

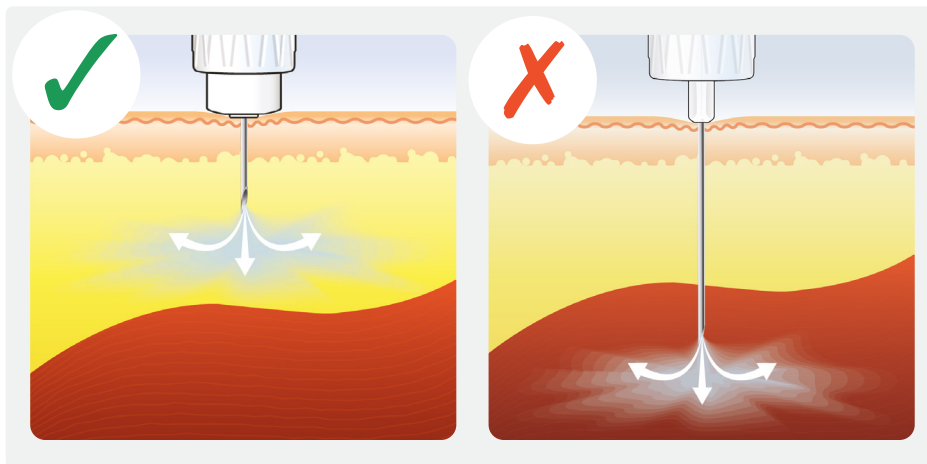


Did you know?



Where you inject matters.

1. Insulin should be injected into the subcutaneous, or “fatty layer” of your skin where absorption is predictable and consistent.
2. An accidental injection into your muscle can actually speed up the action of your insulin and could result in an unexpected low.



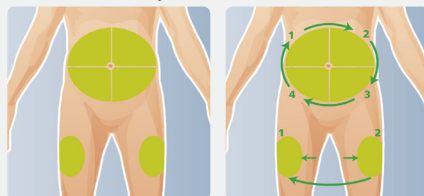
Did you know?



How you inject matters

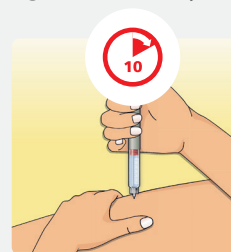
- 4, 5 and 6mm needles are suitable for all people with diabetes, however, the risk of an injection into the muscle increases as the needle gets longer. In obese patients, there is no difference in glycemic control, safety, leakage rates and patient ratings between 4-mm, 5-mm and 8-mm pen needle lengths.
- Avoid injecting into damaged skin, scars, stretch marks or moles as absorption may not be consistent at those sites.

- A structured site rotation plan can reduce your risk of developing lipohypertrophy at your injection sites. Rotate between the anatomical areas (ie. rotate between your abdomen, thighs and buttocks) and rotate well within your injection zone (ie. your next injection within a zone should be 1-2 cm from your last).



- Hold the needle in the skin for a count of 10* after your injection is complete. Proper hold time will ensure that you receive your complete dose of insulin and reduce the risk of insulin dripping from the pen or leaking from your skin. Counting higher than 10 may be necessary for higher doses.

* May vary for specific insulins; Refer to prescribing information.



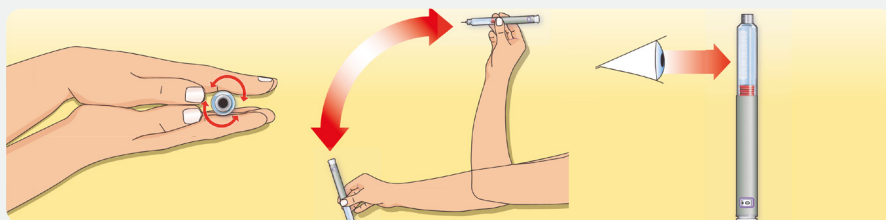
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How you prepare your insulin

affects how it works If you are using a cloudy insulin (NPH or mixed insulin), you need to ensure that it is properly mixed before each injection.

It's easy. Roll it between your hands 10 times, tip it 10 times and visually check to ensure that it has a consistent, milky appearance.



Some factors can speed up the absorption of your insulin and affect your blood glucose control.



Massage



Exercise



Hot tubs

1. 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.
2. Chowdhury TA, Escudier V. Poor glycaemic control caused by insulin induced lipohypertrophy. Brit Med J 2003;327:383-4.
3. Berard L, et al. Recommendations for Best Practice in Injection Technique. 2011.
4. Braaketer EW, et al. Injection site effects on the pharmacokinetics and glucodynamics of insulin lispro and regular insulin. Diabetes Care. 1996;19:1437-1440

