Improved Cleaning With MolecuLight *i:X*™ Led to Successful Patient Outcome

The usual cleaning practice protocol for open wounds includes wiping with gauze pads soaked in irrigation solution starting in the center of the wound and working toward the outside.[1] No particular attention is paid to the periphery of the wound, and the suggested technique may relocate debris and bacteria from the center to the creases of the wound periphery.

With this 56-year-old patient, cleaning was typically focused on the center of the wound, as shown in Figure 1. By incorporating the MolecuLight *i:X* (in Fluorescence Imaging Mode™) into the cleaning protocol, the practitioner was able to visualize moderate/heavy bacterial load in the creases and at the periphery of the wound (Figure 2) in real-time. She therefore focused on cleaning those edges and creases and used *i:X* images to instruct the home caregiver (patient's husband) on where to focus cleaning.

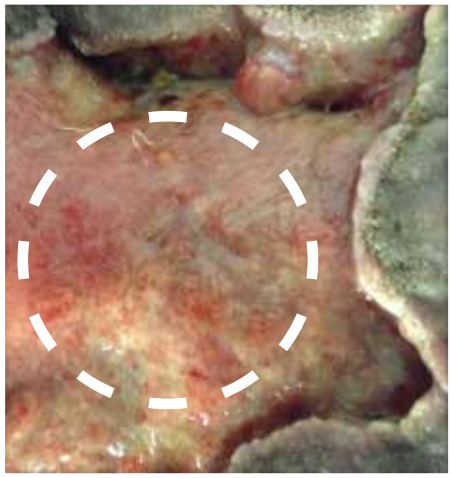

Figure 1: ST-image™. Image taken under standard lighting conditions. The white circle indicates where practitioner would typically focus when cleaning.

Figure 2: FL-image™. Image taken with MolecuLight *i:X* in Fluorescence Imaging Mode™. The red color indicates presence of moderate/heavy levels of bacteria.

After two weeks of cleaning every 2-3 days with the guidance of the MolecuLight *i:X*, there was a remarkable decrease in red (bacterial) fluorescence at the periphery of the wound (Figure 4). Furthermore, the wound bed began to granulate with the successful use of a Negative Pressure Wound Therapy (NWPT) device, which had previously failed with this patient.

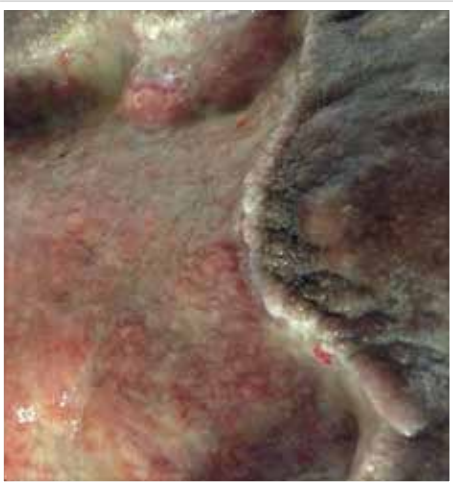

Figure 3: ST-image™. Image taken under standard lighting conditions after 2 weeks of treatment guided by MolecuLight *i:X*.

Figure 4: FL-image™. Image taken with MolecuLight *i:X* in Fluorescence Imaging Mode™ after 2 weeks of treatment. The absence of red color indicates that the wound no longer contains moderate/heavy levels of bacteria.

Practitioner

Rose Raizman RN, nurse practitioner, with over 19 years of experience, leads the Save Our Skin (SOS) team at Rouge Valley Health System (RVHS) located in Toronto, Canada, to combat pressure ulcers of hospital inpatients. She also oversees the wound care clinic for inpatients and outpatients.

Patient Condition

56-year-old female who has lymphedema, diabetes, hypertension and is morbidly obese was admitted to Rouge Valley Health System (RVHS) presenting with a venous ulcer on her upper medial thigh that was triggered by a small trauma 3 years ago.

Prior to incorporating the MolecuLight *i:X* into her treatment at RVHS, many efforts with various dressings and NWPT therapy produced no improvement.

Reference:
1. - D. Sardina, is your wound-cleasing practice up to date?, Wound Care Advisor, (2013)Vo2No3

To watch the video of this case study visit: moleculight.com/guided-cleaning-moleculight-ix/

MolecuLight
LOOK TO HEAL™

MolecuLight *i:X*

Handheld Technology to Visualize Bacteria in Wounds

The MolecuLight ***i:X*** ™ is a portable imaging device that allows clinicians to quickly, safely and precisely visualize bacterial presence and distribution in and around wounds, in real-time at the point of care.

Testimonials

"*MolecuLight **i:**X is a great educational tool to encourage patient compliance in wound care.*"

Rose Raizman RN

"*The **i:**X images guided me where to focus cleaning.*"

Patient's Husband

View the MolecuLight ***i:X*** ™ in action.
Request a product demo.

info@moleculight.com
TOLL FREE 1.877.818.4360
647.362.4684

For more information visit
moleculight.com

Follow us online:

MolecuLight
LOOK TO HEAL™

The MolecuLight i:X™ Imaging Device is approved by Health Canada (Medical License #95784).The MolecuLight i:X™ Imaging Device is pending US FDA De Novo approval and CE mark approval and is not approved for use in the US or EU.

PN 1255 Rev 1.0