

Let's talk about IT.

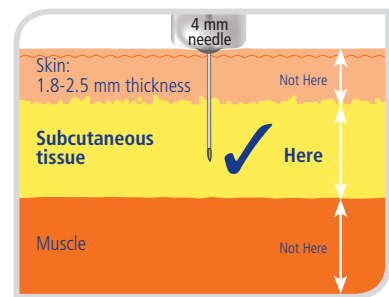
Injecting can be more comfortable

Injecting yourself a number of times a day can be a real pain. Literally. Whether you have been injecting for years, or you're new to injecting, you may have some things to learn about injection technique (IT). The good news is IT isn't as hard as you think. Here's a handy checklist to talk about with your healthcare professional:¹



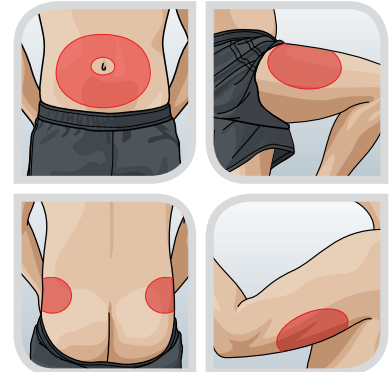
Am I injecting properly?

You should only inject into the fat layer (also called subcutaneous tissue) just below your skin and not into your muscle. Getting insulin to the right place is important to help control your blood sugar.



Am I rotating properly?

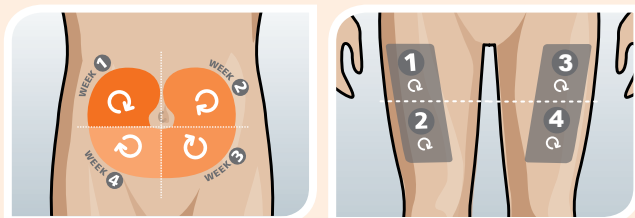
There are four areas on your body that are generally used for injecting: abdomen, thighs, buttocks and arms. You need to be able to reach them easily, and be comfortable making your injection. Talk about a structured rotation plan with your doctor or diabetes educator.



Rule 1:

Rotate between injection sites

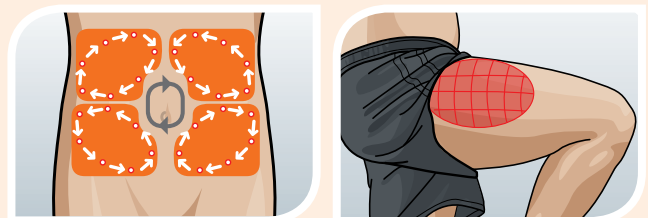
For example, divide the injection site into quadrants or halves (if using your thigh or buttocks). Use a different quadrant each week and then rotate clockwise.



Rule 2:

Rotate within injection sites (i.e. don't inject in exactly the same point each time)

When it's time to inject again, choose a different spot within the area. If you imagine a grid drawn on the skin, you're aiming to move a finger's width from the last injection point.



Injecting can be more comfortable (cont'd)



Am I waiting long enough?

It is important to wait 10 seconds (or as per pen manufacturer's instructions) after your insulin has been fully injected so you reduce the risk of some leaking back out. A simple way to allow the right time before you take the needle out is to count "One Mississippi" all the way up to "Ten Mississippi."



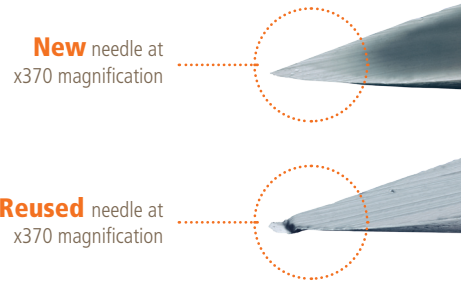
Am I using a new needle every time?

It is important to remember that **pen needles are for one-time use only**. Re-using needles can cause pain, needle bending and breakage, skin damage, needle clogging and dosing inaccuracy. Use a new needle every time.



What are "lipos"?

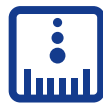
If you re-inject in the same place within a site, the tissue underneath may start to harden forming unsightly lumps often called "lipos" – a condition called lipohypertrophy. Lipos can prevent insulin from working properly. Avoid injecting into the lipo area and remember to recognize, rotate and replace!



Photographs from Dieter Look and Kenneth Strauss: "Nadeln mehrfach verwenden?" *Diabetes Journal* 1998, 10:5.31-34.



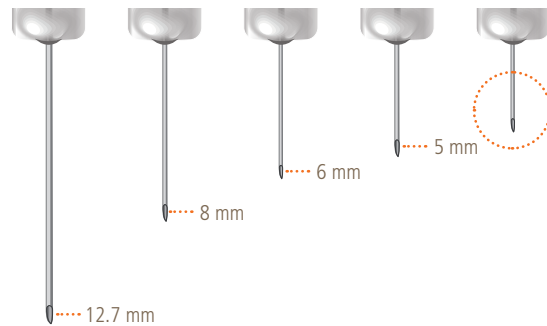
Needle size: IT matters!



63% of people with diabetes are using the same needle they started on at diagnosis^{2*}

Is this you?

Research with people using various diabetes pen needles found that most people preferred a smaller, 4 mm needle to their current needles.³



4 mm is very small. It's even shorter than most people's eyelashes.

The needles sizes are for illustrative purposes only and do not reflect the actual size.

Being small has its advantages.

In addition to increased comfort when using a 4 mm needle, you don't need to lift a skin fold in order to achieve a subcutaneous injection. You can use a simple, one-handed injection for all injection sites: arms, thighs, abdomen and buttocks.⁴

Make the most of IT!

Talk to your healthcare professional about your needle length and if you have any more questions about your injection technique. Make sure you review your injection sites at your next appointment.

Notes:

* Based on a survey of 4,352 people with diabetes from 171 centres in 16 countries not including Canada.

References: 1. Davidson JA. New injection recommendations for patients with diabetes. *Diabetes Metab* 2010 Sep;36 Suppl 2:S2. 2. De Coninck C, et al. Results and analysis of the 2008-2009 Insulin Injection Technique Questionnaire Survey. *J Diabetes* 2010;2(3):168-79. 3. Hirsch LJ, et al. Comparative glycemic control, safety and patient ratings for a new 4 mm x 32G insulin pen needle in adults with diabetes. *Curr Med Res Opin* 2010;6:1531-41. 4. Gibney MA, et al. Skin and subcutaneous adipose layer thickness in adults with diabetes at sites used for insulin injections: implications for needle length recommendations. *Curr Med Res Opin* 2010;26(6):1519-30.

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