



Cavilon™
Skin Care Solutions



3M™ Cavilon™ Advanced Skin Protectant

**Experience the
power of complete
protection.**



The significance of healthcare-acquired skin damage.

Healthcare-acquired skin damage represents negative clinical outcomes resulting in potential complications such as infection, pain and suffering, and a poor patient experience. In addition, skin damage increases the work and cost of care. Exposure over time to factors such as irritants, moisture, friction, shear and adhesives can lead to conditions of skin breakdown, including:

Moisture-Associated Skin Damage (MASD)



Incontinence-Associated Dermatitis (IAD)
Severe inflammation caused by liquid stool, mixed incontinence or urine, which can lead to destruction of the epidermis.



Intertriginous Dermatitis (ITD)
Skin damage between skin surfaces due to the interaction of friction and moisture.

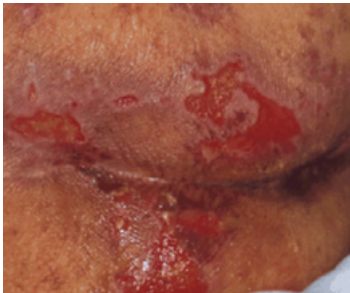


Periwound Skin Damage
This type of skin damage is often associated with wounds that produce large quantities of drainage, such as venous ulcers or infected wounds.



Peristomal Skin Damage
Problem stomas, poor stoma location and high-volume output, especially that of liquid stool, can contribute to skin injury that can rapidly progress to erosion.

Pressure Injury



Localised damage to the skin and underlying soft tissue, usually over a bony prominence or related to a medical or other device. Moisture, friction and shear are accepted risk factors for pressure injury development.



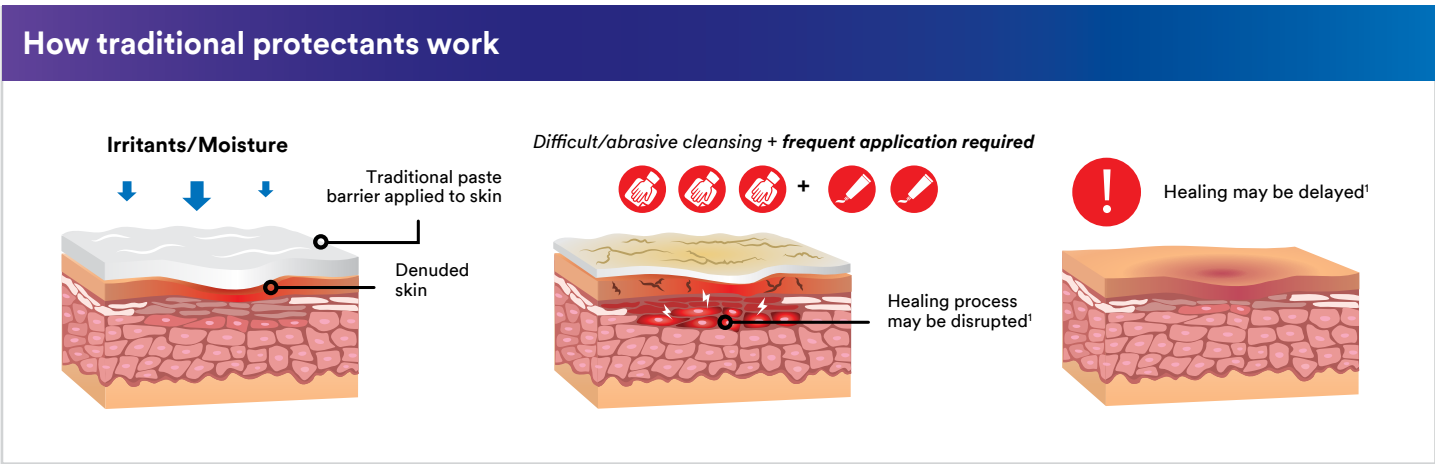
Skin damage, such as stripping or maceration, related to adhesive product use.

Medical Adhesive-Related Skin Injury (MARSI)

Limitations of traditional skin protectants.

Moisture barrier creams, ointments and pastes have long been the standard of care for skin protection, but often these products:

- Aren't effective for preventing and managing skin damage
- Don't last as long as you need them to
- Don't adhere to wet, weepy, damaged skin
- May interfere with healing
- Cause discomfort upon application, during wear and cleansing
- Don't stay in place on the skin
- Are difficult to clean and remove, and may cause additional skin damage
- Interfere with skin assessment
- Are not suitable around an ostomy or fistula



Newer technologies such as pure cyanoacrylates can have limitations as well. While able to attach to a wet surface, heat is given off during drying and the surface can fracture easily, compromising protection and requiring reapplication.

The power of 3M™ Cavilon™ Advanced Skin Protectant.

Featuring 3M’s revolutionary polymer-cyanoacrylate technology, 3M™ Cavilon™ Advanced Skin Protectant is designed to help manage moderate to severe skin damage and protect at-risk skin.^{2,3} The ultra-thin yet highly durable barrier is able to attach to wet, weepy surfaces and create a protective environment that repels irritants and supports healing.^{1,2,3}

<p>Attaches to wet, weepy,^{2,3} damaged skin</p>	<p>Provides an effective barrier, which has been shown to reduce the pain of managing IAD^{2,3*}</p>
<p>Single-use applicator reduces the potential for cross-contamination</p>	<p>Lasts up to 7 days³</p>

The results are clear

A clear improvement on traditional treatment options, 3M™ Cavilon™ Advanced Skin Protectant uses a unique polymer-cyanoacrylate system to deliver ultimate protection and prevention – even in the most challenging circumstances.



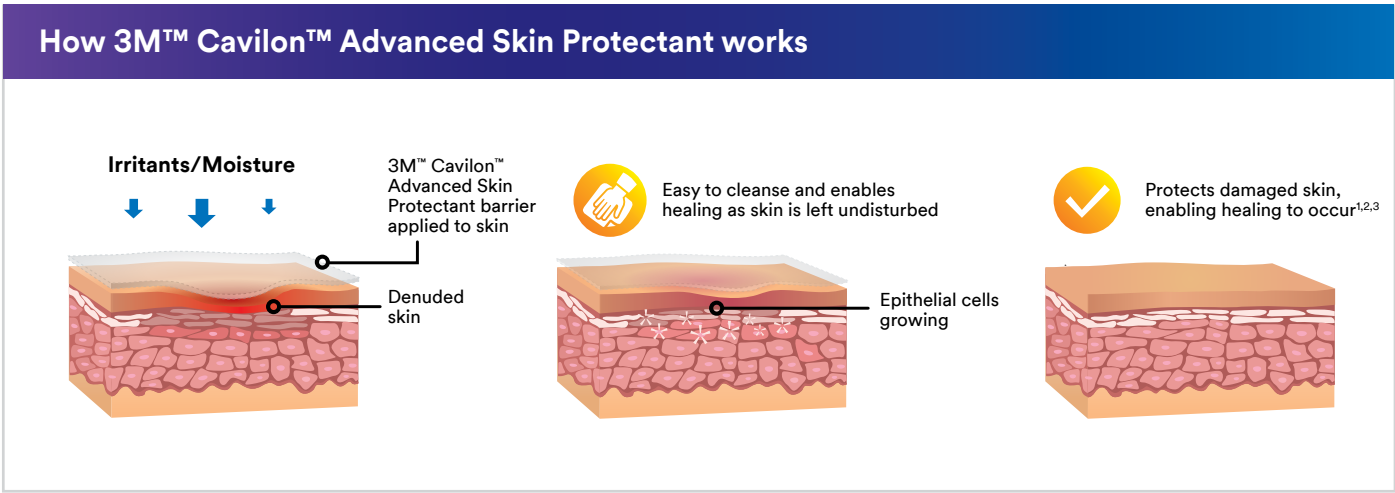
* Cavilon Advanced Skin Protectant is not an analgesic.

See the science of skin protection at work.

3M™ Cavilon™ Advanced Skin Protectant represents a revolutionary technology for management of skin damage and protection of at-risk skin. Its formulation is unlike any other skin protectant or moisture barrier, but what makes it so different?

<p>Unique, elastomeric polymer</p> <p>The polymer forms a coating that can elongate and conform, avoiding the cracking seen with other moisture barriers. This assures greater barrier integrity, durability and protection against challenging irritants such as liquid stool and gastric fluid.^{1,2,3}</p>	<p>Revolutionary polymer-cyanoacrylate system</p> <p>The cyanoacrylate enables attachment of the skin protectant to damaged skin that is wet and weeping. Once on the skin, the protective coating creates an environment that repels irritants and supports healing and comfort.^{1,2,3}</p> <p>Remember: if a moisture barrier product cannot reliably attach to the underlying skin, it’s not capable of reliable protection.</p>	<p>Non-stinging solvent</p> <p>The polymer-cyanoacrylate system is delivered onto the skin by a non-stinging solvent.^{2,3}</p>
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3M™ Cavilon™ Advanced Skin Protectant is also breathable, allowing for moisture-vapour transmission that helps keep skin comfortable. Plus, it doesn’t require removal, and the surface is easily cleansed – making wear easier for patients and care easier for staff.



The many uses of 3M™ Cavilon™ Advanced Skin Protectant.³



Moisture-Associated Skin Damage (MASD)

Incontinence-Associated Dermatitis (IAD)

Peristomal Skin Damage

Periwound Skin Damage

Intertriginous Dermatitis (ITD)

Pressure Injury

Medical Adhesive-Related Skin Injury (MARS)

Manage damaged or broken skin					
Manage IAD	Manage peristomal/perifistular skin damage	Manage periwound skin damage (e.g. maceration)	Manage superficial skin damage from moisture and friction	Manage superficial skin injury in difficult-to-dress locations	Manage superficial skin damage (e.g. stripping, skin tears) from adhesive use
Protect at-risk skin					
Protect intact skin especially in the presence of diarrhoea or mixed incontinence	Protect skin around problem faecal or urinary stomas, fistulas or tracheostomies	Protect skin around at-risk wounds (e.g. heavily draining wounds such as diabetic foot ulcers, venous leg ulcers or infected wounds)		Protect intact skin from moisture, friction or shear	

Complete protection that can effectively transform your practice.



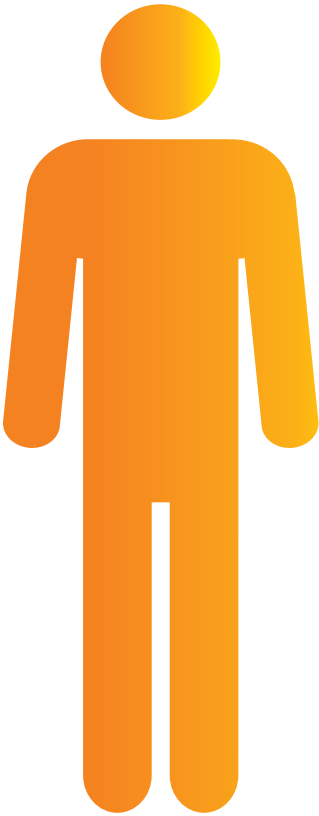
For your patients and residents, 3M™ Cavilon™ Advanced Skin Protectant provides an effective barrier, which can help:

- ✓ Prevent skin injury and maintain skin integrity^{2,3}
- ✓ Protect against caustic, corrosive body fluids including liquid stool and gastric fluid^{1,2,3}
- ✓ Create an environment that supports healing^{1,2,3}
- ✓ Improve the overall healthcare experience
- ✓ Reduce the pain associated with IAD^{2,3*}



For you and your facility, 3M™ Cavilon™ Advanced Skin Protectant can help:

- ✓ Eliminate the need for frequent reapplication
- ✓ Reduce the potential for the cross-contamination that's possible with traditional multi-use products
- ✓ Offer superior value in dollars spent for skin management
- ✓ Lead to improved patient and resident outcomes



100% of patients

who reported pain associated with IAD on Day 1 (n=9) experienced a reduction in pain resulting from the protective barrier provided by 3M™ Cavilon™ Advanced Skin Protectant.²

With 3M™ Cavilon™ Advanced Skin Protectant, your facility could potentially save (per IAD patient per week)**:

\$618

17.5 hours of nursing time

**Based on six episodes per day⁴, two nurses at 2.9 hours/week at \$37.13/hour⁵ each; application/cleansing time of 45 sec/2 min^{2,6}; three applications per week. Compared to a use of a traditional zinc oxide paste.

Experience the power of 3M™ Cavilon™ Advanced Skin Protectant at 3M.com.au/CavilonAdvanced and 3M.co.nz/CavilonAdvanced

* Cavilon Advanced Skin Protectant is not an analgesic.

3M Code	Size	Items/Box
5050G	2.7ml applicator	20



Discover all the ways 3M™ Cavilon™ Skin Care Solutions can help you transform patient skin integrity at 3M.com.au/Cavilon and 3M.co.nz/Cavilon

²Brennan, Mary R.; Milne, Catherine T.; Agrell-Kann, Marie; Ekholm, Bruce P. Clinical Evaluation of a Skin Protectant for the Management of Incontinence Associated Dermatitis: An Open-Label, Nonrandomized, Prospective Study. *J of Wound, Ostomy & Continence Nursing*. 2017. 44(2):172-180.

⁴Bliss DZ, Zehrer C, Savik K, Smith G, Hedblom E. An economic evaluation of four skin damage prevention regimens in nursing home residents with incontinence. *J WOCN* 2007;34(2):143-52.

⁵Nurses and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB9) 2016, RN – Grade 5, band 3. Accessed on 8/8/2018. http://www.qirc.qld.gov.au/qirc/resources/pdf/certified_agreements/cert_agreements/2016/ca32_2016.pdf

⁶Heidegger CP; Graf S; Perneger T; Genton L; Oshima T; Pichard C. The burden of diarrhea in the intensive care unit (ICU-BD). A survey and observational study of the caregivers' opinions and workload. *Int J Nurs Stud*. 2016; Jul;59:163-8.



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