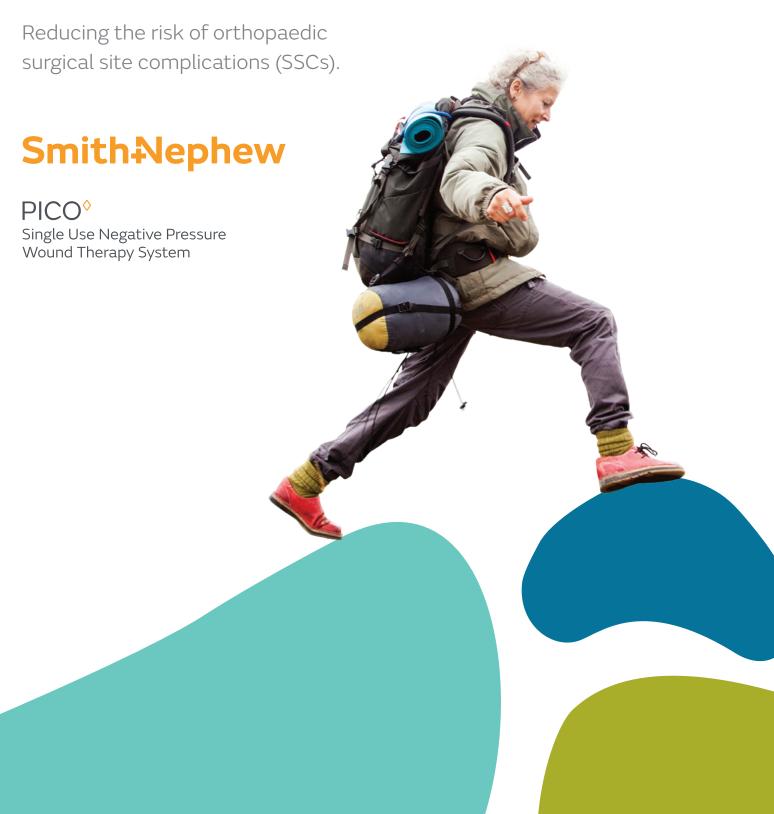
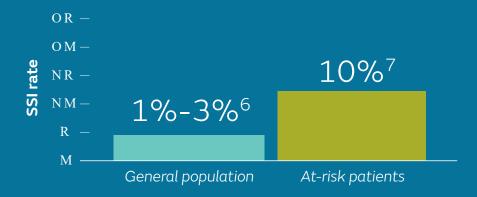
Control your riskControl youroutcomes



Higher risk demands higher standards



The rate of surgical incision complications for at-risk orthopaedic patients is higher than it is for the general population.^{6,7}

7X

The combination of obesity with diabetes revealed a nearly sevenfold increase in periprosthetic knee infections when compared with obese patients without diabetes.

How do you define high risk?

Certain comorbidities are believed to be the main culprits:9



Diabetes



Obesity



Immune deficiency



Hypertension



Smoking

More procedures – and more risk

An aging population means a projected increase in total joint arthroplasty (TJA) procedures – and complications from those procedures.^{1,2}

The most common surgical site complications for total joint replacement procedures are:



Surgical site infection

The number one reason for readmissions after total joint surgery³



Prolonged drainage

Shown to increase the risk of infection by:

- 42% following a total hip arthroplasty (THA)⁴
- 29% following a total knee arthroplasty (TKA)⁶



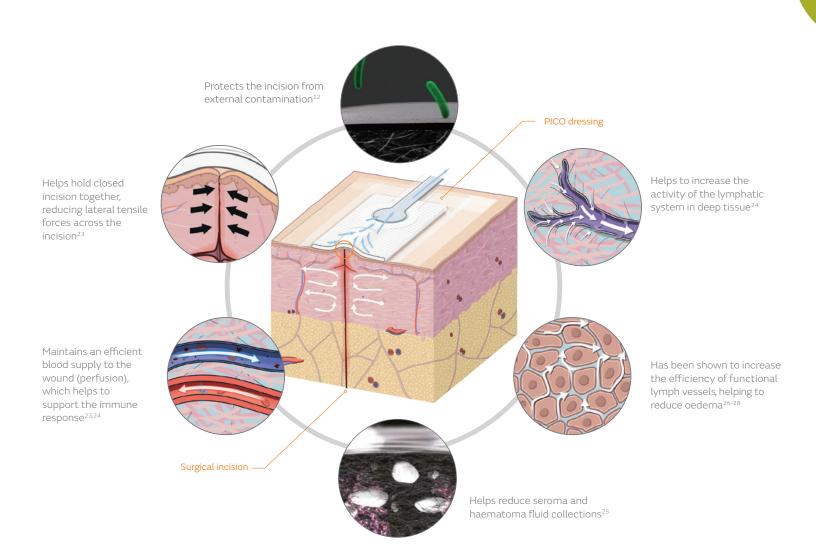
Dehiscence

In one study, 43% of the procedures in which patients developed dehiscence were considered failures⁵

Does standard incision care meet your standards?

PICO sNPWT is a pioneering negative pressure wound therapy system that can help raise the level of care for orthopaedic surgical incisions:

- Manages low to moderate levels of exudate¹⁰⁻¹²
- Canister-free and portable, which can help improve patient mobility^{13,14} and increase satisfaction rates¹⁵
- Provides therapy for up to seven or 14 days
- Delivers compression-like therapy to the incision and its margins¹⁶⁻¹⁸
- May improve scar quality^{19,20}



Where negative pressure meets positive outcomes

In a randomised controlled trial, the PICO^o sNPWT System has been shown to:

- Reduce superficial SSCs by up to 76% while also reducing exudate, length of stay and dressing changes²⁹
- Save up to an estimated £7,955 per high-risk patient following primary hip and knee arthroplasty, compared to standard care³⁰

Case studies

High-risk patient with total hip replacement

65-year-old female with hypertension, diabetes, BMI 35 kg/m2, osteoarthritis







Individual results will vary.

High-risk patient with knee implant

77-year-old male with hypertension and osteoarthritis







Patient satisfaction, powered by PICO^{\$} sNPWT

The PICO sNPWT System features a portable, canister-free design that has been shown to increase patient satisfaction rates vs tNPWT.15

- May improve scar quality^{19,20}
- Portable system allows patients the freedom to continue daily activities 13,14
- Gentle silicone adhesive makes application and removal easy while minimising pain upon removal 31-34
- Splashproof dressing, allowing patients the ability to shower*35
- Quiet system better enables patients to sleep³⁶
- Now offering therapy for up to 14 days with PICO 14 System



*The PICO dressing should not be exposed to a direct spray or submerged in water.

**Refrences: 1. Kurtz. 5, Ong K. Lau; E. Mowat F. Halpem M. Projections of primary and revision hip and knee arthroplasty in the United States from 2005 to 2030. J Bone Joint Surg Am. 2007;89(4);780-785. 2. Wolfford HM. Hatfield KM. Paul R. Yi SH. Slayton RB. The projected burden of complex surgical site infections following hip and knee arthroplasty: a complex surgical site infections following hip and knee arthroplasty: surgical site infections following hip and knee arthroplasty: surgical site infections following hip and knee arthroplasty: a complex for surgical site infections following hip and knee arthroplasty: a fund of the properties of a complex for surgical site infections of surgic

T+61 2 9857 3999 F+61 2 9857 3900

Smith & Nephew Pty Ltd Smith & Nephew Ltd New Zealand T+64 9 820 2840 F+6498202841

www.smith-nephew.com/australia www.smith-nephew.com/new-zealand

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