

AN INFUSION SET FOR **EVERY BODY**; COMMITTED TO INSULIN DELIVERY YOU CAN TRUST

MiniMed™ Infusion Sets



Medtronic

An Infusion Set for Every Body

Our goal is to provide you with a broad selection of options that give you the freedom to choose the infusion set that best matches your body type, personal preference and lifestyle.

STEEL

SOFT CANNULA

90°

ANGLED

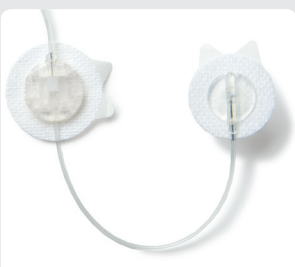
Manual

Withserter

All in one

Manual or withserter

All in One



Sure-T™



Quick-set™



mio™



Silhouette™



Mio™ 30

NEEDLE/ CANNULA LENGTH

6mm

8mm

6mm

9mm

6mm

9mm

13mm

17mm

13mm

TUBING LENGTH

18 / 23"

18 / 23 / 32 / 43"

18 / 23 / 32"

18 / 23 / 32 / 43"

23 / 43"

PARADIGM™ CONNECTION

Medtronic infusion sets are tailor made to work with the MiniMed™ insulin pump. Custom features such as the venting mechanism inside the infusion set help maintain the reliability of insulin delivery. Also, the airtight, anti-leak seal help ensure that the delivery of insulin is not compromised.

Medtronic™ Insulin Pump Reservoirs

The MiniMed™ reservoirs have been designed with your safety in mind, in order to help make filling a convenient process.



- The rounded shape is designed to **reduce air bubbles**



- **Less leakage or spillage** – once the Transfer Guard is removed, a silicone membrane seals the reservoir

Enhanced Enlite™ Glucose Sensor

The enhanced Enlite™ glucose sensor with the MiniMed™ 630G Insulin Pump and Continuous Glucose Monitoring (CGM) system combines improved performance with features that are designed to provide enhanced comfort and ease of use.

Easy insertion process with the One-Press Sertter for Enlite™ Sensors

- Large button for use with either hand
- Hidden needle during insertion
- 90 degree insertion angle



The Enlite™ Sertter and Glucose Sensors are shipped directly to customer by Medtronic Canada.

Infusion Set Management Tips

Proper infusion set and site management is an important component to using the insulin pump.

Make the Change

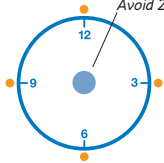
Successful pumping relies on proper infusion set management. Changing your infusion set every 2 to 3 days will help optimize the effectiveness and safety of insulin delivery.

Frequent changing of infusion sites can help prevent:

- Infection¹
- Unexplainable highs²
- Scarring³
- Fatty tissue buildup⁴
- Long-term complications^{5,6}

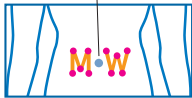
Rotation Methods

The abdominal area is the most common site for infusion set insertions. Some people find that using a visual scheme helps them rotate in an easy, organized way. Two commonly used methods are below:



Clock Face

Visualize an imaginary clock drawn on your abdomen surrounding your belly button. Rotate infusion sites by starting at 12 o'clock and then rotating the site clockwise to 3 o'clock, 6 o'clock, etc.



M/W

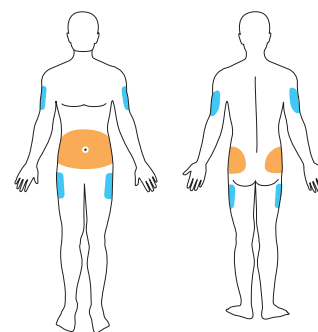
Imagine an "M" or "W" on either side of your belly button. Start at the end of one letter and proceed through the letter, rotating to each intersection in turn (see illustration).





Selecting the best infusion sites

Here are some commonly recommended areas for infusion site insertion and insulin absorption rate considerations:

- Abdomen – considered one of the most effective absorption areas
- Hips and Buttocks – could have slower absorption than in the abdomen but may be preferable for more active people
- Outer thigh – could have slower absorption than in the abdomen, however, rate may rise with physical activity.
- Back of the arms – could have slower absorption than in the abdomen, however, rate may rise with physical activity.



-  Recommended infusion sites
-  Possible infusion sites

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1. Centers for Disease Control (CDC). Toxic-shock syndrome in a patient using a continuous subcutaneous insulin infusion pump—Idaho. MMWR Morb Mortal Wkly Rep. 1983;32(31):404-406, 412.
 2. Thethi TK, Outland J, Kawji H, et al. Loss of glycemic control over time after infusion line change in patients with type 1 diabetes treated with continuous subcutaneous insulin infusions. Paper presented at: 89th Annual Meeting of the Endocrine Society; June 2-5, 2007; Toronto, Ontario, Canada. Abstract OR56-1.
 3. Ask the diabetes team. Children with Diabetes Web site. http://www.childrenwithdiabetes.com/dteam/2007-05/d_0d_en6.htm. Updated May 1, 2007. Accessed October 22, 2007.
 4. Chowdhury TA, Escudier V. Poor glycaemic control caused by insulin induced lipohypertrophy. BMJ. 2003;327:383-384. <http://www.bmj.com/cgi/content/full/327/7411/383>. Accessed October 22, 2007.
 5. Rice D, Sweeney K. Choosing and using an insulin pump infusion set. Diabetes Self Manag. 2006;23(6):60, 62-64, 67.
 6. The Diabetes Control and Complications Trial Research Group. The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin-dependent diabetes mellitus. N Engl J Med. 1993;329(14):977-986.
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