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In this edition of our newsletter, we look at a very painful skin condition - Epidermolysis Bullosa (EB) - which causes the skin to be fragile and blister. Silhouette has been and continues to be used by a number of Clinical Research organizations who are endeavoring to find better treatments for the people who live with this incurable condition. [Read more about EB.](#)

I am thrilled to be able to announce that the new Silhouette suite of products will be available to ship this December. Our new range of wound imaging and documentation products give wound care practitioners in different care settings the ability to choose a device and the functionality that best suits their wound assessment and documentation needs.

The new products in our suite include:

- **SilhouetteLite** - for wound imaging and simple notes using Apple iPads and iPhones.
- **SilhouetteLite+** - for wound imaging, 2D non-contact measurements, and more detailed notes using Apple iPads and iPhones.
- **Wireless SilhouetteStar2 Camera** - for fully featured wound imaging, 3D measuring, and documentation.
- **New SilhouetteCentral Software** - for web-based access to a centralized database of all the data collected from these devices.

[Learn more about the new Silhouette suite of products](#)

If your organization is interested in joining our Early Access Program to trial these products, [please contact me directly.](#)

Lakewood-Amedex Inc., a leading developer of anti-infective pharmaceuticals, is utilizing Silhouette in their study of a topically applied Bisphosphocin Nu-3 antimicrobial, for patients with infected diabetic foot ulcers (DFU). [Read more.](#)

We recently visited and spoke with a number of the staff at Parkview Medical Center in Pueblo, Colorado who have been using Silhouette in both their inpatient and outpatient clinics for over a year now. [Click here to hear what they had to say.](#)

As always, if you have any questions or comments, [please let me know.](#)

Regards,



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New Silhouette product suite available from December 2017!



The image above shows the SilhouetteLite+ sensor attached to an iPad.

SilhouetteLite

SilhouetteLite is designed to enable simple wound imaging and clinical note taking using iPhones and iPads. It is especially useful for wound screening on hospital admission or in the community. SilhouetteLite consists of a software application for Apple devices that enables wound data to be entered into a patient's record over a secure internet connection.

SilhouetteLite+

SilhouetteLite+ is designed to provide users with more functionality, with the ability to obtain non-contact 2D measurements and more detailed wound information at the point of care. SilhouetteLite+ consists of a sensor (see image above) and an application for Apple devices that enables wound measurements and images to be added to a patient's record over a secure internet connection.

Wireless SilhouetteStar2 Camera

The new wireless SilhouetteStar2 camera gives users more freedom to move around their patients without a cable tying them to a laptop. Users securely connect with the patient's record via WiFi.

SilhouetteCentral Application

The new release of SilhouetteCentral v4 provides a data repository to collect, consolidate, record, analyze and report on that data from the various point of care devices. SilhouetteCentral is accessed via a web-based application, enabling the wound images and information collected at the bedside to be easily accessed by the whole care team with a secure internet connection.

[Contact us for more information or a demonstration of these new products.](#)



We will be demonstrating our new products at the [American Society for Healthcare Risk Management \(ASHRM\) conference](#) in Seattle next month. Do stop by and see us at booth #718 if you are there.



Epidermolysis Bullosa (EB) The worst disease you've never heard of

Epidermolysis Bullosa, pronounced ep-ih-dur-MOL-uh-sis buhl-LOE-sah, and most often shortened to EB, is a skin condition that causes the skin to be fragile and blister. Most types of EB are inherited, affecting around 1 in 300,000 people across racial and ethnic groups around the world and both sexes equally.



People with EB have extremely fragile skin and can acquire painful blisters in response to minor injury, heat, or friction from rubbing, scratching or adhesive tape. In some severe

cases, the blisters may also occur inside the body. The term [Butterfly Children](#) is sometimes used to describe children with EB because their skin is as delicate as a butterfly's wing.

There is no cure for EB, so [treatments mostly focus on addressing the symptoms](#) — such as infection and itching — and preventing pain and wounds. There are many studies underway looking for ways to treat and relieve the symptoms of EB. [Learn more about EB.](#)

King's College Research Presented at Diabetic Foot Study Group Conference in Porto, Portugal

King's College Hospital NHS Foundation Trust

Sixty percent reduction of ulcer area at 2 weeks can be a useful predictor of eventual diabetic foot ulcer healing by 12 weeks

Timothy Jemmott, Maureen Bates, Jody Lucas, Weng Tang, Chris Manu, Michael Edmonds
Diabetic Foot Clinic, King's College Hospital, Denmark Hill, London SE5 9RS, UK

INTRODUCTION:
Percentage Area Reduction (PAR) in wound size is an early predictor of treatment outcome, which could be used to guide treatment pathways. PAR at 4 weeks has been used to assess the likelihood of ulcer healing. Our foot clinic routinely uses a 3D wound imaging system to assess ulcer area during clinic visits.

METHODS & DATA ANALYSIS:

- A retrospective analysis of consecutive new patients attending the clinic with diabetic foot ulcer.
- Patients were divided into two groups. Those with ulcers that healed by 12 weeks and those that did not heal by 12 weeks.
- The proportions of Healed and Non-Healed ulcers were compared with their respective PAR at weeks 2, 4 and 6 of routine follow-up.
- The Median/Mean PAR at each time point was used to test for the probability of ulcer healing at 12 weeks.
- Chi-square and Fisher's Exact Test were used to determine which PAR and at which time point was most predictive of eventual 12week ulcer healing.

AIM:
To determine the earliest and best percentage area reduction of predicting complete ulcer healing at 12 weeks within routine clinical care.

PATIENT DEMOGRAPHICS:

- 149 new patients were studied
- Mean age was 65±13 years, (Mean±SD)
- 74% were Male
- 66% had Type 2 diabetes

Genesetles of Ulcer Severity at Presentation

RESULTS:

Mean Percentage Area Reduction (PAR) for Healed or Non-Healed at 12 weeks During Follow-up

From Baseline	Number With Area Data At 2weeks Follow-up	Number With Area Data at 4weeks Follow-up	Number With Area Data at 6weeks Follow-up
Healed by 12weeks N=64 (64%)	N=27 (42.2%) 10/19 had PAR ≥ 60%	N=29 (45.3%) 4/18 had PAR ≥ 50%	N=5
Non-Healed at 12weeks N=83 (56%)	N=25 4/25 had PAR ≥ 60%	N=28 10/28 had PAR ≥ 50%	N=30 12/30 had a PAR from baseline
Total (149)	Total N=62	Total N=57	Total N=35

CONCLUSIONS:
Percentage Area Reduction (PAR) from baseline can be a useful predictor of diabetic foot ulcer outcome provided the threshold is correctly chosen. The use of 60% or greater percentage reduction in ulcer area at two weeks is a robust predictor of eventual ulcer healing by 12 weeks, and does have the potential to be used for triaging patients within a routine clinical pathways.

Sixty percent reduction of ulcer area at 2 weeks can be a useful predictor of eventual diabetic foot ulcer healing by 12 weeks.

This recent research, undertaken by T Jemmott, M Bates, J Lucas, W Tang, C Manu and M Edmonds from King's College Hospital in the UK was presented at the 14th annual meeting of the Diabetic Foot Study Group in Porto.

The authors concluded that Percentage Area Reduction (PAR) from baseline can be a useful predictor of diabetic foot ulcer outcome provided the threshold is correctly chosen.

[Read the poster here](#)



The staff at [Parkview Medical Centre](#) in Pueblo, Colorado have been using Silhouette for over a year, so we went to visit and asked for their thoughts on how the system has changed their wound care practices.

Click on the following links to watch and hear their feedback.

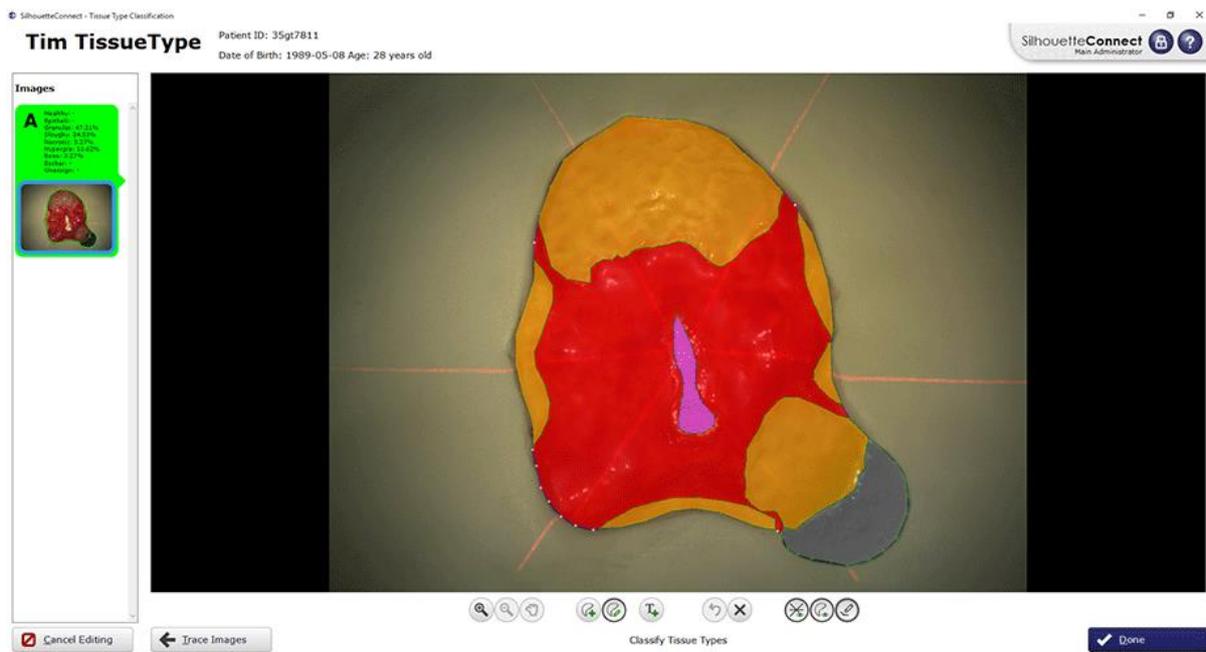
- [IT Manager](#)
- [Wound Care Coordinator](#)
- [Director of Wound Care Centre and Rehab Unit](#)
- [Inpatient Nurse](#)
- [Outpatient Nurse](#)

Tissue Type Classification & Measurement

Recently released Silhouette version 3.19 allows users to trace and label different tissue types, such as eschar, epithelial, granulation, and slough. The surface area occupied by each tissue type is calculated and displayed as a percentage of the total wound area.

[Contact us for more information or a demonstration of this new functionality.](#)

The screenshot below shows how the parts of a wound can be traced and assigned different tissue type classifications.



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