

+ Protecting time to bond

PICO[◇] sNPWT reduced the incidence of SSIs by 50%
in women with ≥ 30 BMI following C-sections compared
with standard dressings¹

Smith+Nephew

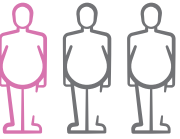


PICO[◇] 7

Single Use Negative Pressure
Wound Therapy System



Child birth should be positive, not uncertain

As the number of births by caesarean section increase, more emergency procedures will take place; increasing the risk of complications. Complications involving the surgical incision can lead to an increase in hospital stay, negatively impacting mother and baby bonding, and overall birthing experience.⁶

	1 in 3 women give birth by C-section ²
4.4% ↑	4.4% average annual rate of increase ³
	Around 15% of C-sections develop a wound complication following caesarean delivery ⁴
 2-7 days	Surgical site infections (SSIs) following C-sections can significantly increase length of hospital stay from 2 to 7 days ⁵

Reducing the incidence of SSIs enables early mother and baby bonding, prompt discharge and has a positive impact on the patient's emotional wellbeing⁶



Is your patient high risk?

30% of women in Australia and New Zealand have a BMI ≥ 30 ⁷

Around 15% of patients develop a wound complication following caesarean delivery⁴

The risk of developing a post-operative wound complication depends on the type of surgery and patient risk factors⁸

The presence of just **1 major risk factor** or **2 or more moderate risk factors**, places patients at high risk of surgical site complications (SSCs) and means you should consider PICO[◇] sNPWT⁸

Category	Patient-related risk factor	Procedural-related risk factor
Major risk factor Presence of 1 = high risk of surgical site complication	! BMI $\geq 40\text{kg/m}^2$ or $\leq 18\text{kg/m}^2$! Extended duration of surgery*
	! Uncontrolled insulin dependent diabetes mellitus	! Emergency surgery
	! Renal dialysis	! Hypothermia
Moderate risk factor Presence of ≥ 2 high risk of surgical site complication	! ASA physical status $>II$! Anaemia / blood transfusion
	! BMI $30\text{--}39.9\text{kg/m}^2$! Dual antiplatelet treatment
	! Immunosuppression	! Suboptimal timing or omission of prophylactic antibiotics
	! Smoking (current)	! Tissue trauma / large area of dissection / large area of undermining

Table adapted from World Union of Wound Healing Societies Consensus, 2016. The risk factors represented in this table are examples only and not an exhaustive list^{7,8}

*Defined as $>T$ (hours) which is dependent on the type of surgical procedure, and is the 75th centile of duration of surgery for a particular procedure, e.g. coronary artery bypass graft has a T of 5 hours and caesarean section has a T of one hour

+ Protecting time to bond

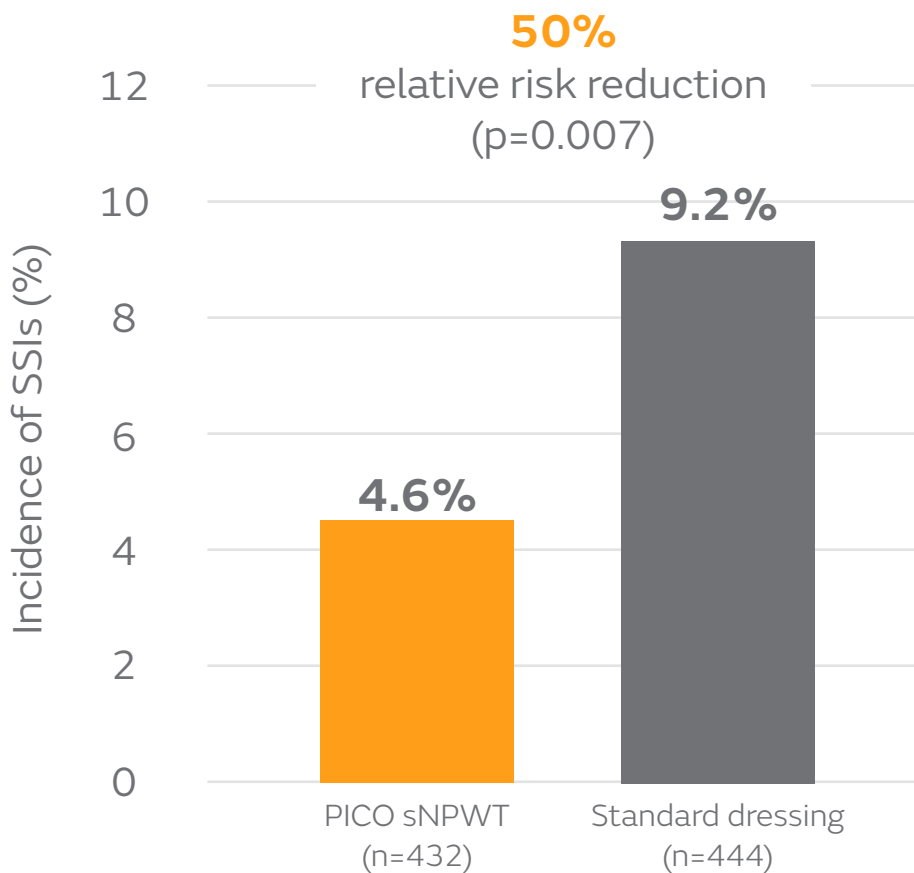
PICO[◇] sNPWT reduced the incidence of SSIs by 50% in women with ≥ 30 BMI following C-sections compared with standard dressing (p=0.007)¹



Reduce risk and uncertainty

50% reduction in relative risk of SSIs

In an RCT of 876 women undergoing C-section with pre-pregnancy BMI ≥ 30 , PICO[◇] sNPWT significantly reduced the relative risk of SSIs by 50% compared with standard dressings ($p=0.007$)¹



Incidence of SSIs with PICO sNPWT and standard dressings in obese pregnant women undergoing caesarian section.



Ask for Evidence in focus publication summary

Pain reduction

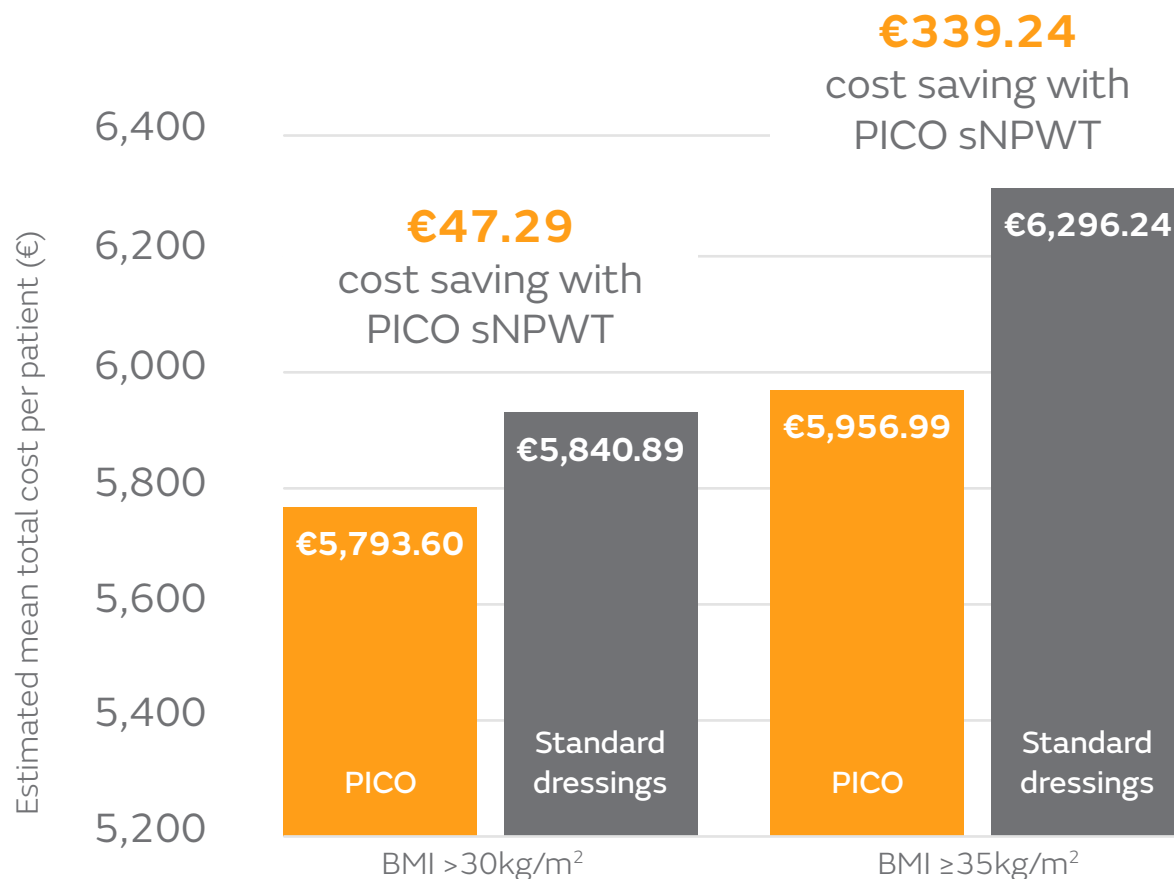
The prophylactic use of PICO[◇] in women undergoing C-section with pre-pregnancy BMI ≥ 30 demonstrated a statistically significant reduction in pain scores, compared with standard care on post-operative day two¹¹

Seize the opportunity cost

Estimated €339 cost-saving per patient

The prophylactic use of PICO[◇] sNPWT in women undergoing C-section with pre-pregnancy BMI 30 – 34.9kg/m² was estimated to be more effective due to SSI reductions, with similar costs, compared with standard dressings⁹

It was also estimated to be cost saving compared with standard dressings in women with pre-pregnancy BMI ≥35kg/m² ⁹

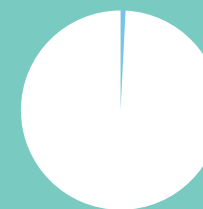


Estimated mean cost per patient with PICO sNPWT and standard dressings in obese women after caesarean section



Ask for Evidence in focus publication summary

The prophylactic use of PICO in women undergoing C-section with pre-pregnancy BMI ≥ 35 is associated with low hospital readmission rate (0.8%)¹⁰



99.2% No readmissions
0.8% Readmitted due to SSI
Hospital readmissions in 398 high risk C-section patients

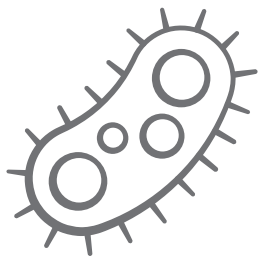
High quality evidence for high risk patients



Ask for Clinical compendium

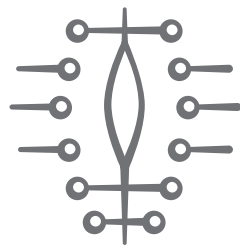
NICE Guidance demonstrates that PICO[◇] sNPWT provides better outcomes than standard care for preventing surgical site complications in high-risk patients with closed surgical incisions, with similar overall cost¹²

63%↓



In SSI risk with PICO sNPWT compared with standard care¹³

30%↓



In dehiscence risk with PICO sNPWT compared with standard care¹³

77%↓



In seroma risk with PICO sNPWT compared with standard care¹³

1.75 day↓

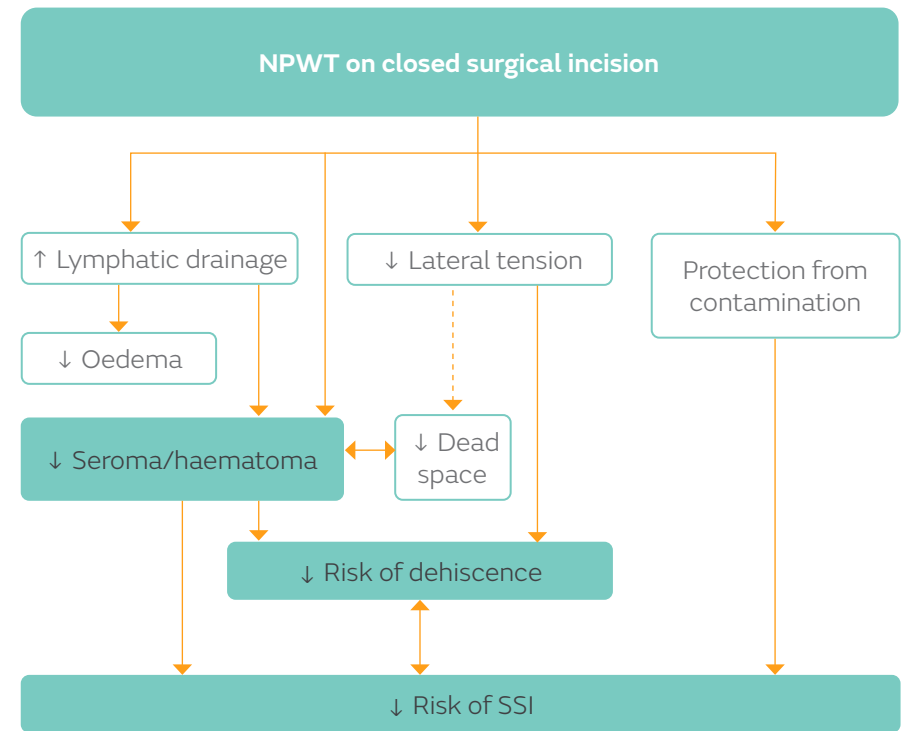
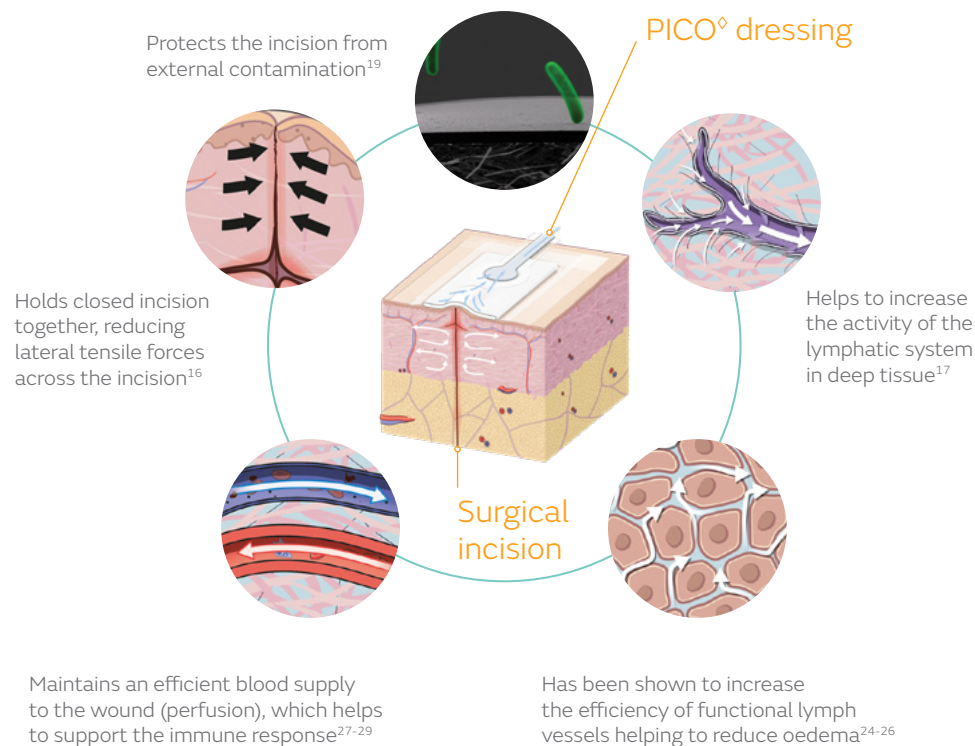


In length of hospital stay seen with PICO sNPWT compared with conventional dressings¹³

Incremental acquisition costs of PICO sNPWT is more than offset by savings in the treatment of SSIs¹²

How sNPWT reduces surgical site complications

NPWT has multiple mechanisms of action that can help improve the speed, strength and quality of incisional wound healing. This can help minimise wound complications such as oedema, seroma, haematoma formation as well as dehiscence¹⁴⁻¹⁹



This pathway is adapted from the WUWHs guidelines document and it shows how NPWT can help reduce SSCs and lateral tension while increasing lymphatic drainage. This effect is likely to contribute to faster and stronger healing, and a reduced risk of infection and dehiscence.⁸

AIRLOCK[†] Technology for effective outcomes

Only PICO[†] sNPWT dressings have AIRLOCK Technology



Up to
80%
of the exudate is lost
by evaporation¹⁷

Whilst
20%
is absorbed in
the dressing¹⁷

PICO[◇] 7

Single Use Negative Pressure Wound Therapy System

Improved device performance

- Enhanced management of air leaks helping to support healthcare professionals in delivering negative pressure and could potentially be used in problematic 'hard to seal' awkward areas²¹

Improved ease of use

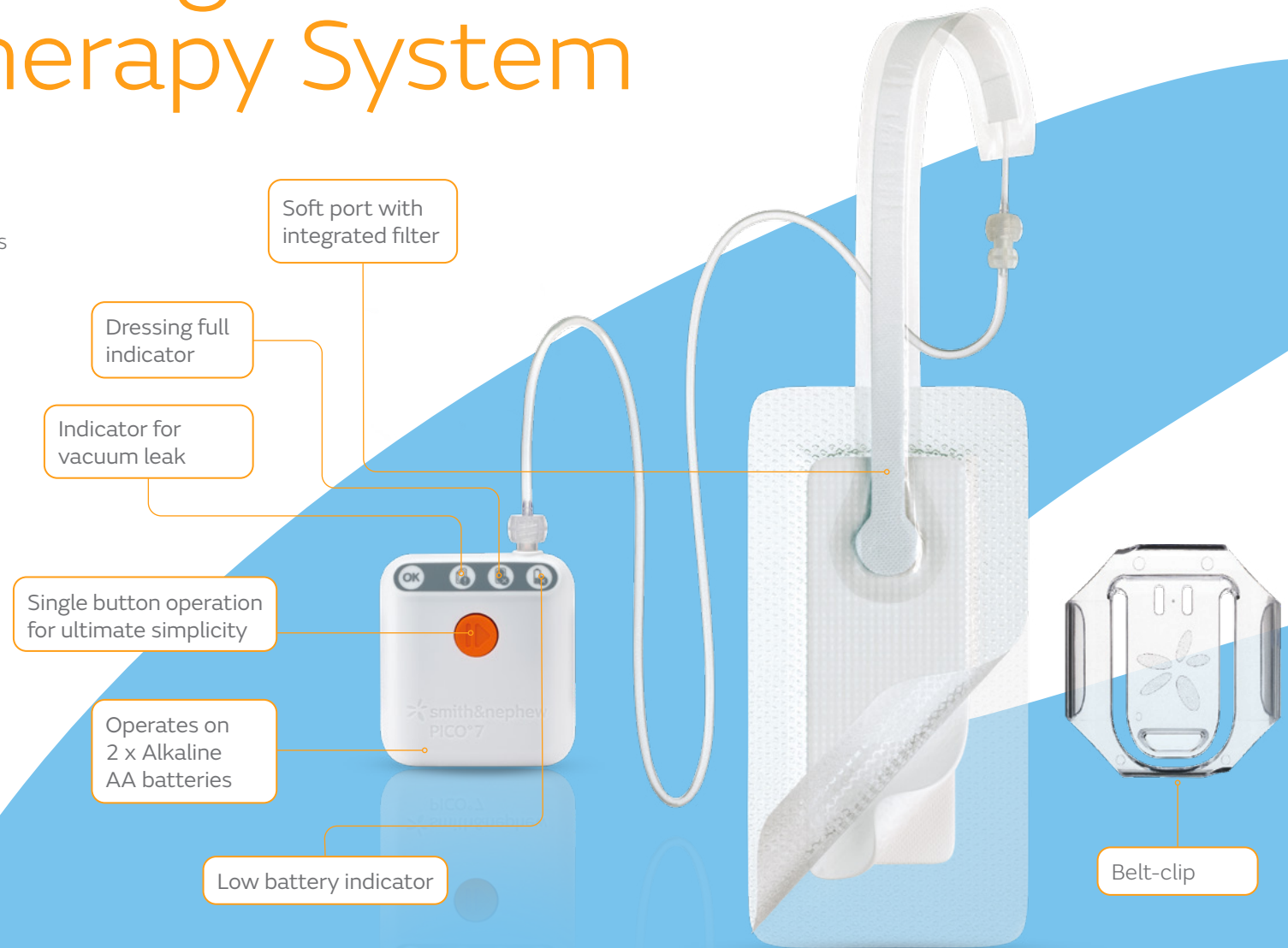
- User interface with a 'dressing full' indicator, optimising dressing changes
- Area to write start date of therapy, helping with healthcare protocols

Improved patient quality of life

- Now even quieter pump than before²²
- Transparent belt clip for greater portability²³

Increased flexibility

- Multipacks of five dressings now available, allowing therapy to be tailored to patients' clinical needs



ACTICOAT[®]

Antimicrobial Barrier Dressings

With localised infection rapid intervention is vital

To prevent it spreading and becoming systemic we need to act quickly and powerfully. ACTICOAT Dressings, used early in infection management, may help reduce progression to systemic infection.^{36,37}

The unique features of ACTICOAT Dressings:



Fast acting

Large surface area of nanocrystalline structure allows availability of silver at a level high enough to kill bacteria in as little as 30 minutes.³⁸⁻⁴⁴



Broad spectrum efficacy

Effective against Gram positive and Gram negative bacteria, yeast and fungi inc. antibiotic resistant organisms such as MRSA, VRE*, Enterobacteriaceae strains containing NDM-1 carbapenemases.^{41,42,46-51}



Up to 7 days sustained release (ACTICOAT FLEX 7)

Sustained availability of silver^{38,51-53} ensures antimicrobial efficacy over the wear time of the dressing.^{39,48,54-58} Fewer dressing changes may result in faster wound healing and less stress and trauma for patients.^{58,59}

The power of nanocrystalline silver

ACTICOAT[®] Dressings provide an antimicrobial barrier to micro-organisms which are killed rapidly on contact.^{45,63} It has a unique nanocrystalline structure with a high surface area of silver – enabling more bactericidal silver to come into contact with wound fluid.⁶⁴

ACTICOAT Dressings deliver enough silver, quickly, to sustain the concentration of Ag⁺ needed to be bactericidal^{40,41,50} over the wear time of the dressing.

Low concentration silver dressings run the risk of becoming inactive as the silver binds to other wound fluid components, leaving little to no available Ag⁺ to kill bacteria and increasing the risk of wound infection.⁶⁵

*Vancomycin-resistant enterococci.

The **ACTICOAT FLEX** range may be used in combination with NPWT (PICO sNPWT) for up to 3 days.⁶⁰



A single centre study reported a
**96% reduction
in infections⁶¹**
between 2007-2012



The incidence of SSIs was
**reduced from
2.13% in 2007 to
0.10% in 2012⁶²⁺**

[†]4,942 patients on all cesarean deliveries between 2007–2012.
Location: Multicare Health Systems at Tacoma General, USA.

CICA-CARE[®]

Silicone Gel Sheet

90% of people want improvements to scarring after surgery.⁶⁶

CICA-CARE is a soft, self-adhesive silicone gel sheet for the treatment of scars.

CICA-CARE is designed for temporary use:

- In the management of both existing and new hypertrophic scars and keloids, and;
- As a prophylactic therapy on healed wounds to help to prevent hypertrophic scarring and keloids

CICA-CARE has a long history of clinical use:^{67,68}

- Helps to flattens, softens and fades, red, dark and raised scars⁶⁸⁻⁷¹
- Fading and softening of scars seen after 2 months of treatment^{*68}
- Demonstrated to be effective in the treatment/management of scars up to 30 years old⁶⁸⁻⁷¹
- Washable and reusable^{72,73}






**Also available
through
pharmacies**




Silicone sheets and gels are the gold standard therapy for scar management and have shown efficacy in both prevention and treatment of scars.⁷⁴




Product ordering codes:

		PICO [®] 7 device + 1 dressing		PICO 14 device + 2 dressings	Multipack with 5 dressings	PICO 7Y device + 2 dressings
Dressing sizes		Code	Code	Code	Code	Code
	Multisite small 15cm x 20cm	–	66802000	66802040	66802020	–
	Multisite large 20cm x 25cm	–	66802001	66802041	66802021	66802031
	10cm x 20cm	66802012	66802002	66802042	66802022	–
	10cm x 30cm	66802013	66802003	66802043	66802023	–
	10cm x 40cm	66802014	66802004	66802044	66802024	–
	15cm x 15cm	–	66802005	66802045	66802025	–
	15cm x 20cm	–	66802006	66802046	66802026	–
	15cm x 30cm	–	66802007	66802047	66802027	–
	20cm x 20cm	–	66802008	66802048	66802028	–
	25cm x 25cm	–	66802009	66802049	66802029	–
Consumables			Code			
	Foam dressing filler	10cm x 12.5cm	66801021			
	5 Antimicrobial Gauze Rolls	11.4cm x 3.7m	66802127			

Product ordering codes:

ACTICOAT FLEX 3	Qty	Code
	4cm x 15cm	66801290
	4cm x 25cm	66801291
	4cm x 35cm	66801292

CICA-CARE Hospital	Qty	Code
	12cm x 6cm	66250704
	12cm x 15cm	66250706
	12cm x 15cm	66250707

CICA-CARE Pharmacy	Qty	Code
	12cm x 6cm	36361364
	12cm x 3cm	36361566

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For detailed product information, including indications
for use, contraindications, precautions and warnings,
please consult the product's applicable Instructions
for Use (IFU) prior to use.

References

- Hyldig N, Vinter CA, Kruse M, Mogensen O, Bille C, Sorensen JA, Lamont RF, Wu C, Heidemann LN, Ibsen MH, Laursen JB. Prophylactic incisional negative pressure wound therapy reduces the risk of surgical site infection after caesarean section in obese women: a pragmatic randomised clinical trial. *BJOG: An International Journal of Obstetrics & Gynaecology*. 2019 Apr;126(5):628-35.
- Australian Institute of Health and Welfare (2023) National Core Maternity Indicators, AIHW, Australian Government, accessed 27 May 2024.
- Tahmina Begum, Satyamurthy Anuradha, Yaqoot Fatima, Abdullah Al Mamun, Epidemiology of Caesarean section on maternal request in Australia: A population-based study, *Midwifery*, Volume 117, 2023, 103578, ISSN 0266-6138, <https://doi.org/10.1016/j.midw.2022.103578>.
- Gillespie B, Ellwood D, Thalib L, et al. Incidence and risk factors for surgical wound complications in women with body mass index >30 kg/m² following cesarean delivery: a secondary analysis. *Am J Obstet Gynecol Glob Rep* 2022;2:100069.
- Jenks PJ, Laurent M, McQuarry S, Watkins R. Clinical and economic burden of surgical site infection (SSI) and predicted financial consequences of elimination of SSI from an English hospital. *Journal of Hospital Infection*. 2014 Jan 1;86(1):24-33.
- Bullough L, Burns S, Timmons J, Truman P, Megginson S. Reducing c-section wound complications. *The Clinical Services Journal*. 2015:2-6.
- Australian Institute of Health and Welfare (2023) Overweight and obesity, AIHW, Australian Government, accessed 27 May 2024.
- Sugrue M, Ciprandi G, Djohan R, et al. World Union of Wound Healing Societies (WUWHS) Consensus Document. Closed surgical incision management: Understanding the role of NPWT. *Wounds Int* [Internet]. 2016. www.woundsinternational.com/wuwhs/view/consensus-document/closed-surgical-incision-management-understanding-the-role-of-npwt. (Last accessed July 29, 2017)
- Hyldig N, Joergensen JS, Wu C, Bille C, Vinter CA, Sorensen JA, Mogensen O, Lamont RF, Möller S, Kruse M. Cost-effectiveness of incisional negative pressure wound therapy compared with standard care after caesarean section in obese women: a trial-based economic evaluation. *BJOG: An International Journal of Obstetrics & Gynaecology*. 2019 Apr;126(5):619-27.
- Searle RJ, Myers D. A survey of caesarean section surgical site infections with PICO® Single Use Negative Pressure Wound Therapy System in high-risk patients in England and Ireland. *Journal of Hospital Infection*. 2017 Oct 1;97(2):122-4.
- Tuuli MG, Martin S, Stout MJ, Steiner HL, Harper LM, Longo S, Cahill AG, Tita AT, Macones GA. 412: Pilot randomized trial of prophylactic negative pressure wound therapy in obese women after cesarean delivery. *American Journal of Obstetrics & Gynecology*. 2017 Jan 1;216(1):S245.
- NICE (2019) PICO negative pressure wound dressings for closed surgical incisions [online] accessible from: <https://www.nice.org.uk/guidance/mtg43>. Last accessed November 2019
- Saunders C, Buzzza K, Nherera L. 2019. A single use negative pressure system reduces surgical site complications compared with conventional dressings in closed surgical incisions: a systematic literature review with meta-analysis. Poster presented at the European Wound Management Association annual meeting, June 5-7, 2019, Gothenburg, Sweden
- Canonico S, Campitiello F, Della Corte A. Therapeutic possibilities of portable NPWT. *Acta Vulnologica* 10 (2012): 57-64.
- Hyldig N, Birke-Sorensen H, Kruse M, Vinter C, Joergensen JS, Sorensen JA, Mogensen O, Lamont RF, Bille C. Meta-analysis of negative-pressure wound therapy for closed surgical incisions. *British Journal of Surgery*. 2016 Apr;103(5):477-86.
- Loveluck J, Copeland T, Hill J, Hunt A, Martin R. Biomechanical modeling of the forces applied to closed incisions during single-use negative pressure wound therapy. *ePlasty*. 2016;16.
- Malmström M, Huddleston E, Martin R. Biological effects of a disposable, canisterless negative pressure wound therapy system. *ePlasty*. 2014;14.
- Smith & Nephew 2019. Summary Report of *in vitro* Wound Model and Negative Pressure Delivery (Nominal -80mmHg) testing for PICO v2 (PICO 7 and PICO 14) System. Internal report. RD/18/134 V2.
- Data on file reference 1102010 – Bacterial barrier testing (wet-wet) of PICO Dressing with a 7 day test duration against *S. marcescens*.
- Smith & Nephew October 2017. Project Opal PICO 7 System stability testing, initial time point. Internal report. DS/17/253/R
- Data on file report DS.17/666/R2. Comparison of PICO 1.6 and 2.1 Device air leak tolerance. January 2018.
- Data on file report DS.17.701.RV2 Project Opal Acoustic testing report: Comparison PICO 7 to PICO 1.6 Devices. January 2018.
- Smith & Nephew December 2018. Summary of PICO v2 (PICO 7 and PICO 14) Human Factors Testing. Internal report. RD/18/136.
- Birke-Sorensen H, Malmström M, Rome P, et al. Evidence-based recommendations for negative pressure wound therapy: treatment variables (pressure levels, wound filler and contact layer)-steps towards an international consensus. *J Plast Reconstr Aesthet Surg*. 2011;64 Suppl:S1-16.
- Scalise A, Calamita R, Tartaglione C, et al. Improving wound healing and preventing surgical site complications of closed surgical incisions: a possible role of Incisional Negative Pressure Wound Therapy. A systematic review of the literature. *Int Wound J*. 2016;13(6):1260-1281.
- Shim HS, Choi JS, Kim SW. A role for postoperative negative pressure wound therapy in multitissue hand injuries. *Biomed Res Int*. 2018;2018.
- Kilpadi DV, Cunningham MR. Evaluation of closed incision management with negative pressure wound therapy (CIM): hematoma/seroma and involvement of the lymphatic system. *Wound Repair Regen*. 2011;19(5):588-596.
- Ma Z, Shou K, Li Z, et al. Negative pressure wound therapy promotes vessel destabilization and maturation at various stages of wound healing and thus influences wound prognosis. *Exp Ther Med*. 2016;11(4):1307-1317.
- Xia CY, Yu AX, Qi B, et al. Analysis of blood flow and local expression of angiogenesis associated growth factors in infected wounds treated with negative pressure wound therapy. *Mol Med Rep*. 2014;9(5):1749-1754.
- Smith & Nephew May 2015. A prospective, open, non-comparative, multi-centre study to evaluate the functionality and dressing performance of a new negative pressure enhanced dressing (NPED) in acute wounds (CT09/02). Internal report. ST865 CT09/02.
- Hudson DA, Adams KG, Van Huyssteen A, Martin R, Huddleston EM. Simplified negative pressure wound therapy: clinical evaluation of an ultraportable, no-canister system. *Int Wound J*. 2015;12(2):195-201
- Payne C, Edwards D. Application of the Single Use Negative Pressure Wound Therapy Device (PICO) on a Heterogeneous Group of Surgical and Traumatic Wounds. *ePlasty*. 2014:152-166.
- Sharp E. Single use NPWT for the treatment of complex orthopaedic surgical and trauma wounds. *Journal of Wound Care*. 2013;22(10):S5-S9.
- Stryja J, Staffa R, Říha D, Stryjová K, Nicléniková K. Cost-effectiveness of negative pressure wound therapy in outpatient setting. *Prolekare*. 2015.

35. Smith & Nephew 2018.Summary of routine QA testing on MVP of PICO dressings. 2018. Internal report. DS/18/153/R.
36. Newton H. Reducing MRSA bacteraemias associated with wounds. *Wounds UK* 2010;6:56–65.
37. Woodmansey EJ, Roberts CD. Appropriate use of dressings containing nanocrystalline silver to support antimicrobial stewardship in wounds. *Int Wound J*. 2018;15(6):1025-1032.
38. Smith+Nephew. Silver release properties of ACTICOAT dressings. Internal Report. DS/16/363/R2. (2017).
39. Wright JB, Hansen DL, Burrell RE. The Comparative Efficacy of Two Antimicrobial Barrier Dressings: In vitro examination of two controlled release silver dressings. *Wounds* 1998;10:179–188.
40. Wright JB, Lam K, Burrell RE. Wound management in an era of increasing bacterial antibiotic resistance: a role for topical silver treatment. *Am J Infect Control*. 1998;26(6):572-577.
41. Wright JB, Lam K, Hansen D, Burrell RE. Efficacy of topical silver against fungal burn wound pathogens. *Am J Infect Control*. 1999;27(4):344-350.
42. Yin HQ, Langford R, Burrell RE. Comparative evaluation of the antimicrobial activity of ACTICOAT antimicrobial barrier dressing. *J Burn Care Rehabil*. 1999;20(3):195-200.
43. Driffield K. ACTICOAT Flex 7 has antimicrobial activity in 30 minutes. Smith&Nephew Data on file # 0810014. (2008).
44. Driffield K. ACTICOAT Flex 3 has antimicrobial activity in 30 minutes. Smith & Nephew Data on File# 0810018. (2008).
45. Strohal R, Schelling M, Takacs M, Jurecka W, Gruber U, Offner F. Nanocrystalline silver dressings as an efficient anti-MRSA barrier: a new solution to an increasing problem. *J Hosp Infect*. 2005;60(3):226-230.
46. Woodmansey E, West P, Benson R, McCulloch D. A visual demonstration of the antimicrobial efficacy of silver-based dressings against key pathogenic bacteria using confocal laser scanning microscopy. Poster presentation SAWC. in SAWC (2006).
47. Driffield K. Antimicrobial activity of ACTICOAT Flex 3 against a broad spectrum of wound pathogens. Smith&Nephew Data on File #0810016. (2008).
48. Driffield K. Antimicrobial activity of ACTICOAT Flex 7 dressings in a seven-day repeat challenge. Smith&Nephew Data on File #0810013. (2008).
49. Westaim. Broad spectrum efficacy. Data on File #93/001.
50. Westaim. The antimicrobial activity of Westaim's ACTICOAT silver coated dressing against clinically relevant organisms over an extended period of time. Data on File #971030.
51. Smith+Nephew. Silver release testing of Project Andorra (7 day) dressings. Internal Report. DS/08/062/R1. (2008).
52. Daubney L. Silver release testing of ACTICOAT Flex 3 dressings. Smith&Nephew Data on File # DS/08/078/R2. (2008).
53. Daubney L. Silver release testing of ACTICOAT Flex 7 dressings. Smith&Nephew Data on File # DS/08/062/R2. (2008).
54. Driffield K. Antimicrobial activity of ACTICOAT Flex 7 against a broad spectrum of wound pathogens. Smith&Nephew Data on File #0810012. (2008).
55. Driffield K. Antimicrobial activity of ACTICOAT Flex 3 in a three-day repeat challenge. Smith&Nephew Data on File #0810017. (2008).
56. Wright JB, Lam K, Buret AG, Olson ME, Burrell RE. Early healing events in a porcine model of contaminated wounds: effects of nanocrystalline silver on matrix metalloproteinases, cell apoptosis, and healing. *Wound Repair Regen*. 10, 141–51 (2002).
57. Westaim Biomedical. Seven day efficacy of ACTICOAT 7 dressing against multiple organisms. Report 010322. (2001).
58. Gago et al (2008) A comparison of Three Silver - containing Dressings in the Treatment of Infected, Chronic Wounds 20(10): 273-278.
59. Lindholm C, Searle R. Wound management for the 21st century: combining effectiveness and efficiency. *Int Wound J*. 2016;13 Suppl 2:5-15.
60. Lumb H. The antimicrobial activity of ACTICOAT and ACTICOAT Flex 3 while under Negative Pressure Wound Therapy. (2008).
61. Harris J, Hickson E. Using a multi-faceted active change process and infection prevention to reduce post-op C-section infections. Poster presented at SAWC Spring 2013; Denver, CO, USA.
62. Hickson E, Harris J, Brett D. A journey to zero: reduction of post-operative cesarean surgical site infections over a five-year period. *Surg Infect (Larchmt)*. 2015;16(2):174-177.
63. Edwards-Jones V. Antimicrobial and barrier effects of silver against methicillin-resistant *Staphylococcus aureus*. *J Wound Care*. 2006;15(7):285-290.
64. Woodmansey EJ, Roberts CD. Appropriate use of dressings containing nanocrystalline silver to support antimicrobial stewardship in wounds. *Int Wound J*. 2018;15(6):1025-1032.
65. Roberts CD. Use of interventional approaches to controlling healthcare-acquired infections in wounds. The role of silver. *J Wound Technology*. 2008;2:58-60.
66. Monstrey S, Middelkoop E, Vranckx JJ, et al. Updated scar management practical guidelines: non-invasive and invasive measures. *J) Plastic, Recon & Aesth Surg*. 2014;67:1017-25;
67. Donald L. Comparison of 2 Types of Silicone Gel Sheets. Australian/New Zealand Burns Association(ANZBA). 1995;14:10-11
68. Carney SA, Cason CG, Gowar JP, et al. Cica-Care gel sheeting in the management of hypertrophic scarring. *Burns*. 1994;20(2):163-167
69. Momeni M, Hafezi F, Rahbar H, Karimi H. Effects of silicone gel on burn scars. *Burns*. 2009;35(1):70-74.
70. Smith+Nephew 2000.An Investigation of the Use of Cica-Care in the Treatment of Hypertrophic and Keloid Scars: A Clinical, Histological and Immunohistochemical Study. Internal Report. STR/ST214/CT9606
71. Al-Mandeel MS, Bang RL, Ebrahim MK. Re-appraisal of Cica-Care (Silicone gel sheet) in the treatment of hypertrophic and keloid scars. *Saudi Med J*. 1998;19(6):741-745.
72. Smith+Nephew 2018.Simulated Wash study to determine if CICA-CARE has the ability to withstand being wetted. Internal Report. U/040/R4
73. Nikkonen MM, Pitkanen JM, Al-Qattan MM. Problems associated with the use of silicone gel sheeting for hypertrophic scars in the hot climate of Saudi Arabia. *Burns*. 2001;27(5):498-501
74. Meaume S, Le Pillouer-Prost A, Richert B, Roseeuw D, Vadoud J. Management of scars: updated practical guidelines and use of silicones. *Eur J Dermatol*. 2014;24(4):435-443.