

3M Medical
3M™ Cavilon™ No Sting Barrier Film



Evidence-based,
Versatile
Skin Damage Prevention



3M™ Cavilon™ No Sting Barrier Film

Unique Polymer Advantages

3M is a worldwide leader in the science of polymer technology and using this expertise, has incorporated a proprietary 3M ingredient, a terpolymer into Cavilon No Sting Barrier Film, the U.S. market leader in skin protectants.

When Cavilon No Sting Barrier Film is applied to the skin, an alcohol-free solvent evaporates off and the unique polymer is left on the skin; it then quickly dries to a non-sticky, protective, breathable waterproof coating. The addition of a third ingredient, a plasticizer, assures that the film will flex and will not crack, an essential feature for effective skin protection.

Cavilon No Sting Barrier Film:

- Does not contain alcohol and can be used on intact or damaged skin
- Protects skin from friction and moisture
- Is the only protective product that has evidence to support up to 72 hours of incontinence skin protection
- Allows for pain-free application
- Is non-cytotoxic
- Is the only barrier film supported by extensive clinical data
- Unlike most barrier creams or ointments, Cavilon No Sting Barrier Film is transparent *allowing continuous visualization and monitoring* of skin at risk for breakdown.

Cavilon No Sting Barrier Film Has Unmatched Versatility for Preventing Skin Damage

Use Cavilon No Sting Barrier Film to:



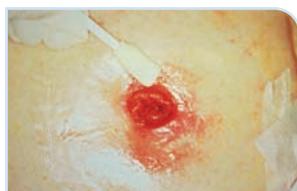
Prevent Friction & Moisture Injury



Prevent Incontinence Associated Dermatitis



Protect Skin from Adhesive Trauma at the IV Site



Protect Peristomal Skin in Ostomy Care

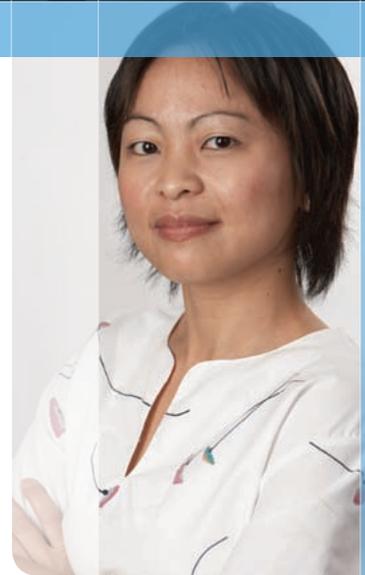


Prevent Skin Damage from Secretions



Prevent Maceration in Periwound Skin

Strengthen Your Pressure Ulcer Prevention Program and Avoid the Costs Associated with Facility-Acquired Skin Damage



Pressure Ulcers:

- Cause patient suffering including pain and possible infection.
- Can impede recovery, extend hospital stays and contribute to premature mortality.
- Are prevalent in all health-care settings:
 - in hospitalized patients over a 10 year period, pressure ulcers increased 63% while hospital stays only increased 14%.*
- Increase the cost of care:
 - Additional supplies, services and labor may be required to care for a pressure ulcer.
 - Effective October 2008, acute care hospitals will not receive reimbursement for pressure ulcers that develop during a hospital stay.

How Can 3M™ Cavilon™ No Sting Barrier Film Help Prevent Skin Damage?

Applying Cavilon No Sting Barrier Film to intact skin can help prevent skin damage from friction and moisture and may help to improve clinical and quality outcomes. Moisture and friction are accepted risk factors for pressure ulcer development and are part of the Braden Scale for Predicting Pressure Ulcer Risk®. Use of a barrier film for protection of at risk skin is recommended in widely-recognized pressure ulcer prevention guidelines.* Preventing skin damage may reduce the chance of incorrect identification as a pressure ulcer, which could be costly to your facility.

Incontinence Dermatitis Prevention:

A National Study of Product Costs, Labor Costs and Four Skin Damage Prevention Regimens in

3M is proud to have sponsored the largest health economic study for incontinence dermatitis prevention.



Principle Investigator:

Donna Bliss, PhD, RN, FAAN, FGSA
Professor in Long-Term Care of Elders
Interim Associate Dean for Research
Horace T. Morse/Alumni Association
Distinguished Teacher
University of Minnesota School of Nursing

Objective

To examine the cost effectiveness, product costs and labor costs of four regimens for preventing incontinence-associated dermatitis in nursing home residents.

Methodology

- 16 nursing homes were randomly recruited from the National Registry of Nursing Homes.
- Sites were required to have at least 90 beds and at least 40 incontinent residents.
- Out of the 1,918 residents screened, 981 qualified for prospective study observations (incontinent and free of perineal skin damage).
- Time to complete care for prevention of incontinence-associated dermatitis was measured and the occurrence of dermatitis was monitored.
- Manufacturers' instructions for use were followed; 3M™ Cavilon™ No Sting Barrier Film was applied three times weekly while the other three skin barrier products were applied after each incontinence episode. A skin cleanser from each of the manufacturers was used.

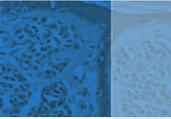
Economic Analysis

- An economic analysis was conducted to determine the cost of incontinence dermatitis prevention products per 100 episodes among the four regimens.
- Total cost of incontinence dermatitis prevention was determined by the cost of skin care products, supplies, and labor using the measured time of 1 to 2 caregiver staff.
- Labor to provide care was based on a nursing assistant pay rate of \$14.19/hour (wages+benefits).
- Staff assessed residents' skin for 6 weeks to determine efficacy of the regimens.

Overall Conclusions

- Overall occurrence of skin damage was 4.6% (45/981 residents), of which 74% (33/45 residents) was attributed to incontinence dermatitis. There was no difference in skin damage or incontinence dermatitis outcomes among regimens ($p>0.05$).
- **Use of 3M™ Cavilon™ No Sting Barrier Film three times weekly is as effective in preventing incontinence dermatitis as products that require application after each episode of incontinence.**

** Bliss D, et al. An economic evaluation of four skin damage prevention regimens in nursing home residents with incontinence. *Journal of Wound Ostomy and Continence Nursing*. 2007; 34(2): 143-152.



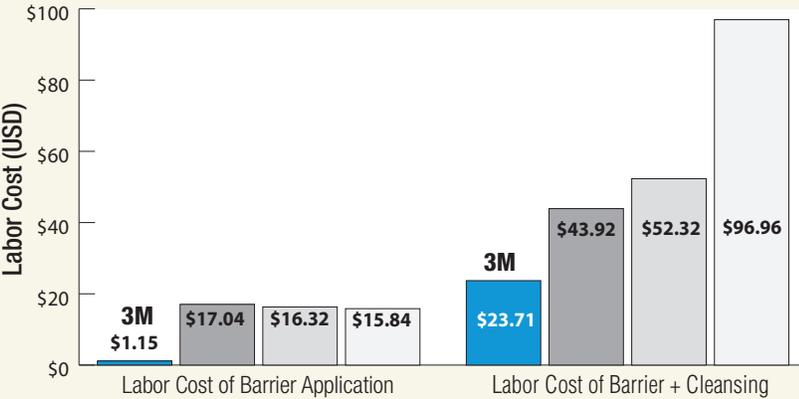
Total Cost of Incontinence Dermatitis Prevention†

The 3M skin damage prevention regimen using 3M™ Cavilon™ No Sting Barrier Film three times per week had a significantly lower total cost (p<0.001).

† (products, supplies & labor) per episode of incontinence per 1 to 2 caregivers



Labor Costs of Incontinence Dermatitis Prevention†



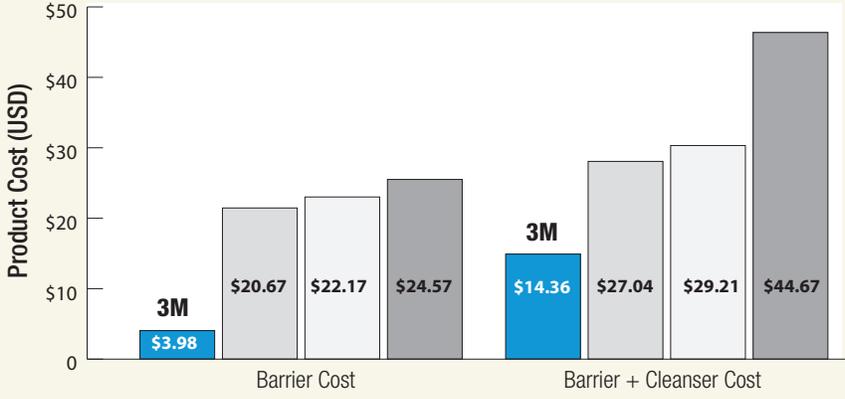
The prevention regimen that used Cavilon No Sting Barrier Film three times per week saved significant labor costs (p<0.001 for both barrier and barrier+cleanser).

† among nursing home residents with incontinence skin care by 1 or 2 caregivers based on 100 incontinent episodes

Product Cost of Incontinence Dermatitis Prevention†

The prevention regimen that used Cavilon No Sting Barrier Film three times per week had a significantly lower product cost (p<0.0001 for both barrier and barrier + cleanser).

† based on 100 incontinent episodes



COLOR KEY: **3M** Smith & Nephew ConvaTec Coloplast

- Barriers used in the study:**
 3M™ Cavilon™ No Sting Barrier Film
 Coloplast Sween® Baza® Protect Cream
 Smith & Nephew Secura™ Protective Ointment
 ConvaTec Aloe Vesta® Protective Ointment

- Cleansers used in the study:**
 3M™ Cavilon™ Skin Cleanser
 Coloplast Peri-Wash® Incontinent Cleanser
 Coloplast Peri-Wash® II No Rinse Perineal Cleanser
 Smith & Nephew Secura™ Personal Cleanser
 ConvaTec Aloe Vesta® Perineal/Skin Cleanser

Frequently Asked Questions



Can 3M™ Cavilon™ No Sting Barrier Film be used for intravenous sites?

Sterile versions (1 mL and 3 mL wand, 1 mL wipe) may be used to protect skin from repeated dressing changes. The 28 mL spray bottle should **not** be used for IV sites. Antimicrobial prep solutions should be allowed to dry completely before application of the barrier film. 3M™ Tegaderm™ Transparent Dressing may then be applied to cover and protect the insertion site.

Is Cavilon No Sting Barrier Film Compatible with Chlorhexidine Gluconate (CHG) containing antiseptic products?

Cavilon No Sting Barrier Film has been shown to be compatible with Chlorhexidine Gluconate (CHG).^{***} After the antiseptic prep has been applied and dried completely, Cavilon No Sting Barrier Film may be applied to the area which will be covered by the adhesive securement dressing/device, taking care to avoid the area immediately surrounding the insertion site. If using 3M™ Tegaderm™ CHG Chlorhexidine Gluconate IV Securement Dressing, Cavilon No Sting Barrier Film should not be applied to skin where the CHG gel pad is placed in order to optimize effectiveness of the dressing. Sterile versions (1 mL and 3 mL wand, 1 mL wipe) are recommended. The 28 mL spray bottle (3346) should **not** be used for IV sites. The film is removed with the adhesive dressing or device and should be reapplied with each dressing change.

Can this product really last 72 hours?

Cavilon No Sting Barrier Film has been shown to be effective for incontinence skin care protection for up to 72 hours. Actual duration of protection will vary because of differences in type and frequency of incontinence, and type and frequency of cleansing. A patient with occasional episodes of urinary incontinence may require reapplication only every 72 hours. In contrast, a patient with frequent or constant liquid diarrhea stools may require reapplication as often as every 12–24 hours.

Can I use other products with Cavilon No Sting Barrier Film?

Avoid use of ointments, creams, lotions or pastes, as they may significantly reduce the film's effectiveness.

Does Cavilon No Sting Barrier Film affect adhesion?

The product does not interfere with adhesion of 3M surgical tapes or adhesive dressings.

Can Cavilon No Sting Barrier Film be used in conjunction with patches, plasters or other delivery systems for topical drugs?

No. The film forms a barrier over the epidermis and while that barrier is breathable, it is likely to interfere with intended absorption of the drug.

Can Cavilon No Sting Barrier Film be used during a course of Radiation Therapy?

The intended use of the barrier film during the course of therapy is for protection from body fluids, adhesive products, or friction. If it is used on or near the radiation field, the film does not require removal and may be left in place during treatments.

Do I need to remove Cavilon No Sting Barrier Film?

Removal is not necessary. Buildup of the film may look like white scaling but is not harmful. If desired, the film may be removed with a gentle medical adhesive remover. Vigorous scrubbing when removing the film should be avoided as this may cause skin damage. When Cavilon No Sting Barrier Film is used under an adhesive product, it is removed along with the product. As a result, the film must be reapplied before each adhesive product application.

3M™ Cavilon™ No Sting Barrier Film

Evidence-Based Skin Damage Prevention

Cavilon No Sting Barrier Film has more clinical evidence than any other moisture barrier or barrier film.

Publications or presentations demonstrating the effectiveness of Cavilon No Sting Barrier Film.

- Bliss D, et al. An economic evaluation of four skin damage prevention regimens in nursing home residents with incontinence. 2007; 34(2): 143-152.
- Bliss D, et al. Incontinence-associated skin damage in nursing home residents: a secondary analysis of a prospective multicenter study. *Ostomy Wound Management*. 2006; 52(12): 46-55.
- Schuren J, Becker A, Sibbald RG. A liquid film forming acrylate for peri-wound protection: a meta-analysis (3M Cavilon No Sting Barrier Film). *International Wound Journal*. 2005; 2(3): 230-238.
- Cameron J, et al. Comparison of two peri-wound skin protectants in venous leg ulcers: a randomized controlled trial. *Journal of Wound Care*. 2005; 14(5): 233-236.
- Zehrer CL, Newman DK, Grove GL, Lutz JB. Assessment of diaper-clogging potential of petrolatum moisture barriers. *Ostomy Wound Management*. 2005; 51(12): 54-58.
- Graham P, et al. Randomized, paired comparison of No Sting Barrier Film versus Sorbolene cream (10% glycerine) skin care during post-mastectomy irradiation. *International Journal of Radiation Oncology, Biology Physics*. 2004; 58(1): 241-246.
- Bale S, et al. The benefits of implementing a new skin care protocol in nursing homes. *Journal of Tissue Viability*. 2004; 14(2): 44-50.
- Baatenburg de Jong H and Admiraal H. Comparing cost per use of 3M Cavilon No Sting Barrier Film with zinc oxide oil in incontinent patients. *Journal of Wound Care*. 2004; 13(9): 398-400.
- Hampton S. The nursing care of common raw and bleeding skin conditions. *British Journal of Nursing*. 2004; 13(10): 618-620.
- Neander K-D and Hesse F. The protective effects of a new preparation on wound edges. *Journal of Wound Care*. 2003; 12(10): 369-371.
- Coutts P, Sibbald GR, Queen D. Peri-wound skin protection: a comparison of a new skin barrier vs. traditional therapy in wound management. *Wound Care Canada*. 2003; 1(1): 1-6.
- Garcia Gonzalez RF, et al. The use of a No Sting Barrier Film to prevent maceration in pressure ulcers treated with an adhesive hydrocolloid dressing. Poster presentation at EWMA Conference. 2002.
- Sanders C. Comparison of dressing removal following hypospadias repair. *British Journal of Nursing*. 2003; 12(15): S21-S28.
- Bär M and Vanscheidt W. Ulcer edge protection with a polymer protective film. *Zeitschrift für Wundheilung*. 2001; 22(1): 16-20.
- Campbell K, et al. 3M Cavilon No Sting Barrier Film: a clinical evaluation. *Ostomy Wound Management*. 2000; 46(1): 24-30.
- Garcia Gonzalez RF, et al. 3M Cavilon No Sting Barrier Film: an evaluation of peri-wounds prone to maceration. Poster presentation at EPUAP Conference. 2000.
- Jones D, et al. 3M Cavilon No Sting Barrier Film-an effective barrier against the ravages of proteolytic enzymes on peristomal and perianal skin. Poster presentation at the University of Hull. 1999.
- Jones JE. Improvement in patient comfort and compliance through the use of 3M Cavilon No Sting Barrier Film. Poster presentation at the Wound Care Conference, Harrogate. 1998.
- Williams C. 3M Cavilon No Sting Barrier Film in the protection of vulnerable skin. *British Journal of Nursing*. 1998; 7(10): 613-615.
- Tsang P, et al. Periwound skin management using an alcohol-free barrier film under V.A.C.® Therapy™ System Application. Poster presentation at SAWC Conference. 2004.
- Murray K and Brown P. Evaluation of the routine use of an alcohol-free barrier film on patients with urinary and/or fecal incontinence. Poster presentation at WOCN Conference. 2003.
- Wilson C, et al. Treatment of early pressure ulcers in critically ill patients. Poster presentation at WOCN Conference. 2000.
- Hagelstein S, Bale S, Harding KG. The use of 3M Cavilon No Sting Barrier Film in the management of incontinence dermatitis. Oral presentation at EWMA/JWC Conference. 1998.
- Hampton S. Macerated and excoriated tissues: a randomized controlled trial in wound care with case studies. Poster presentation at EWMA Conference. 1997. Published as: Film subjects win the day. *Nursing Times*. 1998; 94(24): 80-84.
- Scardillo J and Folkdedahl B. Management of a complex high output fistula. *Journal of Wound Ostomy and Continence Nursing*. 1998; 25(4): 217-220.
- Lutz JB and White TJ. Measuring skin barrier wash-off resistance. Poster presentations at WOCN and EWMA Conferences. 1997.
- Kennedy KL, et al. Cost-effectiveness evaluation of a new alcohol-free film forming incontinence skin protectant. Oral presentation at EWMA Conference. 1996.
- Rolstad BS, et al. A comparison of an alcohol-based and a siloxane based peri-wound skin protectant. *Journal of Wound Care*. 1994; 3(8): 367-368.

3M™ Cavilon™ No Sting Barrier Film

Ordering Information:



3M™ Cavilon™ No Sting Barrier Film

Catalog Number	NDC Number	Size	Wound Care Product	Items/Box	Boxes/Case	HCPCS Code****
3343	8333-3343-01	1.0 mL	wand	25	4	A6250
3344	8333-3344-01	1.0 mL	wipe	25	4	A6250
3345	8333-3345-01	3.0 mL	wand	25	4	A6250
3346	8333-3346-01	28.0 mL	spray	12	1	A6250

To learn more about skin care and the Cavilon family of products:

Visit us at www.3M.com/Cavilon

contact your 3M Skin Health representative

or call the 3M Health Care Customer

Helpline at **1-800-228-3957**.

Outside of the United States, contact the local 3M subsidiary.

****HCPCS codes as referenced in the PSC Local Coverage Determination Surgical Dressing and Ostomy Policies.

Disclaimer:

HCPCS codes have been provided to assist you in the preparation of Medicare Part B claims. Please note, however, that the reimbursement information provided by 3M Health Care and its representatives is intended to provide general information relevant to coverage and coding for 3M products. Insurers' reimbursement policies can vary and the use of the codes discussed here does not guarantee that an insurer will cover or pay at any particular level. Health care providers should exercise independent clinical judgment in choosing the codes which most accurately describe the products provided.



**Medical Division
3M Health Care**

3M Center, Building 275-4W-02
St. Paul, MN 55144-1000
USA
1-800-228-3957
www.3M.com/healthcare

**Medical Division
3M Canada**

Post Office Box 5757
London, Ontario N6A 4T1
Canada
1-800-364-3577

The Braden Scale for Predicting Pressure Sore Risk is a copyright of Barbara Braden and Nancy Bergstrom.
ConvaTec and Aloe Vesta are trademarks of ConvaTec.
Smith & Nephew and Secura are trademarks of Smith & Nephew Plc.
Coloplast, Peri-Wash, Baza and Sween are trademarks of the Coloplast Group.

3M, Cavilon and Tegaderm are trademarks of 3M.
Please recycle. Printed in U.S.A.
© 3M 2004, 2005, 2008.
All rights reserved.
70-2009-6410-7