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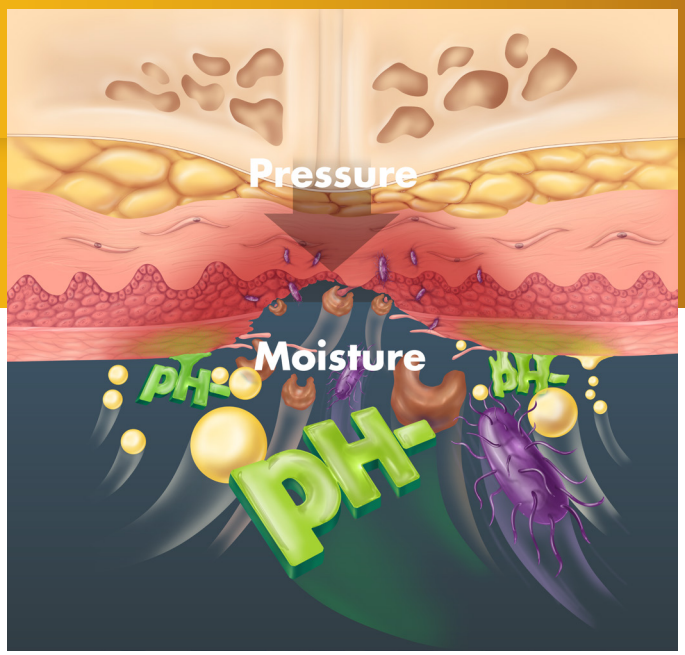
Incontinence-associated dermatitis (IAD)

A significant risk factor for pressure injuries

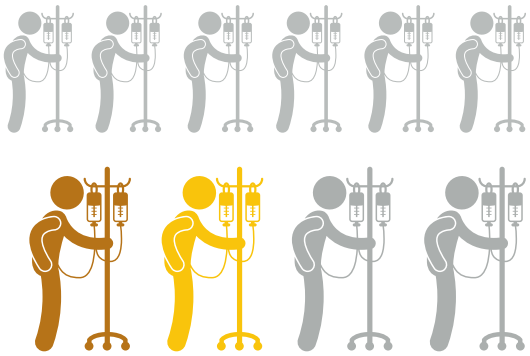


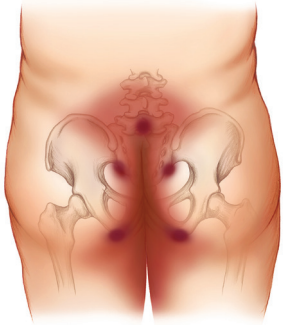
IAD is defined as **"an inflammation of the skin that occurs when urine or stool comes into contact with perineal or perigenital skin."**[1] Incontinence is a major risk factor in the development of pressure injuries because it reduces the skin's tissue tolerance by increasing its permeability and decreasing resistance to friction.[2] Skin damage from a pressure injury occurs from the inside out, but IAD starts on the surface and works inward. When the two occur together, the results can be devastating.

IAD prevalence

47%
of hospital patients are incontinent and of those

46%
had IAD[3]





33%
of hospitalized adults experienced perineal skin damage[2]

Compared to a patient who is not incontinent, the **odds of an incontinent patient developing a pressure injury is**:

22x ↑
more likely for a patient with **fecal incontinence**[4]

38x

more likely for a patient with **impaired mobility and fecal incontinence**[4]

Treating and preventing IAD

Barrier-impregnated cloth helps prevent IAD and addresses risk factors associated with hospital-acquired pressure injuries (HAPI).[5]

A 2015 two-phase evaluation of 200 patients at high risk for developing IAD and HAPI found that in those who received an intervention that standardized incontinence cleanup with a barrier-impregnated cloth following each incontinent episode, none developed IAD or a HAPI.

0%

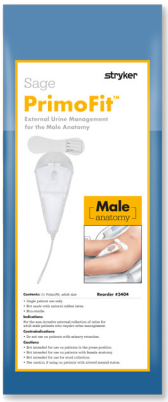
IAD or a **HAPI**

Comfort Shield®

Barrier Cream Cloths

The all-in-one cloths cleanse, moisturize, deodorize, treat, and provide barrier protection with every use to help promote compliance to incontinence care protocols.

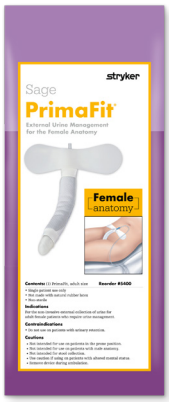
- Helps treat and prevent perineal dermatitis; helps seal out wetness
- CHG compatible
- Paraben free, hypoallergenic, gentle, and non-irritating
- Breathable, transparent dimethicone barrier makes skin assessment easy
- Allows the use of other products such as anti-fungals
- Helps eliminate mess of standard zinc oxide and petroleum-based barriers; makes each cleanup easier



Sage PrimoFit™ External Urine Management for the Male Anatomy

PrimoFit can be left in place for up to 24 hours. When properly positioned, the ultra-soft wicking fabric absorbs and diverts urine away from the patient's skin. Urine is diverted away from the patient through the Wicking Chamber into the suction tubing to the suction canister, helping keep the skin dry and addressing a risk factor of IAD.

- **Customizable fit —**Back Base Adhesive – eliminates the need to use sizing charts and promotes process efficiency
- **Gentle, stays in place—**Sure-Stay Silicone Adhesive Pad keeps device in place and allows for easy application and removal



Sage PrimaFit® External Urine Management for the Female Anatomy

When properly positioned, PrimaFit's ultra-soft wicking fabric absorbs and diverts urine away from the patient's skin. Urine is then absorbed into the system's core and suctioned into a collection canister, helping keep the skin dry and addressing a risk factor of IAD.

- **Flexible fit—**Flex-Fit Core contours to patient anatomy and maintains shape for the duration of use
- **Gentle, stays in place—**Sure-Stay Silicone Adhesive Pad keeps device in place and provides for easy and gentle removal

References 1. Gray, M., Bliss, D.Z., Doughty, D.B., et al. (2007 Jan-Feb). Incontinence-associated dermatitis: a consensus. J Wound Ostomy Continence Nurs, 34(1), 45-54. **2.** Nix, D. and Ermer-Seltun, J. (2004). A review of perineal skin care protocols and skin barrier product use. Ostomy Wound Manage, 50(12), 59-67. **3.** Gray, M and Guiliano, K. Incontinence-Associated Dermatitis, Characteristics and Relationship to Pressure Injury A Multisite Epidemiologic Analysis, Journal of Wound Ostomy Continence Nursing, January/February 2015:45(1):63-67 **4.** Maklebust, J. and Magnan, M.A. (1994). Risk factors associated with having a pressure ulcer: a secondary data analysis. Adv Wound Care, 7(6), 25, 27-28, 31-34. **5.** Hall, K. and Clark, R. (2015 Jul.). A Prospective, Descriptive, Quality Improvement Study to Decrease Incontinence-Associated Dermatitis and Hospital-Acquired Pressure Ulcers. Ostomy Wound Mgmt, 61(7), 26-30.

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