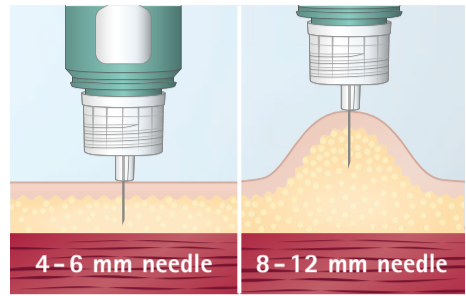
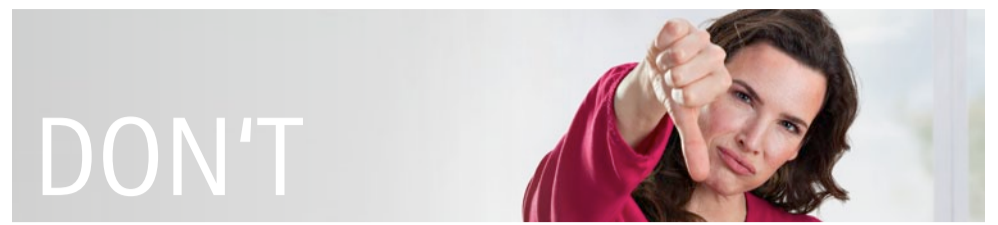
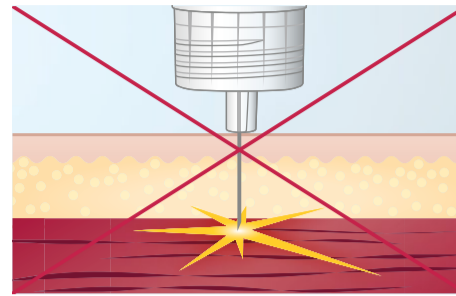


# HOW TO ...

... MAKE YOUR INSULIN THERAPY AS COMFORTABLE AS POSSIBLE



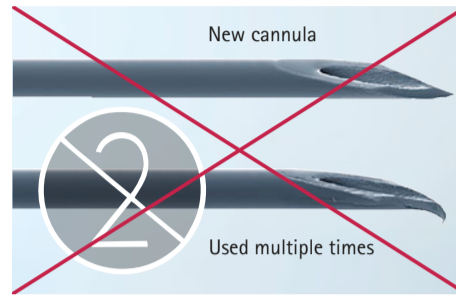
Choose a needle length and a suitable injection technique. Pinch up for needles longer than 6 millimeter.



Avoid intramuscular injection. It is not only painful, but the insulin will be absorbed irregularly.



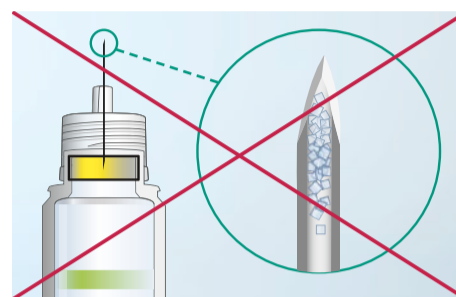
Use a new pen needle for every injection.



Don't use a needle more than once, because it is no longer sterile, the tip gets damaged – injecting hurts more and may cause lipos. Residues may block the needle.



Perform an air shot before every injection to ensure that the insulin flow is steady.



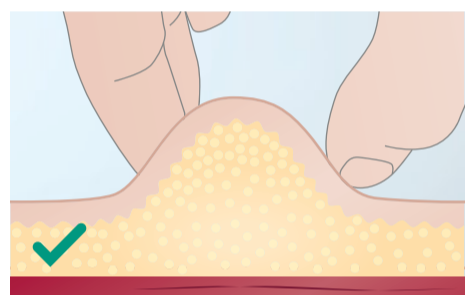
Never inject insulin without having checked that the needle is blockage free.



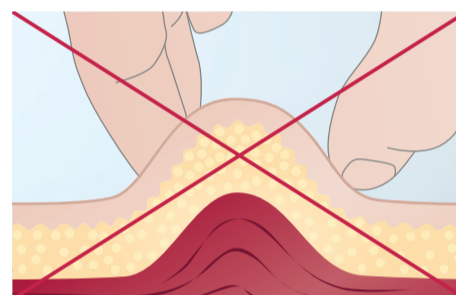
Pick an injection area. The site and the skin should be in good condition. Preferred areas are your outer thighs, abdomen or buttocks.



Avoid using your upper arm. It is rather difficult to reach and you would need a second person for the pinch up.



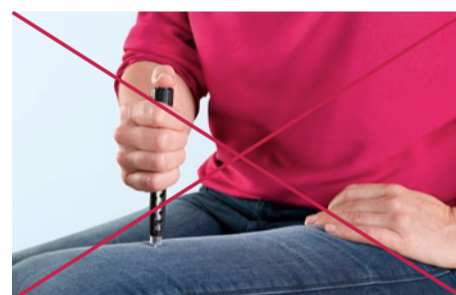
If you pinch up, use your thumb, index and possibly your middle finger. Gently pinch the fatty tissue underneath the skin away from the muscle and create a skin fold.



Don't squeeze too hard, since you will pinch up the muscle as well. This will increase the risk of intramuscular injections.



Always inject directly into the skin. And remember to always inject into healthy fatty tissue.



Never inject through your clothes. The silicone finish rubs off, the delicate tip gets bent, and shreds of fabric might block the needle or even enter your skin.



When injecting into the abdomen, make sure you keep 2 centimeters away from your belly button.



Avoid injecting yourself too close to your belly button. Remember also to never inject into lipos, moles, broken blood vessels or otherwise blemished skin.



Insert the needle all the way to the hub till it is fully inserted. The hub should have skin contact during the whole injection.



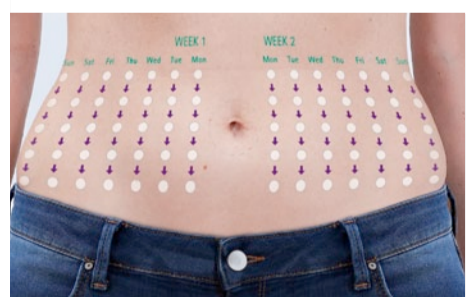
Never insert the needle only partly. To reach the fatty tissue, the needle should not be visible while you inject insulin.



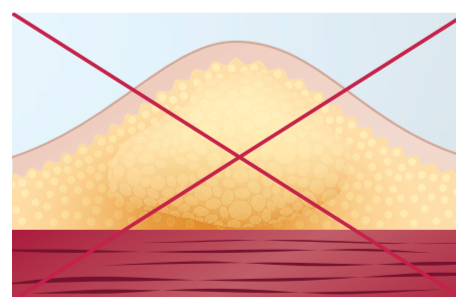
After the injection, leave the needle in the fatty tissue for at least 10 seconds. This prevents leakage.



Don't pull the needle out directly after injection.



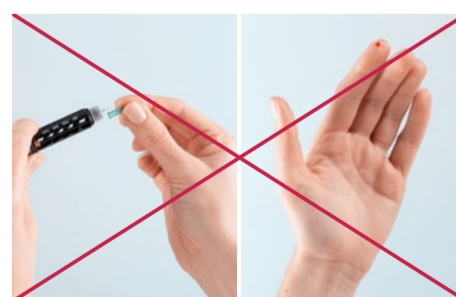
Change injection spots to prevent lipohypertrophies (short: lipos).



Never inject into the same spot more than once in a row; the risk of lipos forming is too high.



After injection, dispose of the needle straight away according to local regulations. Use the outer needle container to do so.



Don't recap the needle to reuse it. This is no protection and it is no longer sterile. And you might hurt yourself, since the needle shield is small.



Use a medical sharps collector such as the Omnican® box or Medibox® to ensure a safe disposal of every needle.



Don't collect the needles in bottles or cans for disposal. Such containers may break or be punctured. An uncapped needle puts everyone at risk.