.A.C.® Dressings are compatible with Prevena Plus 125 Therapy Unit.
**Both 44001674 and 413628 are required to recharge the Prevena Plus Therapy Unit.

3M™ Prevena™ Incision Management Systems

Part Number	Description
PRE1001US	3M™ Prevena™ Incision Management System with Peel and Place Dressing – 20cm
PRE1055US	3M™ Prevena™ Peel and Place Dressing – 20cm, 5-pack
PRE1095	3M™ Prevena™ 45mL Canister
PRE1101US	3M™ Prevena™ Incision Management System with Peel and Place Dressing – 13cm
PRE1121US	3M™ Prevena™ Duo Incision Management System with Peel and Place Dressing, 13cm/13cm
PRE1155US	3M™ Prevena™ Peel and Place Dressing – 13cm, 5-pack

3M™ Prevena™ Plus Therapy Management System

Part Number	Description
PRE3021US	3M™ Prevena™ Plus Duo Incision Management System with Peel and Place Dressing, 20cm/20cm
PRE3201US	3M™ Prevena™ Plus Incision Management System with Peel and Place Dressing – 35cm
PRE3255US	3M™ Prevena™ Plus Peel and Place Dressing – 35cm, 5-pack
PRE3321US	3M™ Prevena™ Plus Duo Incision Management System with Peel and Place Dressing, 13cm/20cm
PRE4001US	3M™ Prevena™ Plus Customizable Incision Management System
PRE4000US	3M™ Prevena™ Plus 125 Therapy Unit – 7 day *(includes one 150mL canister, carrying case, power supply and cord)*
PRE4010	3M™ Prevena™ Plus 125 Therapy Unit – 14 day *(includes one 150mL canister, carrying case, power supply and cord)*
PRE4095	3M™ Prevena™ Plus 150mL Canister (available if needed)
PRE4055US	3M™ Prevena™ Plus Customizable Dressing – 5-pack
44001674	3M™ Prevena™ Plus 125 Therapy Unit Power Supply (available if needed)**
413628	3M™ V.A.C.® Therapy System Power Cord (available if needed)**

3M™ Prevena Restor™ Therapy

Part Number	Description
PRE5001	3M™ Prevena Restor™ Arthro•Form™ Incision Management System, 33cm x 30cm
PRE5101	3M™ Prevena Restor™ Arthro•Form™ Incision Management System, 46cm x 30cmm
PRE5221	3M™ Prevena Restor™ Bella•Form™ Incision Management System, 21cm x 19cm
PRE5321	3M™ Prevena Restor™ Bella•Form™ Incision Management System, 24cm x 22cm
PRE5421	3M™ Prevena Restor™ Bella•Form™ Incision Management System, 29cm x 27cm
PRE5501	3M™ Prevena Restor™ Axio•Form™ Incision Management System, 29cm x 28cm
PRE6001	3M™ Prevena Restor™ Adapti•Form™ Incision Management System
PRE5055	3M™ Prevena Restor™ Arthro•Form™ Dressing, 33cm x 30cm, 5-pack
PRE5155	3M™ Prevena Restor™ Arthro•Form™ Dressing, 46cm x 30cm, 5-pack
PRE5255	3M™ Prevena Restor™ Bella•Form™ Dressing, 21cm x 19cm, 5-pack
PRE5355	3M™ Prevena Restor™ Bella•Form™ Dressing, 24cm x 22cm, 5-pack
PRE5455	3M™ Prevena Restor™ Bella•Form™ Dressing, 29cm x 27cm, 5-pack
PRE5555	3M™ Prevena Restor™ Axio•Form™ Dressing, 29cm x 28cm, 5-pack
PRE6055	3M™ Prevena Restor™ Adapti•Form™ Dressing, 49cm x 28cm, 5-pack

Glossary[1]

Abrasion: Superficial wound caused by the scraping away of the skin by mechanical means.

Abscess: Buildup of infected fluid/pus formed in tissue as a result of infection.

Alginate: A natural absorptive (hydrophilic) wound dressing manufactured from brown seaweed that gels upon contact with wound exudate.

Bacterial contamination: Bacteria are present in the wound.

Blister: Collection of fluid below or within the epidermis caused by friction, burning, or other damage.

Cellulitis: Inflammation, redness, edema, and tenderness of the tissues — indicative of infection.

Colonization: Bacteria are dividing and have invaded the wound surface.

Debridement: Removal of dead, damaged, or infected tissue from a wound to support the healing potential of the remaining healthy tissue.

Dehiscence: A surgical complication in which a wound ruptures along surgical closure.

Erythema: Superficial reddening of the skin, usually in patches, as a result of injury or irritation causing dilatation of the blood capillaries.

Eschar: Thick, dry, dark, or black collection of dead tissue in a wound bed.

Exudate: Wound fluid or drainage, often increased in inflammation.

Full-thickness wound: Tissue destruction extending through the dermis and may involve subcutaneous tissue and structures such as muscle, bone, or supporting structures (e.g., tendons or ligaments).

Gangrene: Localized death and decomposition of body tissue, resulting from either obstructed circulation or bacterial infection.

Granulation tissue: Healthy red tissue which is deposited during the repair process and presents as pinkish/red colored moist tissue and has newly formed collagen, elastin, and capillary networks.

Reference: 1. Wound, Ostomy, and Continence Nurses Society Core Curriculum: *Wound management*. (2016). United Kingdom: Wolters Kluwer.

Glossary[1] (continued)

Hydrocolloid dressing: A category of wound dressings designed with materials, such as gelatin, pectin, and carboxymethylcellulose that provide a moist healing environment and adhere to the skin around the wound.

Hydrogel: Wound treatment using water- or glycerin-based gels, impregnated gauzes or sheet dressings. Hydrogels maintain a moist healing environment and absorb a minimal amount of wound exudate.

Infected wound: A condition in which pathogenic organisms have invaded viable tissue surrounding a wound.

Instillation therapy: Delivery to and removal of topical wound solutions to the wound bed.

Necrotic: Dead tissue that usually results from an inadequate local blood supply. Necrotic tissue is further classified as slough or eschar and color ranges from red to brown, black, or purple.

Osteomyelitis: An infection in a bone. Infections can reach a bone by traveling through the bloodstream or spreading from nearby tissue. Osteomyelitis can also begin in the bone itself if an injury exposes the bone to germs.

Partial-thickness: Wounds that extend through the epidermis and may go into but not through the dermis.

Primary dressing: The wound care product that is placed directly on top of the wound itself.

Secondary dressing: Holds the primary dressing in place.

Skin graft: Removal of partial or full-thickness segment of epidermis and dermis from its blood supply and transplanting it to another site to speed healing and reduce the risk of infection.

Slough: Yellow fibrinous tissue that accumulates in a wound thought to be associated with bacterial activity. Slough consists of fibrin, pus, and proteinaceous material.

Tunneling: An opening from the wound base that extends into adjacent subcutaneous and/or deep tissues.

Undermining: Overhanging skin edges at the margin of the wound.

Reference: 1. Wound, Ostomy, and Continence Nurses Society Core Curriculum: *Wound management*. (2016). United Kingdom: Wolters Kluwer.

Contact your local 3M Account Manager, call the 3M Health Care Helpline at **1-800-228-3957**, or visit **3M.com/Medical** for more information

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Note: Specific indications, limitations, contraindications, warnings, precautions, and safety information exist for these products and therapies. Please consult a clinician and product instruction for use prior to application.

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