# **Open wounds:**

### Treatment utilizing the PICO System

In wounds which responded, PICO sNPWT has been shown to advance chronic wounds towards healing on average 10 weeks earlier than predicted with standard wound care dressings\*1

## Smith<sub>Nephew</sub>

### PICO

Single Use Negative Pressure Wound Therapy System

### Some examples of appropriate wounds



**Diabetic foot** 

ulcer\*\*



Venous leg ulcer\*\*





Pressure ulcer\*\*



Surgical dehiscence\*\*



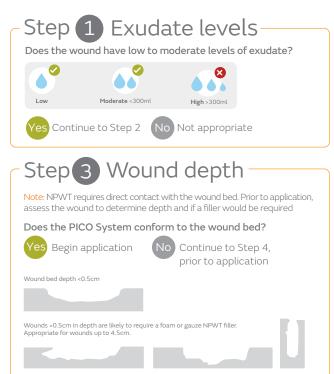


Traumatic wound\*\*





## Is this wound appropriate for PICO sNPWT?



\*Based on 5 out of 9 wounds responding; wound mean duration prior to study 44 weeks, study size n=9.

### Step 2 Wound size

Does the wound fit under 1 of the 8 PICO Dressings?



No Not appropriate

Recommendation: Choosing a dressing size that is slightly larger than the wound allows the benefits of negative pressure to extend to the periwound area

#### **Fillers** Step 4



Antimicrobial gauze 15cm x 17cm

Note: Gauze should loosely fill to the surface of the wound. Avoid over packing



Foam dressing 10cm x 12.5cm

Note: Please refer to the IFU for information regarding possible tissue ingrowth when using foam filler

#### Wear instructions:

- At the healthcare professional's discretion, a PICO dressing may be left in place for up to 7 days, depending on level of exudate
- When a filler is used, the filler and the PICO dressing should be changed 2 to 3 times a week, according to the local clinical protocol and manufacturer's instructions
- Foam should be changed at least 3 times per week and gauze at least 2 times per week
- Indication- PICO 7 and PICO 14 can be used in combination with Graduated Compression Therapy in the management of Venous Leg Ulcers

#### Case 1: Chronic vascular

#### Background

- 77-year-old male was being treated for a wound that had failed to heal using conventional wound management therapy for over 1 year. The patient had previously suffered a stroke
- The patient was initially treated with RENASYS™ NPWT for 2 months in the hospital to encourage granulation, but in order to allow the patient to be discharged treatment was switched over to PICO sNPWT

#### **PICO sNPWT intervention**

 PICO sNPWT ended 6 weeks later after which time it was deemed the wound had progressed sufficiently to closure to justify a switch to conventional wound therapy

#### Case 2: Traumatic wounds

#### Background

• 68-year-old female. Cirrhosis with former chronic alcohol abuse, arteriopathy of the lower limbs and type I diabetes. Undertaking of a transmetatarsal amputation revealing an osteoarthritis at the level of the proximal interphalangeal joint which was beyond any therapeutic management. The post-operative outcome was somewhat satisfactory. But the risk of further necrosis led to the ablation of the sutures. As a result: dehiscence measuring 7cm x 3cm x 1.5cm

#### **PICO sNPWT intervention**

- Initiation of treatment with RENASYS G
- At day 29 (3 weeks), switched to PICO sNPWT with gauze filling due to decreasing exudate
- The wound progressed until total closure after 23 days of PICO treatment













Individual results will vary

Author: Dr Olivier Szymoniak, Vascular and Thoracic Surgeon, France

#### Key studies to reference:

Hampton et al., (2015) Providing cost-effective treatment of hard-to-heal wounds in the community through use of NPWT Kirsner et al., (2018) The effectiveness of a sNPWT system, compared to tNPWT in the treatment of chronic ulcers of lower extremities

### More ways to learn about the PICO System:

Customer Care/NPWT Clinical Hotline: 1-800-876-1261

Reimbursement Hotline: 866-988-3491

#### www.possiblewithpico.com

Advanced Wound Management www.smith-nephew.com ™Trademark of Smith+Nephew Smith & Nenhew Fort Worth, TX 76109 USA

T-800-876-1261 F-727-392-6914

©2022 Smith+Nephew PCPE25-34041-0322



References: 1. Hampton J. Providing cost-effective treatment of hard-to-heal wounds in the community through use of NPWT. Br J Community Nurse 2015;20:S14-S20.