

# CDO Therapy FAQ

**1. If necrotic tissue is present, can CDO therapy be utilized?**

It is highly recommended that wounds should be safely debrided of as much eschar and slough as deemed clinically necessary to allow for adequate oxygen to diffuse into the tissue. Aggressive debridement is recommended.

**2. Can I split the flow to two wounds, similar to negative pressure?**

No, this will result in uneven flow to the wounds and can even result in one wound not receiving oxygen. If you are unable to tent due to closeness, you will need to use multiple devices. The protective boot can be removed so that two devices fit into one carrying case (you may have to widen the holes on the top carrying case).

**3. How long does the high exudate level last for in a normal situation once CDO has been initiated?**

It lasts approximately 1 to 2 weeks.

**4. What happens if the exudate level is already high when you start the treatment?**

With some patients OD dressing changes are already occurring and may have to continue initially. Usually dressing changes with initial high exudate are 2 to 3 times a week. Once the drainage reduces, it can go as low as 1 time a week but should be monitored.

**5. How do you handle maceration?**

To prevent maceration issues on highly exuding wounds, it is recommended that you use a skin prep or zinc product around the periwound to protect higher risk ulcers. You can also use any highly absorbent dressing, such as an alginate, foam or gelling fiber, under the OxySpur dressing, as long as there is no occlusive layer on the dressing.

**6. Can the dressings be used under compression?**

Yes, the non-adhesive OxySpur can be used under compression. Take care to route the tubing out through the compression wrap, notching the wrap to allow the tubing to come out. Take care to secure the tubing to the wrap with tape so that it cannot be pulled out of the dressing.

**7. Does the blockage alarm work under compression?**

Yes, the alarm relies on relative pressure of the gas in the dressing to the atmosphere. The level of tissue compression does not affect the relative oxygen pressure.

**8. Can I use other dressings with OxySpur?**

Yes, any dressings that allow for water transport (alginates, hydrogel, foams, etc.) will allow for oxygen transport and can be used underneath OxySpur. No dressings that have an occlusive backing or contain petrolatum, are to be used under the OxySpur dressing.

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**9. Is it okay to use a gelling fibre or alginate as the wound contact layer and then apply the OxySpur dressing?**

Yes that is fine. Anything that is water permeable and does not have an occlusive layer can be used underneath the OxySpur dressing. No petrolatum based products should be used in the wound bed, nor should any dressings with a fully occlusive layer.

**10. Can silver in hydrophilic dressings be used with CDO?**

Silver is fine with CDO. CDO will work with any water permeable dressings.

**11. I noticed in several of the case studies that a variety of wound contact layers, including hydrofera blue, had been used...do you recommend this?**

Any wound contact layers or dressings that do not contain petrolatum or an occlusive layer can be used with CDO. We try not to “recommend” any specific brand-name dressings, yet rather generic versions. Examples of contact layers with petrolatum to avoid include Xeroform and Adaptic. Non-petrolatum contact layers such as Mepitel or Adaptic Touch can be used with CDO.

**12. The top layer on both the adhesive and non-adhesive dressings is a hydrocolloid?**

The top layer over the foam (and adhesive border, if present) is a semi-permeable membrane (like a transparent film such as Tegaderm). The adhesive border is a hydrocolloid.

**13. How often do the dressings need to be changed?**

The dressing should be changed when strikethrough occurs. In the initial stage of therapy, you may see an increased amount of exudate and the wound may require more frequent dressing changes. Consult your physician/clinician for any additional recommendations.

**14. Can the OxySpur dressing be left on during a hyperbaric oxygen treatment?**

Yes, the dressing itself can be left on. The oxygen generator should be removed prior to entering the chamber.

**15. What is the mesh that is on the light dressing?**

The mesh is a Delnet mesh for skin contact. It prevents the dressing from sticking to the wound.

**16. Are the dressings latex free?**

Yes all EO2 dressings are latex free.

**17. When using the Device at different altitudes, (ie in the Rockies) is there an impact?**

There is no impact to the device or flow of oxygen at high altitudes. The only thing to look for is low humidity (<30% r.h.) in which case we would suggest using the EO2 Humidicant Pack with the device.

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### 18. How often should the Humidicant Pack be changed?

The Humidicant Pack should be changed when it no longer feels moist and soft (when it gets crunchy or hard to the touch). It can last up to 4 weeks, depending on the humidity in the surrounding environment. Keeping the Humidicant Pack in the Carrying Case with the Oxygen Generator will extend the useful life of the Humidicant Pack.

### 19. Is it typically necessary to use multiple Devices to treat multiple wounds?

For wounds that are in close proximity to each other, clinical experience has shown good results by centering the OxySpur dressing between the two wounds and 'tenting' the entire wound area (at a minimum, cover the entire wound with a thin film).

### 20. How does the patient bathe or shower?

Bathing is basically the same as for standard dressings – ensure the dressing is protected from water exposure. Disconnect the cannula from the device or dressing before bathing, do not take device into shower or bath. Protect dressing before bathing (plastic sleeve, bag, etc.). Leave the oxygen generator on at all times (patients forget to turn it back on – the device is silent when operating).

### 21. Does the Device make noise?

No, the device is silent during normal operation.

### 22. Is the Device safe near smoke (including cigarettes), or an open flame?

Yes, the device is safe. Due to the low rate and amount of oxygen being produced, the device is not affected by smoke or flame and there is no safety hazard.

### 23. How do I know what rate to set the Device at?

Refer to the Quick Reference Guide, LIT 690001. If it's a very large wound – larger than 4x5", it may require 2 or more devices. In dry environments (< 30% r.h.), it is recommended to follow the Quick Reference Guide for setting the flow rate based on wound size – the device can better maintain lower flow rates at low humidity levels.

### 24. Can a patient adjust the flow rate?

No, only the health care provider should adjust the flow rate. The only button that is for patient use is the Mute button. The on/off switch should always be in the "ON" position since the device is intended to remain on at all times.

### 25. The Device is showing a different flow rate than what it was set to?

This is normal, the device is constantly monitoring and adjusting the flow rate. If the air is dry (low humidity, < 30 % r.h.), the flow will be lower. Use the available **Humidicant Pack** or move the device to a humid area (inside your clothing, humid room) to restore the flow rate.

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### **26. The Device is displaying a flow rate of 1.0 ml/hr.**

If humidity is low (below 30% r.h.), try raising the humidity around the device to see if this corrects the problem (use the available Humidicant Pack or move the device to a humid area such as inside your clothing or a humidified room) – this may take a couple of hours depending on humidity and other factors. Otherwise the device has experienced an internal error - you may need to send the device back to the company in exchange for a new one.

### **27. What do I do if the Device alarms blockage?**

- a) Verify patient is off-loading properly.
- b) Ask the patient to unscrew the tubing from the luer lock at the top of the device. If the red light goes off and the green light returns, this tells you that the source of the blockage is somewhere within the tubing.
- c) Ask the patient to re-connect the tubing to the device and turn the device off and then back on. Explain that the device will recalibrate and provide a puff of oxygen (purge) that may help clear the obstruction. If these steps do not work, then tell the patient to change their dressing.
- d) If using an adhesive OxySpur Dressing, try using a non-adhesive version (a tightly sealed dressing can cause a blockage).
- e) If all fails, turn the device off and call provider as soon as possible – the next business day is ok.
- f) It's not an emergency! The patient is still receiving a standard of care: moist wound therapy

### **28. Is it possible to kink or crush the tubing and stop the flow of oxygen?**

Yes, it is possible, but not likely. The tubing is anti-kink and requires a large amount of force to crush it (placed underneath a wheel from a wheelchair, for example). The most likely source of oxygen flow blockage is liquid entering the tubing from the dressing when the oxygen generator is removed.

### **29. How often should I change the extension tubing (Extension Set): every dressing change, or once a week?**

Once a week is sufficient. The Extension Set does not need to be changed unless damaged or soiled.

### **30. How do I clean the EO2 Oxygen Generator (TransCu O2 Device)?**

If the device needs cleaning, you may wipe with a damp cloth. It is not recommended, yet you may remove the rubber "boot" to clean – this is normally done at the factory. The device is to be returned to the distributor after each patient treatment – never use a device on another patient without returning to the distributor or to EO2 in the prepaid mailer. Reminder - the device is used 24/7 and should never be turned off.

### **31. Can deeper wounds be treated?**

Yes, the oxygen cannula can be pulled out of the OxySpur dressing and placed into a deep wound bed. Hydrophilic dressings can be used above (or below) the cannula

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to pack the wound and/or keep the cannula from directly contacting the tissue. The OxySpur can be used as the top-level dressing.

### **32. Can tunneling wounds be treated?**

Yes, the oxygen cannula can be pulled out of the OxySpur dressing and placed into a tunnel (of known depth). Alginates or ropes can be used to pack the tunnel, and the OxySpur can be used as the top-level dressing.

### **33. How would you treat a patient with bilateral VLU or wounds that are not in close proximity?**

You would need to treat each leg or wound separately.

### **34. Can you use CDO on dehisced surgical wounds?**

Yes, CDO works well in these situations.

### **35. Can you use CDO in an infected wound?**

Yes, if the infection is being treated. If the infection is not being treated, then CDO is not recommended.

### **36. Can you use NPWT at the same time as CDO?**

No, you should not do that.

### **37. Could you use CDO over a squamous cell removal site?**

This is not recommended as there could be residual cancer cells still present.

### **38. Have you ever had a pressure injury from the tubing?**

No, we don't have any reported injuries from the tubing, either in the field or in our controlled clinical studies.

### **39. Is there a Clinician Handbook that goes along with the Patient Handbook?**

There is no clinician handbook as of now. Instructional documents include:

- a) 500004 - Instructions for Use (is included with the system as a package insert, and covers an overview of the system, indications, contraindications, directions for use, device features, alarms and care & handling)
- b) 690001 – Quick Reference Guide (guidance and instructions for setting the oxygen flow rate)
- c) 690009 – Patient Handbook (overview of device operation, dressing changes, charging, accessories and tips for success)
- d) 690025 – Frequently Asked Questions & Troubleshooting

### **40. How do I discontinue CDO?**

- a) Obtain discharge order from the physician or health care provider who prescribed CDO and why the device is being discontinued. Contact Customer Service with device serial number.

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### 41. Where do I send the Device after I discontinue therapy?

Please dispose of any items other than the Oxygen Generator and power supply, such as IFU, unused cannulas and dressings. You can keep the carry case. Return the Oxygen Generator (TransCu O2 device) and power supply in the prepaid envelope using the instructions supplied with the system when it is initially delivered to you.

### 42. If you want more information regarding CDO therapy:

- a) Visit [www.eo2.com](http://www.eo2.com)
  - i. Videos with Overview / Application – Links on next page
  - ii. Troubleshooting / FAQs
  - iii. Clinical Evidence / Case Series Report
  - iv. How Oxygen Penetrates Moist Wounds
  - v. How Oxygen Works in Wound Healing
  - vi. Clinical Reference Guide
- b) Contact your local representative at:



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