Did you know?

Where you inject insulin matters.
The preferred areas to inject are:
- abdomen
- thighs
- buttocks

The back of the arm may also be used but you may need help in order to reach the correct area.

Did you know?

A structured rotation pattern can help prevent problems at injection sites. Structured rotation means rotation between injection sites and within an injection site.

For example,
1. Divide your abdomen injection area into 4 areas.
2. Divide each area into smaller sections. Use only one section each week.
3. Rotate within that section, in a circular pattern, with the next injection being 2-3 cm from your last.
4. Rotate to the next section the following week, etc.

Risk of lipohypertrophy, at your injection sites, is higher when you don’t change injection sites often. Injecting into an area of lipohypertrophy may keep your insulin from working the way it should. That’s why it’s important to rotate properly and check your site before you inject.

Steps for site inspection:
1. Stand up and feel the area where you normally inject.
2. Look for puffiness, raised areas, redness, hardness or lumpiness.
3. Discuss any concerns with your doctor or diabetes educator.

It’s all about keeping your injection sites healthy. Establish a routine and keep track!

Did you know?

My Site Rotation Plan

There are many examples of how to rotate your injection sites. Your diabetes educator can assess your sites, or “real estate” to help you design a site rotation plan that will work best for you.

See next page for an example of an injection site rotation plan.

References:

Supported by BD Medical - Diabetes Care
06 - 2013

www.fit4diabetes.com