

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 amputation of toes put this patient at higher risk for subsequent ampuations. General care paradigm included hyperbaric oxygen therapy, cleaning, and debridement.

The MolecuLight *i*:X[™] Imaging Device is not available in the US.

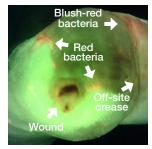


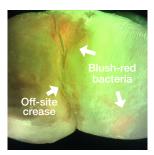
Improve Patient Adherence with MolecuLight i:X™

Knowledge is a key factor for patients to engage in their own care and comply with their treatment regime.¹ It is challenging for health care professionals to teach patients about their conditions and treatments as it requires understanding of complex concepts using medical terminology and can involve non-native languages. The use of photographs has been demonstrated to increase patients' attention, comprehension, and adherence to their treatment protocols,² and is a tool aimed at reducing the 50% non-adherence rate among those living with chronic illness and chronic wounds, which costs an estimated US\$100 billion/year (€80.3 billion/year).¹ Using fluorescence images of bacteria to demonstrate proper wound hygiene provided this patient with the knowledge required to participate in his own care and advocate for himself through the wound care continuum.

1st Imaging Session



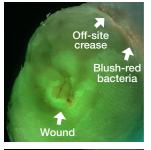




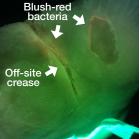
During this patient's first imaging session, the MolecuLight i:X visualized bacteria in the wound periphery and off-site in a foot crease from a prior toe amputation. Fluorescence Imaging ModeTM guided the clinician's cleaning and debridement, patient education, and the relay of information on bacterial location to the patient's home care nurse.

2nd Imaging Session









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



The MolecuLight i:X allows clinicians to guickly, safely and easily visualize bacteria³ and measure wounds⁴ at the point of care so they have maximum insights for accurate treatment selection and accelerated healing.3



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 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.

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

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- MolecuLight Inc. Case Study 0051 Track Wound Size and Bacterial Presence with the MolecuLight i:X. 2016.

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The MolecuLight $i:X^{\text{TM}}$ Imaging Device is approved by Health Canada (Medical License #95784) and has CE marking (Certificate #G1160292355002) for sale in Canada and the European Union. The MolecuLight i:XTM Imaging Device is not available in the US.

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