



Diabetes Complications

- footing the bill

INTENDED USE

This device is intended for use in assessment of vibration sensation

INSTRUCTIONS FOR USE

The device is presented in non-sterile packaging

Preparation

1. Open packaging containing the VibraTip® device
2. Remove VibraTip® from packaging and check for damage
3. Test VibraTip® by briefly depressing the button
4. Clean VibraTip® by wiping with an alcohol swab

Application

1. Hold VibraTip® firmly between thumb and index finger
2. GENTLY touch the patient's intact skin twice, each time for about 1 second, with the rounded tip of VibraTip®, explaining that 'this is touch one' and 'this is touch two'. Randomly activate VibraTip® on either the first or second touch by squeezing the device firmly between thumb and index finger
3. Ask the patient which of the two touches was associated with vibration
4. Clean VibraTip® between uses with an alcohol swab

Precautions

- VibraTip® should only be applied to intact skin
- VibraTip® should not be applied to mucosal surfaces
- VibraTip® should not be inserted into the urethra, ear or other body cavities
- VibraTip® should be kept away from the eye
- Do not allow alcohol from cleaning swabs or other liquids to seep into the battery compartment of VibraTip®
- Do not immerse VibraTip® into liquid at any time as permanent damage is likely to result
- VibraTip® should not be placed in a microwave oven or autoclave
- Always dispose of VibraTip® safely



Further information and online purchasing
available at: www.vibratip.com



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UK registered Trade Mark 2514506. VibraTip is a trademark of University Hospitals Bristol NHS Foundation Trust
Patent Applications GB0814968.4 and PCT/GB2009/001993



It is estimated that foot
ulcers and amputations
related to diabetes
cost the NHS more than
£985,600,000 pa*

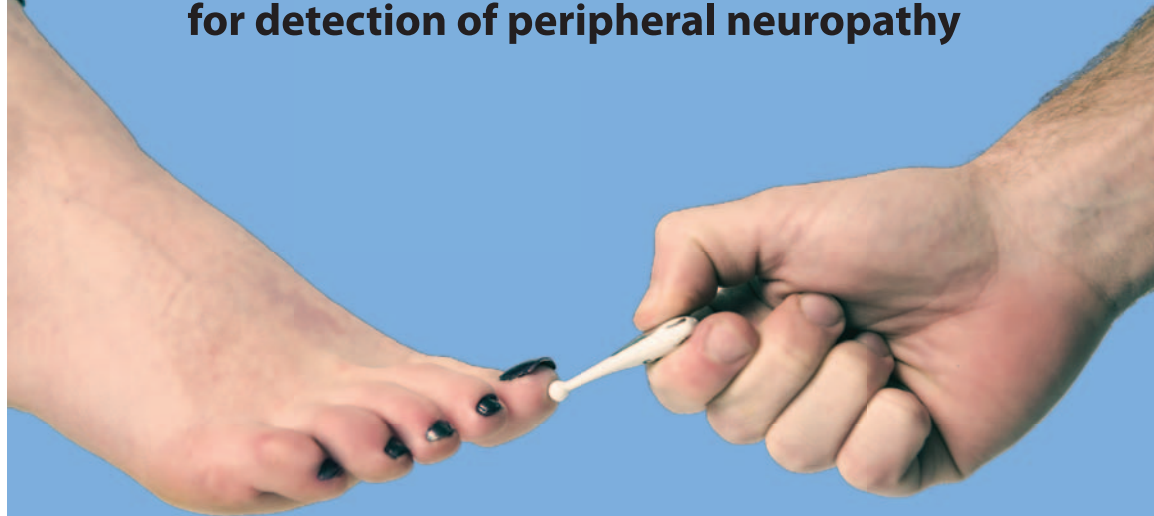
* Hex N. et al. Estimating the current and future costs of
Type 1 and Type 2 diabetes in the UK, including direct
health costs and indirect societal and productivity costs.
Diabet. Med. 29; 855-862 (2012).

Diabetic Foot Screening

- made simple with

VibraTip®

**a new device using standardised vibration
for detection of peripheral neuropathy**



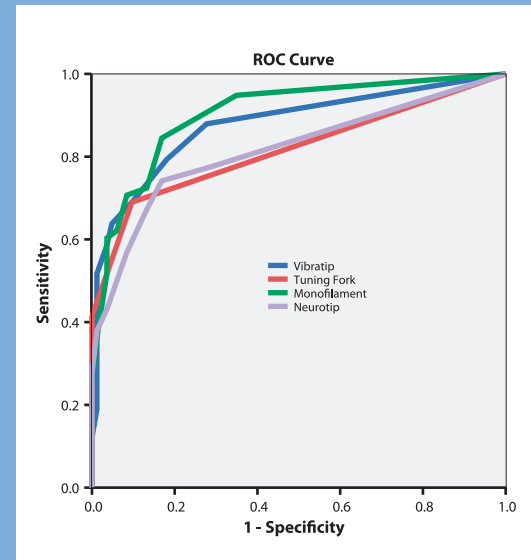
**Standardised vibration is activated by
squeezing between finger and thumb**

The presence of peripheral sensory neuropathy is undoubtedly the most important risk factor for foot ulceration and potential amputation.*

* Baker N. An alternative to a 10-g monofilament or tuning fork? Two new, simple, easy-to-use screening tests for determining foot ulcer risk in people with diabetes. Diabet. Med. 29; 1477-1479 (2012).

Proven in Clinical Studies

- vs existing test methods



In the detection of diabetic peripheral neuropathy as defined by the use of a Neurothesiometer, the performance of the 10g monofilament and VibraTip were comparable.¹

Analysis of the area under the Receiver Operating Characteristic curve (left) showed that the 10-g monofilament was significantly better than the 128Hz tuning fork and the Neurotip, but was no different from the VibraTip.¹

VibraTip® proved a practical, hygienic, simple, rapid and very specific test of the integrity of vibration sense, easily controlled with a null stimulus, that appeared highly engaging for patients.²

The VibraTip and Ipswich Touch Test results exhibited almost perfect agreement with the vibration perception threshold ($P < 0.001$) and the Neuropathy Disability Score ($P < 0.001$). These two simple and efficient tests are easy to teach, reliable and can be used in any setting...³

1. Bracewell NJ, Jeffcoate WJ, Game FL, Scammell BE. Clinical evaluation of a new device in the assessment of peripheral sensory neuropathy in diabetes. Diabet. Med. 29; 1553-1555 (2012).
2. Levy A. Preliminary data on VibraTip®, a new source of standardised vibration for bedside assessment of peripheral neuropathy. Br J Diabetes Vasc Dis 2010; 10: 284-286
3. Bowling FL, Abbott CA, Harris WE, Atanasov S, Malik RA and Boulton AJM. A pocket-sized disposable device for testing the integrity of sensation in the outpatient setting. Diabet. Med. 29; 1550-1552 (2012).