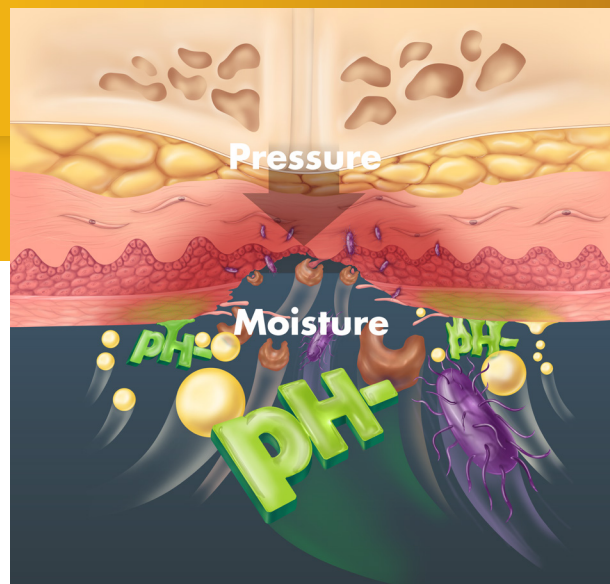


Incontinence-associated dermatitis (IAD)

A risk factor for pressure injuries¹

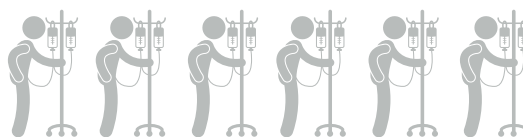
IAD is defined as **“an inflammation of the skin that occurs when urine or stool comes into contact with perineal or perigenital skin.”**² Incontinence is a major risk factor in the development of pressure injuries because it reduces the skin’s tissue tolerance by increasing its permeability and decreasing resistance to friction.³ 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

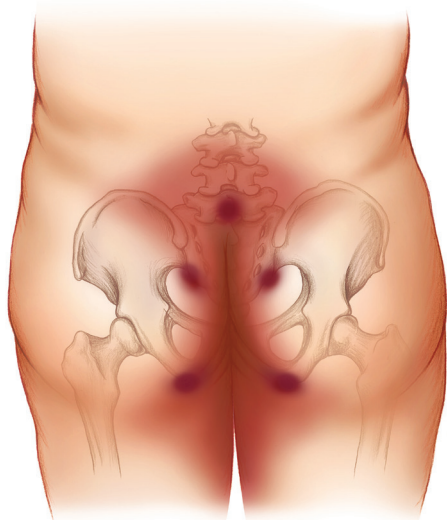
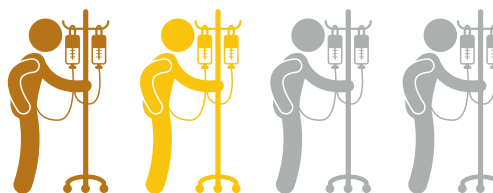
47%

of hospital patients are incontinent and of those



46%

had IAD¹



33%

of hospitalized adults experienced perineal skin damage³

Treating and preventing IAD

Barrier-impregnated cloth helps prevent IAD and helps address risk factors associated with hospital-acquired pressure injuries (HAPI).⁴

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



Help complete the continuum of care

Standardize urine management at your hospital with PrimoFit+® and PrimaFit®. Both external urine management devices provide an easily customizable fit, stay in place, use continuous suction to divert urine away from the skin, and promote early catheter removal when appropriate.



PrimoFit+

External Urine Management for the Male Anatomy

- Customizable fit – no need for sizing charts
- Stays in place – adhesives promote easy application and removal
- Can be left in place for up to 24 hours



PrimaFit

External Urine Management for the Female Anatomy

- Flexible core contours to anatomy and maintains shape
- Adhesive pad keeps device in place
- Ultra-soft fabric absorbs and diverts urine away from skin

References 1. 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 2018;45(1):63-67 2. 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. 3. 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. 4. 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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