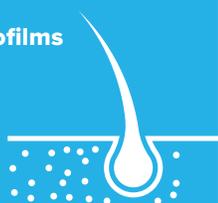


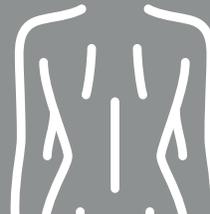
BACKGROUND

- **Anaerobic gram-positive bacteria** that reside in the skin's hair follicles and sebaceous glands
- Especially found in the **face, shoulders, chest, and back**¹⁻³
- Forms **mature biofilms** on the surface of prosthetic materials within 96 hours²



AFFECTED ANATOMY

- **Most frequent pathogen** in total shoulder arthroplasty (TSA) infections^{1,4,5}
- Also affects prosthetic implants in the **spine, elbow, hand, knee, and hip**^{1,2}



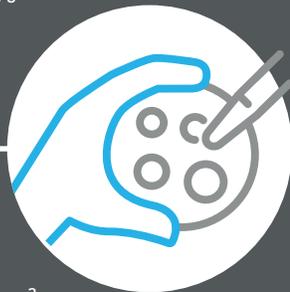
CLINICAL PRESENTATION

- Does not typically elicit host inflammatory responses^{1,6-8}
- Unexplained pain, stiffness, and joint dysfunction may occur after an initially positive surgical outcome^{1,2,4,5,8}
- May not present for 3+ years postoperatively¹



DIAGNOSIS

- Difficult, given absence of local inflammatory signs⁶⁻⁸
- Bacteriological testing requires high-quality samples (3-5 cultures) and prolonged culture time (10-15 days)^{1,2,6-8}



TREATMENT

- Outcomes of implant-associated infections secondary to *C acnes* are generally poor
- No current treatment standards or antibiotic regimens²
- Over half of *C acnes* cultures now carry resistance to more than one antibiotic¹

70%

of *C acnes* persists in skin⁸
DESPITE standard chlorhexidine skin preparation^{5,9}



50%-60%

Rate of *C acnes* infection following revision shoulder surgery^{1,5,8}

(subacute and chronic infections)

\$46,696

Maximum average Medicare payment for shoulder joint revision¹⁰

(2020 rate, MS-DRG 957)

JumpStart[®]

ANTIMICROBIAL WOUND DRESSING
POWERED BY V.DOX™ TECHNOLOGY

Reduce the Risk of *C acnes* Infection

100% reduction of *C acnes* within 24 hours of exposure to JumpStart dressing with V.Dox technology¹¹

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