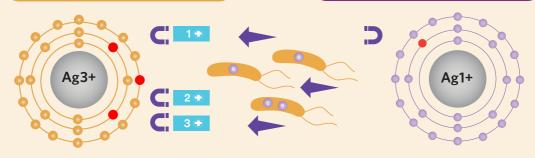
> QUICKGUIDE



IN PRACTICE



Silver dressings with one missing electron (Ag1+)



Silver is only effective at killing bacteria when it is missing electrons and in its ionic state. The more electrons that are missing, the more reactive it becomes and the greater its ability to disrupt the normal function of bacteria.

Kerracontact Ag dressing uses Ag Oxysalts™ Technology, which is designed with up to three missing electrons (Ag3+), while other silver dressings are only missing one electron (Ag1+).

The composition of Kerracontact Ag Dressings makes it particularly effective at killing bacteria

- Up to 6 times more power to kill bacteria than other silver dressings1
- Starts to kill bacteria within 30 minutes*2
- Kills at least 99.999% (5 log) of a broad spectrum of bacteria*3
- Kills bacteria within a biofilm*3,4
- Effective at killing bacteria for 7 days \star5
- Promotes healing on infected and noninfected wounds $^{\dagger 6}$
- Releases oxygen, which could help to create a more favourable foundation for healing*⁶
 *as demonstrated *in vitro;* †as demonstrated *ex vivo*

Treatment pathway with Kerracontact Ag Dressing⁷

Carry out comprehensive assessment, ensuring signs and symptoms of infection are recognised

Note that local infection presents differently in acute and chronic wounds

Infected wound

- Acute wounds with signs and symptoms of local infection, e.g. infected:
 - Burns (including skin grafts on burns and skin graft donor sites)
 - SSIs
- Chronic wounds with infection signs and symptoms +/- systemic infection, e.g. infected:
 - PI Ic
 - VIUs
 - DFUs
- Chronic burns

Wound with delayed healing and without overt signs of infection

- VLUs or PUs with a wound area that has not reduced by 40% after 4 weeks of optimal standard care
- DFUs with a wound area that has not reduced by 50% after 4 weeks of optimal standard care† Acute wounds, surgical
- incisions, burns that are not healing as expected Delayed healing with
- overgranulation due to increased wound bioburden

Wound at increased risk of infection

- DFUs in patients with lower-limb ischaemia or awaiting revascularisation
- Burns affecting the perineum, axillae, hands or feet, or deep burns
- Surgical incisions in patients who have had · 'clean-contaminated', 'contaminated' or 'dirty' surgery, or have other infection risk factors

Wound is not infected, no increased risk of infection, healing as expected

Standard care†

- Monitor and review regularly, according to wound type and local protocol
- Adjust management as necessarv
 - If signs of infection develop or healing is delayed due to biofilm or hypergranulation, consider application of Kerracontact Ag Dressing

Initiate Kerracontact Ag Dressing

- Use secondary dressing as appropriate (e.g. foam or super-absorbent, or compression
- Implement/continue standard care†
- N.B. A patient with a wound of any aetiology who has signs of systemic infection or a patient with an infected DFU (whether or not showing systemic signs) may also require systemic antibiotics, administered according to local protocol

Review use of Kerracontact Ag Dressing

- Every 1 week§ for acute wounds (e.g. burns and SSIs)
- Every 2 weeks[§] for chronic wounds (e.g. PUs, VLUs, DFUs or chronic burns)

Standard care = wound bed preparation (including debridement, and management of infection, exudate and the periwound area according to wound type and condition): management of aetiology and contributory factors; and compression, offloading or pressure redistribution as appropriate

Suggested durations for use of Kerracontact Ag Dressing. Use Kerracontact Ag Dressing according to local silver antimicrobial protocol.

Infected or nonhealing wound is improving

- Consider whether continuation of Kerracontact Ag Dressing is justified
- Continue standard care'
- Review regularly and with a frequency according to wound type/ condition and local protocol

Infected or nonhealing wound has not improved or is deteriorating

- Discontinue Kerracontact Ag Dressing
- Reassess patient and wound Adjust management
- appropriate Consider applying a different antimicrobial dressing; review per local protocol

and consider referral as

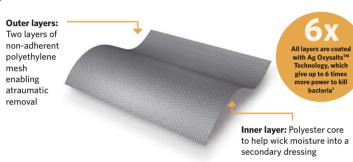
Wound at increased risk of infection

Kerracontact Ag Dressing if the wound is no longer at increased risk of infection, and continue standard care[†]

3M[™] Kerracontact[™] Ag Dressing

Indications

Kerracontact Ag dressing is indicated for use on pressure ulcers, leg ulcers, diabetic foot ulcers, first and second-degree burns, and graft sites. The dressing may be used over debrided and grafted wounds.



- Kerracontact Ag Dressing has a low pH shift compared to nanocrystalline silver dressings reducing the risk of stinging³
- Kerracontact Ag dressing is effective for up to 7 days*5
- Use Kerracontact Ag Dressing according to local silver antimicrobial guidelines and review after 2 weeks.

*as demonstrated in vitro

How to apply

- Cut Kerracontact Ag Dressing to the size and shape of the wound as necessary
- Can be applied on either side
- Kerracontact Ag Dressing should be applied in direct contact with wound bed
- It can be used on dry wounds (when pre-moistened with sterile water) or in the presence of exudate
- A secondary dressing is required to manage excess exudate (e.g. foam or superabsorbent, or compression bandaging).

The role of silver



Silver as an antimicrobial

- Antimicrobial activity is dependent on the formation of silver (Ag+) ions present in silver dressings.
- Ordinary Ag+ ions have only one missing electron. However, Ag Oxysalts™ Technology uses the silver oxynitrate compound, which has an oxidation state of Ag1+, Ag2+ and Ag3+.
- Silver dressings with higher oxidation states (Ag2+, Ag3+) such as Ag Oxysalts™ Technology have a higher reactivity and oxidation state, allowing the dressing to have a lower silver content and continue to be an effective antimicrobial.



Factors to consider when choosing a silver dressing

- Cytotoxicity » Some silver dressings are known to be cytotoxic, 3MTM KerracontactTM Ag Dressing is proven to be bio-compatible⁸.
- Mode of action » Kerracontact Ag Dressing with Ag Oxysalts™ Technology contains silver in its most active state – making it faster and more effective at killing bacteria².

1. Spina C. Silver I,II,III: Chemical characteristics, properties, and anti-microbial activity. Exciton Technologies 2015;
2. Doherty C. Rate of antibacterial efficacy of KerraContact Ag and Urgoclean Ag against S. aureus and P. aeruginosa in vitro. Crawford Healthcare Ltd. CHC-R689. Knutsford, UK: 2018; 3. Kalan LR, Pepin DM, UlHaq I, Miller SB, Hay ME, Precht RJ. Targeting biofilms with multidrug-resistant bacteria with silver oxynitrate. Int J Antimicrobial Agents 2017;49: 719-726; 4. Thomason H. Ex vivo evaluation of KerraContact (T7 variant) efficacy against P. aeruginosa biofilms. Crawford Healthcare Ltd. CHC-R620. Knutsford, UK: 2017; 5. Warde D. CHC-R629 Summary of KerraContact Ag Shelf Life Studies. Crawford Healthcare Ltd. CHC-R629. Knutsford, UK: 2018; 6. Thomason HA, Lovett JM, Spina CJ et al. Silver oxysalts promote cutaneous wound healing independent of infection. Wound Repair and Regeneration 2018;26(2): 144-52; 7. Wounds UK Expert Panel Report. Consensus round table meeting: Using Ag Oxysalts™ to prevent and manage wound infection. Wounds UK; 2018. Available to download from: www.wounds-uk.com; 8. Biocompatibility report of KerraContact Ag T7, internal report CHC R946



NOTE: Specific indications, contraindications, warnings, precautions and safety information exist for these products and therapies. Please consult a clinical and product instructions for use prior to application. This material is intended for healthcare professionals.
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