solventum
Prevena™

PRM | Proactive Risk Management (PRM) with Solventum™ Prevena™ Therapy

Abdominal surgery

Advancing the standard of care

Helping to protect abdominal surgery incisions beyond the OR

Abdominal surgery patient care doesn't end in the OR

In an increasingly overwhelmed healthcare system, surgeons are asked to do more with fewer resources than ever before, creating complications for patients that extend beyond the operating room. Postoperative concerns include swelling, infection and improper tissue integration in and around the surgical site.

These complications can create a ripple effect of consequences, like disrupted healing, extended hospital stays and poor patient outcomes, which inevitably cause further disruption that impacts quality and cost of care. Today's complex care environment makes protecting against the ripple effect of these complications a high priority.

The implications of postoperative complications

Emergency abdominal surgery presents surgeons with unique challenges for wound healing, considering unoptimized patient risk factors, poor physiological reserves, and a greater risk of wound contamination.

Rates of surgical site infections (SSIs) are much higher with abdominal surgery than with other types of surgery, depending on the level of contamination.

Surgical site infections complicate

of all surgical procedures[1–3]

of major abdominal procedures had complications, 9% had deep SSIs[4]

of open abdominal procedures[4]

SSIs complicate up to:

- 32% of pancreaticoduodenectomies[5]
- 25–40% of gastrointestinal procedures[6,7]
- 14% of colorectal procedures[8]

The burden of emergency surgery is significant

postoperative mortality rates for emergency laparotomy patients[9]

patients died within 24 hours of laparotomy[9]

Abdominal surgery patients with postoperative complications are associated with

9–10 days

average additional hospital length of stay vs. patients without SSIs[10]

$17,955–$20,829

average additional cost vs. patients without SSIs[10]

Managing the ripple effect

Given the ever-increasing challenges of abdominal surgery, clinicians and surgeons need support to safeguard their work and improve the patient's healing journey. In their efforts to effectively manage the ripple effect of surgical complications they are often motivated to favor low-touch care, including solutions that promote:

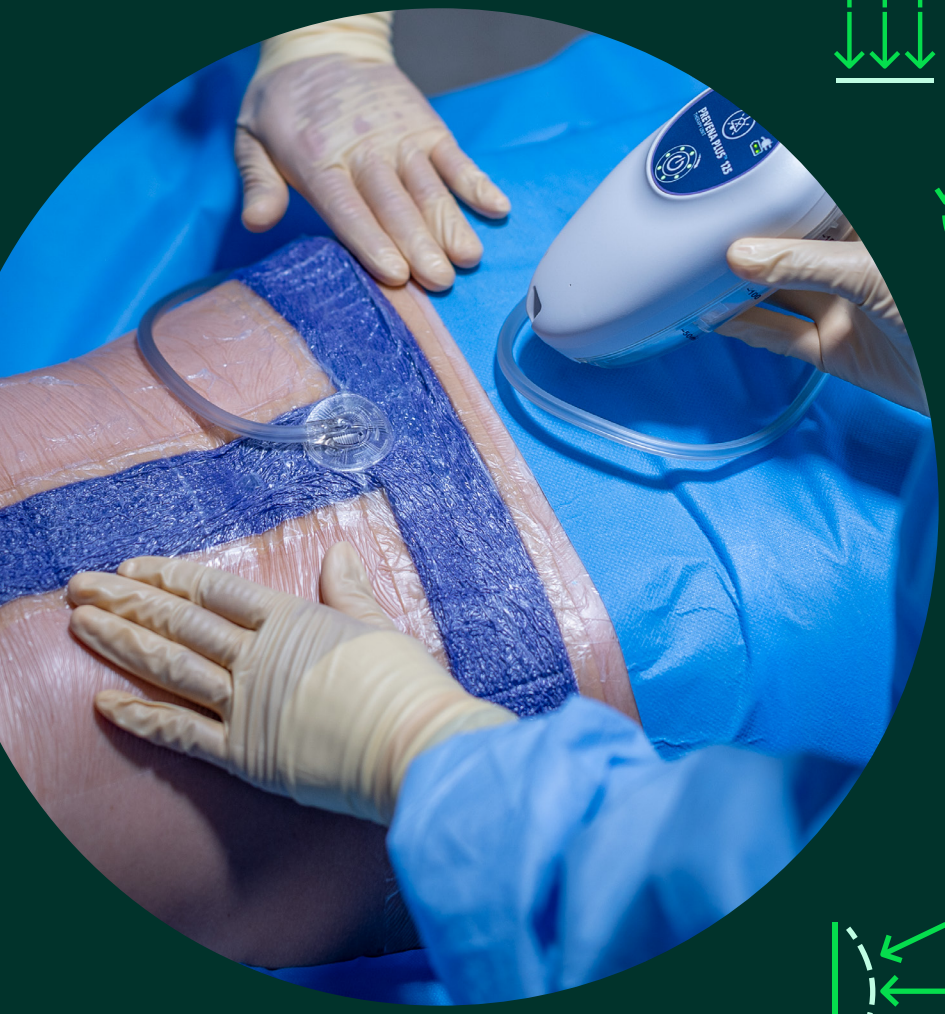
- Efficiency and cost-effectiveness
- Minimal hospital stays
- Minimal complications
- Low re-admits
- Portability of care
- Home-based recovery
- Telehealth consultations

Consider how minimizing these ripple effects would affect your caseload and budgets, particularly readmissions and prolonged lengths of stay.

The power to help protect outcomes beyond the OR

Solventum™ Prevena™ Therapy is the first closed-incision negative pressure therapy (ciNPT) solution of its kind to help reduce the risk or incidence of seromas and superficial surgical site infections (SSIs) in high-risk patients with Class I and II wounds.* It helps protect the incision site after surgery up to 7 days — extending your control over postoperative healing while helping patients at risk of developing complications.

Prevena Therapy offers surgeons the confidence to help protect patients beyond the OR.



- Acting as a barrier to external contamination
- Delivering continuous 125 mmHg up to 7 days
- Helping to hold incision edges together
- Decreasing lateral tension of sutured/stapled incisions[11]
- Removing fluids and infectious materials**
- Reducing edema

*The effectiveness of Prevena Therapy in reducing the incidence of SSIs and seroma in all surgical procedures and populations has not been demonstrated. See full indications for use and limitations at eifu.solventum.com.

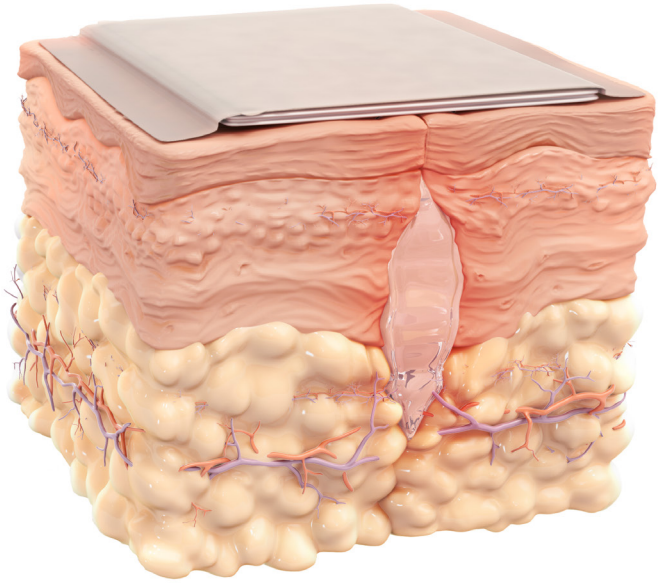
**In a canister.

Solventum™ Prevena™ Dressings and Solventum™ Prevena Restor™ Dressings can be applied to various procedures and anatomical locations.

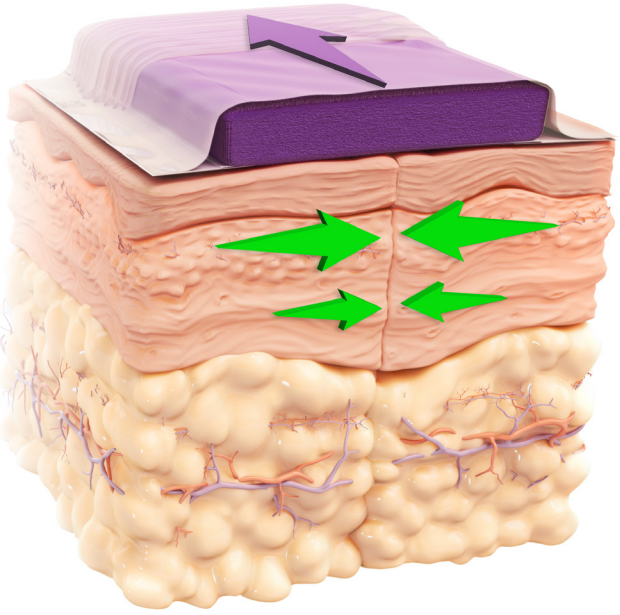
The advanced science of Solventum™ Prevena™ Therapy

Prevena Therapy utilizes continuous -125 mmHg negative pressure wound therapy, reticulated open cell foam (ROCF) dressing technology, and optimized exudate management (replaceable canister) to help enhance healing. Visible and audible safety alarms automatically notify clinicians and patients of system alerts.

Prevena Therapy helps hold the incision edges together, reduces lateral tension, and allows for improved fluid management.[11-13]



Passive Therapy



Prevena Therapy

Additional features to help optimize postoperative care

- Contours in Solventum™ Prevena™ Dressings allow for even distribution of negative pressure
- Adhesive film creates a barrier to external contaminants
- Designed to conform to allow movement
- Multiple sizes and configurations
- Prevena Dressings are shower friendly*

*See Prevena Therapy Patient and Clinician Guides for additional details.

Patients and procedures that may benefit from Solventum™ Prevena™ Therapy

A multidisciplinary group of surgical and infectious disease experts developed an algorithm to guide when to consider using closed-incision negative pressure therapy (ciNPT).[14] They recommend that surgeons consider using ciNPT for patients at high risk for developing surgical site occurrences (SSOs) or who are undergoing a high-risk procedure or a procedure that would have highly morbid consequences if a surgical site infection (SSI) occurred.

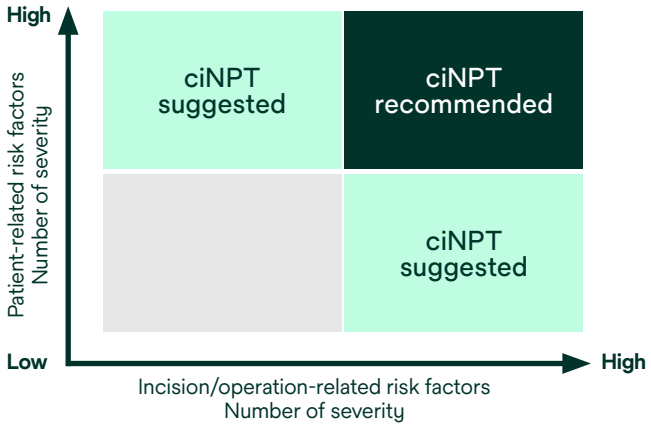
Consensus recommendations based on

- Literature review
- ciNPT experiences
- Known risk factors for SSOs

Findings

- Numerous publications reported SSI risk factors, with the most common including obesity (body mass index ≥30 kg/m^2); diabetes mellitus; tobacco use; or prolonged surgical time
- It is recommended that the surgeon assess the individual patient's risk factors and surgical risks

Risk factor assessment for ciNPT



Additional factors to consider

Patient-related risk factors

- Diabetes mellitus
- Acetylsalicylic acid Score ≥3
- Advanced age
- Obesity
- Active tobacco use
- Hypoalbuminemia
- Corticosteroid usage
- Active alcoholism
- Male sex
- Hematoma
- Chronic renal insufficiency
- Chronic obstructive pulmonary disease

General incision-related factors

- High tension incision
- Repeated incisions
- Extensive undermining
- Traumatized soft tissue
- Edema
- Contamination
- Emergency procedure
- Prolonged operation time
- Post-surgical radiation
- Mechanically unfavorable site

Procedure/operation-related risk factors

General	Plastic	Orthopedic	Vascular	Cardiovascular
• Open general • Open colorectal • Open urology • Open obstetrics/ gynecology • Incisional hernia repair	• Post-bariatric abdominoplasty • Breast reconstruction • Big soft tissue defects • Soilage risk	• Open reduction and internal fixation of fractures • Fasciotomy • Above/below knee amputation	• Above/below knee amputation • Syntetic graft implantations	• Sternotomy

Clinically demonstrated to help safeguard abdominal surgery incisions while minimizing risk

Clinical evidence helps support the safety and effectiveness of Solventum™ Prevena™ Therapy versus conventional wound dressings for abdominal surgery.

A meta-analysis of 22 peer-reviewed studies[15] across various abdominal surgical procedures demonstrated Prevena Therapy helped significantly reduce the risk of various surgical site complications (SSCs) while helping to improve health economic outcomes.

Clinical complications

Surgical site complication reduction

43% 11 studies; (p=0.003)*

Surgical site infection reduction

49% 20 studies; (p<0.001)*

Superficial surgical site infection reduction

63% 8 studies; (p<0.001)*

Deep surgical site infection reduction**

63% 9 studies; (p=0.033)*

Dehiscence reduction**

42% 12 studies; (p=0.042)*

Health economic outcomes

Readmission reduction

44% 7 studies; (p=0.014)*

Reduced hospital length of stay

2.6 days 8 studies; p<0.01)*

Calculation(s) are derived based on relative patient group incidence rate reported in this study. *Statistically significant (p<0.05).
**The use of Prevena Therapy for reduction in the incidence of deep SSI and dehiscence has not been reviewed by the U.S. FDA.

FDA indications support

Solventum™ Prevena™ 125 Therapy Unit and Solventum™ Prevena Plus™ 125 Therapy Unit manage the environment of closed surgical incisions and remove fluid away from the surgical incision via the application of -125 mmHg continuous negative pressure. When used with legally marketed compatible dressings, Prevena 125 Therapy Unit and Prevena Plus 125 Therapy Unit are intended to aid in reducing the incidence of seroma and, in patients at high risk for post-operative infections, aid in reducing the incidence of superficial surgical site infection in Class I and Class II wounds.

The effectiveness of Solventum™ Prevena™ Therapy in reducing the incidence of surgical site infections and seroma in all surgical procedures and populations has not been demonstrated. See full indications for use and limitations at eifu.solventum.com

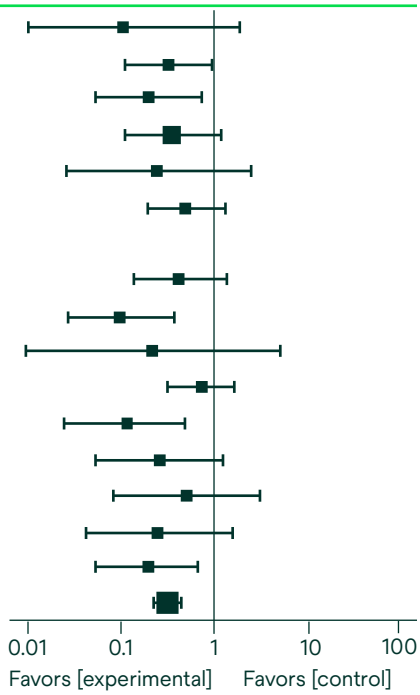
Clinical evidence supporting the use of Solventum™ Prevena™ Therapy is growing

A growing body of evidence supports the use of Prevena Therapy to address the challenges of surgical incision complications. A systematic literature review and associated meta-analysis support the safety and effectiveness of Prevena Therapy over closed incisions in reducing the incidence of surgical site infections (SSIs) and seromas versus conventional wound dressings.[16]

- Out of 426 studies in the initial search, ultimately, sixteen (16) prospective studies were included in this meta-analysis for SSI characterization
- 9 randomized controlled trials (RCTs) were included in a subgroup analysis for SSI in high-risk patients
- A total of up to 6,187 evaluable patients were included in this meta-analysis for SSI with 1,264 in the Prevena Therapy (treatment) group and 4,923 in the conventional wound dressing (control) group

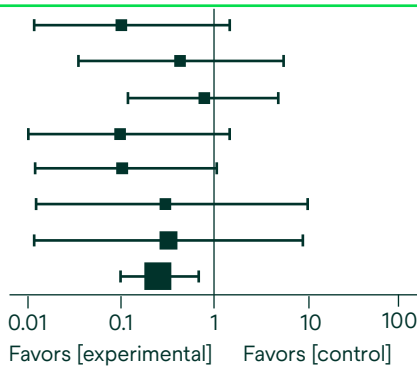
Forest plot of meta-analysis on SSIs

		Treatment			Control		
Study or subgroup	Events	Total	%	Events	Total	%	Odds ratio, 95% CI
Cantero 2016	0	17	(0.0)	9	43	(20.9)	0.10 (0.01, 1.89)
Dimuzio P 2017	6	59	(10.2)	15	60	(25.0)	0.34 (0.12, 0.95)
Grauhan O 2013	3	75	(4.0)	12	75	(16.0)	0.22 (0.06, 0.81)
Grauhan O 2014	3	237	(1.3)	119	3508	(3.4)	0.37 (0.12, 1.16)
Gunatiliake RP 2017	1	39	(2.6)	4	43	(9.3)	0.26 (0.03, 2.40)
Lavryk O 2016	7	55	(12.7)	21	101	(20.8)	0.56 (0.22, 1.40)
Lee AJ 2016	0	27	(0.0)	0	17	(0.0)	Not estimable
Lee K 2017	6	53	(11.3)	9	49	(18.4)	0.57 (0.19, 1.73)
Matatov T 2013	3	52	(5.8)	19	63	(30.2)	0.14 (0.04, 0.51)
NCT01341444	0	28	(0.0)	2	30	(6.7)	0.20 (0.01, 4.35)
NCT02196310	13	145	(9.0)	16	154	(10.4)	0.85 (0.39, 1.83)
Newman JM 2017	2	80	(2.5)	12	80	(15.0)	0.15 (0.03, 0.67)
Redfern RE 2017	2	196	(1.0)	14	400	(3.5)	0.28 (0.06, 1.26)
Ruhstaller K 2017	2	61	(3.3)	4	58	(6.9)	0.46 (0.08, 2.60)
Sabat J 2016	2	3D	(6.7)	7	33	(21.2)	0.27 (0.05, 1.39)
Swift SH 2015	3	110	(2.7)	24	209	(11.5)	0.22 (0.06, 0.73)
Total		**1264**			**4923**		**0.37 (0.27, 0.52)**



Forest plot of meta-analysis on seroma

		Treatment			Control		
Study or subgroup	Events	Total	%	Events	Total	%	Odds ratio, 95% CI
Ferrando PM 2017	1	25	(4.0)	5	22	8.7%	0.14 (0.02, 1.32)
Gunatiliake RP 2017	1	39	(2.6)	2	43	12.8%	0.54 (0.05, 6.19)
NCT01341444	3	28	(10.7)	3	30	15.8%	1.08 (0.20, 5.85)
Pachowsky M 2012	4	9	(10.7)	9	10	1.8%	0.09 (0.01, 1.03)
Pauser J 2014	4	11	(36.4)	8	10	35.3%	0.14 (0.02, 1.03)
Pleger SP 2017	0	58	(0.0)a	1	71	0.7%	0.40 (0.02, 10.05)
Redfern RE 2017	0	196	(0.0)	2	400	9.0%	0.41 (0.02, 8.49)
Total		**366**			**586**		**0.31 (0.13, 0.75)**



Prevena Therapy demonstrated the greatest benefit in reducing SSIs and seromas in high-risk patients.*

*The effectiveness of Prevena Therapy in reducing the incidence of surgical site infections and seroma in all surgical procedures and populations has not been demonstrated. See full indications for use and limitations at eifu.solventum.com.

Solventum™ Prevena™ Therapy for high-risk pancreaticoduodenectomies

In a single-center randomized controlled trial, Prevena Therapy was shown to help reduce the rate of surgical site infections and inpatient cost for high-risk patients undergoing open pancreaticoduodenectomy surgery.

Javed A, Teinor J, Wright M, et al. Negative pressure wound therapy for surgical-site infections: A randomized trial. Annals of Surgery. 2019; 269(6):1034-1040.

Study design

This single-center randomized control trial evaluated the efficacy of closed-incision negative pressure therapy (ciNPT) (Prevena Therapy) to decrease surgical site infections (SSI) after open pancreaticoduodenectomy.

- Patients undergoing pancreaticoduodenectomy procedures were eligible if considered to be high-risk for SSI
- Surgeries included: coronary artery bypass grafting, aortic high-risk for SSI was defined as a risk score of ≥ 1 defined where preoperative bile stent/drain received 1 point and neoadjuvant chemotherapy received 1 point. Points were summed for each patient
- A total of 123 patients analyzed: Prevena Therapy (n=62) v. standard of care (SOC) (n=61)
- Preoperative and operative characteristics were not significantly different between the two groups
- The primary outcome was 30-day SSI (superficial or deep)

Summary

This randomized controlled trial from Johns Hopkins Hospital demonstrated significantly lower SSI rates in high-risk patients receiving Prevena Therapy after pancreaticoduodenectomy (31.1% vs. 9.7%; p=0.003)*. SSIs resulted in an increased hospitalization cost of $9,778 per patient. Implementing Prevena Therapy into surgical practice can help reduce the risk of potential complications and associated costs to patient health and care.

Surgical site infection reduction

69% 9.7% (6/62) Prevena Therapy vs. 31.1% (19/61) SOC (p=0.003)*

Superficial surgical site infection reduction

77% 6.5% (4/62) Prevena Therapy vs. 27.9% (17/61) SOC (p=0.002)*

Inpatient costs due to surgical site infection

24% Increase of cost for patient with SSI

$9,778 Additional inpatient cost due to SSI

$41,085 Median inpatient cost per non-SSI patient

Calculation(s) are derived based on relative patient group incidence rate reported in this study. *Statistically significant (p<0.05).

Solventum™ Prevena™ Therapy for high-risk laparotomies

Patients undergoing laparotomy surgery experienced reduced rates of wound complications when using Prevena Therapy versus standard of care.

Zaidi A, El-Masry S. Closed incision negative pressure therapy in high-risk general surgery patients following laparotomy: a Prevena study. Colorectal Disease 2016; 19(3):283-287.

Study design

This retrospective observational study compared the rate of wound complications requiring intervention in high-risk surgical patients who received closed-incision negative pressure therapy (ciNPT) (Prevena Therapy) or standard of care (SOC) following laparotomy.

- Charts were retrospectively reviewed for 181 high-risk patients who presented for elective or emergency laparotomy; Prevena Therapy (n=69); SOC (n=112)
- High-risk inclusion criteria were obesity (BMI ≥ 35 kg/m2), or ≥ 2 of the following risk factors: malignancy, smoking, immunosuppression, malnutrition, emergency surgery, diffuse atherosclerotic disease
- Prevena Therapy (n=69) was applied over the closed incision in the operating room immediately after skin closure and remained in place for 7 days
- All patients were followed until postoperative day 30

Summary

Prevena Therapy demonstrated to be a safe and effective method of postsurgical management in general surgery patients considered to have risk of developing wound complications following emergency or elective laparotomy. The study concluded that Prevena Therapy was associated with a positive clinical outcome.

Surgical site complications reduction

86%

2.9% (2/69) Prevena Therapy vs. 20.5% (23/112) SOC

(p<0.0009)*

Deep surgical site infection reduction**

93%

1.4% (1/69) Prevena Therapy vs. 20.5% (23/112) SOC

(p<0.0002)*

Calculation(s) are derived based on relative patient group incidence rate reported in this study. *Statistically significant (p<0.05).
**The use of Prevena Therapy for reduction in the incidence of deep SSI has not been reviewed by the U.S. FDA.

Solventum™ Prevena™ Therapy for high-risk colorectal surgeries

High-risk patients undergoing colorectal surgery experienced a significantly reduced rate of wound complications when using Prevena Therapy versus standard of care.

Curran T, Alvarez D, Pastrana Del Valle J, et al. Prophylactic closed incision negative pressure wound therapy is associated with decreased surgical site infection in high-risk colorectal surgery laparotomy wounds. Colorectal Disease. 2019; 21(1):110-118.

Study design

This retrospective comparative cohort study compared the incidence of surgical site infection (SSI) in high-risk open colorectal surgery patients who received closed-incision negative pressure therapy (ciNPT) (Prevena Therapy) or standard of care (SOC).

- National Surgical Quality Improvement Program (NSQIP) reviewed patients at high-risk for SSI underdoing open abdominal colorectal surgery were selected
- NSQIP facilitated the standardized assignment of SSI status with uniform 30-day follow-up
- High-risk defined patients defined as having ≥ 1 of the following risk factors: pre or postoperative stoma, diabetes, obesity, preoperative steroid or immunosuppressant use, and contaminated or dirty wound
- Validated SSI risk score used to create matched cohort subset; Prevena Therapy (n=77) & SOC (n=79)
- The primary outcome was SSIs defined as superficial SSI, deep SSI, or dehiscence at 30 days per NSQIP

Summary

The study concluded that Prevena Therapy was associated with a significant reduction in overall wound complications as defined by NSQIP. (25.3% vs. 6.5%; p<0.01*). The study also found a significant decrease in superficial SSI (p<0.01)*.

Wound complication reduction

74%

6.5% (5/77) Prevena Therapy vs. 25.3% (20/79) SOC

(p<0.01)*

Readmission reduction

67%

8% (6/77) Prevena Therapy vs. 24% (19/79) SOC

(p<0.01)*

Calculation(s) are derived based on relative patient group incidence rate reported in this study. *Statistically significant (p<0.05).

Clinical evidence supporting Solventum™ Prevena™ Therapy in abdominal surgery

Level of clinical evidence rating[17]

- **Level 1:** Evidence obtained from at least one properly designed randomized controlled trial
- **Level 1b:** Systematic reviews (with homogeneity) of randomized controlled trials
- **Level 2:** Evidence obtained from well-designed controlled trials without randomization
- **Level 2b:** Individual cohort study or low quality randomized controlled trials (e.g., <80% follow-up)
- **Level 3:** Evidence obtained from well-designed cohort or case-control analytic studies, preferably from more than one center or research group
- **Level 4:** Case series (and poor quality cohort and case-control studies)
- **Level 5:** Expert opinion without explicit critical appraisal, or based on physiology, bench research or "first principles"

Wound/surgery type	Level of evidence	Citation
Abdominal wall reconstruction	3	Ayuso SA, Elhage SA, Okorji LM, et al. Closed-Incision Negative Pressure Therapy Decreases Wound Morbidity in Open Abdominal Wall Reconstruction With Concomitant Panniculectomy. Ann Plast Surg. 2022; 88(4):429-433.
Colorectal surgery	1	Arellano ML, Serrano CB, Guedea M, et al. Surgical Wound Complications After Colorectal Surgery with Single-Use Negative-Pressure Wound Therapy Versus Surgical Dressing Over Closed Incisions: A Randomized Controlled Trial.Advances in Skin and Wound Care. 2021 Jun 26.
	1	Murphy P, Knowles S, Chadi S. Negative pressure wound therapy use to decrease surgical nosocomial events in colorectal resections. Ann Surg. 2019; 270(1):38-42.
	3	Curran T, Alvarez D, Pastrana Del Valle J, et al. Prophylactic closed incision negative pressure wound therapy is associated with decreased surgical site infection in high-risk colorectal surgery laparotomy wounds. Colorectal Disease. 2019; 21(1):110-118.
Emergency laparotomy	3	Chung J, Ali O, Hawthornthwaite E, et al. Closed incision negative pressure wound therapy is associated with reduced surgical site infection after emergency laparotomy: A propensity matched-cohort analysis. Surgery. 2021; 170(5):1568-1573.
	3	Liu D, Cheng C, Islam R, et al. Prophylactic Negative-pressure Dressings Reduce Wound Complications and Resource Burden After Emergency Laparotomies. J Surg Res. 2021 Jan;257:22-31.
Ileostomy	2	Poehnert D, Hadeler N, Schrem H, et al. Decreased superficial surgical site infections, shortened hospital stay and improved quality of life due to incisional negative pressure wound therapy after reversal of double loop ileostomy. Wound Repair and Regeneration. 2017;25(6):994-1001.
Laparotomy	1	Di Re AM, Wright D, Toh JWT, et al. Surgical wound infection prevention using topical negative pressure therapy on closed abdominal incisions - the 'SWIPE IT' randomized clinical trial. J Hosp Infect. 2021 Apr;110:76-83.
	1	Leitao MM Jr, Zhou QC, Schiavone MB, et al. Prophylactic Negative Pressure Wound Therapy After Laparotomy for Gynecologic Surgery: A Randomized Controlled Trial. Obstet Gynecol. 2021 Feb 1;137(2):334-341.
	3	Zaidi A, El-Masry S. Closed incision negative pressure therapy in high-risk general surgery patients following laparotomy: Prevena Therapy retrospective study. Colorectal Disease. 2016; 19(3):283-287.
Open abdominal surgery	1	Gök MA, Kafadar MT, Yeğen SF. Comparison of negative-pressure incision management system in wound dehiscence: A prospective, randomized, observational study. J Med Life. 2019;12(3):276-283.
Open hernia repair	3	Licari L, Campanella S, Carolla C, et al. Closed incision negative pressure therapy achieves better outcome than standard wound care: clinical outcome and cost-effectiveness analysis in open ventral hernia repair with synthetic mesh positioning. Cureus. 2020. 12(5):e8283.
Open pancreatic-oduodenectomy	1	Javed A, Teinor J, Wright M, et al. Negative pressure wound therapy for surgical-site infections: A randomized trial. Annals of Surgery. 2019; 269(6):1034-1040.

Solventum™ Prevena™ Therapy dressings with Solventum negative pressure wound therapy devices

Solventum™ Prevena Plus™ 125 Therapy Unit

One single-use negative pressure therapy unit compatible with all Solventum™ Prevena™ Dressings.

Negative pressure options:

- Pre-set, continuous negative pressure therapy at -125 mmHg for up to 7 or 14 days (with dressing changes every 7 days)
- Disposable, single patient use
- Rechargeable battery

Specifications:

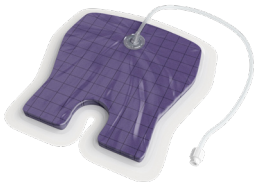
- Dimensions: Approx 8.9 x 16.3 x 5.49cm
- Weight with empty canister: 0.64lbs (0.29kg)

Prevena Dressings are also compatible with Solventum traditional negative pressure therapy devices:

Solventum™ V.A.C.® Ulta Therapy Unit and
Solventum™ ActiV.A.C.® Therapy Unit

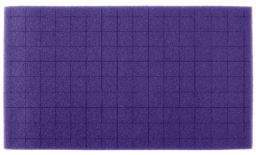
Solventum™ Prevena Restor™ Dressings

Solventum™ Prevena Restor Therapy extends negative pressure therapy beyond the incision site to include the surrounding soft tissue. It helps provide comprehensive protection, optimize surgical site recovery, and helps patients start rehab with confidence.



Solventum™ Prevena Restor™ AxioForm™ Dressing

Solventum™ Prevena Restor™ BellaForm™ Dressing



Solventum™ Prevena Restor™ AdaptiForm™ Dressing

The same proven technology as the original Solventum™ Prevena™ Incision Management System with new features to help optimize postoperative care.

Extended therapy time
Up to 14 days (dressing change required after 7 days)

Precision designed
Dressings seamlessly conform to the patient

Expanded coverage area
Large dressings deliver therapy to the incision and surrounding soft tissue envelope

Easy to use
A variety of peel-and-place dressings are available, plus a customizable option

Additional customer resources

Live clinical training and product support
25,000+ professionals trained annually

Clinical services and
reimbursement hotlines

Free product evaluation program

Centralized, on demand clinical
and technical support

Ordering information

SKU	Description	UOM
Therapy devices		
PRE4000US	Solventum™ Prevena Plus™ 125 Therapy Unit, 7-Day	Each
PRE4010	Solventum™ Prevena Plus™ 125 Therapy Unit, 14-Day	Each
Dressings		
PRE1055US	Solventum™ Prevena™ Peel and Place Dressing, 20 cm	Case of 5
PRE1155US	Solventum™ Prevena™ Peel and Place Dressing, 13 cm	Case of 5
PRE3255US	Solventum™ Prevena Plus™ Peel and Place Dressing, 35 cm	Case of 5
PRE4055US	Solventum™ Prevena Plus™ Customizable Dressing	Case of 5
PRE5255	Solventum™ Prevena Restor™ BellaForm™ Dressing, 21 cm x 19 cm	Case of 5
PRE5355	Solventum™ Prevena Restor™ BellaForm™ Dressing, 24 cm x 22 cm	Case of 5
PRE5455	Solventum™ Prevena Restor™ BellaForm™ Dressing, 29 cm x 27 cm	Case of 5
PRE5555	Solventum™ Prevena Restor™ AxioForm™ Dressing, 29 cm x 28 cm	Case of 5
PRE6055	Solventum™ Prevena Restor™ AdaptiForm™ Dressing, 49 cm x 28 cm	Case of 5
Accessories		
PRE1095	Solventum™ Prevena™ Canister, 45 mL	Case of 5
PRE4095	Solventum™ Prevena Plus™ Canister, 150 mL	Case of 5
PRE9090	Solventum™ Prevena™ Therapy V.A.C.® Connector	Case of 10
Kits		
PRE1001US	Solventum™ Prevena™ Incision Management System, 20 cm	Each
PRE1101US	Solventum™ Prevena™ Incision Management System, 13 cm	Each
PRE3201US	Solventum™ Prevena Plus™ Incision Management System, 35 cm	Each
PRE4001US	Solventum™ Prevena Plus™ Customizable Incision Management System	Each
PRE1121US	Solventum™ Prevena™ Duo Incision Management System, 13 cm/13 cm	Each
PRE3321US	Solventum™ Prevena Plus™ Duo Incision Management System, 13 cm/20 cm	Each
PRE3021US	Solventum™ Prevena Plus™ Duo Incision Management System, 20 cm/20 cm	Each
PRE5221	Solventum™ Prevena Restor™ BellaForm™ Incision Management System, 21 cm x 19 cm	Each
PRE5321	Solventum™ Prevena Restor™ BellaForm™ Incision Management System, 24 cm x 24 cm	Each
PRE5421	Solventum™ Prevena Restor™ BellaForm™ Incision Management System, 29 cm x 27 cm	Each
PRE5501	Solventum™ Prevena Restor™ AxioForm™ Incision Management System, 29 cm x 28 cm	Each
PRE6001	Solventum™ Prevena Restor™ AdaptiForm™ Incision Management System, 49 cm x 28 cm	Each

Help protect your patients beyond the OR with Solventum™ Prevena™ Therapy

For more information or to request an evaluation, contact your Solventum representative or visit Prevena.com.

Note: Specific indications, limitations, contraindications, warnings, precautions and safety information exist for these products and therapies. Please consult a clinician and product instructions for use prior to application. Rx only.

References

1. Raymond DP, Pelletier SJ, Crabtree TD, et al. Surgical infection and the aging population. Am Surg. 2001;67:827-33.
2. Cruse P. Wound infection surveillance. Rev Infect Dis. 1981 Jul-Aug;3(4):734-7.
3. Graves, EJ. National Hospital Discharge Survey: Annual Summary. National Center for Health Statistics; Hyattsville, MD: 1987. 1989. Series 13, no. 99.
4. Alkaaki A, x-Radi OO, Khoja A, et al. Surgical site infection following abdominal surgery: a prospective cohort study. Can J Surg. 2019;62(2):111-117.
5. Suragul W, Rungsakulkij N, Vassanasiri W, et al. Predictors of surgical site infection after pancreaticoduodenectomy. BMC Gastroenterology. 2020;20(1):201. Published 2020 Jun 26. 10.1186/s12876-020-01350-8.
6. Pinkney TD, Calvert M, Bartlett DC, et al. Impact of wound edge protection devices on surgical site infection after laparotomy: multicentre randomised controlled trial (ROSSINI Trial). BMJ. 2013;347:f4305. P ublished 2013 Jul 31. 10.1136/bmj. f4305P.
7. Smyth ET, McIlvenny G, Enstone JE, et al. Four country healthcare associated infection prevalence survey 2006: overview of the results. J Hosp Infect 2008;69:230–48.
8. Kiran RP, El-Gazzaz GH , Vogel JD, et al. Lapar oscopic approach significantly reduces surgical site in fections after colorectal surgery: data from national surgical quality improvement program. J Am Coll Surg. 2010; 211: 232–8.
9. Tolstrup MB, Watt SK, Gögenur I. Morbidity and mortality rates after emergency abdominal surgery: an analysis of 4346 patients scheduled for emergency laparotomy or laparoscopy. Langenbecks Arch Surg. 2017 Jun;402(4):615-623. 10.1007/s00423-016-1493-1. Epub 2016 Aug 9. PMID: 27502400.
10. de Lissovoy G, Fraeman K, Hutchins V, et al. Surgical site infection: incidence and impact on hospital utilization and treatment costs. Am J Infect Control. 2009;37:387-97.
11. Wilkes RP, Kilpadi DV, Zhao Y, et al. Closed Incision Management With Negative Pressure Wound Therapy (CIM): Biomechanics. Surgical Innovation. 2012;19(1):67-75.
12. 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 and Regeneration. 2011;19:588-596.
13. Glaser DA, Farnsworth CL, Varley ES, et al. Negative pressure therapy for closed spine incisions: A pilot study. Wounds. 2012;24(11):308-316.
14. Willy C, Agarwal A, Andersen CA, et al. Closed incision negative pressure therapy: international multidisciplinary consensus recommendations. Int Wound J. 2017;14(2):385-398.
15. Collinsworth A, Mantyh C, Silverman R, et al. Closed incision negative pressure therapy versus standard of care over closed abdominal incisions in the reduction of surgical site complications: A systematic review and meta-analysis of comparative studies. Presented at the Symposium on Advanced Wound Care Spring/Wound Healing Society Meeting, April 26-30, 2023, National Harbor, MD.
16. Federal Drug Administration. De Novo Classification Request for Prevena 125 and Prevena Plus 125 Therapy Units. De Novo Summary (DEN180013), 2019. https://www.accessdata.fda.gov/cdrh_docs/reviews/DEN180013.pdf.
17. Sullivan D, Chung KC, Eaves FF, et al. The Level of Evidence Pyramid: Indicating Levels of Evidence in Plastic and Reconstructive Surgery Articles. PlastReconstr Surg. 2011;128(1):311-314.

solventum

Solventum Advanced Wound Care
12930 IH10 W
San Antonio, TX 78249
USA

Phone 800-275-4524
Web Solventum.com

70-2013-1606-7