Golden Rules

Treating and Preventing Lipohypertrophy

1. All patients who inject or infuse insulin should have their sites checked at every regular visit, or at least every year:
   a. Healthcare Professionals working with diabetes patients should be trained to correctly screen for lipohypertrophy and other site complications.
   b. All persons who self-inject/infuse insulin or other injectables need to be taught to self-inspect sites and be able to distinguish healthy from unhealthy tissue.

2. Healthcare Professionals should monitor and record evolution of lipohypertrophy, possibly using photography (with patient’s consent), body maps with descriptors for size, shape, texture or transparent graduated recording sheets.

3. With patient consent, clinicians should consider marking the borders of all lipohypertrophy and other site complications with skin-safe single-use markers and instruct patients to avoid using marked areas until instructed otherwise.

4. Patients with lipohypertrophy who have been advised to stop injecting/infusing into affected tissue should be:
   a. Allowed to experience the actual metabolic difference it makes to use normal tissue instead of lipohypertrophy (as this is a key to long term adherence)
   b. Informed that some pain may be experienced when injecting into normal tissue
   c. Supported by a Healthcare Professional to monitor glucose levels frequently due to the risk of unexpected hypoglycaemia
   d. Assisted in the reduction of their insulin doses in line with glucose results, knowing that reductions often exceed 20% of their original dose
   e. Transitioned to 4mm Pen Needles/6mm Insulin Syringes or the shortest needle length available to minimise accidental IM risk
   f. Encouraged to use the latest needle technology including 5-bevel needle tip, thin gauge and extra thin wall needles (if available) to minimise pain and discomfort, and maximise ease of dosing when injecting into healthy tissue.

5. All patients need to be supported to correctly rotate injection/infusion sites, and cautioned of the risk of re-using needles and associated injection site complications:
   a. Principles of correct rotation technique should be taught to patients and rotation technique assessed at least every year and more frequently, if required.
   b. Correct rotation ensures that injections are spaced out approximately 1 cm (one fingerbreadth) from each other and that a single injection site is used no more frequently than every 4 weeks.

For distribution by healthcare professionals for educational purposes.
Intended to provide information to people with diabetes.

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