

The Therapeutic Continuum of Care for Diabetic Foot Ulcers



**Cutimed®
Sorbion® Sorbact®**
featuring
Sorbact® Technology



**Cutimed®
Sorbion Sachet®**
Super-Absorbent
Dressing



Cutimed Epiona®
Native Collagen Dressing



**Cutimed®
Off-Loader Select**
Total Contact Cast System



JOBST® SensiFoot™
Diabetic Sock

CHALLENGE:

Without Total Contact Casting

Diabetic Foot Ulcers Take Longer to Heal and Are Costly



Approximately 1/3 of diabetic treatment costs in the U.S. are spent on treating diabetic foot ulcers¹, and 85% of lower extremity amputations are preceded by a DFU.²

Timely wound healing is less likely without comprehensive management, including proper off-loading.²

- Management of peripheral artery disease (PAD)
- Infection management
- Debridement
- Off-loading with a total contact cast
- Maintaining a moist wound environment

SOLUTION:

An Integrated Therapy Approach

“Remove, Rebuild, Reduce” May Promote Faster Healing

- The management of diabetic foot ulcers requires offloading the wound in combination with dressings that provide a moist wound environment and debridement when necessary
- Patient compliance with off-loading is important to improve DFU healing rates



REMOVE EXUDATE & BACTERIA

CUTIMED® SORBION® SORBACT®

Super-Absorbent Dressing Featuring Sorbact Technology

- Binds and inactivates bacteria while effectively absorbing highly viscous exudate
- Super-absorbent particles lock in wound exudate, reducing the risk of maceration



CUTIMED® SORBION SACHET®

Super-Absorbent Dressing Featuring Hydration Response Technology

- Manages wound moisture balance in volume and composition of exudate
- Removes high levels of exudate while sequestering bacteria and MMP's
- Helps reduce inflammation by supporting debridement



REBUILD TISSUE

CUTIMED EPIONA®

Native Collagen Dressing Featuring 3D Matrix™ Technology

- Reduces excessive proteases and inflammation-inducing elements (MMPs) which helps protect growth factors responsible for stimulating healing
- Creates an ECM-like scaffold, encouraging fibroblast proliferation



Total Contact Casting

Proven Advantages for Off-Loading



TCC has consistently demonstrated the best healing outcomes

Evidence shows that when off-loading is integrated into patient care and provided at each visit, the likelihood of DFU healing increases, and the chance for complications decreases.³

Timely wound healing is less likely without comprehensive management, including off-loading.³

Off-Loading Therapy From Essity: Customizable, Easy to Apply & Remove



REDUCE PRESSURE CUTIMED® OFF-LOADER SELECT

Total Contact Cast System

- The Gold Standard of healing for DFUs⁴
- Customizable for most legs
- Cost-effective
- Lightweight increases comfort
- Quick and easy to apply and remove



⁴Consensus recommendations, Snyder, Kirsner, Laverly, OWM 2010 Guidelines for the treatment of diabetic ulcers, Steed et. al. Wound Rep Reg (2006) Wound Healing Society.

Clinical and Economic Benefits of Healing Diabetic Foot Ulcers With a Truly Rigid Total Contact Cast

- Several studies have demonstrated TCC's excellent healing performance and results^{5,6}
- TCC has a healing rate of about 90% within 6-8 weeks³

90%
healing rate

⁵Armstrong Diabetes Care 2001; 24:1019-22 [RTC]

⁶Bus, S.A., Valkm G.D. The effectiveness of footwear and offloading interventions to prevent and heal foot ulcers and reduce plantar pressure in diabetes: a systematic review, Diabetes Metab Res Rev 2008; 24(Suppl 1): S162-S180

Comparison of Cutimed® Off-Loader Select to Other Therapies

	% Healed	Healing Time
Total Contact Cast⁷	80 - 90%	42 Days
Removable Boot⁷	52 - 74%	38 - 50 Days
Apligraf^{®8}	56%	65 Days
Dermagraft^{®9}	50%	72 Days
Regranex^{®10}	50%	140 Days

⁷Bus, S.A., Valkm G.D. The effectiveness of footwear and offloading interventions to prevent and heal foot ulcers and reduce plantar pressure in diabetes: a systematic review, Diabetes Metab Res Rev 2008; 24(Suppl 1): S162-S180.

⁸Zaykhanov, Larissa; Kirsner, Robert S., A review of a bi-layered living cell treatment (Apligraf®) in the treatment of venous leg ulcers and diabetic foot ulcers, Clinical Interventions in Aging 2007;2(1) 93-98.

⁹Genzkow G.D., Iwasaki S.D., Hershon K.S., et al. Use of Dermagraft, a cultured human dermis, to treat diabetic foot ulcers. Diabetes Care, 1996 Apr;19:350-4

¹⁰Fang, Robert C., Galiano, Robert D., A review of becaplermin gel in the treatment of diabetic neuropathic foot ulcers.

Cutimed® Off-Loader Select TCC Therapy Pathway





JOBST® SensiFoot™ Diabetic Sock

Comfort and Protection in Every Step

- Antibacterial, antifungal finish
- Non-irritating, SMOOTH toe seam
- Extra padding in the foot, heel and toe
- Acrylic multi-fiber yarns
- Non-constricting, mild compression*



* Knee and crew styles only.

Preventing DFU Recurrence

Risk Factors for Recurring DFU

- Deformity, peripheral artery disease, peripheral neuropathy, previous foot wound, and/or a prior amputation are risk factors predictive of new or recurrent DFU³
- Within 1 year of wound healing following DFU, up to 60% of patients with a previous DFU history will develop a recurrent wound³

The first step in DFU preventive care is patient education.

Ways to Help Ensure Positive Post-Healing Outcomes

DFU Education

- Without sound self-management and proper foot care, DFUs are three times more likely to reoccur
- Discuss healthy diet, blood sugar levels, weight, daily foot exercise and other key factors

Maintain Range of Motion (ROM)

- Healed DFUs can impact normal ROM. Use of ROM and repetitive foot exercises have been shown to increase blood supply to affected areas, aiding both healing and prevention of recurrence

Intelligent Footwear and Device Choices

- Diabetic socks, healing sandals, and shear-reducing insoles offer both comfort and protection



Ordering Information

REMOVE

Cutimed® Sorbion® Sorbact®



Size	Ref-No.	Dressings/ Box	Suggested HCPCS**
4 x 4 in.	7269808	10	A6196
4 x 8 in.	7269809	10	A6197
8 x 8 in.	7269810	10	A6197
8 x 12 in.	7269811	10	A6198

Cutimed® Sorbion Sachet® S



3 x 3 in.	7323200	10	A6196
4 x 4 in.	7323206	10	A6196
4 x 5 in.	7323238	10	A6196
8 x 4 in.	7323209	10	A6197
6 x 6 in.	7323212	10	A6197
8 x 8 in.	7323215	10	A6198
12 x 8 in.	7323218	10	A6198

REBUILD

Cutimed Epiona®



Size	Ref-No.	Dressings/ Box	Suggested HCPCS**
2 x 2 in.	7322700	10	A6021
4 x 4 in.	7322701	10	A6021
8 x 8 in.	7322702	10	A6023

REDUCE

Cutimed® Off-Loader Select – Synthetic



Ref-No.	Description	Qty
7800901	Cutimed® Cavity	1 each
	2" x 2" Cotton Gauze	4 each
	3" Delta-Lite® Conformable	3 rolls
	4" Delta-Lite® Conformable	2 rolls
	3" Delta Terry-Net™ Stockinette	1 each
	4" Specialist® 100 Cotton Cast Padding	2 each
	Delta Terry-Net™ Adhesive Felt	1 each
	Open Cell Foam	1 each

Cutimed® Off-Loader – Plaster & Synthetic Combination



7800900	Cutimed® Cavity	1 each
	2" x 2" Cotton Gauze	4 each
	4" Ortho-Flex® Elastic Plaster	3 rolls
	4" Extra Fast Gypsona® S	2 rolls
	3" Delta-Lite® Conformable	1 each
	4" Delta-Lite® Conformable	2 each
	3" Delta Terry-Net™ Stockinette	1 each
	4" Specialist® Cotton Cast Padding	1 each
	Delta Terry-Net™ Adhesive Felt	1 each
	Open Cell Foam	1 each

Canvas Rocker Bottom Cast Shoe



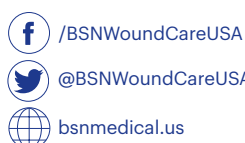
43101408	Canvas Rocker Bottom Cast Shoe – Small	1 each
43101505	Canvas Rocker Bottom Cast Shoe – Medium	1 each
43101602	Canvas Rocker Bottom Cast Shoe – Large	1 each
43101709	Canvas Rocker Bottom Cast Shoe – X-Large	1 each

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1. Centers for Disease Control. http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf. 2. Incidence of diabetic foot ulcer and lower extremity amputation among Medicare beneficiaries, 2006 to 2008, www.ahrq.gov. 3. Snyder RJ, et al. The Management of Diabetic Foot Ulcers through Optimal Off-loading. Building Consensus Guidelines and Practical Recommendations to Improve Outcomes. Journal of the American Podiatric Medical Association. Vol 104. No. 6. Nov/Dec 2014.

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