



Practitioner

Rose Raizman RN-EC, MSc, with over 19 years of experience, leads the Save Our Skin (SOS) team at Scarborough & Rouge Hospital located in Toronto, Canada, to combat pressure ulcers of hospital inpatients. She also oversees the wound care clinic for inpatients and outpatients.



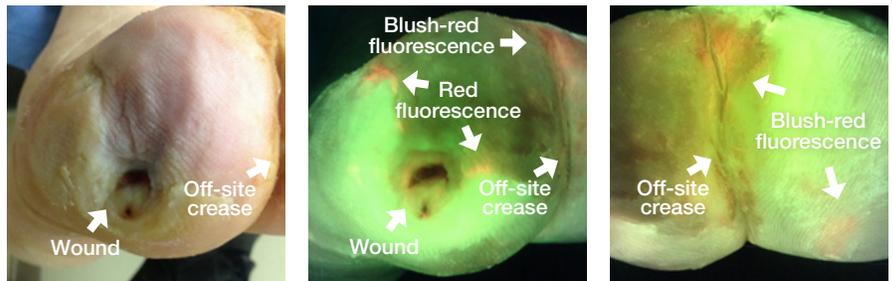
Patient Condition

45-year-old male patient with a diabetic foot ulcer on his right heel. Comorbidities including diabetes, obesity and prior toe amputation put this patient at a higher risk for subsequent amputations. His general care paradigm included hyperbaric oxygen therapy, cleaning, and debridement.

Improve Patient Adherence with MolecuLight *i:X*[®]

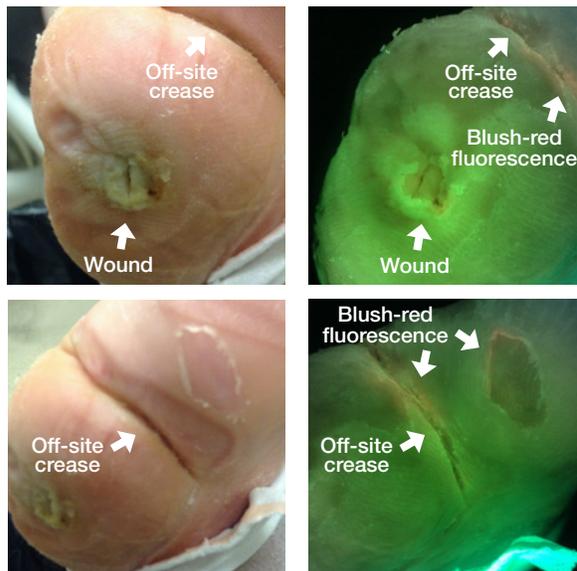
Knowledge is a key factor for patients to engage in their own care and comply with their treatment regime¹. It can be challenging for health care professionals to teach patients about their conditions and treatments as it often requires an understanding of complex concepts using medical terminology. Language barriers can further complicate the patient's understanding. The use of photographs has been demonstrated to increase patients' attention, comprehension, and adherence to their treatment protocols². Currently there is a 50% non-adherence rate among those living with chronic illness and chronic wounds, which costs an estimated US\$100 billion/year¹. Using fluorescence images to detect bacteria (at loads of $>10^4$ CFU/g) can help to demonstrate proper wound hygiene and provided the patient with the knowledge required to participate in his/her own care. This can empower the patient to advocate for themselves throughout the wound care continuum.

1st Imaging Session



During this patient's first imaging session, the MolecuLight *i:X* visualized red fluorescence indicating bacteria ($>10^4$ CFU/g) in the wound periphery and off-site in a foot crease from a prior toe amputation. The fluorescence image guided the clinician's cleaning and debridement, patient education, and relayed this information to the patient's home care nurse.

2nd Imaging Session



During the second appointment, fluorescence images revealed a clean wound periphery and less red fluorescence off-site, demonstrating adherence to the wound cleaning protocol.



MolecuLight *i:X*[®]

The MolecuLight *i:X* allows clinicians to quickly, safely and easily identify wounds with bacteria³⁻⁶ (at loads of $>10^4$ CFU/g, in combination with CSS) and measure wounds^{4,6} at the point of care to provide them with valuable information to inform treatment and monitor progress^{5,6}.

Clinician Testimonial

“No one had been cleaning in this crease. I have since imaged a couple of other patients with bacteria in creases and I asked them to take a picture of the MolecuLight *i:X* fluorescent image on their phone and show it to their nurse, so the nurse will know where to clean. It will make a difference.”

— Rose Raizman RN-EC, MSc

Patient Testimonial

“This (*i:X*) device is very useful because it creates some knowledge, so you can see what’s actually going on. I have some of the images stored on my phone so that I can show them to my CCAC home care nurse who does the dressing changes so he gets to see as well. It would be useful in CCAC practice because it would relieve the visits coming to see the surgeon or primary wound care specialists. Communication in wound care is critical because the wound care nurse needs to convey what is going on to the CCAC person doing the dressing changes. This device helps convey that information, so they can actually see where the problem areas are and where to focus on.”

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References:

Images provided by Rose Raizman, RN-EC, MSc, Scarborough & Rouge Hospital, ON, Canada MolecuLight Clinical Case 0022.

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The MolecuLight[®] *i:X* Imaging Device is approved by Health Canada for sale in Canada and has CE marking for sale in the European Union. The MolecuLight[®] *i:X* Imaging Device has received FDA clearance.

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Red color in this image indicates bacteria ($>10^4$ CFU/g)^{3,4}.