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

57-year-old male patient delayed seeking treatment for a diabetic foot ulcer on his left toe for more than 2 months. Some challenges with this wound included improper footwear, delayed treatment, and a lack of offloading. The patient's general care paradigm consisted of weekly debridement for rapid callus build-up, offloading, antimicrobial foam, and local wound care.

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

MolecuLight
LOOK TO HEAL®

Guide Debridement with the MolecuLight *i:X*™

A patient with a diabetic foot ulcer used over-the-counter antibiotic ointment for over two months before seeking treatment from a wound care practitioner. The patient's lack of awareness of his condition, improper footwear, and delay of treatment were likely factors that led to infection. Treatment for the wound required frequent debridement, as there was rapid callus build-up. Antimicrobial foam, offloading, and local wound care were also part of the patient's general care paradigm.

Pre-debridement, the clinician observed no red fluorescing bacteria (Figure 2). However, after debridement, the images revealed red fluorescence (Figure 4), indicating that there were indeed bacteria present in the wound. The clinician then continued to debride using MolecuLight ***i:X*** guidance until the red fluorescing bacteria were no longer detected (Figure 6).

Using the MolecuLight ***i:X*** throughout treatment not only helped the clinician target debridement to areas of red fluorescing bacteria, but also emphasized the importance of regular debridement in a clinical setting. The patient was shown images of his wound throughout the MolecuLight ***i:X*** guided debridement process, which helped him better understand bacterial infection and the severity of his condition. Visual documentation of the wound's progress also helped the clinician and patient observe the effectiveness of the treatment over time.

Figure 1: Standard Imaging Mode™

Figure 2: Fluorescence Imaging Mode™ Heavy callus pre-debridement, no red fluorescing bacteria observed.

Figure 3: Standard Imaging Mode™

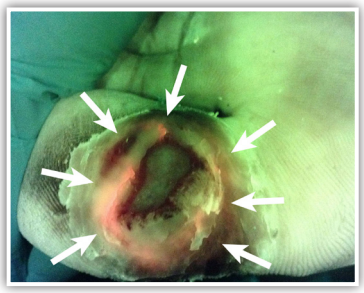

Figure 4: Fluorescence Imaging Mode™ Initial debridement revealed red fluorescing bacteria.

Figure 5: Standard Imaging Mode™

Figure 6: Fluorescence Imaging Mode™ Wound debrided under MolecuLight ***i:X*** guidance until red fluorescing bacteria was no longer detected.

MolecuLight *i:X*™

Wound Intelligence Device

The MolecuLight ***i:X*** allows clinicians to quickly, safely and easily visualize bacteria[1] and measure wounds[2] at the point of care so they have maximum insights for accurate treatment selection and accelerated healing.[1]

Testimonial

*"Guiding debridement with the MolecuLight **i:X** reassured me that I was targeting regions of bioburden and avoiding unburdened tissue – which provided a more optimal state for wound healing."*

— Rose Raizman RN-EC, MSc

Bacteria appear red in image

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References:
Images provided by Rose Raizman, RN-EC, MSc, Scarborough & Rouge Hospital, ON, Canada MolecuLight Clinical Case 0045.

1. DaCosta, R.S. *et al*. Point-of-care autofluorescence imaging for real-time sampling and treatment guidance of bioburden in chronic wounds: first-in-human results. PLoS One. 2015 Mar 19;10(3).
2. MolecuLight Inc. Case Study 0051 Track Wound Size and Bacterial Presence with the MolecuLight ***i:X***. 2016.