3M

Cavilon™

Skin Care Solutions

3M™ Cavilon™ Advanced Skin Protectant

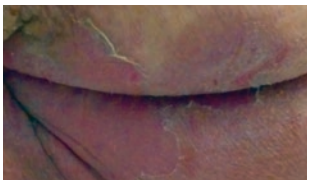
Experience the power of ultimate protection.

The many challenges of skin integrity.

Skin damage presents negative clinical outcomes resulting in potential complications such as infection, pain and suffering, and a poor patient experience. In addition, skin damage increases the time 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)

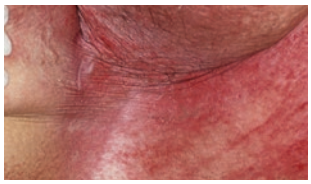
Severe inflammation caused by liquid stool, mixed incontinence or urine, which can lead to destruction of the epidermis.

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.

Periwound skin damage

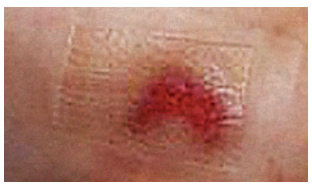
This type of skin damage is often associated with wounds that produce large quantities of drainage, such as venous ulcers or infected wounds.



Intertriginous dermatitis (ITD)

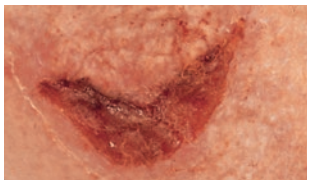
Skin damage between skin surfaces due to the interaction of friction and moisture.

Pressure ulcer/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 ulcer/injury development.

Medical Adhesive-Related Skin Injury (MARSI)



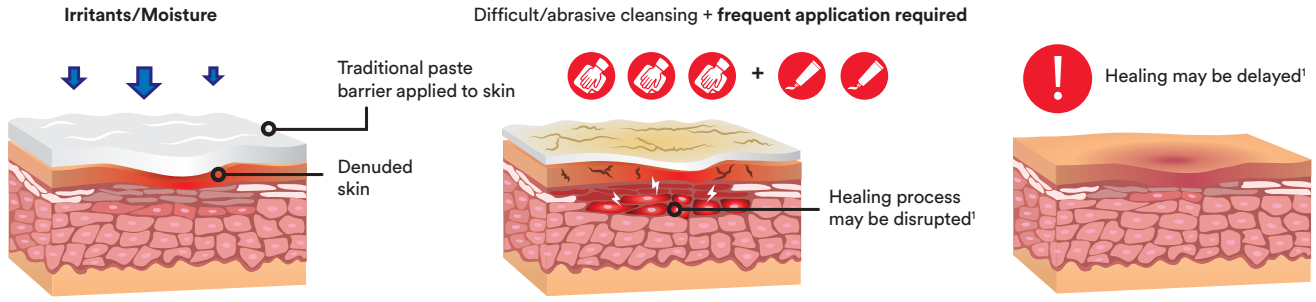
Skin damage, such as stripping or maceration, related to adhesive product use.

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
- Don't stay in place on the skin
- Cause discomfort upon application, during wear and cleansing
- Are difficult to clean and remove, and may cause additional skin damage
- Interfere with skin assessment
- Are not suitable around an ostomy or fistula

How traditional protectants work



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[7] and the surface can fracture easily,[8] compromising protection and requiring reapplication.

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

Featuring 3M's revolutionary polymer-cyanoacrylate technology, Cavilon™ Advanced Skin Protectant is designed to help manage moderate to severe skin damage and protect at-risk skin. 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.

Attaches to wet, weepy, damaged skin[2]

Provides an effective barrier, which has been shown to reduce the pain of managing IAD[2]

Single-use applicator reduces the potential for cross-contamination

Application only needed 2x per week[2]

The results are clear

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

Patient with skin damage on Day 2

Patient with improvement noted on Day 4

See the science of skin protection at work.

3M™ Cavilon™ Advanced Skin Protectant represents a revolutionary technology for the 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?

Unique, elastomeric polymer

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, resulting in twice weekly application.

Revolutionary polymer-cyanoacrylate system

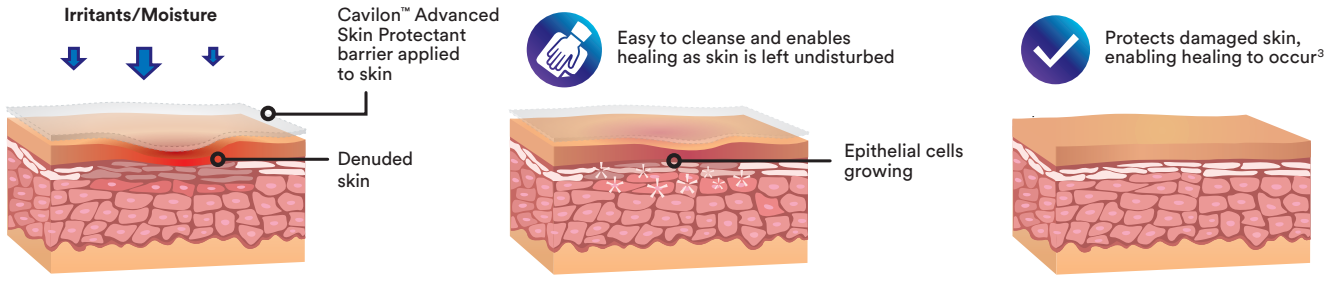
The cyanoacrylate enables attachment of the skin protectant to damaged skin that is wet and weeping. Once on the skin, the protective coating creates an environment that repels irritants and supports healing and comfort.

Remember: if a moisture barrier product cannot reliably attach to the underlying skin, it's not capable of reliable protection.

Non-stinging solvent

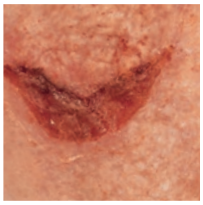
The polymer-cyanoacrylate system is delivered onto the skin by a non-stinging solvent.

How 3M™ Cavilon™ Advanced Skin Protectant works



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.

Moisture-Associated Skin Damage (MASD)				Pressure Ulcer/Injury	Medical Adhesive-Related Skin Injury (MARSI)
					
Incontinence-Associated Dermatitis (IAD)	**Peristomal Skin Damage**	**Periwound Skin Damage**	**Intertriginous Dermatitis (ITD)**		
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 diarrhea or mixed incontinence	Protect skin around problem fecal 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	

Coverage area comparison

3M™ Cavilon™ Advanced Skin Protectant 5051G

0.7ml applicator = Area of a postcard approx. coverage

3M™ Cavilon™ Advanced Skin Protectant 5050G

2.7ml applicator = A4 sheet of paper approx. coverage

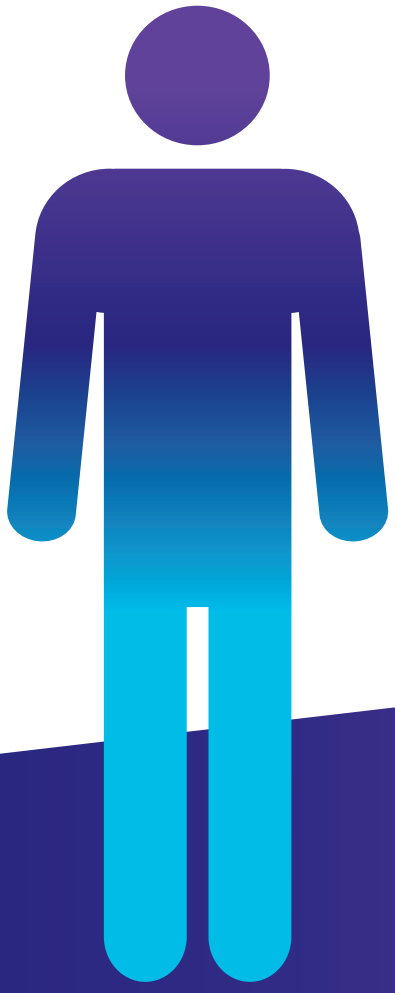
Ultimate protection that can effectively transform your practice.

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

- Prevent skin injury and maintain skin integrity
- Protect against caustic, corrosive body fluids including liquid stool and gastric fluid
- Create an environment that supports healing
- Improve the overall healthcare experience

For you and your organisation, Cavilon™ Advanced Skin Protectant can help:

- Eliminate the need for frequent reapplication
- Reduce the potential for the cross-contamination possible with traditional multi-use products
- Offer superior value in pounds 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 Cavilon™ Advanced Skin Protectant.[2]

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

£400

16.5 hours of nursing time

Compared to use of a traditional zinc oxide paste.[2,4,5,6]

Experience the power of Cavilon™ Advanced Skin Protectant at **www.3M.co.uk/endMASD**

Ordering information

3M™ Cavilon™ Advanced Skin Protectant

3M code	Description	Items/box
5050G4P	2.7ml Foam applicator (sterile)	4
5050G	2.7ml Foam applicator (sterile)	20
5051G	0.7ml Foam applicator (sterile)	20

Discover all the ways 3M™ Cavilon™ Skin Care Solutions can help you transform patient skin integrity at **3M.co.uk/cavilon**

References

1 Been RA *et al.* In vivo methods to evaluate a new skin protectant for loss of skin integrity. *Wound Repair and Regen.* 2016: 24: 851-859

2 Brennan, 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.

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4 Bliss 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.

5 Bureau of Labor Statistics. Occupational Employment Statistics for 31-1014 Nursing Assistant. (May 2015). Accessed on 5/18/2016 http://www.bls.gov/oes current/oes311014.htm

6 Heidegger 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.

7 Walt M, Atwood N, Bernatchez SF, Ekholm BP, Asmus R. Skin protectants made of curable polymers: effect of application on local skin temperature. *Advances in Wound Care* 2016. http://online.liebertpub.com/doi/pdfplus/10.1089/wound.2016.0705.

8. Data on file at 3M (Study EM-05-013924).

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