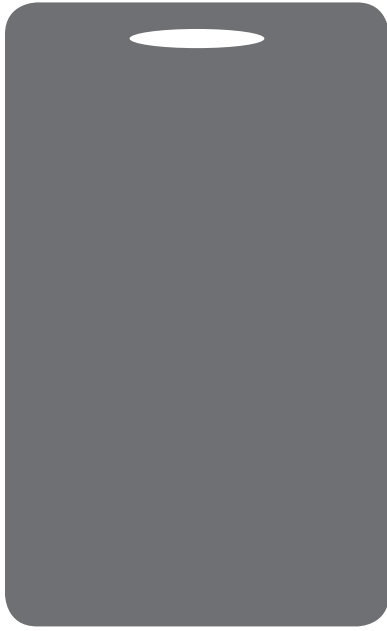


The SACS™ Instrument Badge

For use as a clinical bedside reference guide to assist in assessing and classifying peristomal skin lesions.

Please pull on badge to remove.



ConvaTec would like to acknowledge the SACS™ Study Group for their contribution to this instrument. A complete report on the SACS™ study conducted in Italy was published in the September 2007 issue of *Ostomy Wound Management*.³ This study has also been referenced in published literature and included in the *JWOCN Supplement, Review of the Evidence for WOC Nursing Practice 2007-2008*.⁴

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This instrument has received the endorsement of the Italian ET Association, the AIOSS.

1. Beitz J, et al. Content validation of a standardized algorithm for ostomy care *Ostomy Wound Manage.* 2010 in press.
2. Bosio G, Pisani F, Lucibello L, et al. A proposal for classifying peristomal skin disorders: results of a multicenter observational study. *Ostomy Wound Manage.* 2007;53(9):38-43.
3. Salvadalena G. Incidence of complications of the stoma and peristomal skin among individuals with colostomy, ileostomy, and urostomy: A systematic review. *J Wound Ostomy Continence Nurs.* 2008; 35(6): (596-607).
4. Review of the evidence for WOC nursing practice 2007-2008. *J Wound Ostomy Continence Nurs.* 2009; 36(4S) (suppl):S17-S18.

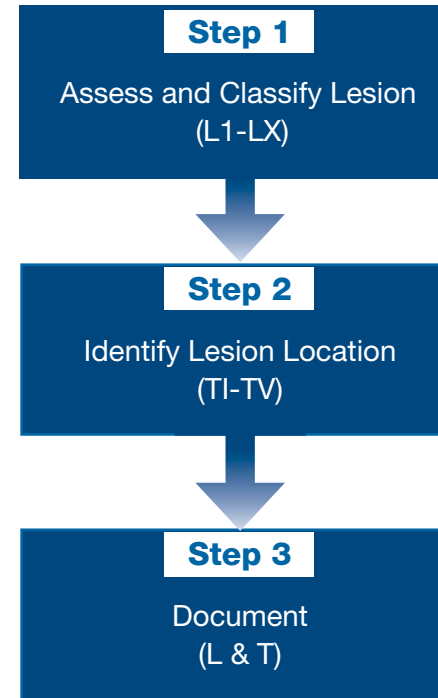
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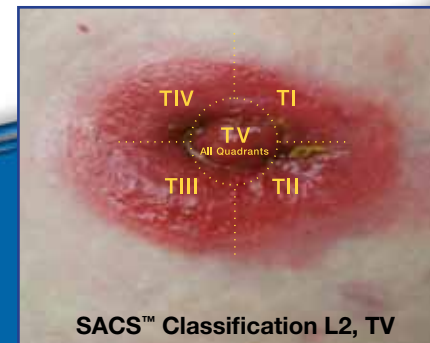
SACS™ Instrument At-A-Glance



THE SACS™ INSTRUMENT

A clinical instrument for objective assessment and classification of peristomal skin lesions

SACS™ Classification Example



Content Validated¹

To learn more, call
1-800-422-8811
www.convatec.com/sacs
www.convateclink.com
E-mail: CIC@ConvaTec.com

Instrument translated and adapted for the U.S.

Introduction



Why was the SACS™ Instrument created?

- A systematic literature review revealed that no universal system existed to objectively classify peristomal lesions by²:
 - Lesion type (level of depth of skin involvement)
 - Location in relation to the stoma
- Absence of operational definitions of peristomal lesion types posed particular problems for healthcare professionals³
- The SACS™ Instrument was developed to help establish a standard language for the assessment and classification of peristomal lesions

What does SACS™ stand for?

- SACS™ stands for Studio Alterazioni Cutanee Stomali (or Study on Peristomal Skin Lesions)
- SACS™ was developed in Italy by ET nurses and surgeons

Is SACS™ evidence based?

- The SACS™ Instrument was developed and accepted by a consensus of healthcare professionals in Italy
- SACS™ was subsequently content validated in both Italy and the U.S.^{1,3}
- SACS™ received a content validity index of 0.94 out of 1.0 in the U.S.¹

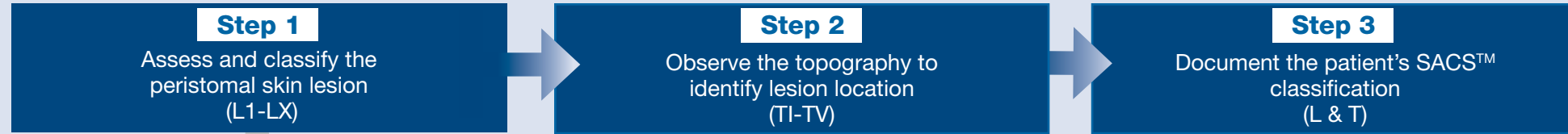
What clinical benefits does the SACS™ Instrument provide?

- Operational definitions for consistent interpretation of peristomal skin lesions
- A content-validated measurement instrument to classify lesion type and location (CVI=0.94 out of 1.0)¹
- An objective classification system to document incidence of peristomal skin complications

How was the SACS™ Instrument adapted to the U.S. healthcare professional practice?

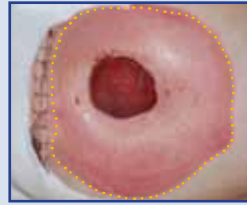
- Based upon expert ostomy nurse feedback, the lesion location (topographical location) assessment has been adapted to a clock-face orientation, shifting the numbering of quadrants one position to the right.¹

Assessing and Classifying a Peristomal Skin Lesion using the SACS™ Instrument



Type of Lesion (L)

L1
Hyperemic Lesion
 Peristomal redness with intact skin



L2
Erosive Lesion
 Open lesion not extending into subcutaneous tissue; partial-thickness skin loss



L3
Ulcerative Lesion
 Open lesion extending into subcutaneous tissue and below; full-thickness skin loss



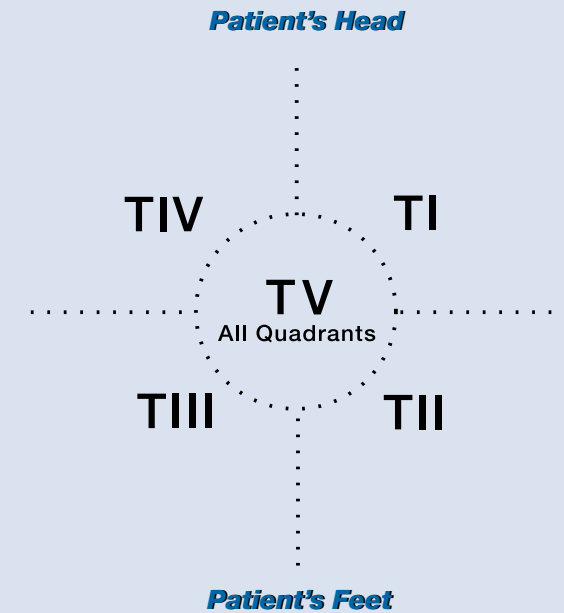
L4
Ulcerative Lesion
 Full-thickness skin loss with non-viable, dead tissue (necrotic, fibrinous)



LX
Proliferative Lesion
 Abnormal growths present (ie, hyperplasia, granulomas, neoplasms)

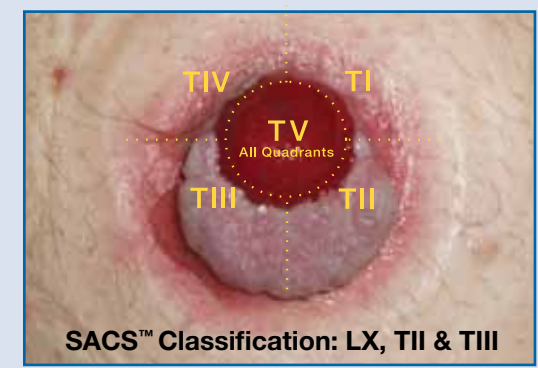
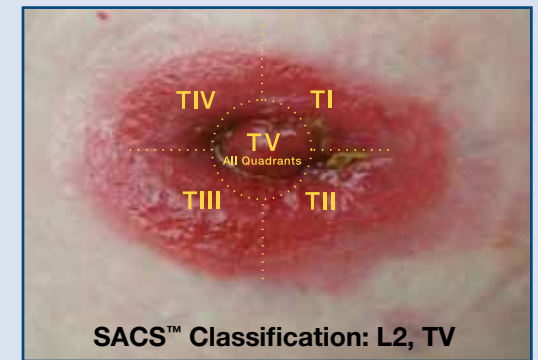


Topographical Location (T)



- TI**
Left Upper Peristomal Quadrant (12 to 3 o'clock)
- TII**
Left Lower Peristomal Quadrant (3 to 6 o'clock)
- TIII**
Right Lower Peristomal Quadrant (6 to 9 o'clock)
- TIV**
Right Upper Peristomal Quadrant (9 to 12 o'clock)
- TV**
All Peristomal Quadrants

SACS™ Classification Examples



When Using the SACS™ Instrument

- L1-LX**
Document each lesion observed.
- TI-TV**
Document the topographical location(s) for each lesion observed.