Continuous Diffusion of Oxygen
In a Moist Wound Healing Environment

- Optimizes The Wound Healing Process
- Significantly Advances Wound Care Technology
- Rapid & Reliable Efficacy
- Unparalleled Ease & Convenience
- Ideal Adjunct To Current Best Practices
- Meets More Of Today’s Treatment Demands

**Indications For Use**
The TransCu O₂ low-dose tissue oxygenation system is intended for use with wound dressings and is FDA cleared to treat the following:

- Skin ulcerations due to diabetes, venous stasis, post surgical infections and gangrenous lesions,
- Pressure ulcers
- Infected residual limbs
- Skin grafts
- Burns
- Frostbite

**Contraindications**
The TransCu O₂ low-dose tissue oxygenation system is contraindicated to treat the following:

- Wounds with inadequate perfusion to support healing
- Ulcers due to acute thrombophlebitis Ulcers due to Raynaud’s disease
- Necrotic wounds covered with eschar or slough
- Wounds with fistulae or deep sinus tracts with unknown depth

Chronic Wounds Successfully Treated with CDO Include:

<table>
<thead>
<tr>
<th>Venous Stasis Ulcers</th>
<th>Wound Bed Preparation for Skin Grafting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pressure Ulcers</td>
<td>Full and Split Thickness Skin Grafts</td>
</tr>
<tr>
<td>Gangrenous Ulcers</td>
<td>Radiation Burns</td>
</tr>
<tr>
<td>Diabetic Foot Ulcers</td>
<td>Dehisced Surgical Wounds</td>
</tr>
<tr>
<td>S/P Amputation Wounds</td>
<td></td>
</tr>
</tbody>
</table>
Pressure Ulcer
A pressure ulcer is localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction. OR Full thickness skin loss. Treatment based on drainage and amount of necrotic tissue.

CDO Recommended Guidelines
• Does wound pressure/trauma remain a problem?
• Consider Offloading device/shoes etc.
• Apply Calcium Alginate/hydrofiber to fill dead space and absorb excess exudate.
• Lay cannula on base of wound.
• Use foam with adhesive border or foam with transparent drape over foam.
• Change alginate/hydrofiber and foam dressing as needed. Typically changed every other day, but may require more frequent changes in the beginning of CDO Therapy due to increase in exudates as a result of the highly osmotic effect of CDO. This usually subsides after several days.
• If maceration occurs protect peri wound with skin protectant/barrier.
• May require periodic debridement of necrotic or rolled edges.

Surgical Wound
Refers to a wound that was surgically created, flap, grafts, wound dehiscence and wounds that have been surgically debrided and left to be closed by secondary intention.

CDO Recommended Guidelines
• Protect underlying vessels, tendons etc.
• Consider non-adherent layer such as mepitel etc. Do not use anything with petrolatum.
• Apply Calcium Alginate/hydrofiber to fill dead space and absorb excess exudate.
• Lay cannula on base of wound.
• Use foam with adhesive border or foam with transparent drape over foam.
• Change alginate/hydrofiber and foam dressing as needed. Typically changed every other day, but may require more frequent changes in the beginning of CDO Therapy due to increase in exudates as a result of the highly osmotic effect of CDO. This usually subsides after several days.
• If maceration occurs protect peri wound with skin protectant/barrier.

Venous Stasis Ulcers
Venous Insufficiency (Stasis) Ulcers are caused by problems in the veins of the lower leg. Leaky valves, obstructions, or regurgitation disturbs the flow of blood from the lower extremities back to the heart. The blood collects in the lower leg, damaging the tissues and causing wounds to develop.

CDO Recommended Guidelines
• Determine ABI prior to applying compression wraps.
• Consider non-adherent layer such as mepitel etc. Do not use anything with petrolatum.
• Apply Calcium Alginate/hydrofiber to absorb excess exudate.
• Lay cannula on the base of the wound.
• Use foam or foam with adhesive border.
• Apply compression-while applying compression, care should be taken to minimize pressure when placing tubing, particularly over bony prominences. Rotate tubing sites.
• Change alginate/hydrofiber and foam dressing as needed. Typically changed every other day, but may require more frequent changes in the beginning of CDO Therapy due to increase in exudates as a result of the highly osmotic effect of CDO. This usually subsides after several days.
• If maceration occurs protect peri wound with skin protectant/barrier.

Diabetic/Neuropathic Ulcer
Diabetic neuropathy refers to various types of nerve damage, a common sequelae of diabetes. Nerve damage is the etiologic basis for diabetic ulcers. Neuropathy leads to loss of protective sensation, setting the stage for skin breakdown. How the nerves are injured is not entirely clear, but research suggests that high blood glucose changes the metabolism of nerve cells and causes reduced blood flow to the nerve.

CDO Recommended Guidelines
• Does pressure/trauma remain a problem?
• Consider offloading devices/shoes/contact casting etc.
• Consider non-adherent layer such as mepitel etc. Do not use anything with petrolatum.
• Protect underlying vessels, tendons, etc.
• Apply Calcium Alginate/hydrofiber to fill dead space and absorb excess exudate.
• Lay cannula on base of wound.
• Use foam with adhesive border or foam with transparent drape over foam.
• Change alginate/hydrofiber and foam dressing as needed. Typically changed every other day, but may require more frequent changes in the beginning of CDO Therapy due to increase in exudates as a result of the highly osmotic effect of CDO. This usually subsides after several days.
• If maceration occurs protect peri wound with skin protectant/barrier.

References

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