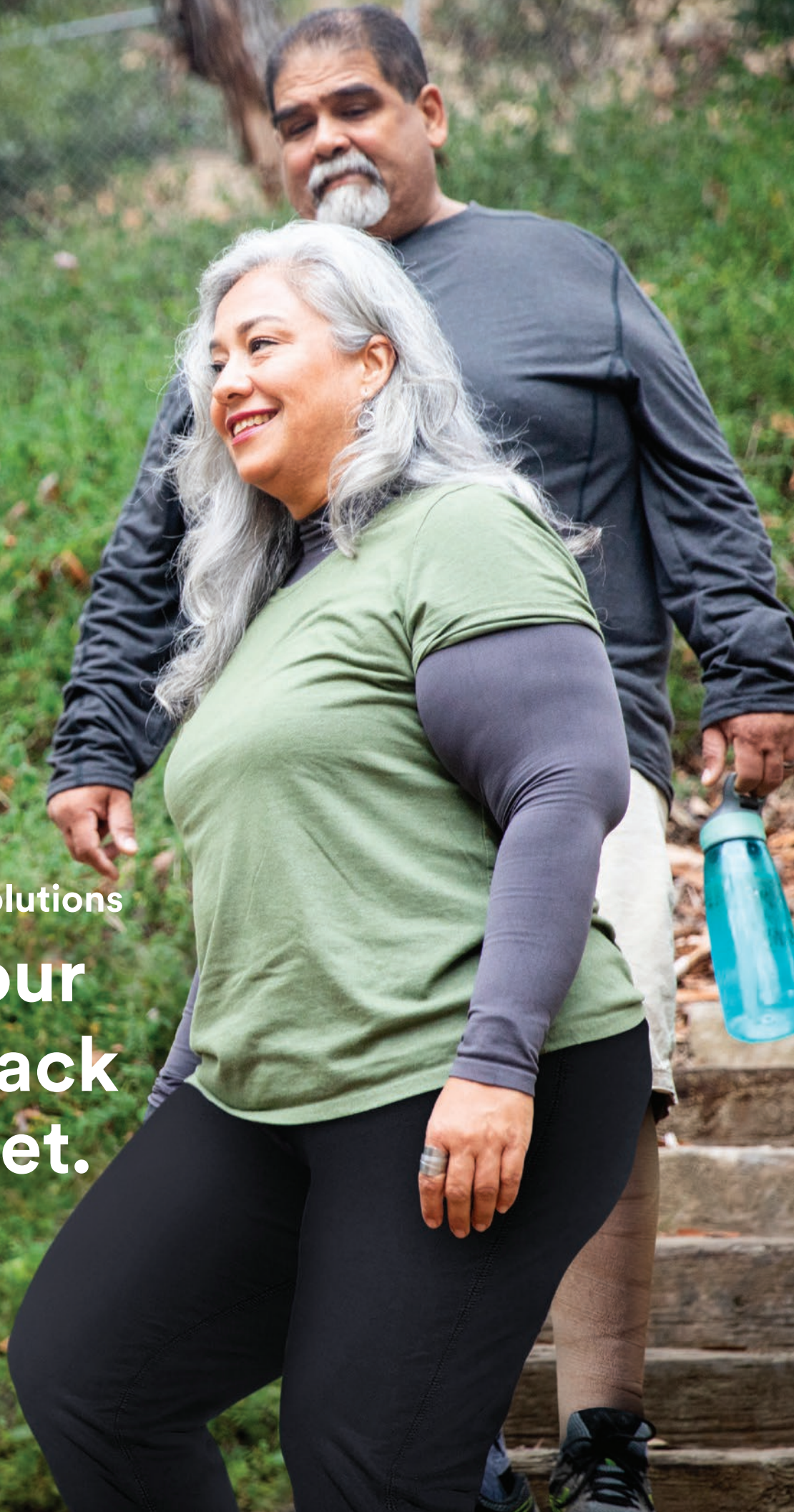


3M + KCI™

Venous Leg Ulcer Solutions
**Getting your
patients back
on their feet.**





Impact of venous leg ulcers

Venous leg ulcers (VLUs) are the most common type of lower extremity wound, afflicting approximately 1% of the western population during their lifetime. VLUs also represent a significant burden for patients and healthcare systems.¹



\$14.9B
in care costs

The annual cost to treat VLUs in the U.S. is estimated to be \$14.9 billion.²



55%
recurrence

55% of healed VLUs reoccur within the first 12 months of closure.³



28%
of patients

28% of patients experience >10 VLU episodes in their lifetime.⁴



Compression therapy:

Essential for the management of VLUs

Compression therapy has been shown to improve venous leg ulcer healing rates as compared to no compression.¹ Compression therapy also reduces the risk of VLU recurrence.⁵ Although clinical guidelines recognize compression as an effective VLU treatment, it is significantly underutilized or inappropriately applied, resulting in suboptimal compression and missed opportunities to help heal wounds, improve patient quality of life and maximize healthcare efficiency.⁶

3M™ Coban™ 2 Two-Layer Compression System

Designed for effectiveness

Effective management of venous insufficiency, a cause of chronic edema in the lower extremities, is critical to preventing and treating VLUs. 3M™ Coban™ 2 Two-Layer Compression System provides effective compression therapy, which has been shown to contribute to the effective management through edema reduction, decreased pain, and improvement in activities of daily living of patients.^{16,20} Coban 2 Two-Layer Compression System is easy to apply and remove and is designed to stay in place.^{16,17}

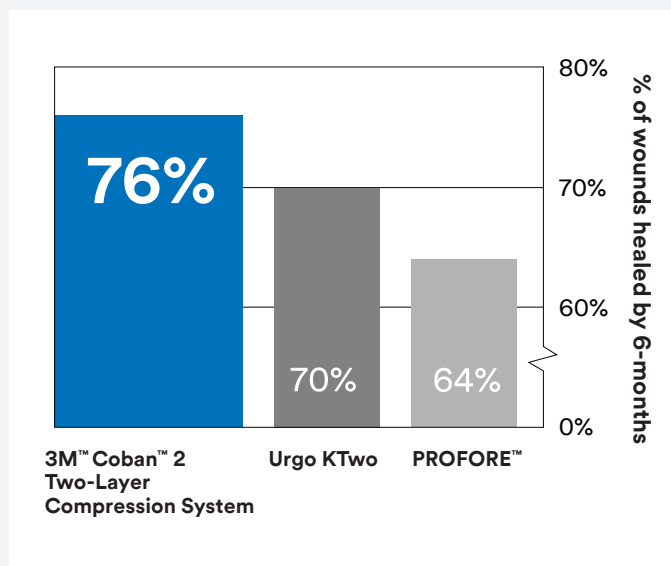
Designed for comfort, mobility and daily living

Venous leg ulcer healing times can be twice as long when patients are not compliant with compression therapy.²¹ Coban 2 Two-Layer Compression System has been shown to have a better capacity to maintain pressure over time compared to other leading compression systems, and because the bandages are low-profile and comfortable to wear, patients are more likely to keep them on, increasing compliance and the potential for more effective treatment.^{16,22}



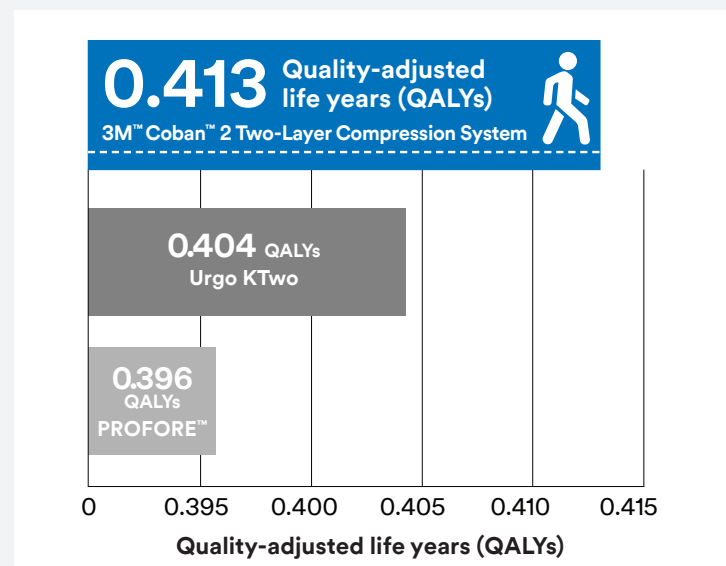
VLU healing rate^{‡,+}

In two large, well-controlled, retrospective analyses comparing Coban 2 Two-Layer Compression System to two other compression systems in the standard of care for VLUs, initiating compression therapy with Coban 2 Two-Layer Compression System has illustrated increased healing rates, better health-related quality of life, and a reduction in VLU patient management costs.^{18,19,+}



Quality of life

A retrospective analysis reviewing 675 patient records with newly-diagnosed venous leg ulcers compared Coban 2 Two-Layer Compression System to two other compression systems. Initiation of compression therapy with Coban 2 Two-Layer Compression System showed significantly improved healing rates and better health related quality of life compared to compression therapy provided with the other multi-layer compression bandage systems, as stated within this study.^{19,+}



p<0.05
 +Refer to Instructions for Use
 ‡Once compression has been initiated

Best practices for VLU wound management

Reducing the pain and discomfort of VLUs includes best practice skin and wound care and managing chronic edema, which can help in managing VLUs.

Skin protection

Skin damage such as maceration, erythema and weeping are often associated with VLUs. Adverse skin changes can also be noted when dressings are unable to manage the volume of drainage, or are not changed often enough. Research supports routine protection of periwound skin from excess exudate and mechanical trauma, and protection of at-risk compromised skin as essential parts of wound management and wound bed preparation.

Exudate management

VLUs are typically shallow, full-thickness wounds with moderate to high exudate levels. Effective exudate management can help reduce time to heal, dressing change frequency and nursing input, thereby optimizing health care efficiency.¹² In VLU management, alginates, foam dressings and superabsorber dressings have been found to be effective at protecting the wound bed and managing exudate levels. The dressing should provide a moist wound environment and work effectively under compression therapy.

Disrupt biofilm and manage bioburden











Biofilm is prevalent in 90% of all chronic wounds,^{7,8} including VLUs. The presence of biofilm on a chronic wound delays wound healing by perpetuating the inflammatory phase. Research has shown that disrupting the biofilm matrix results in improved healing outcomes.⁹ Anti-biofilm strategies should be implemented at the start of wound management. Treatments should address disrupting the biofilm matrix, decreasing bacterial burden, and preventing biofilm reformation.^{10,11}

Compression therapy

Compression therapy is the gold standard of care for management of VLUs and has been shown to increase the rate of healing as compared to healing rates without the use of compression.¹ Research indicates that a bandage or multi-layer compression system that is capable of creating an inelastic sleeve provides stiffness that effectively supports venous pump mechanisms.^{13,14} Compression bandaging systems capable of generating high stiffness have been shown to create greater pressure changes in the lower limb during activity,¹⁵ as compared to systems with low stiffness, resulting in improved patient outcomes.¹⁶ Elements that help increase patient adherence include a bandage that stays in place during wear, is comfortable, and facilitates mobility with normal footwear.

3M's four-step solution to VLU management

Select one for each step:

Step 1 Protect skin	Routine Skin Protection 3M™ Cavilon™ No Sting Barrier Film 	or	At-risk or Damaged Skin Protection 3M™ Cavilon™ Advanced Skin Protectant****† 				
	Manage Biofilm/Bioburden						
Step 2 Manage biofilm/bioburden	Biofilm		Bioburden				
	Disrupt, destroy, and defend against biofilm reformation BlastX™ Antimicrobial Wound Gel** 	or	KERRACEL™ Ag Gelling Fiber Silver Dressing 	or	SILVERCEL™ Dressing Family 		
Step 3 Optimize wound environment	Provide Collagen PROMOGRAN PRISMA™ Matrix 	and/or	3M™ Tegaderm™ Silicone Foam** 	or	Manage Exudate KERRAMAX CARE™ Super-Absorbent Dressing 	or	3M™ Tegaderm™ High Performance Foam Dressing 
	Step 4 Provide therapeutic compression 3M™ Coban™ 2 and 3M™ Coban™ 2 Lite Two-Layer Compression Systems See Instructions for Use. 						

*Warnings and precautions: When using BlastX™ Antimicrobial Wound Gel, do not use alginate dressings.

****This is not an analgesic.

**3M™ Tegaderm™ Silicone Foam can be used for wound management and as part of a comprehensive pressure injury prevention program.

†Caution: Federal Law (U.S.A.) restricts the device to sale by or on order of a licensed health care professional.

**Learn more about
3M products for
your VLU patients.**

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for personal education and visit
3M.com/VLU for more information.

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+Refer to Instructions for Use.



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