

Innovatively designed
to be people friendly



DuoDERM Signal[®] dressing, the newest advancement from DuoDERM[®], the world's leading family of clinically proven hydrocolloid dressings.



DuoDERM Signal[®]



DuoDERM[®] Extra Thin



DuoDERM[®] CGF[®]



DuoDERM[®]
Hydroactive Gel

DuoDERM Signal® dressing — when you want an innovative dressing that's people friendly

The **only** dressing with a unique and easy-to-use visual indicator that signals when to change it*

Developed with the same formulation you already trust in DuoDERM® CGF® dressing.

- Designed to reduce premature dressing changes that can disturb healing and cause discomfort
- Helps determine accurate size selection of dressing and guides proper positioning
- Simplifies dressing changes for nonprofessional caregivers

Uniquely signals when it's time to change the dressing:



As DuoDERM Signal absorbs wound exudate, it forms a gel that may be visible as a bubble underneath the surface of the dressing. If the bubble expands to any part of the DuoDERM Signal green-dotted indicator line, the dressing should be changed to avoid leakage.^{†,‡}

*The dressing should be changed when clinically indicated, when strike through occurs, or up to a maximum of 7 days. The wound should be cleansed at appropriate intervals.

†The bubble may not be visible with minimal exudate. If this occurs, the recommended maximum wear time is up to 7 days.

‡Trimming the dressing may impair the function of the visual change indicator.

Designed for maximum comfort and versatility

Tapered border edges

- Designed to reduce the potential for dressing edges to catch on bed linen and clothing and to enhance patient comfort

Smooth, low-friction film backing

- Designed to reduce shear that can cause dressing to prematurely dislodge
- Moisture-resistant for ease of cleaning/showering

Thin profile

- Makes dressing flexible and conformable

Translucent

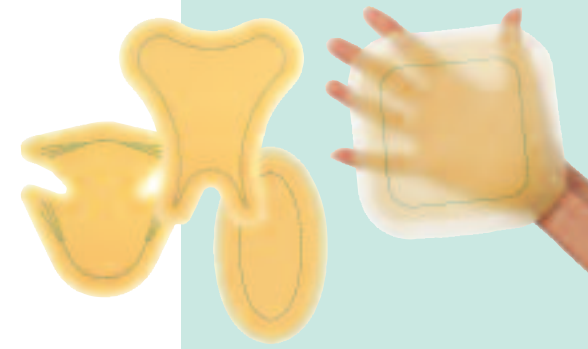
- Enhances placement and initial monitoring of the wound

Versatile

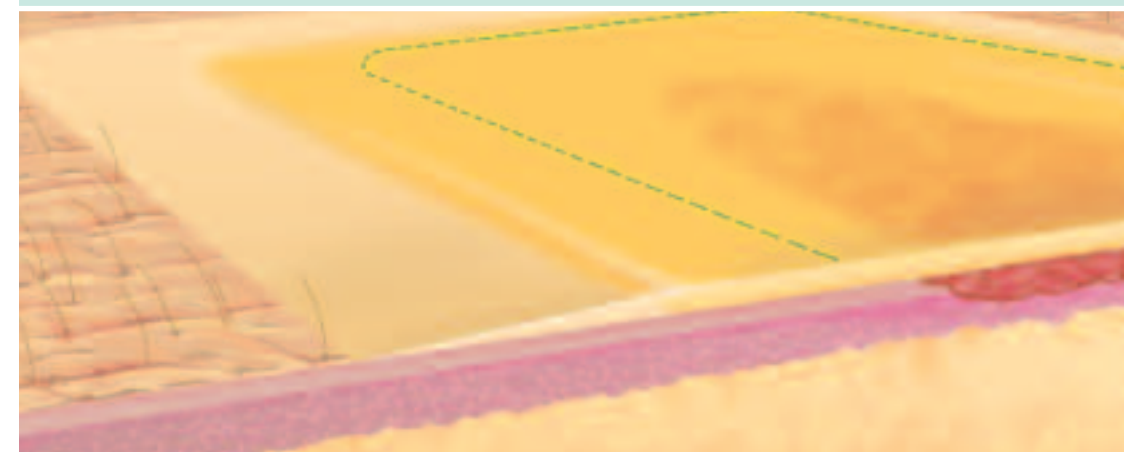
- For a broad range of indications and healing phases
- Available in various shapes and sizes
- Can be used as a primary or secondary dressing

For difficult-to-dress areas.

Large range of shapes and sizes—including innovative sacral, heel, and oval shape.



Tapered border edges are designed to reduce the potential for dressing edges to catch on bed linen and clothing.



DuoDERM® dressings — offer a wide range of products for all phases of moist wound healing

DuoDERM® Extra Thin dressing—when you want to support wound repair and to protect skin

Covers and protects susceptible areas

- Can be used anywhere on the body to gently protect newly-formed tissue or skin at risk of breakdown
- Designed to reduce cost of care

Supports moist wound healing

- Provides a moist wound healing environment that supports epithelialization¹
- May be used on skin tears, superficial wounds, dry-to-lightly exuding dermal ulcers, and postoperative wounds

Designed for patient comfort and versatility

- Translucent backing is designed to prevent needless dressing changes that cause discomfort and disturb healing
- Thin design is flexible and conformable
- Moisture-resistant for ease of cleaning/showering
- Can be used as a primary or secondary dressing

DuoDERM® CGF® dressing—the one you know and trust

- The widely-used dressing with the same formulation as DuoDERM Signal® dressing

DuoDERM® Hydroactive Gel—when you want to provide a moist environment that facilitates autolytic debridement² in dry wounds

Brings needed moisture to dry, necrotic, sloughy, or granulating wounds

- Upon application may reduce pain by initially cooling the wound surface and protecting exposed nerve endings
- Preservative free

Convenient shapes – including oval, square and rectangle.



Works well as a primary filler with all DuoDERM dressings.



DuoDERM dressings are indicated for:

- Pressure ulcers (stages I-IV)
- Leg ulcers
- Diabetic ulcers
- Surgical wounds
- Burns (first- and second-degree)
- Donor sites
- Superficial wounds/minor abrasions

Helpful tips for use*



The dressing size should incorporate at least 1 1/4" of surrounding healthy skin in all directions to the dotted line for DuoDERM Signal and to the end of the dressing for DuoDERM CGF and DuoDERM Extra Thin to prevent premature leakage



To ensure proper adhesion of DuoDERM Signal sacral and heel dressings:
 – Before applying, warm dressing in hands
 – Mold in place for 30 to 60 seconds
 – Picture frame with tape, if needed



Applying DuoDERM Hydroactive Gel: Apply directly into the wound. Do not fill wound beyond the level of surrounding skin



DuoDERM dressings can remain in place for up to 7 days



If the gel that forms under DuoDERM dressings is yellow in color and has an odor, the dressing has worked to provide a moist wound healing environment. Unless signs of clinical infection are present, yellow gel should not be mistaken for pus



Removing DuoDERM Extra Thin: Lift one corner and continually stretch until dressing is fully removed



For removing from fragile skin: Gradually remove dressing from one corner using saline solution between skin and adhesive until dressing is fully removed. For skin tears allow dressing to dislodge on its own

*Please see package insert for full product information, including Instructions for Use.

There are many hydrocolloid dressings but only one DuoDERM®

The *only* hydrocolloid dressing with both a Triple Hydrocolloid Matrix® and a viral/bacterial barrier*³⁻⁵

The 3 hydrocolloids in the matrix gel at different rates to create both a dynamic and long-term fluid uptake system to maximize wear time

- Unique gelling action creates a moist wound environment that is designed to support the healing process and facilitate autolytic debridement²

In addition to being a bacterial barrier, DuoDERM dressings are also a barrier against viruses including MRSA,^{3,4} HBV, and HIV-1^{†,5} while intact over a wound

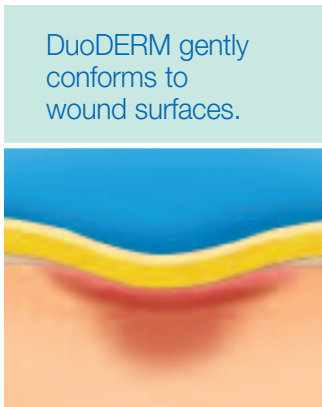
DuoDERM dressings bring gentleness to moist wound healing

Moist wound environment makes it gentle while in place

- Adhere to wounds gently, yet securely
 - Gel formation under DuoDERM protects against damage to the wound bed on removal
- Unique gelling action provides maximum patient comfort
 - 82.2% of pressure ulcer patients reported no pain during dressing changes while using DuoDERM in a clinical study (n=47)⁶
- Support autolytic debridement of necrotic tissue²— without unnecessary pain

Gentle on removal

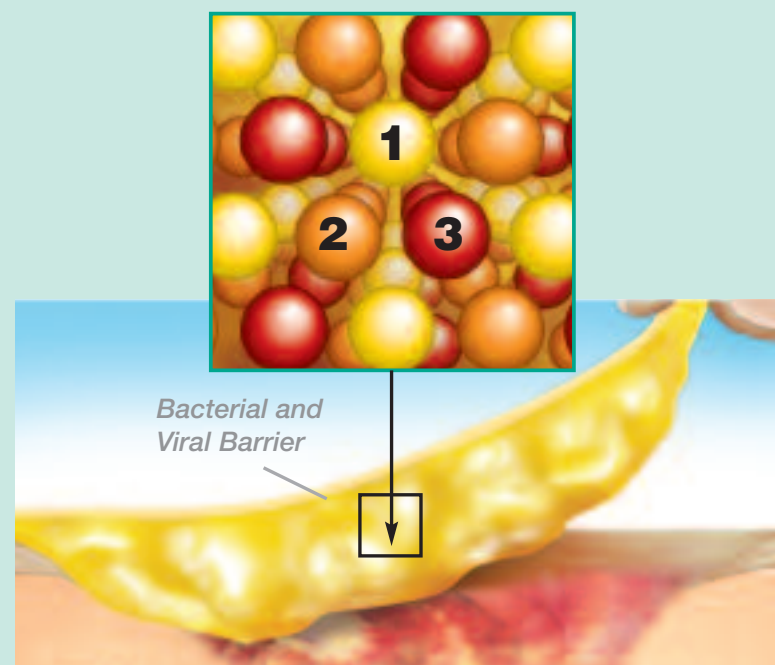
- Gel facilitates removal without undue pain— designed not to stick to wounds
- Designed to prevent damage to new epithelium upon removal⁷⁻⁹



Not all wound dressings offer the benefits that hydrocolloid dressings can:

- Provide a moist wound environment to support healing
- Support autolytic debridement in necrotic wounds²
- Ideal for managing dry wounds and wounds with low to moderate exudate

Unique, cross-linked matrix of elastomeric polymers holds 3 hydrocolloids for a controlled rate of absorption.



*In vitro testing.
 †While the dressing is intact and without leakage. Use of DuoDERM dressings neither guarantees nor warrants against the transmission of HIV or HBV.

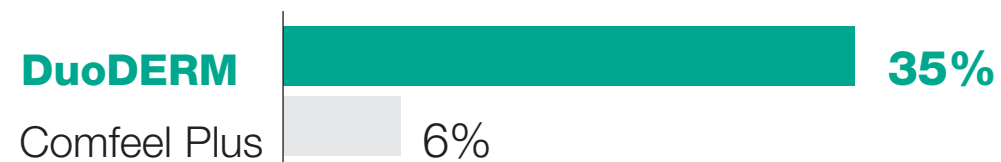
There are many hydrocolloid dressings but only one DuoDERM®

DuoDERM dressing protocols* have demonstrated optimal healing results^{6,10,11}

In these comparative studies of patients with pressure ulcers, protocols of care including DuoDERM dressings have demonstrated:

- Nearly **6 times more** patients healed during study time vs Comfeel® Plus (N=35)^{†,‡,10}

Percentage of patients healed[§]

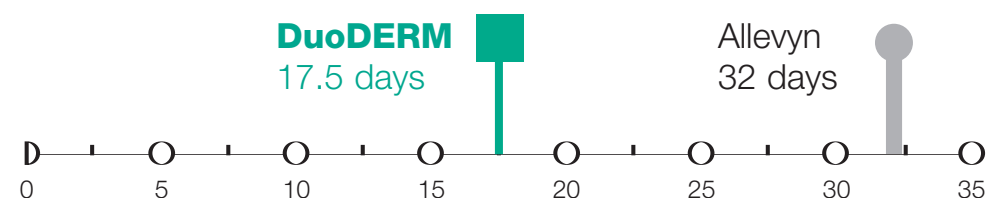


- Nearly **2 times greater** clinician assessment of “healing” vs Tegaserb™ (N=96)^{||,¶,6}

Percentage of wounds assessed as “healed”^{**}



- Nearly **2 times faster** time to closure vs Allevyn® (N=39)^{††,‡‡}



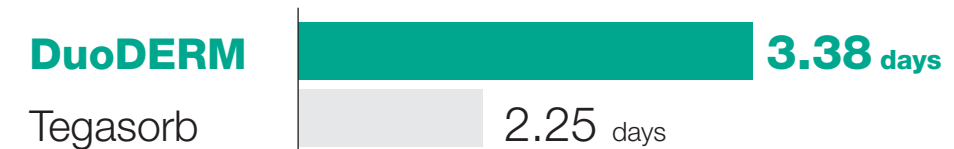
Median time to closure for wounds that healed (days)

DuoDERM dressings have demonstrated longer wear time^{6,13} for maximum cost effectiveness

In comparative studies, protocols of care including DuoDERM dressings have demonstrated:

- 50% longer** wear time than Tegaserb™^{||,¶} in continent patients with fewer dressing changes (N=96)[§]

Mean dressing wear time



- 18% longer** wear time than Comfeel Plus^{†‡} with fewer dressing changes (N=35)¹⁰

Mean dressing wear time



“Clinicians should not assume that wound environments provided by different hydrocolloid dressings will provide the same healing outcomes.”

– Seaman S, et al.¹⁰

With the added challenges of current wound care guidelines, it’s comforting to know that DuoDERM hydrocolloid dressings are backed by the confidence of over 20 years of clinical experience and several hundred published studies.

*Using DuoDERM® CGF® dressings.
[†]In addition to endpoints measured were: contraction of wound surface area; wear time; ease of dressing application and removal; ease of dressing maintenance; dressing appearance; ease of teaching the caregiver when to change the dressing by use of product instruction and/or features; ease of caregiver’s understanding of when to change the dressing by use of product instructions and/or features.
[‡]Comfeel® Plus Ulcer Dressing is a registered trademark of Coloplast Corporation.
[§]Study duration was 13.2 days for DuoDERM Signal and 12.56 days for Comfeel Plus.
^{||}In addition to endpoints cited, additional endpoints measured were: product-related adverse reactions; changes in wound size; wound pain; number of dressing changes; adhesion; ease of use; conformability.
[¶]Study duration was 13.5 days for DuoDERM group and 11.0 days for Tegaserb group.
^{|||}Tegaserb™ is a trademark of the 3M Company.
^{**}Mean = 10.1 days.
^{††}In addition to endpoints cited, additional endpoints measured were: ease of dressing application and removal; average dressing wear time; average time for dressing change.
^{‡‡}Allevyn® is a registered trademark of Smith & Nephew.

The ConvaTec family of wound care products work together to create a moist wound environment that supports healing

In many wounds, DuoDERM® dressings should be used along with other ConvaTec products throughout the different healing phases.

This step-by-step guide helps you choose the optimal combination of products.*



Step 1: Assess wound based on conditions of wound and exudate level

Condition of wound bed	Necrotic (dead tissue; black in color)	Sloughy (loose, stringy necrotic tissue; may be yellowish in color)	Granulating (red, beefy-looking tissue)	Epithelializing (pink to red, moist, fragile skin cells that cover the open wound)
Exudate Level				
Heavy	6	6	6	6
Moderate	5	5	5	5
low	4	4	4	3
no	1	1	1	2

Step 2: Choose appropriate product*

Wound Type	Cleanse/Measure	Fill/Dress	Cover
6	SĀF-Clens® AF	Shallow: AQUACEL or AQUACEL Ag† Deep: AQUACEL or AQUACEL Ag	Versiva® dressing OR CombiDERM® dressing
5	SĀF-Clens AF	Shallow: AQUACEL or AQUACEL Ag Deep: AQUACEL or AQUACEL Ag	DuoDERM Signal® dressing OR Versiva
4	SĀF-Clens AF	Shallow: No filler needed Deep: AQUACEL or AQUACEL Ag	DuoDERM Signal
3	SĀF-Clens AF	Shallow: No filler needed Deep: N/A	DuoDERM Signal OR DuoDERM Extra Thin™ dressing
2	SĀF-Clens AF	Shallow: No filler needed Deep: N/A	DuoDERM Extra Thin
1	SĀF-Clens AF	Shallow: DuoDERM® Hydroactive Gel Deep: DuoDERM Hydroactive Gel	DuoDERM Extra Thin OR DuoDERM Signal

*Charts should be used as examples of how products can be used and are not intended to serve as prescriptions. See product package insert for complete Instructions for Use.
†Use AQUACEL for noninfected wounds and AQUACEL Ag for infected wounds.



There are many hydrocolloid dressings but only one DuoDERM®

A wide range of best-in-class dressings that allows you to gently manage wounds through different healing stages

DuoDERM Signal® Sterile Dressing

Unit Size	Product Number	Quantity Per Box	HCPCS Code
Oval			
4.5"x 7.5"	410510	5	A6235
Sacral			
8"x 9"	410501	5	A6236
Heel			
7.5"x 7.8"	410500	5	A6235
Triangle			
6"x 7"	403332	5	A6238
8"x 9"	403333	5	A6238
Square			
4"x 4"	403326	5	A6237
5.5"x 5.5"	403327	5	A6238
8"x 8"	403328	5	A6238

DuoDERM® Extra Thin Sterile Dressing

Unit Size	Product Number	Quantity Per Box	HCPCS Code
Oval			
4"x 6"	187902	10	A6235
Spot			
1.25"x 1.5"	187932	20	A6234
Triangle			
6"x 7"	187903	10	A6235
Square			
3"x 3"	187901	20	A6234
4"x 4"	187955	10	A6234
6"x 6"	187957	10	A6235
Rectangle			
2"x 4"	187900	20	A6234
2"x 8"	187961	10	A6234

DuoDERM® CGF® Sterile Dressing

Unit Size	Product Number	Quantity Per Box	HCPCS Code
Square			
4"x 4"	187660	5	A6234
4"x 4"	187658	20	A6234
6"x 6"	187661	5	A6235
6"x 6"	187659	20	A6235
8"x 8"	187662	5	A6236
Rectangle			
6"x 8"	187643	5	A6235
8"x 12"	187644	5	A6236

DuoDERM® CGF® Border Sterile Dressing

Unit Size	Product Number	Quantity Per Box	HCPCS Code
Triangle			
4"x 5" plus 1" adhesive border	187973	5	A6237
6"x 7" plus 1" adhesive border	187974	5	A6238
Square			
2.5"x 2.5" plus .75" adhesive border	187970	5	A6237
4"x 4" plus .75" adhesive border	187971	5	A6237
6"x 6" plus 1" adhesive border	187972	5	A6238

DuoDERM® Hydroactive Sterile Gel

Unit Size	Product Number	Quantity Per Box	HCPCS Code
15 grams	187990	10 tubes	A6248
30 grams	187987	3 tubes	A6248

To learn more, call
1-800-422-8811
 M-Th, 8:30 AM – 8:00 PM, EST
 F, 8:30 AM – 6:00 PM, EST
www.convatec.com

ConvaTec Wound Therapeutics™

A comprehensive approach to wound healing.



Good science and sound research are just part of the ConvaTec way. Because healthcare is about more than clinical effectiveness, it's about making a difference in the way people live and work each day. That's what we mean by ConvaTec Wound Therapeutics, an approach to wound care that looks beyond the laboratory to understand the needs of physicians, nurses, and those they care for. It's why so many trust us and our products.



References: 1. Greguric S, Budimic D, Soldo-Belic A, et al. Hydrocolloid dressing versus a conventional dressing using magnesium sulphate paste in the management of venous leg ulcers. *Acta Dermatovenerol Croat.* 1994;2:65-71. 2. Romanelli M. Objective measurement of venous ulcer debridement and granulation with a skin color reflectance analyzer. *Wounds.* 1997;9:122-126. 3. Wilson P, Burroughs D, Dunn LJ. Methicillin-resistant *staphylococcus aureus* and hydrocolloid dressings. *Pharm J.* 1988;243:787-788. 4. Mertz PM, Marshall DA, Eaglstein WH. Occlusive wound dressings to prevent bacterial invasion and wound infection. *J Am Acad Dermatol.* 1985;12:662-668. 5. Bowler PG, Delargy H, Prince D, Fondberg L. The viral barrier properties of some occlusive dressings and their role in infection control. *Wounds.* 1993;5:1-8. 6. Day A, Dombranski B, Farkas C, et al. Managing sacral pressure ulcers with hydrocolloid dressings: Results of a controlled, clinical study. *Ostomy/Wound Management.* 1995;41:52-65. 7. Cherry GW, Ryan T, McGibbon D. Trial of a new dressing in venous leg ulcers. *The Practitioner.* 1984;228:1175-1178. 8. Friedman SJ, Su WPD. Management of leg ulcers with hydrocolloid occlusive dressing. *Arch Dermatol.* 1984;120:1329-1336. 9. Alvarez OM, Mertz PM, Eaglstein WH. The effect of occlusive dressings on collagen synthesis and re-epithelialization in superficial wounds. *J Surg Res.* 1983;35:142-148. 10. Seaman S, Herbster S, Muglia J, Murray M, Rick C. Simplifying modern wound management for nonprofessional caregivers. *Ostomy/Wound Management.* 2000;46:18-27. 11. Jensen JL, Seeley J, Vivil S. A 40 patient randomised clinical trial to compare the performance of Allevyn Adhesive Hydrocellular dressing and a hydrocolloid dressing in the management of pressure ulcers. WOCN Proceedings, June 1997.