

STUDY

conducted by an independent laboratory:
the FCBA technology institute

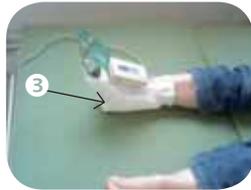
MEASUREMENT OF PRESSURE DISTRIBUTION ON THE *CareProtect Pedi*® HEEL SUPPORT

The pressure measurements were taken in two subjects:

- A man weighing 80 kg, with a foot circumference of 34 cm fitted with a size 2 heel support.
- A woman weighing 50 kg, with a foot circumference of 29 cm fitted with a size 1 heel support.

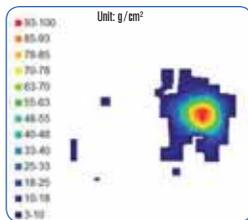
For each of the two subjects, three pressure distribution measurements were taken:

- 1 Pressure distribution measurements at the bare heel/mattress interface
- 2 Pressure distribution measurements at the heel support/mattress interface
- 3 Pressure distribution measurements at the heel/heel support interface

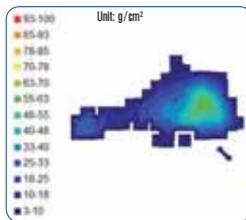


RESULTS OF PRESSURE DISTRIBUTION MEASUREMENTS

Patient	Maximum pressure (g/cm ²)		Surface area where P>3 g/cm ² (cm ²)		Surface area where P>50 g/cm ² (cm ²)	
	80 kg	50 kg	80 kg	50 kg	80 kg	50 kg
Bare heel/mattress interface	104	81	55	47	14	7
Heel support/mattress interface	59	46	87	79	7	0
Heel/heel support interface	59	53	88	53	8	1



Patient weighing 80 kg
Bare heel/mattress interface



Patient weighing 80 kg
Heel support/mattress interface

ANALYSIS OF RESULTS

The Thuasne heel support reduces the maximum contact pressure by 35 to 43% (decrease from 104 to 59 g/cm² for the patient weighing 80 kg, decrease from 81 to 53 g/cm² for the patient weighing 50 kg).

The pressure levels at the patient heel/heel support interface therefore fall below the blood capillary occlusion pressure level (61 - 68 g/cm²).

The heel support significantly reduces the risk of pressure ulcer development.



THUASNE
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CareProtectPedi®

THE SOLUTION to prevent pressure ulcers on the feet

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A UNIQUE DEVICE to distribute pressure



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PRESSURE ULCERS



Pressure ulcers (also known as bedsores) are skin lesions of ischaemic origin related to compression of soft tissue between a hard surface and a bony prominence.

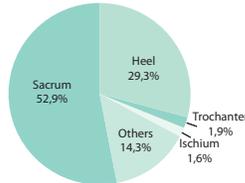
Pressure ulcers are also described as being conical-shaped wounds that develop from the inside out, with a deep base and a multifactorial origin, differentiating them from skin abrasions.

Pressure and loss of mobility play a predominant role in their development.

A FEW FIGURES*

- The prevalence is 8.9%
- The longer a patient is bedridden, the higher the risk of developing a pressure ulcer: 18% of patients are affected in a week and 52.3% in a month.
- The parts of the body most affected are the sacrum (52.9%) and the heel (29.3%).
- Pressure ulcers affect 8.5% to 13% of hospitalised patients, 26% of whom in intensive care. The national average in France is 8.6%.

Breakdown of pressure ulcer locations



Restricted to 2,117 patients with a single pressure ulcer*

RISK FACTORS

- Arterial disease
- Diabetes
- Reduced mobility: Paraplegia - Tetraplegia - Fractures - Obesity
- Respiratory insufficiency: lung disease leading to poor tissue oxygenation
- End of life

The various assessment scales are complementary tools to be used in addition to clinical assessment and must be tailored to the needs of the department and the patient's condition.

HOSPITAL DEPARTMENTS CONCERNED

- Intensive care
- Orthopaedic surgery
- Diabetology
- Long-stay wards
- Accident and Emergency
- Palliative care

PREVENTION OF PRESSURE ULCERS

Pressure ulcer prevention depends on global management of the patient:

- Skin hygiene
- Nutrition
- Mobilisation: position changing
- Massage by effleurage
- Prevention of maceration
- Medical devices

COST IN FRANCE

The cost of pressure ulcer treatment in France, all care locations combined, is 3.35 billion euros, i.e. €12,245 per person for 80 to 180 days of hospitalisation.

*Sources: National survey of the prevalence of pressure ulcers in hospital inpatients in France (PERSE 2004)

THUASNE'S SOLUTION

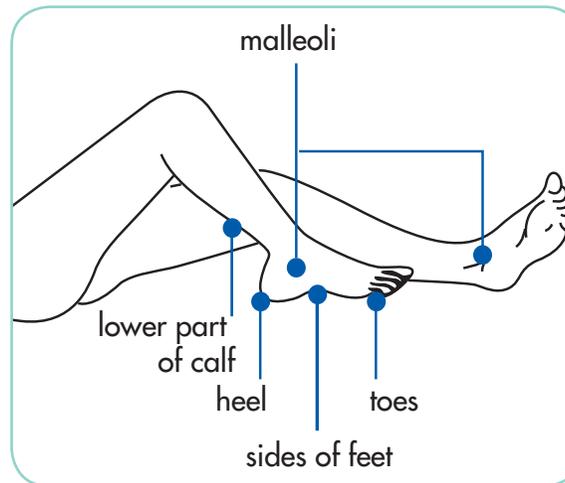
A FOOT PRESSURE ULCER PREVENTION BOOTEE



CareProtectPedi®



TREATMENT ZONES



Circumference	Size
27 - 31 cm	1
32 - 36 cm	2
37 - 42 cm	3

THE ADVANTAGES OF THE THUASNE BOOTEE

The Thuasne bootie avoids lengthy and expensive treatment since it is used before a pressure ulcer develops. Both the length of the hospital stay and the pharmaceutical and care budget are reduced.

The effectiveness of pressure ulcer prevention depends on global management of the patient by care staff: nutrition, hygiene, mobilisation, massage, etc. However effective they are, devices should be seen as an aid only, forming part of the global approach.

- Maintains patient autonomy
- Easy to use
- Maintains patient mobility and motility
- Prevents perspiration while keeping the foot warm
- Treats the whole foot: distribution of pressures on the whole foot, up to the lower third of the calf

- Saves time for care staff
- Low cost of this preventive treatment
- Longevity of the device

CHARACTERISTICS OF THE THUASNE BOOTEE

Qualities

- Low load-bearing effect: high-density foam
- The foot can breathe thanks to the open toe
- Optimised comfort: inner jersey cotton lining that moves with the foot, seams on the outside to prevent any risk of shear
- Size identification: coloured border

Composition

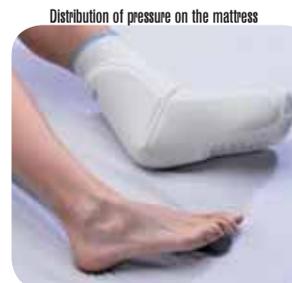
- Jersey knit: 92% cotton and 8% elastane
- Foam: glued and topstitched onto the knit fabric polyester with a thickness of 15 mm density of 40 kg/m³ inert: slows down or even prevents the growth of bacteria on condition that it remains unsoiled.

Washing instructions

- Washable at 60°C and reusable
- Can be washed 10 times at 90°C

Indications

- For patients with a pressure ulcer risk assessed at a score of 14 or under on the Norton scale or with an equivalent risk assessed on a validated scale.
- For patients with spinal injuries



The pressure zone at the mattress/bootie interface is much larger than the heel/mattress pressure zone.