





ADVANCING
THE **HEALTH OF**
HEALTHCARE.™

DRIVEN TO HEAL.

Effectively managing chronic wounds requires you to look at things differently and challenge the status quo. Medline's mission is to help you rise to the challenge by offering the broadest range of advanced wound care products in the industry and delivering a comprehensive package of educational resources. This approach ensures your facility has the tools and expertise to tackle difficult-to-heal chronic wounds.

Seeing Things Differently

Medline has a long history of rapid innovation in wound care with no intention of slowing down. The challenges you face in managing chronic wounds drive us to develop new solutions, positively affecting the quality and efficiency of care.

Medline's Latest Innovations

- » Hyalomatrix® hyaluronic acid based wound device
- » TheraHoney® honey wound dressings
- » Opticell® with Chytoform technology
- » Optifoam® Gentle superabsorbent foam with silicone face and border



EMPOWERING CLINICIANS THROUGH CUSTOMIZED SUPPORT.

Medline's educational resources provide you with the support to raise the standard of care. As our valued customer, we invite you to review the resources available with your Medline representative to develop a unique support plan tailored to your needs.

» **Advanced Wound & Skin Care Product Specialists**

Medline product specialists are trained to help you optimally leverage the support Medline offers as you strive to enhance quality of care.

» **Educational Packaging**

Medline's award-winning educational packaging ensures that caregivers have complete step-by-step instructions for use at their fingertips.

» **Medline University**

Medline University empowers you to take, assign, and track progress on free online courses designed to enhance expertise.

» **Skintegrity Program**

A premium suite of products, educational resources and support tools that assist you in tracking outcomes and measuring improvement.

» **Educare Hotline**

The Educare hotline allows access to a board-certified wound care nurse from 8am-5pm Central Standard Time Monday-Friday. **1-888-701-SKIN (7546)**

» **The NE1 Wound Assessment Tool**

This proprietary wound assessment tool is designed to dramatically increase accuracy, consistency and transparency in wound assessment.

» **WoundRounds® Wound Management System**

This unique wound management system allows long-term care facilities to streamline and enhance their wound care processes.

» **Wound & Skin Care Guidelines**

Medline offers clinical support in helping you determine and communicate your treatment guidelines

» **Online Product Application Videos**

A complete library of instructional application videos helps train new staff on proper product application.

Visit: www.medline.com/advancedwoundcare and see how products are applied.

» **Advanced Wound & Skin Care Pocket Reference Guide**

This compact booklet contains a wealth of clinical and product information. Designed to be used by caregivers as a reference tool.



DIMES – YOUR WOUND CARE NAVIGATOR

DIMES – FOR SUCCESSFUL CHRONIC WOUND CARE

Wound care professionals face diverse and complex challenges. That's why Medline offers a wide variety of products and programs that help clinicians deliver world-class care tailored to any given clinical context.

Throughout this catalog, you'll find evidence-based products*, information and resources, all organized around the DIMES system of wound bed preparation and treatment.

*Contact Medline Industries, Inc. for data related to the products mentioned herein.

D

Debridement (Autolytic)

The removal of nonviable tissue by creating an optimal moist wound environment.

- 8 TheraHoney®
- 12 TenderWet® Active

I

Infection/Inflammation

Addressing bioburden and inflammation in the wound.

- 16 Opticell® Ag+
- 20 Maxorb® Extra Ag+
- 22 Optifoam® Gentle Ag+
- 24 Optifoam® Ag+
- 26 Optifoam® Ag+ Post-Op Strip
- 28 Silvasorb®
- 30 Arglaes® Powder

M

Moisture Balance

Achieving and maintaining moisture balance in and around the wound.

- 34 Optifoam® Gentle
- 38 Optifoam®
- 40 Opticell®
- 42 Qwick™
- 44 Optilock®
- 46 Maxorb®
- 48 Exuderm®
- 50 Hydrogel Dressings

E

Edge/Environment

Treating stalled wounds where epithelium fails to migrate.

- 54 Hyalomatrix®
- 58 Puracol®

S

Support Products, Services and Education

Products that complement DIMES but do not fit into one of the other categories.

- 62 Marathon®
- 66 Sureprep®
- 68 CoFlex® TLC
- 72 Fourflex and Threeflex®
- 74 Medigrip™
- 76 Unna-Z®
- 78 Versatel® and Versatel One
- 80 Cover Dressings
- 82 Suresite®
- 84 Dressing Fixation Tapes
- 86 Wound Cleansers
- 88 NE1®



D

DEBRIDEMENT (Autolytic)

The first step in wound healing is the removal of necrotic tissue that can impede the growth and proliferation of healthy granulating tissue.

THERAHONEY MEDICAL-GRADE MANUKA HONEY SUPPORTS THE BODY'S NATURAL AUTOLYTIC DEBRIDEMENT PROCESS BY DRAWING FLUID OUT OF THE WOUND BED.



Look inside...

TheraHoney®	8
TenderWet® Active	12

THERAHONEY®

Honey Wound Dressings



The sweet science of honey...

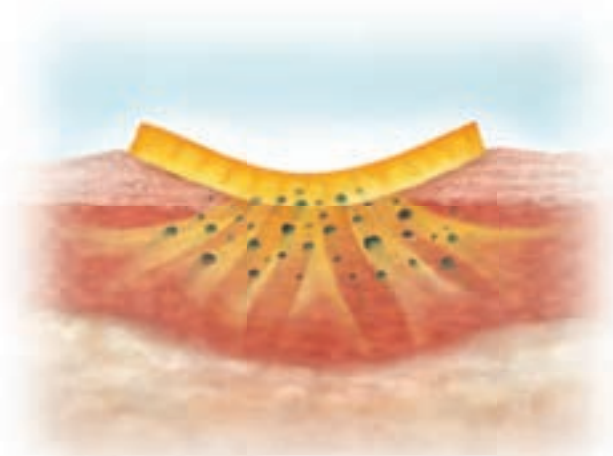
Made with 100% sterile, medical-grade Manuka honey, TheraHoney is a powerful agent in promoting natural autolytic debridement. Its high sugar levels (87%) encourage osmotic activity that helps clear away necrotic tissue, maintain a moist wound environment conducive to healing, and reduce wound odor. Studies show Manuka honey dressings can also significantly lower wound pH and help reduce wound size.¹

...and the sweet results it can bring

The use of Manuka honey dressings is associated with a statistically significant decrease in wound pH and a reduction in wound size.¹



“Honey is a very effective
[AUTOLYTIC DEBRIDEMENT]
agent, well accepted by patients, readily available,
inexpensive, and with additional
activities which are of benefit.”²



The illustration depicts Manuka honey drawing exudate from subcutaneous tissue to the wound surface, removing debris, slough and necrotic tissue.

¹Gethin GT, Cowman S, Conroy RM. The impact of Manuka honey dressings on the surface pH of chronic wounds. *International Wound Journal*. 2008; 5(2):185-194. Available at: <http://www.ncbi.nlm.nih.gov/pubmed/18494624>. Accessed November 6, 2014.

²Dr. Peter Molan, Honey Research Unit, Department of Biological Sciences, University of Waikato, Hamilton, New Zealand.

THERAHONEY®

100% Medical-Grade Manuka Honey

RECOMMENDED USE

- » All wound depths
- » All drainage levels
- » As a primary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Optifoam® Gentle
- » OptiLock®
- » Qwick™



INDICATIONS

- » Partial- and full-thickness wounds
- » Leg ulcers
- » Pressure injuries
- » First- and second-degree burns
- » Diabetic foot ulcers
- » Surgical and trauma wounds
- » Minor abrasions, lacerations, and cuts
- » Minor scalds and burns

CHANGE FREQUENCY

- » TheraHoney may be left in place for up to 7 days
- » Dressing change frequency will depend on amount of drainage

CONTRAINDICATIONS

- » Third-degree burns
- » Individuals with a known sensitivity to honey or bee venom

ABOUT THERAHONEY

- » Made of 100% medical-grade honey (*Leptospermum scoparium*)¹
- » Promotes autolytic debridement via high sugar levels (87%)^{2,3,4}
- » Helps rapidly reduce odor^{2,4}
- » Creates a moist wound-healing environment⁴
- » Should be paired with an absorbent dressing⁵
- » Compatible with silver dressings and wound cleanser surfactants⁶

DID YOU KNOW?

TheraHoney draws fluid from the wound bed, encouraging autolytic debridement. Use Qwick in conjunction with TheraHoney for optimal absorbency. For more information on Qwick, see pg. 42.



References

1. Data on file.
2. Cimolai, N. Sweet success? Honey as a topical wound dressing BCMJ. Vol. 49, No. 2, March 2007: 64-67.
3. Green AE. Wound healing properties of honey. Br J Surg 1988; 75(12): 1278.
4. Molan P. Debridement of Wounds with Honey. J Wound Technology 2009: 12-17.
5. Tovey FI. Honey and healing. J R Soc Med 1991; 84(7): 447.
6. Schultz, G; Gibson, D. "The Impact of Silver Impregnated Dressings and Wound Cleansers on the Osmotic Strength of 100% Manuka Honey Gel Dressing". Department of Obstetrics and Gynecology; Institute of Wound Research; University of Florida; Gainesville, FL. 2013.

ORDERING INFORMATION

To order by the dressing, add "H" to the end of the item number.

THERAHONEY® GEL

Ideal for partial- and full-thickness wounds with minimal drainage.

Item No.	Description	HCPCS	Pkg
MNK0005	0.5-oz. (14.2 g) Tube	A4649	10/bx
MNK0015	1.5-oz. (42.5 g) Tube	A4649	12/cs

THERAHONEY FOAM FLEX

Impregnated foam dressing ideal for absorption.

Item No.	Description	HCPCS	Pkg
MNK1344	4 x 4" (10.2 x 10.2 cm) Pad	A6209	10/bx

THERAHONEY SHEET

Ideal for easy handling and application.

Item No.	Description	HCPCS	Pkg
MNK0077	4 x 5" (10.2 x 12.7 cm) Sheet	A4649	10/bx

THERAHONEY HD

200% more honey compared to TheraHoney Sheet.

Item No.	Description	HCPCS	Pkg
MNK0082	2 x 2" (5.1 x 5.1 cm) Sheet	A4649	10/bx
MNK0087	4 x 5" (10.2 x 12.7 cm) Sheet	A4649	10/bx

THERAHONEY RIBBON

200% more honey compared to TheraHoney Sheet.

Item No.	Description	HCPCS	Pkg
MNK0089	1 x 12" (2.5 x 30.5 cm) Ribbon	A4649	10/bx



TENDERWET® ACTIVE

Polyacrylate Gel Pad

RECOMMENDED USE

- » All wound depths
- » All drainage levels
- » As a primary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Bordered gauze
- » Stratasorb® Composite



INDICATIONS

- » Pressure injuries
- » Partial- and full-thickness wounds
- » Leg ulcers
- » Diabetic ulcers
- » Surgical wounds
- » Lacerations and abrasions
- » Skin tears
- » First- and second-degree burns

CHANGE FREQUENCY

- » TenderWet Active may be left in 24 hours
- » Change frequency will depend on the amount of drainage

CONTRAINDICATIONS

- » Do not apply topical medication or disinfectant during treatment of Tenderwet Active

ABOUT TENDERWET ACTIVE

- » Solution is released as exudate is absorbed, providing an autolytic debriding process¹
- » Absorbs and retains microorganisms²
- » Uses physiologically-compatible Ringer's solution³
- » More effective than wet gauze therapy⁴
- » Will not stick to wound bed, which helps ease the pain of dressing changes⁵
- » Cost-effective^{4,6}
- » Helps create an ideal moist healing environment
- » High fluid retention
- » Easy application and removal

References

1. Paustian C, Stegman MR. Preparing the wound for healing: the effect of activated polyacrylate dressing on debridement. *Ostomy/Wound Management*. 2003;49(9):34-42. 2. Bruggisser R. Bacterial and fungal absorption properties of a hydrogel dressing with a super absorbent polymer core. *Journal of Wound Care*. 2005;14(9):1-5. 3. Biocompatibility data on file. 4. Coyne N. Eliminating wet-to-dry treatments. *Remington Report*. 2003;8-11. 5. Mueller V, Doucette M, Jasper J, VandenBeld K. Reduction of Pain Through the Utilization of Polyacrylate Activated Dressings. Presented at SAWC. Orlando, FL. 2004. 6. Edwards J. Wound Care is Not What it Used to Be: Finding the Most Efficient Debridement Method for Chronic Wounds. Presented at SAWC. Orlando, FL. 2004.

ORDERING INFORMATION

To order by the box, add "Z" to the end of the item number.

TENDERWET® ACTIVE CAVITY

Ideal for all wounds with necrotic tissue.

Item No.	Description	HCPCS	Pkg
MSC8401	1.6" (4.1 cm) Round	A6242	7/bx, 6 bx/cs
MSC8402	2.2" (5.6 cm) Round	A6242	7/bx, 6 bx/cs
MSC8403	3 x 3" (7.6 x 7.6 cm) Square	A6242	7/bx, 6 bx/cs
MSC8405	4 x 5" (10.2 x 12.7 cm) Rectangle	A6243	7/bx, 6 bx/cs



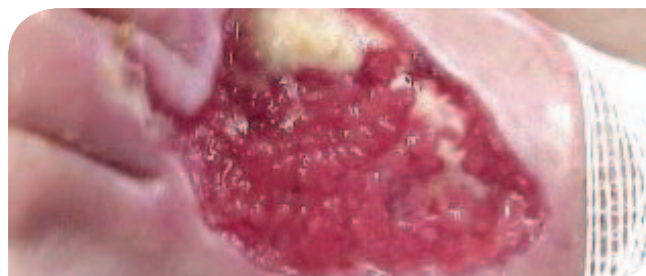
TENDERWET® ACTIVE

Ideal for shallow wounds with necrotic tissue.

Item No.	Description	HCPCS	Pkg
MSC8301	1.6" (4.1 cm) Round	A6242	7/bx, 6 bx/cs
MSC8302	2.2" (5.6 cm) Round	A6242	7/bx, 6 bx/cs
MSC8303	3 x 3" (7.6 x 7.6 cm) Square	A6242	7/bx, 6 bx/cs
MSC8305	4 x 5" (10.2 x 12.7 cm) Rectangle	A6243	7/bx, 6 bx/cs



TenderWet provides a moist wound environment to help promote autolytic debridement of necrotic tissue⁶



I

INFECTION/INFLAMMATION

Potentially harmful microorganisms contaminate nearly all wounds. Actively managing bioburden and infection risk is key to effective wound management.

ANTIMICROBIAL SILVER DRESSINGS
MANAGE BIOBURDEN TO HELP
PREVENT DELAYED HEALING
DUE TO INFECTION.



Look inside...

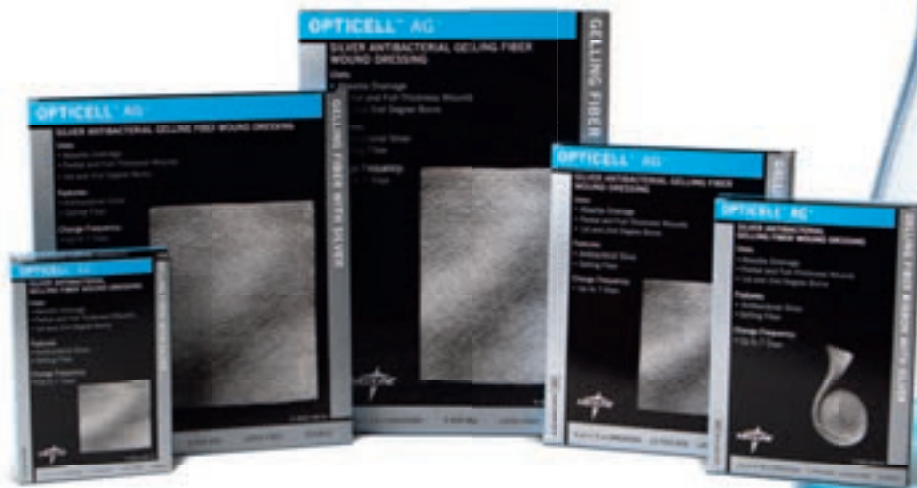
Opticell® Ag+	16
Maxorb® Extra Ag+	20
Optifoam® Gentle Ag+	22
Optifoam Ag+	24
Optifoam Ag+ Post-Op Strip	26
Silvasorb®	28
Arglaes® Powder	30

OPTICELL® Ag+

Antimicrobial Chitosan-Based Gelling Fiber

HARNESSING THE POWER OF THE OCEAN.

Opticell Ag+ utilizes Chytoform, Medline's chitosan-based gelling fiber technology to deliver excellent benefits to wounds. Opticell Ag+ is highly absorbent and can be moistened to address dry or lightly draining wounds.



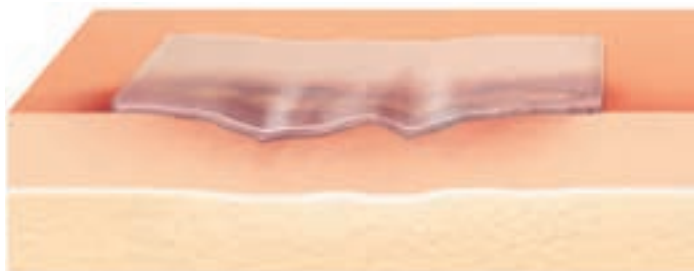
Opticell Ag+ delivers broad spectrum antimicrobial efficacy without harming skin cells (noncytotoxic).



AN OPTIMAL HEALING ENVIRONMENT.

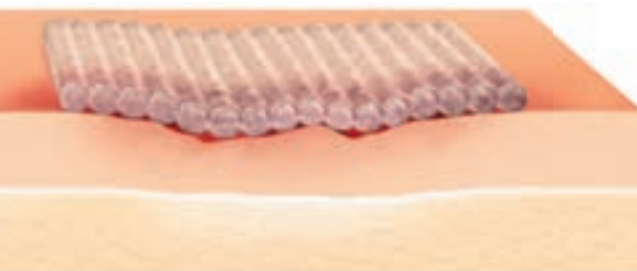
Opticell Ag+ is highly conformable and retains its shape and size in the wound better than other gelling fibers. This quality ensures that the Opticell Ag+ dressing remains in optimal and complete contact with the wound even as it absorbs moisture.

Opticell with Chytoform technology



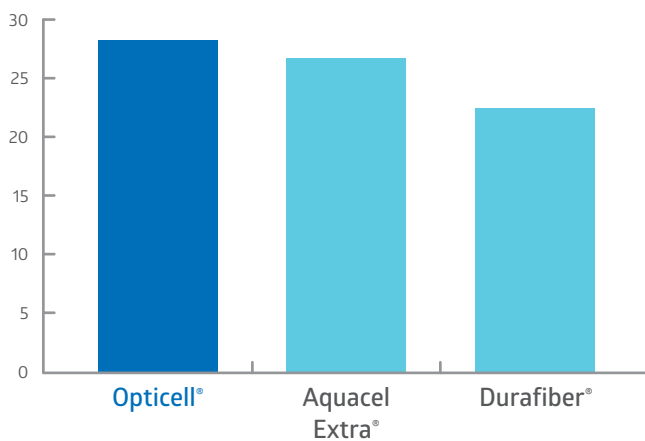
The smooth, thin and conformable profile provides for intimate contact with the wound.

Competition (Stitched Gelling Fiber)



The ridges in the dressing may lead to an uneven wound contact surface.

ABSORPTION STUDY RESULTS¹

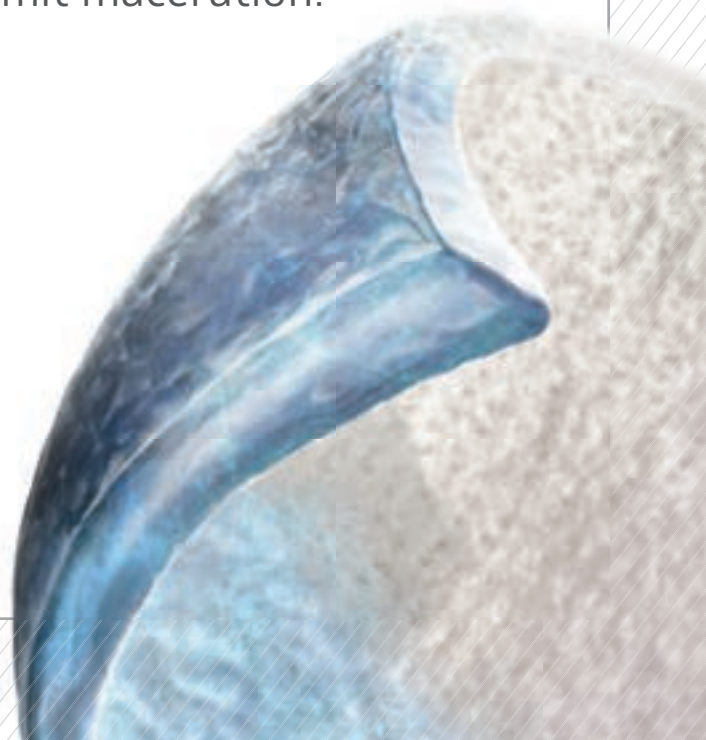


Average Fluid Absorbed (g/100cm²)

Based on in vitro testing, Opticell had the highest average absorbency of the three dressings tested

Opticell's exceptional absorption capability helps reduce dressing change frequency and limit maceration.

References
1. Data on file.



OPTICELL® Ag+

Antimicrobial Chitosan-Based Gelling Fiber

RECOMMENDED USE

- » All wound depths
- » All drainage levels
- » As a primary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Optifoam® Gentle
- » Bordered gauze
- » Stratasorb® Composite



INDICATIONS

- » Partial- and full-thickness wounds
- » Venous stasis ulcers
- » Pressure injuries/ulcers
- » First- and second-degree burns
- » Diabetic foot ulcers
- » Surgical wounds
- » Trauma wounds
- » Donor sites
- » Arterial ulcers and leg ulcers of mixed etiology

CHANGE FREQUENCY

- » May be left in place for up to 7 days
- » Dressing change frequency will depend on the amount of drainage

CONTRAINDICATIONS

- » Individuals with a sensitivity to silver or chitosan, which is derived from shellfish
- » Third-degree burns

IN VITRO ANTIBACTERIAL EFFICACY OF OPTICELL Ag+

Opticell Ag+ has been shown to effectively kill microorganisms for up to 7 days, including:¹

- » Methicillin-resistant *Staphylococcus aureus* (MRSA) ATCC 33591—gram positive bacteria
- » *Escherichia coli* ATCC 8739—gram negative bacteria
- » *Pseudomonas aeruginosa* ATCC 9027—gram negative bacteria
- » *Candida albicans* ATCC 10231—yeast
- » Vancomycin-resistant *Enterococcus faecium* (VRE) ATCC 51575—gram positive bacteria
- » *Staphylococcus aureus* ATCC 6538—gram positive bacteria

References
1. Data on file.

ABOUT OPTICELL Ag+

- » Chytoform™ gelling fiber technology
- » Broad spectrum antimicrobial ionic silver
- » Highly conformable
- » Versatile – can be used with all drainage levels
- » Three times the wet strength of Aquacel® traditional gelling fiber¹
- » No lateral wicking – limits maceration
- » Highly absorbent¹
- » Maintains a moist wound-healing environment
- » Surface area memory (SAM) – retains its size
- » Gentle removal from the wound
- » Designed to minimize pain during removal

ORDERING INFORMATION

To order by the box, add "Z" to the end of the item number.
 To order by the dressing, add "H" to the end of the item number.

OPTICELL Ag+ GELLING FIBER SHEETS

Ideal for partial- and full-thickness wounds of all drainage levels.

Item No.	Description	HCPCS	Pkg
MSC9822EP	2 x 2" (5.1 x 5.1 cm)	A6196	10/bx, 10 bx/cs
MSC9845EP	4 x 5" (10.2 x 12.7 cm)	A6197	10/bx, 5 bx/cs
MSC9866EP	6 x 6" (15.2 x 15.2 cm)	A6197	5/bx, 10 bx/cs
MSC98812EP	8 x 12" (20.32 x 30.5 cm)	A6198	5/bx, 10 bx/cs



OPTICELL Ag+ GELLING FIBER RIBBON

Ideal for filling partial- and full thickness wounds of all drainage levels.

Item No.	Description	HCPCS	Pkg
MSC9818EP	0.75 x 18" (1.9 x 30.5 cm)	A6199	5/bx, 10 bx/cs

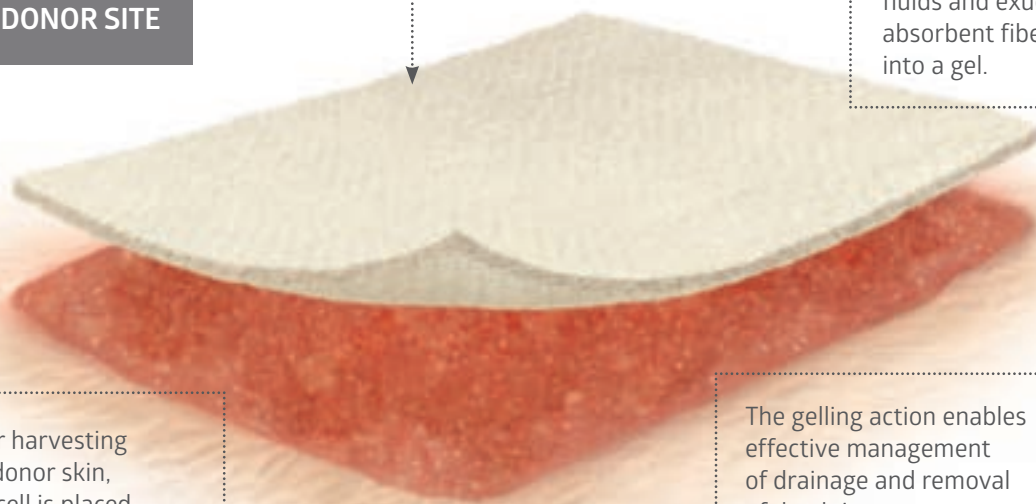


MANAGE PAIN AT THE DONOR SITE

When moistened with fluids and exudate, the absorbent fibers transform into a gel.

After harvesting the donor skin, Opticell is placed over the donor site.

The gelling action enables effective management of drainage and removal of dead tissue.



What's Inside?

Chytoform is the chitosan-based gelling fiber technology inside Opticell. Chitosan is derived from shellfish, bringing the science of the ocean to wound care.

MAXORB® EXTRA Ag+

Antimicrobial CMC/Alginate Dressings

RECOMMENDED USE

- » All wound depths
- » Moderate to heavy drainage levels
- » As a primary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Optifoam® Gentle
- » Stratasorb® Composite
- » Bordered gauze



INDICATIONS

- » Pressure injuries^{6,7}
- » Leg ulcers
- » First- and second-degree burns⁸
- » Moderate to heavily draining partial- and full-thickness wounds
- » Diabetic foot ulcers
- » Surgical wounds
- » Graft and donor sites
- » Trauma wounds

CHANGE FREQUENCY

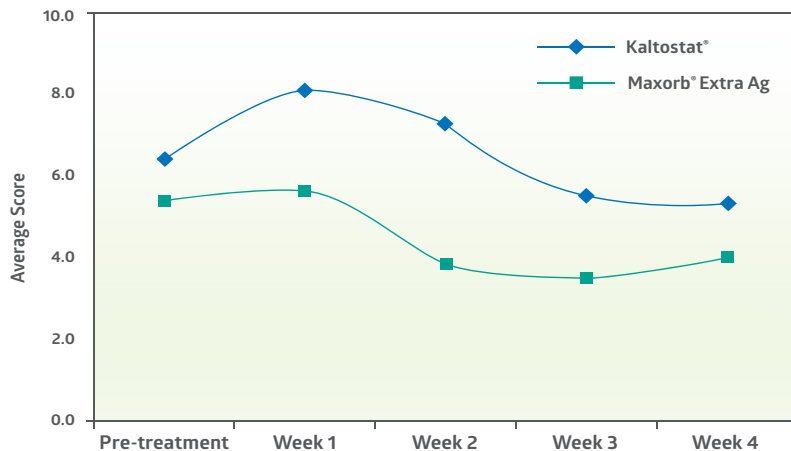
- » Maxorb Extra Ag+ may be left in place for up to 21 days⁹
- » Dressing change frequency will depend on amount of drainage

CONTRAINDICATIONS

- » Third-degree burns
- » Dry or lightly draining wounds
- » Patients with a known sensitivity to alginate or silver
- » To control heavy bleeding
- » As a surgical implant

ABOUT MAXORB Ag+

- » Helps manage bacterial burden^{1,2}
- » Controlled-release ionic silver
- » Cost-effective⁴
- » Easy dressing changes
- » Highly absorbent⁵
- » Reduces odor⁶
- » Fluid will not wick laterally
- » Up to 21-day antimicrobial protection^{1,3}
- » Reinforced silver CMC/alginate ribbon
- » Ribbon is ideal for tunneling or undermining wounds



MODIFIED ASEPSIS INDEX⁹

Asepsis index is a measure of 10 wound healing parameters. A lower score is preferable.

ORDERING INFORMATION

To order by the box, add "Z" to the end of the item number.

To order by the dressing, add "H" to the end of the item number.

MAXORB EXTRA Ag+

Ideal for moderate to heavily draining wounds.

Item No.	Description	HCPCS	Pkg
MSC9422EP	2 x 2" (5.1 x 5.1 cm)	A6196	10/bx, 5 bx/cs
MSC9445EP	4 x 4.75" (10.2 x 12.1 cm)	A6197	5/bx, 10 bx/cs
MSC9448EP	4 x 8" (10.2 x 20.3 cm)	A6197	5/bx, 10 bx/cs
MSC9466EP	6 x 6" (15.2 x 15.2 cm)	A6197	5/bx, 10 bx/cs
MSC94812EP	8 x 12" (20.3 x 30.5 cm)	A6198	5/bx, 10 bx/cs

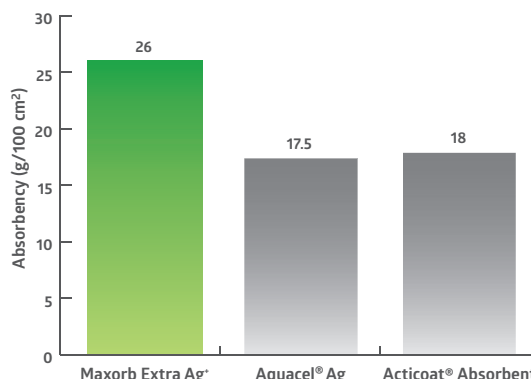
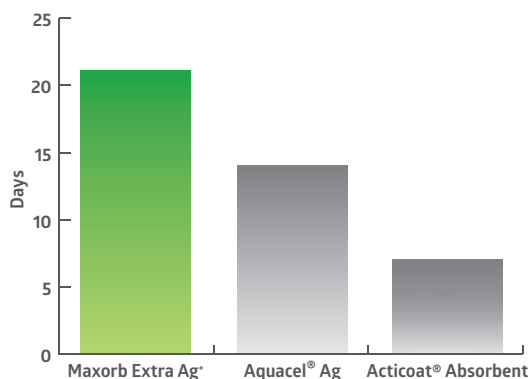


MAXORB EXTRA Ag+ RIBBON/MAXORB ES Ag+ RIBBON

Ideal for moderate to heavily draining wounds with depth.

Maxorb ES Ag+ is reinforced for extra strength.

Item No.	Description	HCPCS	Pkg
MSC1918EP	0.75 x 18" (1.91 x 45.72 cm) ES	A6199	5/bx, 10 bx/cs
MSC9412EP	1 x 12" (2.5 x 30.5 cm) Extra	A6199	20 ea/cs, 4 bx/cs



MAXIMUM WEAR TIME³

ABSORBENCY COMPARISONS^{6,7}

References

1. Chakravarthy D, Falconio-West M. A comparison of the antimicrobial efficacy of two silver ion containing absorptive fiber dressings. Presented at SAWC. Las Vegas, NV. 2006.
2. Chakravarthy D, Fleck C, Falconio-West M. An evaluation of two polysaccharide-silver based high absorbency wound dressings. Presented at SAWC. Las Vegas, NV. 2006.
3. Freeman R, Bradford C. 21 day in vitro study of sustained antimicrobial activity of a new silver alginate dressing. Presented at Wounds UK. Harrogate. 2006.
4. DeLeon J, Nagel M, Hill D, Fudge M, Lucius A, Garcia B. Cost comparison of silver impregnated Hydrofiber® and alginate dressings. Presented at SAWC. Las Vegas, NV. 2006.
5. Data on file.
6. Chakravarthy D, Freeman R, Beele H, Meuleneire F, Nahuys M. Detailed clinical report: prospective randomized open label pilot study to evaluate a new silver alginate antimicrobial wound dressing on critically colonized chronic wounds. Internal report on file.
7. Freeman R, Beele H, Meuleneire F, Nahuys M. Results of a multicentre randomized prospective open label pilot study to evaluate a new silver alginate antimicrobial wound dressing on critically colonized chronic wounds. Presented at Wounds UK Conference. Harrogate. 2006.
8. Serena T, Chakravarthy D. Maxorb® Ag in the treatment of burn wounds. Symposium on Advanced Wound Care. Tampa, FL. 2007.
9. Bradford C, Freeman R, Percival SL. In vitro study of sustained antimicrobial activity of a new silver alginate dressing. The Journal of the American College of Certified Wound Specialists, Volume 1, Issue 4, Pages 117-120.

OPTIFOAM® GENTLE Ag+

Antimicrobial Silicone Foam Dressings

RECOMMENDED USE

- » All wound depths*
- » All wound drainage levels
- » As a primary or secondary dressing

*May be used as a secondary dressing for deep wounds

**Only non-bordered dressings require a secondary dressing

RECOMMENDED SECONDARY DRESSINGS**

- » Gentac™ tape
- » Elastic net
- » Medigrip™ Tubular Bandage



INDICATIONS

- » Pressure injuries
- » Partial- and shallow full-thickness wounds
- » Surgical wounds
- » Wounds with colonization
- » Leg ulcers
- » Diabetic foot ulcers
- » Donor sites
- » Lacerations and abrasions
- » Skin tears
- » First- and second-degree burns

CHANGE FREQUENCY

- » Optifoam Gentle Ag+ may be left in place for up to 7 days
- » Dressing change frequency will depend on amount of drainage

CONTRAINDICATIONS

- » Third-degree burns
- » Lesions with active vasculitis
- » Individuals with a known sensitivity to silver

ABOUT OPTIFOAM GENTLE Ag+

- » Silicone dressing provides gentle adhesion
- » Highly conformable¹
- » Moisture vapor transmission rate (MVTR) adjusts to fluid level
- » Ionic silver provides an antimicrobial barrier¹
- » Continuous antimicrobial barrier protection¹
- » Helps maintain a moist wound-healing environment
- » Waterproof outer layer
- » Highly absorbent¹
- » Non-staining
- » Low friction and shear outer layer

References
1. Data on file.

ORDERING INFORMATION

To order by the box, add "Z" to the end of the item number.

To order by the dressing, add "H" to the end of the item number.

OPTIFOAM GENTLE Ag+ SILICONE FACE AND BORDER

Ideal for managing wounds with bioburden. The superabsorbent core absorbs exudate and locks it away, and the five-layer design increases performance.

Item No.	Description	HCPCS	Pkg
MSC9644EP	4 x 4" (10.2 x 10.2 cm) 2.5 x 2.5" (6.4 x 6.4 cm) Pad	A6212	10/bx, 10 bx/cs
MSC9666EP	6 x 6" (15.2 x 15.2 cm) 4.5 x 4.5" (11.4 x 11.4 cm) Pad	A6213	10/bx, 10 bx/cs



OPTIFOAM GENTLE Ag+ SILICONE FACED FOAM – NON BORDERED

Ideal for gentle adhesion and bioburden management in wounds. The silicone face aids in placement of the dressing, and the soft conformable foam can be cut to size.

Item No.	Description	HCPCS	Pkg
MSC9544EP	4 x 4" (10.2 x 10.2 cm)	A6209	10/bx, 10 bx/cs
MSC9566EP	6 x 6" (15.2 x 15.2 cm)	A6210	10/bx, 10 bx/cs
MSC9588EP	8 x 8" (20.3 x 20.3 cm)	Pending	10/bx, 10 bx/cs



OPTIFOAM GENTLE AG+ SILICONE BORDERED FOAM

Ideal for light to moderately draining wounds with bioburden. Low-profile edges increase conformability.

Item No.	Description	HCPCS	Pkg
MSC9744EP	4 x 4" (10.2 x 10.2 cm), 2.5 x 2.5" (6.4 x 6.4 cm) Pad	A6212	10/bx, 10 bx/cs
MSC9766EP	6 x 6" (15.2 x 15.2 cm), 4.5 x 4.5" (11.4 x 11.4 cm) Pad	A6213	10/bx, 10 bx/cs



OPTIFOAM® Ag+

Antimicrobial Foam Dressings

RECOMMENDED USE

- » All wound depths*
- » Light to moderate drainage
- » Primary or secondary dressing

*As a secondary dressing

**Only non-bordered dressings require a secondary dressing

RECOMMENDED SECONDARY DRESSINGS**

- » Medifix™ Tape
- » Gentac™ Tape
- » Medigrip™ Tubular Bandage



INDICATIONS

- » Pressure injuries
- » Partial- and full-thickness wounds
- » Surgical wounds
- » Wounds with colonization
- » Ideal for managing bioburden in post-operative wounds.
- » Leg ulcers
- » Diabetic foot ulcers
- » Donor sites
- » Lacerations and abrasions
- » Skin tears
- » First- and second-degree burns
- » Under compression bandages

CHANGE FREQUENCY

- » Optifoam Ag+ may be left in place for up to 7 days
- » Dressing change frequency will depend on amount of drainage

CONTRAINDICATIONS

- » Third-degree burns
- » Lesions with active vasculitis
- » Individuals with a known sensitivity to silver

ABOUT OPTIFOAM Ag+

- » Ionic silver provides an antimicrobial barrier¹
- » Continuous antimicrobial protection¹
- » Absorbent¹
- » Conformable¹
- » Can manage repeated bacteria introduction
- » Non-staining
- » Moisture vapor transmission rate (MVTR) adjusts to fluid level
- » Helps create an ideal healing environment
- » Waterproof outer layer
- » Low friction and shear outer layer

References
1. Data on file.

ORDERING INFORMATION

To order by the box, add "Z" to the end of the item number.
 To order by the dressing, add "H" to the end of the item number.

OPTIFOAM Ag+ ADHESIVE

For wounds with intact periwound skin.

Item No.	Description	HCPCS	Pkg
MSC9604EP	4 x 4" (10.2 x 10.2 cm), 2.5 x 2.5" (6.4 x 6.4 cm) Pad	A6212	10/bx, 10 bx/cs
MSC9606EP	Sacrum: 6 x 5.5" (15.2 x 14.2 cm)	A6212	10/bx, 10 bx/cs



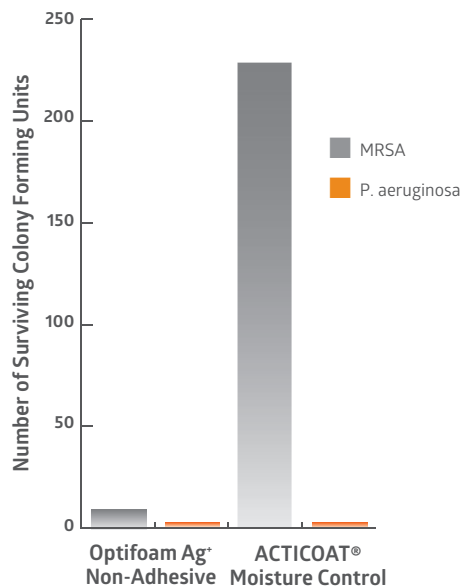
OPTIFOAM Ag+ NON-ADHESIVE

For wounds with fragile periwound skin.

Item No.	Description	HCPCS	Pkg
MSC9614EP	4 x 4" (10.2 x 10.2 cm)	A6209	10/bx, 10 bx/cs



4 hrs. at 37°C exposure to 4 sq cm of each dressing
 10^6 - 10^7 Colony Forming Units (CFUs) initial population



COMPARATIVE ANTIMICROBIAL EFFECT STUDY¹

Optifoam Ag+ has the least number of surviving colony forming units at 4 hours.

OPTIFOAM® Ag+ POST-OP

Antimicrobial Foam Post-Op Dressing

RECOMMENDED USE

- » Incision sites
- » Light to moderate drainage
- » As a primary or secondary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Not Applicable



INDICATIONS

- » Incision sites

CHANGE FREQUENCY

- » Optifoam Ag+ Post-Op Strip may be left in place for up to 7 days
- » Dressing change frequency will depend on amount of drainage

CONTRAINDICATIONS

- » Third-degree burns
- » Lesions with active vasculitis
- » Individuals with a known sensitivity to silver

ABOUT OPTIFOAM Ag+ POST-OP

- » Ionic silver provides antimicrobial barrier¹ over incision sites
- » Continuous antimicrobial protection¹
- » Thin, conformable adhesive border
- » Can manage repeated bacteria introduction
- » Non-staining
- » Silicone adhesive border (only for Optifoam Gentle Ag+ Post-Op)

DID YOU KNOW?

Sureprep® Rapid Dry skin protectant ensures proper adhesion and removal of Optifoam Ag+ Post-Op Strip. For more information about Sureprep® Rapid Dry, see pg. 66.



References
1. Data on file.

ORDERING INFORMATION

To order by the box, add "Z" to the end of the item number.

To order by the dressing, add "H" to the end of the item number.

OPTIFOAM GENTLE Ag+ POST-OP

Ideal for managing bioburden in post-operative wounds.

Silicone bordered for gentle adhesion.

Item No.	Description	HCPCS	Pkg
MSC9736	3.5 x 6" (8.9 x 15.2 cm), 1.5 x 4" (3.8 x 10.2 cm) Pad	A6212	10/bx, 10 bx/cs
MSC97310	3.5 x 10" (8.9 x 25.4 cm), 1.5 x 8" (3.8 x 20.3 cm) Pad	A6212	10/bx, 10 bx/cs
MSC97314	3.5 x 14" (8.9 x 35.6 cm), 1.5 x 12" (3.8 x 30.5 cm) Pad	A6213	10/bx, 10 bx/cs

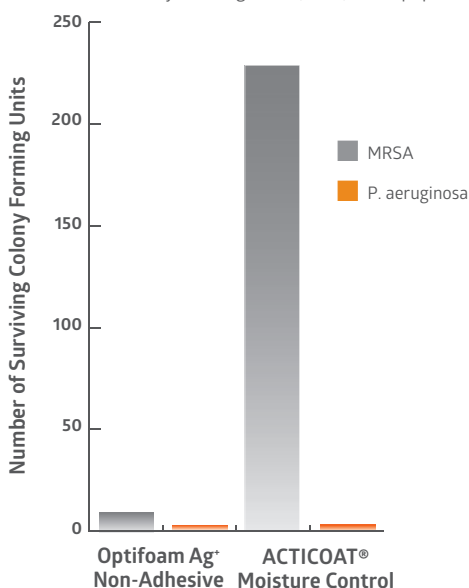
OPTIFOAM Ag+ POST-OP

Ideal for managing bioburden in post-operative wounds.

Item No.	Description	HCPCS	Pkg
MSC9636	3.5 x 6" (8.9 x 15.2 cm), 1.5 x 4" (3.8 x 10.2 cm) Pad	A6212	10/bx, 10 bx/cs
MSC96310	3.5 x 10" (8.9 x 25.4 cm), 1.5 x 8" (3.8 x 20.3 cm) Pad	A6212	10/bx, 10 bx/cs
MSC96314	3.5 x 14" (8.9 x 35.6 cm), 1.5 x 12" (3.8 x 30.5 cm) Pad	A6213	10/bx, 10 bx/cs



4 hrs. at 37°C exposure to 4 sq cm of each dressing
10⁶ - 10⁷ Colony Forming Units (CFUs) initial population



COMPARATIVE ANTIMICROBIAL EFFECT STUDY¹

Optifoam Ag+ has the least number of surviving colony forming units at 4 hours.

SILVASORB®

Antimicrobial Hydrogel Dressings

RECOMMENDED USE

- » All wound depths
- » Light to moderately draining wounds
- » As a primary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Stratasorb® Composite
- » Bordered gauze
- » Optifoam® Gentle



INDICATIONS

- » Pressure injuries
- » Partial- and full-thickness wounds
- » Leg ulcers
- » Diabetic foot ulcers
- » Graft wounds and donor sites
- » Skin tears
- » Surgical wounds
- » Lacerations and abrasions
- » First- and second-degree burns

CHANGE FREQUENCY

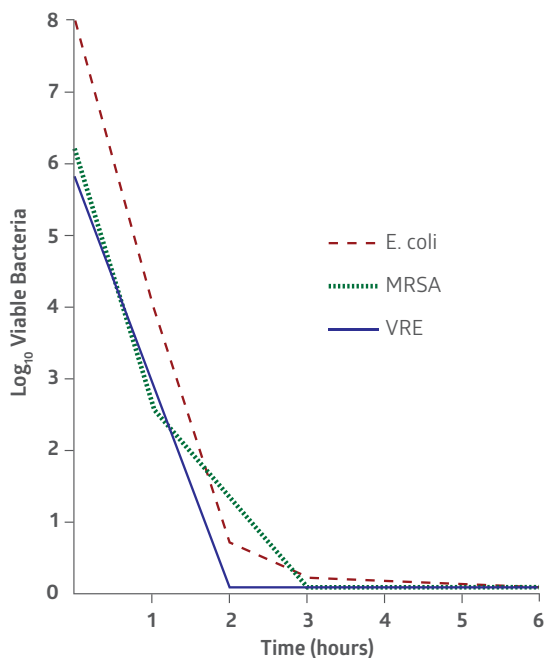
- » Amorphous gel may be left in place for up to 3 days
- » Dressing change frequency will depend on amount of drainage

CONTRAINDICATIONS

- » Individuals with a known sensitivity to silver

ABOUT SILVASORB

- » Helps manage bacterial burden^{1,2}
- » Ionic Silver
- » Continuous antimicrobial protection^{1,3}
- » Non-staining¹
- » Gentle for the patient^{4,5}
- » Advanced fluid management¹
- » Extended wear time^{3,6,7}



SURVIVAL CURVE WITH SILVASORB¹

SilvaSorb has powerful antimicrobial activity (in vitro), 6–8 log reduction within four hours.

ORDERING INFORMATION

SILVASORB GEL

For lightly draining wounds in need of an antimicrobial barrier.

Item No.	Description	HCPCS	Pkg
MSC93025EP	0.25-oz Tube	A6248	25/bx
MSC9301EP	1.5-oz Tube	A6248	12/cs
MSC9303EP	3-oz Tube	A6250	12/cs
MSC9308EP	8-oz Tube	A6248	6/cs
MSC9316EP	16-oz Net Weight Jar	A6248	6/cs

To order by the each, add "H" to the end of each item number.



SILVASORB SITE

For I.V. catheters, central venous and arterial lines, dialysis catheters and orthopedic pin sites.

Item No.	Description	HCPCS	Pkg
MSC9310EP	1" (2.5 cm) Circular with Slit	A6242	30/cs
MSC9320EP	1.75" (4.5 cm) Circular with Slit	A6242	30/cs

To order by the each, add "H" to the end of each item number.



References

1. Data on file 2. Castellano JJ, Shafil SM, Ko F, Donate G, Wright TE, Mannari RJ, Payne WG, Smith DJ, Robson MC. Comparative evaluation of silver containing antimicrobial dressings and drugs. *Int Wound Journal*. 4: 114-122. 3. Nametka M. Silver antimicrobial hydrophilic dressing benefits management of recurrent non-healing wounds. Symposium on Advanced Wound Care. Baltimore. 2002. 4. Coptly T, Kiran R, Glat P. Assessing the risk of skin irritation with the use of a silver based site dressing on pediatric patients. Symposium on Advanced Skin and Wound Care. Orlando, FL. 2007. 5. Nametka M. Antimicrobial silver polymer contact layer for treatment of venous leg ulcers. Symposium on Advanced Wound Care. Las Vegas. 2001. 6. Nametka M. A hydrophilic silver antimicrobial wound dressing for site preparation and maintenance of human skin equivalent grafts to venous leg ulcers: Technical and clinical considerations. Clinical Symposium on Advances in Skin & Wound Care, Nashville. 2000. 7. Nametka M. Silver antimicrobial absorbent wound dressing can contribute to cost control in home care. Annual Clinical Symposium on Advances in Skin and Wound Care. Dallas. 2002. 8. US Patent 6,605,751

ARGLAES® POWDER

Antimicrobial Powder

RECOMMENDED USE

- » All wound depths
- » Light to heavily draining wounds
- » As a primary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Stratasorb® Composite
- » Bordered gauze
- » Suresite® 123+Pad



INDICATIONS

- » Pressure injuries
- » Diabetic foot ulcers²
- » Partial- and full-thickness wounds
- » Leg ulcers
- » Negative pressure wound therapy
- » Grafted wounds
- » Donor sites
- » Lacerations and abrasions
- » First- and second-degree burns

CHANGE FREQUENCY

- » Arglaes Powder may be left in place for up to 5 days
- » Dressing change frequency will depend upon the amount of drainage

CONTRAINDICATIONS

- » Third-degree burns
- » Patients with a known sensitivity to silver
- » As a surgical implant
- » Do not use topical antibiotics in conjunction with Arglaes

ABOUT ARGLAES POWDER

- » Manages bacterial burden¹
- » Continuous antimicrobial protection¹
- » Extended wear time¹
- » Non-staining
- » Can convert other dressings to aid in an antimicrobial reduction

ORDERING INFORMATION

To order by the box, add “Z” to the end of the item number.

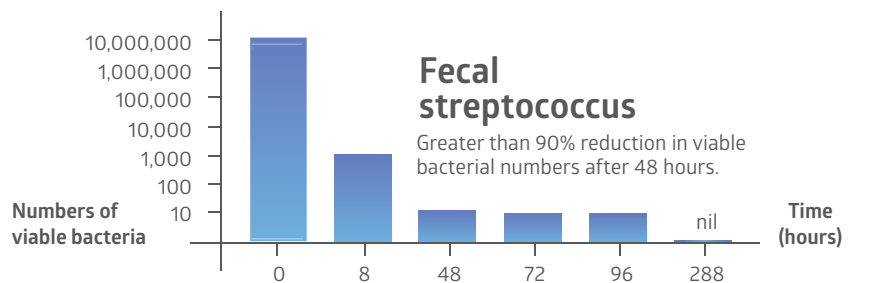
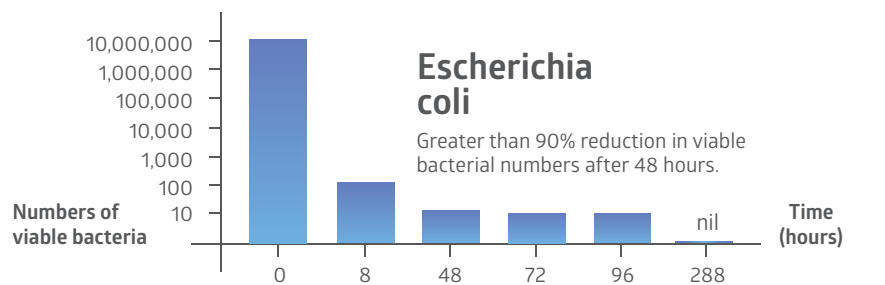
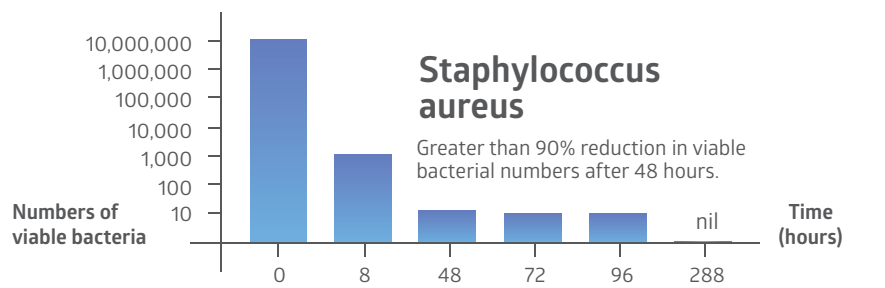
To order by the bottle, add “H” to the end of the item number.

ARGLAES POWDER

Ideal for difficult to dress wounds.

Item No.	Description	HCPCS	Pkg
MSC9202	2 g Bottle	A6262	5/bx, 4 bx/cs
MSC9205	5 g Bottle	A6262	5/bx, 4 bx/cs
MSC9210	10 g Bottle	A6262	5/bx, 4 bx/cs

SUSTAINED-RELEASE³



Powerful antimicrobial activity – up to a 6 log reduction (in vitro studies)

Independent study performed by Wickham Laboratories Limited, Hampshire, England

References

1. Internal report on file.
2. LaJoie J. Improving diabetic foot ulcer outcomes with hyperbaric oxygen and ionic silver powder. Presented at SAWC. San Diego, CA. 2005.
3. Independent study performed by Wickham Laboratories Limited, Hampshire, England.

M

MOISTURE BALANCE

Achieving the right moisture balance can be a challenge. Too much moisture can lead to periwound maceration and skin breakdown, while too little moisture can impede cellular activities and promote eschar formation, resulting in poor wound healing.

ABSORBENT AND MOISTURE-DONATING PRODUCTS HELP ENSURE AN OPTIMAL WOUND-HEALING ENVIRONMENT.



Look inside...

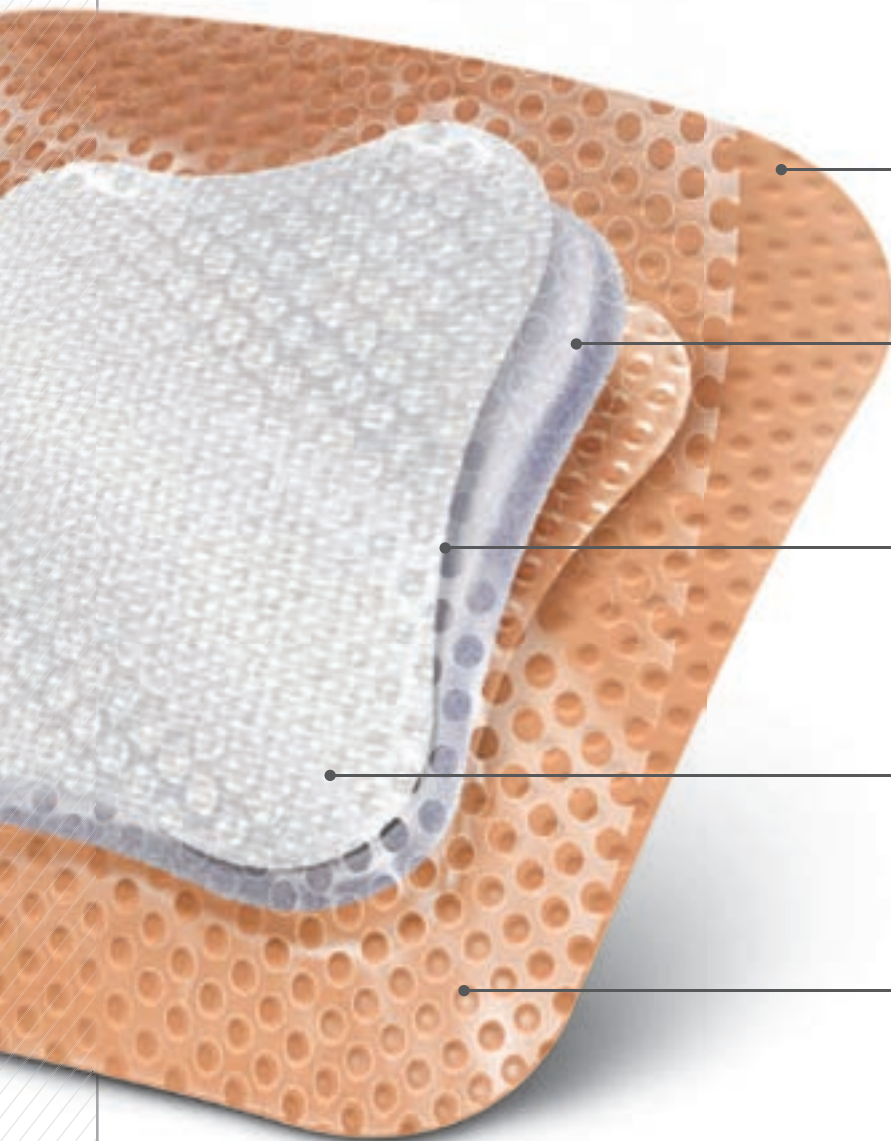
Optifoam® Gentle	34
Optifoam®	38
Opticell®	40
Qwick™	42
Optilock®	44
Maxorb®	46
Exuderm®	48
Hydrogel Dressings	50

OPTIFOAM[®] GENTLE

Absorbent Foam Dressings With Silicone Adhesive

CHOOSE GENTLE.

Optifoam Gentle helps ease the pain and trauma of dressing changes. Featuring a specially-formulated silicone adhesive that helps keep it in place, Optifoam's absorbent foam dressing retains fluid, protects against infection, and helps prevent shear and friction.



Highly breathable film acts as a secure waterproof barrier to bacteria

Superabsorbent layer absorbs and retains exudate in the dressing minimizing the risk of maceration

Transfer layer between the wicking foam layer and superabsorbent layer ensures exudate is transferred to the superabsorbent layer as efficiently as possible

Foam layer initiates vertical absorption of exudate away from the wound bed into the transfer and superabsorbent layers, minimizing the pooling of exudate at the wound face

Silicone adhesive minimizes trauma to the wound and reduces pain upon wear or removal



ABSORBENCY & RETENTION

Moderate
Heavy
Extra Heavy

LOCATION OF SILICONE

Face
Border
Face & Border

CUSTOMIZABLE

Cut to Fit
Conformability

ANTIMICROBIAL

SHAPE

Sacral
Square
Rectangle

**MORE CHOICES.
MORE GENTLE CARE.**

FOAM DRESSINGS HELP REDUCE HOSPITAL ACQUIRED PRESSURE ULCERS (HAPU).

Studies in the evaluation of the use of a foam dressing with silicone border on patients at risk for HAPU resulted in a significant reduction in pressure ulcers over a 3-month period with lower monthly incidence and enhanced prevention.¹

1. Source: Butcher M., Thompson G. Can the use of dressing materials actually prevent pressure ulcers; presenting the evidence. Wounds UK. 2010; 6(1): 119-125.

OPTIFOAM® GENTLE

Foam Dressings

RECOMMENDED USE

- » All wound depths*
- » All wound drainage levels
- » As a primary or secondary dressing

*May be used as a secondary dressing for deep wounds

RECOMMENDED SECONDARY DRESSINGS†

- » Gentac Tape
- » Elastic net
- » Medigrip Tubular Bandage

†Applies to Optifoam Silicone Faced Foam only



INDICATIONS

- » Pressure injuries
- » Partial- and full-thickness wounds
- » Leg ulcers
- » Donor sites
- » Lacerations and abrasions
- » Skin tears
- » First- and second-degree burns

CHANGE FREQUENCY

- » Optifoam Gentle may be left in place for up to 7 days
- » Dressing change frequency will depend on amount of drainage

CONTRAINDICATIONS

- » Third-degree burns

ORDERING INFORMATION

To order by the box, add "Z" to the end of the item number.

To order by the dressing, add "H" to the end of the item number.

SILICONE FACED FOAM AND BORDER DRESSING WITH LIQUITRAP™ CORE

Superabsorbent Liquitrap core draws in and retains large amounts of exudate.

Item No.	Description	HCPCS	Pkg
MSC2333EP	3 x 3" (7.6 x 7.6 cm) 1.75 x 1.75" (4.4 x 4.4 cm) Pad	A6212	10/bx, 10 bx/cs
MSC2344EP	4 x 4" (10.2 x 10.2 cm) 2.5 x 2.5" (6.4 x 6.4 cm) Pad	A6212	10/bx, 10 bx/cs
MSC2366EP	6 x 6" (15.2 x 15.2 cm) 4.5 x 4.5" (11.4 x 11.4 cm) Pad	A6213	10/bx, 10 bx/cs
MSC2377EP	Sacrum: 7 x 7" (17.8 x 17.8 cm)	A6213	5/bx, 8 bx/cs
MSC2399EP	Sacrum: 9 x 9" (22.8 x 22.8 cm)	A6213	5/bx, 5 bx/cs

References
1. Data on file.

ABOUT OPTIFOAM GENTLE

- » Silicone adhesive provides gentle adhesion
- » Highly conformable¹ dressing can be lifted and reapplied
- » Moisture vapor transmission rate (MVTR) adjusts to fluid level
- » Highly absorbent¹
- » Helps create ideal healing environment
- » Waterproof outer layer protects wound and keeps bacteria out
- » Low friction and shear outer layer



ORDERING INFORMATION

To order by the box, add "Z" to the end of the item number.

To order by the dressing, add "H" to the end of the item number.

SILICONE FACED FOAM AND BORDER DRESSING

Superabsorbent core absorbs exudate and enhances fluid handling.

Item No.	Description	HCPCS	Pkg
MSC2133EP	3 x 3" (7.6 x 7.6 cm) 1.75 x 1.75" (4.4 x 4.4 cm) Pad	A6212	10/bx, 10 bx/cs
MSC2144EP	4 x 4" (10.2 x 10.2 cm) 2.5 x 2.5" (6.4 x 6.4 cm) Pad	A6212	10/bx, 10 bx/cs
MSC2166EP	6 x 6" (15.2 x 15.2 cm) 4.5 x 4.5" (11.4 x 11.4 cm) Pad	A6213	10/bx, 10 bx/cs
MSC2177EP	Sacrum: 7 x 7" (17.8 x 17.8 cm)	A6213	5/bx, 8 bx/cs
MSC2199EP	Sacrum: 9 x 9" (22.8 x 22.8 cm)	A6213	5/bx, 5 bx/cs



SILICONE BORDERED FOAM DRESSING

Bordered hydrophilic foam.

Item No.	Description	HCPCS	Pkg
MSC20162EP	1.6 x 2" (4.0 x 5.0 cm) 0.8 x 1.2" (2.0 x 3.0 cm) Pad	A6413	10/bx, 7 bx/cs
MSC2033EP	3 x 3" (7.6 x 7.6 cm) 1.5 x 1.5" (3.8 x 3.8 cm) Pad	A6212	10/bx, 10 bx/cs
MSC2044EP	4 x 4" (10.2 x 10.2 cm) 2.5 x 2.5" (6.4 x 6.4 cm) Pad	A6212	10/bx, 10 bx/cs
MSC2066EP	6 x 6" (15.2 x 15.2 cm) 4.5 x 4.5" (11.4 x 11.4 cm) Pad	A6213	10/bx, 10 bx/cs
MSC2077EP	Sacrum: 7 x 7" (17.8 x 17.8 cm)	A6213	5/bx, 10 bx/cs
MSC20109EP	Sacrum: 10 x 9" (25.4 x 22.9 cm)	A6213	5/bx, 10 bx/cs



NON BORDERED SILICONE FACED FOAM DRESSING

Soft, conformable and absorbent foam can be cut to size.

Item No.	Description	HCPCS	Pkg
MSC2244EP	4 x 4" (10.2 x 10.2 cm)	A6209	10/bx, 10 bx/cs
MSC2266EP	6 x 6" (15.2 x 15.2 cm)	A6210	10/bx, 10 bx/cs
MSC2288EP	8 x 8" (20.3 x 20.3 cm)	A6211	5/bx, 5 bx/cs



OPTIFOAM®

Foam Dressings

RECOMMENDED USE

- » All wound depths*
- » Light to moderate drainage
- » As a primary or secondary dressing

*As a secondary dressing

RECOMMENDED SECONDARY DRESSINGS**

- » Medfix™ Tape
- » Gentac™ Tape
- » Medigrip™ Tubular Bandage

**Applies only to Optifoam Non-Adhesive, Optifoam Basic and Optifoam Heel



INDICATIONS

- » Pressure injuries
- » Partial- and full-thickness wounds
- » Leg ulcers
- » Donor sites
- » Lacerations and abrasions
- » Skin tears
- » First- and second-degree burns

CHANGE FREQUENCY

- » May be left in place for up to 7 days
- » Dressing change frequency will depend on amount of drainage

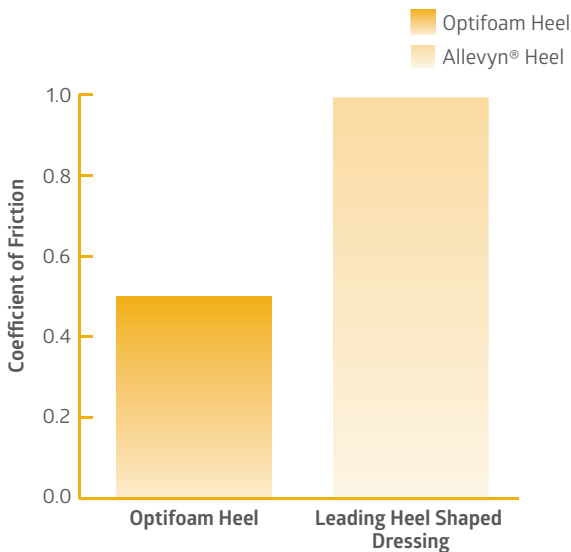
CONTRAINDICATIONS

- » Third-degree burns
- » Lesions with active vasculitis

ABOUT OPTIFOAM

- » Moisture vapor transmission rate (MVTR) adjusts to fluid level
- » Absorbent
- » Helps create an ideal healing environment
- » Waterproof outer layer protects wound and keeps bacteria out (except Optifoam Basic)
- » Optifoam Heel is specifically designed for use on the heel

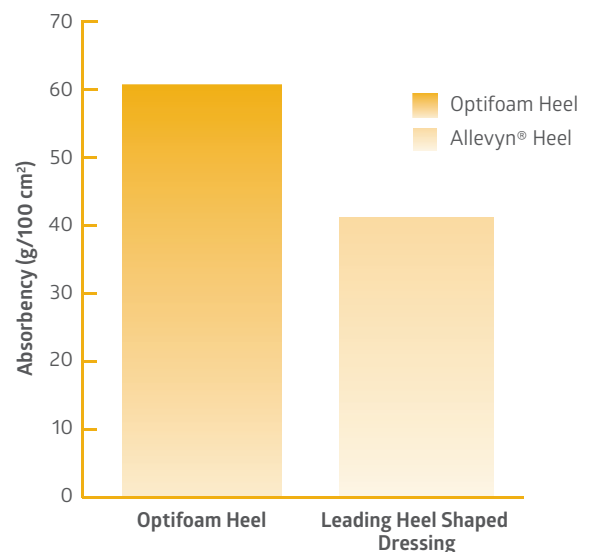
COEFFICIENT OF FRICTION OF FILM BACKING¹



Optifoam Heel has 50% less friction than the leading heel shaped dressing.

References
1. Data on file.

ABSORPTION CAPACITY UNDER COMPRESSION¹



Optifoam Heel absorbs 44% more under compression than the leading heel shaped dressing.

ORDERING INFORMATION

To order by the box, add "Z" to the end of the item number.

To order by the dressing, add "H" to the end of the item number.

OPTIFOAM ADHESIVE

An all-in-one dressing for fluid handling.

Item No.	Description	HCPCS	Pkg
MSC1044EP	4 x 4" (10.2 x 10.2 cm), 2.5 x 2.5" (6.4 x 6.4 cm) Pad	A6212	10/bx, 10 bx/cs
MSC1066EP	6 x 6" (15.2 x 15.2 cm), 4.5 x 4.5" (11.4 x 11.4 cm) Pad	A6213	10/bx, 10 bx/cs
MSC1065EP	Sacrum: 6 x 5.5" (15.5 x 14.2 cm)	A6212	10/bx, 10 bx/cs



OPTIFOAM NON-ADHESIVE

Versatile dressing for a variety of applications.

Item No.	Description	HCPCS	Pkg
MSC1244EP	4 x 4" (10.2 x 10.2 cm)	A6209	10/bx, 10 bx/cs
MSC1266EP	6 x 6" (15.2 x 15.2 cm)	A6210	10/bx, 10 bx/cs



OPTIFOAM HEEL

Designed for heel wounds.

Item No.	Description	HCPCS	Pkg
MSC1200EP	Heel Shaped	A6210	5/bx, 8bx/cs



OPTIFOAM BASIC

For general wounds or tube site care, without waterproof backing.

Item No.	Description	HCPCS	Pkg
MSC1133	3 x 3" (7.6 x 7.6 cm)	A6209	10/bx, 10 bx/cs
MSC1133F	3 x 3" (7.6 x 7.6 cm) with Fenestration	A6209	10/bx, 10 bx/cs
MSC1145	4 x 5" (10.2 x 12.7 cm)	A6210	10/bx, 10 bx/cs



OPTIFOAM SITE

Designed specifically for tube sites with radial slit and starburst opening.

Item No.	Description	HCPCS	Pkg
MSC1104	4" (10.2 cm) Adhesive Dressing, 2" Pad	A6212	30/bag, 4 bags/cs
MSC1102	2" (5.1 cm) Non-Adhesive Pad	A6209	10/bx, 10 bx/cs



OPTIFOAM THIN

Highly conformable for increased patient comfort.

Item No.	Description	HCPCS	Pkg
MSC1523EP	2 x 3" (5.1 x 7.6 cm)	Pending	10/bx, 10 bx/cs
MSC1544EP	4 x 4" (10.2 x 10.2 cm)	Pending	10/bx, 10 bx/cs



OPTICELL®

Chitosan-Based Gelling Fiber

RECOMMENDED USE

- » All wound depths
- » All drainage levels
- » As a primary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Optifoam® Gentle
- » Bordered gauze
- » Stratasorb® Composite

INDICATIONS

- » Partial- and full-thickness wounds
- » Venous stasis ulcers
- » Pressure injuries
- » First- and second-degree burns
- » Diabetic foot ulcers
- » Surgical wounds
- » Trauma wounds
- » Donor sites
- » Arterial ulcers and leg ulcers of mixed etiology
- » Oncology wounds

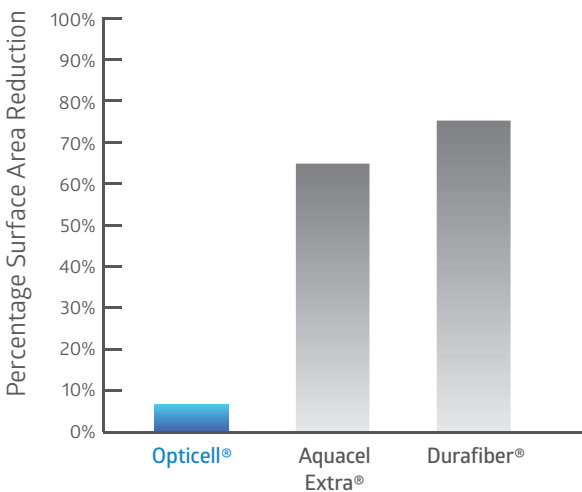
CHANGE FREQUENCY

- » Opticell® may be left in place for up to 7 days
- » Opticell may remain in place up to 14 days in the context of burn treatment
- » Dressing change frequency will depend on the amount of drainage

CONTRAINDICATIONS

- » Third-degree burns
- » Individuals with a sensitivity to chitosan, which is derived from shellfish

SURFACE AREA MEMORY (SAM) RESULTS¹



Retains its shape and size to maintain complete wound coverage.¹



ABOUT OPTICELL

- » Chytoform™ gelling fiber technology
- » Highly conformable
- » Versatile – can be used for all drainage levels
- » Three times as strong as traditional Aquacel¹
- » No lateral wicking – limits maceration
- » Highly absorbent¹
- » Maintains a moist wound-healing environment
- » Surface area memory (SAM) – retains its size
- » Gentle removal from the wound
- » Controls minor bleeding
- » Designed to minimize pain upon removal



Chitosan-based Conformable Gelling Fiber Technology

ORDERING INFORMATION

To order by the box, add "Z" to the end of the item number.

To order by the dressing, add "H" to the end of the item number.

OPTICELL GELLING FIBER SHEETS

Ideal for partial- and full-thickness wounds of all drainage levels.

Item No.	Description	HCPCS	Pkg
MSC7822EP	2 x 2" (5.1 x 5.1 cm)	A6196	10/bx, 10 bx/cs
MSC7844EP	4.25 x 4.25" (10.8 x 10.8 cm)	A6197	10/bx, 5 bx/cs
MSC7866EP	6 x 6" (15.2 x 15.2 cm)	A6197	5/bx, 10 bx/cs



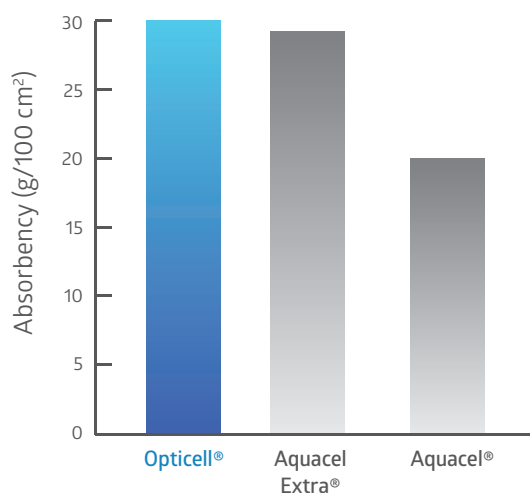
OPTICELL GELLING FIBER RIBBON

Ideal for filling wounds of all drainage levels.

Item No.	Description	HCPCS	Pkg
MSC7818EP	0.75 x 18" (1.9 x 45.7 cm)	A6199	5/bx, 10 bx/cs



ABSORPTION STUDY RESULTS¹



Opticell delivers best-in-class absorption capabilities.¹

References

1. Lab testing data on file.

QWICK™

Superabsorbent Dressings

RECOMMENDED USE

- » All wound depths
- » Moderate to heavy drainage
- » As a primary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Bordered gauze
- » Optifoam Gentle
- » Elastic net

INDICATIONS

- » Pressure injuries
- » Partial- and full-thickness wounds
- » Leg ulcers
- » Lacerations and abrasions
- » Wounds under compression

CHANGE FREQUENCY

- » Qwick may be left in place for up to 7 days
- » Dressing change frequency will depend on the amount of drainage

CONTRAINDICATIONS

- » Third-degree burns



ABOUT QWICK

- » Multilayer construction wicks and retains fluid to help protect the skin from maceration
- » Can be cut to fit
- » Flexible
- » Superabsorbent
- » Wicking
- » Featuring Aquaconductive™ Technology

ORDERING INFORMATION

To order by the box, add "Z" to the end of the item number.

To order by the dressing, add "H" to the end of the item number.

QWICK SUPERABSORBENT AQUACONDUCTIVE™ DRESSING

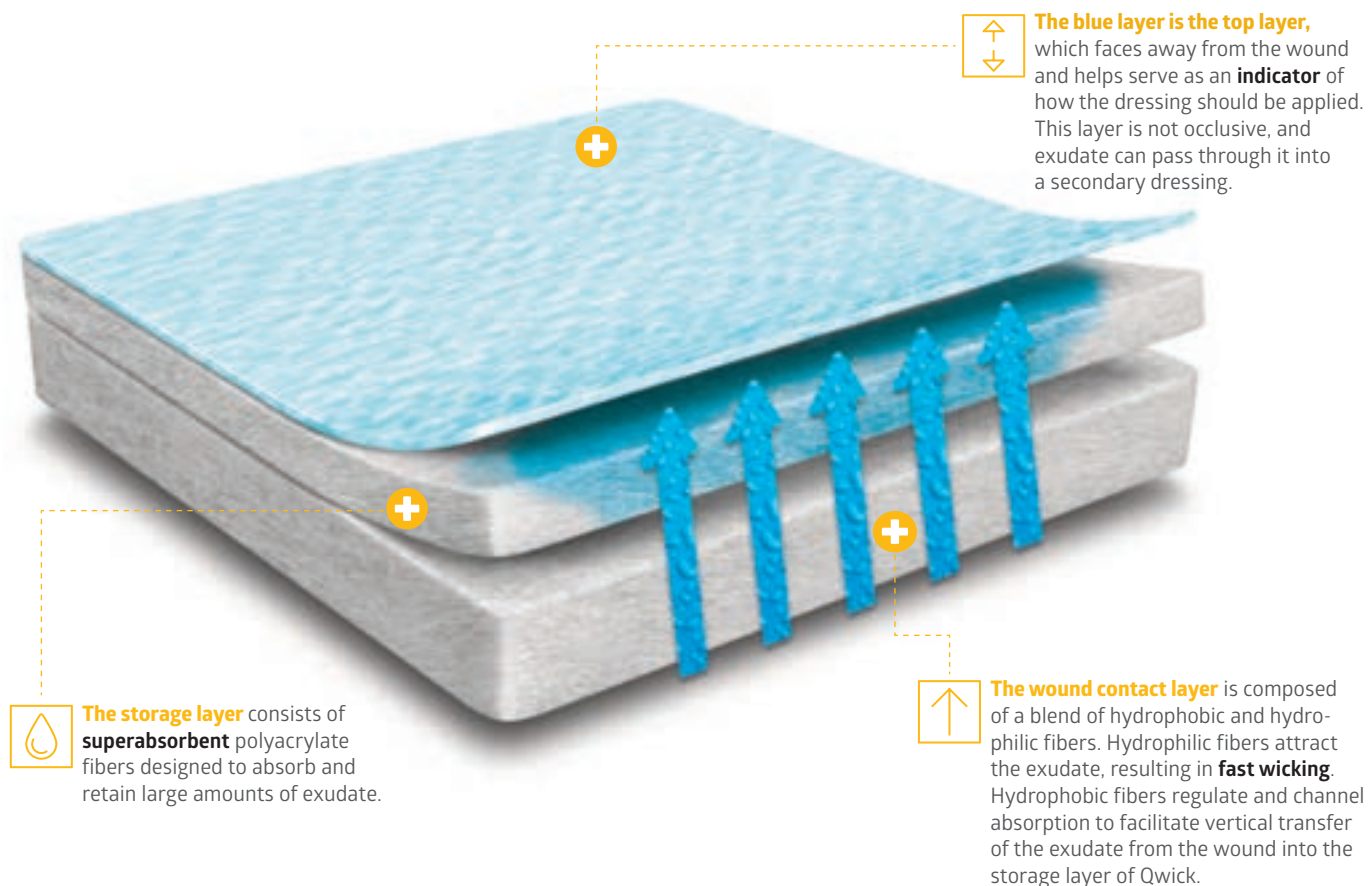
With Aquaconductive™ Technology.

Item No.	Description	HCPCS	Pkg
MSC5822	2 x 2" (5.1 x 5.1 cm)	A6196	10/bx, 5 bx/cs
MSC5844	4.25 x 4" (10.8 x 10.2 cm)	A6197	10/bx, 5 bx/cs
MSC5868	6.125 x 8" (15.56 x 20.321 cm)	A6198	10/bx, 5 bx/cs



Aquaconductive Technology

Aquaconductive Technology is the mechanism by which the three layers of Qwick wound dressing pull exudate away from or out of the wound to help create an optimal, moist wound-healing environment.



OPTILOCK®

Superabsorbent Dressings

RECOMMENDED USE

- » All wound depths*
- » Moderate to heavy drainage
- » As a primary dressing

*As a secondary dressing for deep wounds

RECOMMENDED SECONDARY DRESSINGS

- » Medfix™ Tape
- » Elastic net
- » Gentac® Tape
- » CoFlex® TLC Two Layer Compression System



INDICATIONS

- » Pressure injuries
- » Partial- and full-thickness wounds
- » Leg ulcers
- » Lacerations and abrasions
- » Wounds under compression

ABOUT OPTILOCK

- » Superabsorbent polymer core
- » Locks in drainage under compression
- » Adjusts absorption to the amount of drainage
- » Protects skin from maceration
- » Non-adherent wound contact layer

CHANGE FREQUENCY

- » OptiLock may be left in place for up to 7 days
- » Dressing change frequency will depend on amount of drainage

CONTRAINDICATIONS

- » Third-degree burns
- » Individuals with a known sensitivity to the product itself or its components

DID YOU KNOW?

OptiLock is ideal for highly draining venous leg ulcers because of its gentle contact layer and fluid-locking feature. Even under high compression bandages, the fluid is retained in the dressing. Use OptiLock in conjunction with CoFlex TLC compression bandage system. To learn more, see pg. 68.



ORDERING INFORMATION

To order by the box, add "Z" to the end of the item number.

To order by the dressing, add "H" to the end of the item number.

OPTILOCK SUPERABSORBENT DRESSING

Non-adherent and superabsorbent.

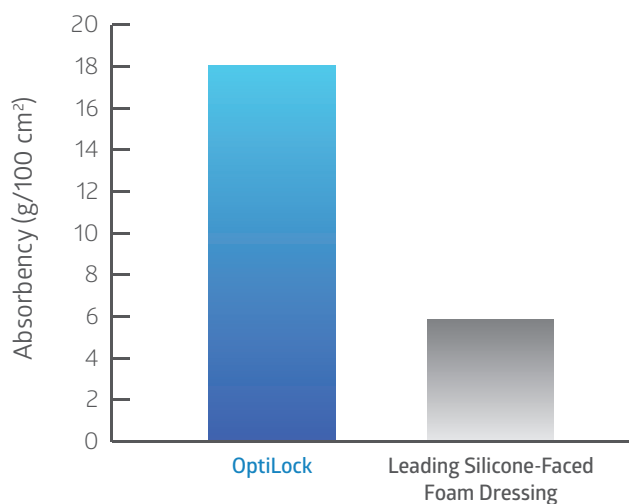
Item No.	Description	HCPCS	Pkg
MSC6433EP	3 x 3" (7.5 x 7.5 cm)	A6196	10/bx, 10 bx/cs
MSC6444EP	4 x 4" (10.2 x 10.2 cm)	A6196	10/bx, 10 bx/cs
MSC6455EP	5 x 5.5" (12.7 x 14 cm)	A6197	10/bx, 10 bx/cs
MSC64610EP	6.5 x 10" (16.5 x 25.4 cm)	A6198	10/bx, 5 bx/cs
MSC64812EP	8 x 12" (20.3 x 30.5 cm)	A6198	10/bx, 8 bx/cs



OptiLock Absorbs and Retains More Fluid

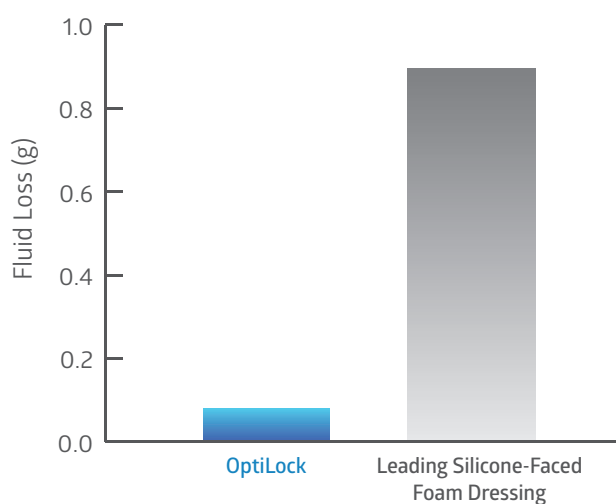
In manufacturer's laboratory testing, Medline's OptiLock dressings outperformed a leading silicone-faced foam dressing. OptiLock's remarkable absorption and fluid retention capabilities raise the bar for gentle wound care.

Absorption Capacity Under Compression¹



OptiLock absorbs approximately three times more fluid than a leading silicone-faced foam dressing.

Fluid Loss Under Compression¹



OptiLock dressings retain substantially more fluid under compression than a leading silicone-faced foam dressing.

References
1. Data on file.

MAXORB®

Alginates

RECOMMENDED USE

- » All wound depths
- » Moderate/heavy drainage
- » As a primary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Optifoam® Gentle
- » Bordered gauze
- » Stratasorb® Composite

INDICATIONS

- » Pressure injuries
- » Partial- and full-thickness wounds
- » Leg ulcers
- » Diabetic ulcers
- » Surgical wounds
- » Donor sites
- » Lacerations and abrasions
- » First- and second-degree burns

CHANGE FREQUENCY

- » May be left in place for up to 7 days
- » Dressing change frequency will depend on the amount of drainage

CONTRAINDICATIONS

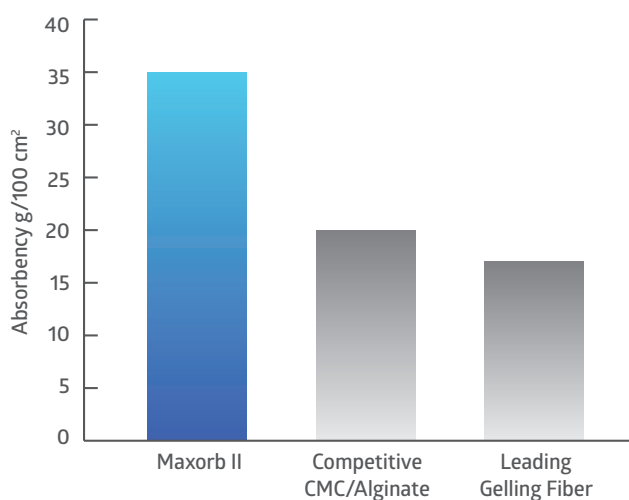
- » Individuals with a known sensitivity to alginates
- » Third-degree burns
- » To control heavy bleeding
- » As a surgical sponge
- » Dry or lightly draining wounds



ABOUT MAXORB

- » Maxorb is a 100% alginate dressing
- » Maxorb Extra is a blend of CMC and alginate fibers
- » Maxorb ES is reinforced for easy removal from tunneling wounds
- » Superior fluid handling¹
- » High wet strength—removes in one piece
- » Fluid does not wick laterally
- » Improved gelling capability

Maxorb II Absorbency Comparison¹



References
1. Data on file.

ORDERING INFORMATION

To order by the box, add "Z" to the end of the item number.

To order by the dressing, add "H" to the end of the item number.

MAXORB® II (100% ALGINATE) SHEET

Ideal for moderate to heavily draining wounds.

Item No.	Description	HCPCS	Pkg
MSC7322EP	2 x 2" (5 x 5 cm)	A6196	10 bx, 10 bx/cs
MSC7344EP	4 x 4" (10 x 10 cm)	A6196	10 bx, 5 bx/cs
MSC7366EP	6 x 6" (15.2 x 15.2 cm)	Pending	5/bx, 10 bx/cs
MSC7348EP	4 x 8" (10.2 x 20.3 cm)	Pending	5/bx, 10 bx/cs



MAXORB II (100% ALGINATE) RIBBON

Ideal for moderate to heavily draining wounds.

Item No.	Description	HCPCS	Pkg
MSC7312EP	1 x 12" (2.5 x 30.5 cm)	A6199	10 bx, 5 bx/cs
MSC7318EP	1 x 18" (2.5 x 45.7 cm)	Pending	10 bx, 5 bx/cs



MAXORB EXTRA (CMC/ALGINATE) SHEET

Ideal for moderate to heavily draining wounds.

Item No.	Description	HCPCS	Pkg
MSC7022EP	2 x 2" (5.1 x 5.1 cm)	A6196	10/bx, 10 bx/cs
MSC7044EP	4 x 4" (10.2 x 10.2 cm)	A6196	10/bx, 5 bx/cs
MSC7048EP	4 x 8" (10.2 x 20.3 cm)	A6197	5/bx, 10 bx/cs



MAXORB EXTRA (CMC/ALGINATE) RIBBON

Ideal for moderate to heavily draining wounds.

Item No.	Description	HCPCS	Pkg
MSC7012EP	1 x 12" (2.5 x 30.5 cm), Rope	A6199	5/bx, 4 bx/cs
MSC7112EP	1 x 12" (2.5 x 30.5 cm), Flat Rope	A6196	5/bx, 4 bx/cs



MAXORB ES (CMC/ALGINATE) RIBBON

Ideal for moderate to heavily draining wounds.

Item No.	Description	HCPCS	Pkg
MSC7918EP	0.75 x 18" (1.9 x 45.7 cm), ES	A6199	5/bx, 10 bx/cs



EXUDERM®

Hydrocolloid Dressings

RECOMMENDED USE

- » All wound depths*
- » All drainage levels
- » As a primary dressing

*As a secondary dressing for deep wounds

RECOMMENDED SECONDARY DRESSINGS

- » Not Applicable



INDICATIONS

- » Pressure injuries
- » Partial- and full-thickness wounds
- » Leg ulcers
- » Donor sites
- » Wounds with light to moderate drainage
- » Lacerations and abrasions
- » First- and second-degree burns

ABOUT EXUDERM

- » Manages drainage¹
- » Longer wear time
- » Protective, occlusive barrier
- » Satin-finish backing

CHANGE FREQUENCY

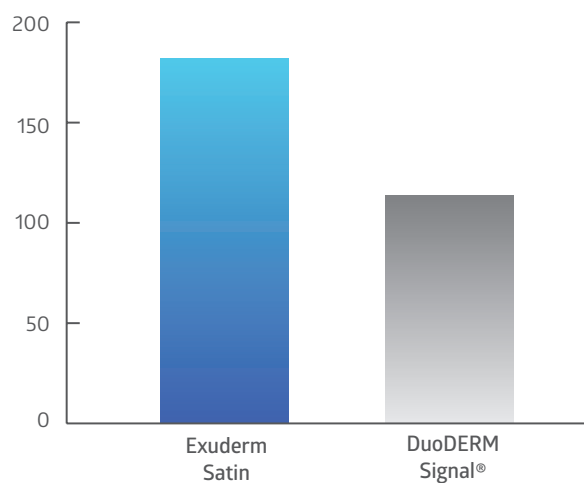
- » Exuderm dressings can be left in place for up to 7 days
- » Dressing change frequency will depend on amount of drainage

CONTRAINDICATIONS

- » Third-degree burns

Water Absorption¹

% absorption at 24h



References
1. Data on file.

ORDERING INFORMATION

To order by the dressing, add "H" to the end of the item number.

EXUDERM SATIN HYDROCOLLOID

Hydrocolloid wound dressing with satin-finish backing.

Item No.	Description	HCPCS	Pkg
MSC5422	2 x 2" (5.1 x 5.1 cm)	A6234	20/bx
MSC5444	4 x 4" (10.2 x 10.2 cm)	A6234	10/bx
MSC5466	6 x 6" (15.2 x 15.2 cm)	A6235	5/bx
MSC5488	8 x 8" (20.3 x 20.3 cm)	A6236	5/bx
MSC5470	Sacral: 4 x 3.6" (10.2 x 9.1 cm)	Pending	10/bx
MSC5475	Sacral: 6 x 6.5" (16.3 x 16.5 cm)	Pending	5/bx



EXUDERM ODORSHIELD® HYDROCOLLOID

Hydrocolloid wound dressing with odor control.

Item No.	Description	HCPCS	Pkg
MSC5522	2 x 2" (5.1 x 5.1 cm)	A6234	10/bx
MSC5544	4 x 4" (10.2 x 10.2 cm)	A6234	10/bx
MSC5566	6 x 6" (15.2 x 15.2 cm)	A6235	5/bx
MSC5588	8 x 8" (20.3 x 20.3 cm)	A6236	5/bx
MSC5570	Sacral 4 x 3.6" (10.2 x 9.1 cm)	A6234	10/bx
MSC5575	Sacral 6 x 6.5" (16.3 x 16.5 cm)	A6235	5/bx



EXUDERM LP LOW PROFILE HYDROCOLLOID

Thin hydrocolloid dressing.

Item No.	Description	HCPCS	Pkg
MSC5100	4 x 4" (10.2 x 10.2 cm)	A6234	10/bx
MSC5125	6 x 6" (15.2 x 15.2 cm)	A6235	5/bx



EXUDERM RCD TRADITIONAL HYDROCOLLOID

Hydrocolloid wound dressing with foam backing.

Item No.	Description	HCPCS	Pkg
MSC5200	4 x 4" (10.2 x 10.2 cm)	A6234	5/bx
MSC5225	6 x 6" (15.2 x 15.2 cm)	A6235	5/bx



HYDROGEL DRESSINGS

Hydrogels, Hydrogel Impregnated Gauze, and Hydrogel Sheets

RECOMMENDED USES

- » All wound depths
- » No/minimal drainage
- » As a primary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Stratasorb® Composite
- » Bordered gauze
- » Suresite® 123+Pad



INDICATIONS

- » Pressure injuries
- » Partial- and full-thickness wounds
- » Leg ulcers
- » Surgical wounds
- » Lacerations, abrasions and skin tears
- » First- and second-degree burns

CHANGE FREQUENCY

- » Skintegrity may be left in place for up to 3 days
- » Derma-Gel may be left in place for up to 5 days
- » Dressing change frequency will depend on amount of drainage

CONTRAINDICATIONS

- » Patients with a known sensitivity to components of the gel
- » Heavily draining wounds

ABOUT HYDROGELS

- » Donates moisture
- » Rinses easily from the wound
- » Skintegrity 1-oz. bellows bottle reduces waste and eases application
- » Hydrogel Impregnated Gauze combines gauze with hydrogel for easy application
- » Carrasyn Hydrogel available in an 8-oz. spray bottle

Cytotoxicity Test For Skintegrity Hydrogel¹

Using Murine L929 Embryo Fibroblasts Agar Overlay Neutral Red Assay

Test Material	IDRCC #278 (Wound Gel)	Negative Control	Positive Control
Concentration	100%	N/A	100%
Exposure (Time)	21 Hours	21 Hours	21 Hours
Zone of Inhibition (mm)	0	0	0
Comments/Observations (Grade and Reactivity)	0 / None	0 / None	Entire disk was clear/cells dead

Skintegrity Hydrogel is not harmful to tissue.

References

1. Independent cytotoxicity study performed by Thomas J. Stephens & Associates, Inc. Study Number 93-0070 (AOL).

ORDERING INFORMATION

To order by the each, add "H" to the end of the item number.

HYDROGEL

Ideal for clean wounds with minimal drainage.

Item No.	Description	HCPCS	Pkg
MSC6102	Skintegrity®, Bellows Bottle: 1-oz. (29.5 mL)	A6248	30/cs
MSC6104	Skintegrity, Tube: 4-oz. (118 mL)	A6248	12/cs
CRR101023CS	Carrasyn V® Viscous, Tube: 3-oz. (85 g)	A6248	12/cs
CRR101030	Carrasyn, Tube: 3-oz. (85 g)	N/A	12/cs
CRR101080	Carrasyn, Spray: 8-oz. (236 mL)	N/A	6/cs
CRR106042	RadiaGel Wound Dressing, Tube: 3-oz. (85 g)	N/A	12/cs



HYDROGEL IMPREGNATED GAUZE

Ideal for cavity wounds.

Item No.	Description	HCPCS	Pkg
MSC6022	Skintegrity Woven, 12-Ply: 2 x 2" (5.1 x 5.1 cm)	A6231	1/pk, 50 pk/cs
MSC6044	Skintegrity Woven, 12-Ply: 4 x 4" (10.2 x 10.2 cm)	A6231	1/pk, 30 pk/cs
MSC6144	Skintegrity Woven, 12-Ply: 4 x 4" (10.2 x 10.2 cm)	A6231	2/pk, 30 pk/cs
CRR101015	CarraGauze Non-Woven, 4-Ply: 4 x 4" (10.2 x 10.2 cm)	N/A	15/bx, 6 bx/cs



To order by the box, add "Z" to the end of the item number.

To order by the dressing, add "H" to the end of the item number.

DERMA-GEL® HYDROGEL SHEET

65% glycerine provides cooling and padding effect.

Item No.	Description	HCPCS	Pkg
NON8000	4 x 4" (10.2 x 10.2 cm)	A6242	25/bx, 4 bx/cs



CARRADRES AND RADIADRES HYDROGEL SHEETS

Composed of 89.5% water and 10.5% polyethylene oxide.

Item No.	Description	HCPCS	Pkg
CRR101052	RadiaDres: 4 x 4" (10.2 x 10.2 cm)	N/A	10/bx, 6 bx/cs
CRR101053	CarraDres: 4 x 4" (10.2 x 10.2 cm)	N/A	10/bx, 6 bx/cs



E

EDGE/ENVIRONMENT

If the wound edge is not migrating after appropriate wound bed preparation (debridement, infection/inflammation, moisture balance) and healing is stalled, then advanced therapies should be considered.

BIOLOGICALLY-DERIVED
PRODUCTS FEATURE A
SCAFFOLD WHERE NATIVE
CELLS CAN PROLIFERATE AND
ULTIMATELY REBUILD TISSUE.

Look inside...

Hyalomatrix®	54
Puracol®	58

HYALOMATRIX®

Hyaluronic Acid Wound Device

ACTIVATE HEALING NATURALLY.

Inspired by the remarkable wound healing properties of hyaluronic acid (HA) in the fetal environment, Hyalomatrix features a uniquely long-lasting form of HA called HYAFF. Through a process called esterification, HYAFF takes the normal 3-day wear time of natural HA and extends it to 14–21 days on average.

Along with HYAFF providing a scaffold for native wound healing cells, the HA provides both hydrodynamic and biological effects. These aid in cellular migration, capillary growth, dermal reconstruction, and spontaneous reepithelialization¹.



**Top Ten
Innovations
award in
*Podiatry
Today*³**

WELL-ESTABLISHED. WELL-DOCUMENTED.

The roles of HA, HYAFF and Hyalomatrix are supported by more than 800 peer-reviewed published papers.²

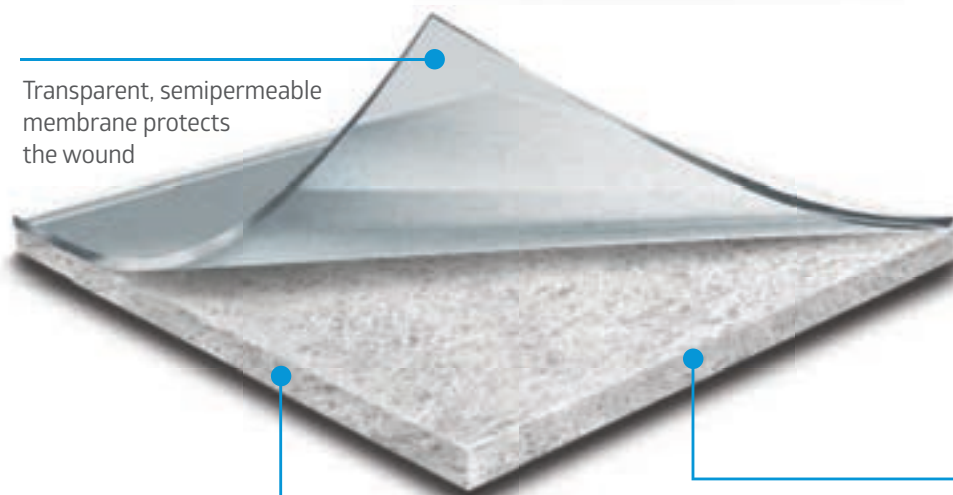
750+
exploratory
research studies
on HA

45
HYAFF
technology
studies

24
Hyalomatrix
clinical
studies



Transparent, semipermeable
membrane protects
the wound



Non-woven pad of
HYAFF, esterified HA

Over time, HYAFF integrates with and
is resorbed by the surrounding tissue

1. Caravaggi C, Grigoletto F, Scuderi N. Wound Bed Preparation With a Dermal Substitute (Hyalomatrix® PA) Facilitates Reepithelialization and Healing: Results of a Multicenter, Prospective, Observational Study on Complex Chronic Ulcers (The FAST Study). WOUNDS 2011; 23(8):228-235. Available at: www.medscape.com/viewarticle/749515_1 Accessed on Oct 13, 2014. 2. Literature review of peer-reviewed published papers on HA, HYAFF, and Hyalomatrix. 3. Data on file.

HYALOMATRIX®

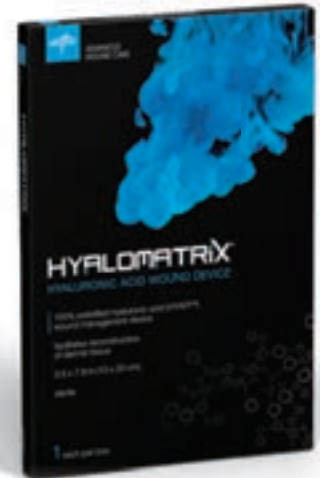
Hyaluronic Acid Wound Device

RECOMMENDED WOUND CONDITIONS

- » All wound depths
- » All drainage levels
- » Primary layer

RECOMMENDED SECONDARY DRESSINGS

- » Versatel®
- » Qwick™
- » Optilock®
- » Sterile adhesive strips



INDICATIONS

- » Pressure, venous, diabetic ulcers
- » Partial- and full-thickness wounds
- » Chronic vascular ulcers
- » Second-degree burns
- » Tunneled/undermined wounds
- » Surgical wounds (donor sites/grafts, post-Mohs surgery, post-laser surgery, podiatric, wound dehiscence)
- » Trauma wounds (abrasions, lacerations, second-degree burns, skin tears)
- » Draining wounds

CHANGE FREQUENCY

- » Removal of the silicone layer is recommended when the tissue underneath is healed, or ready for grafting, typically 14 to 21 days after application

CONTRAINDICATIONS

- » Individuals with a hypersensitivity to hyaluronan and/or its derivatives and silicone

ABOUT HYALOMATRIX

- » Bilayered, sterile, flexible and conformable wound device
- » Non-woven pad comprised entirely of HYAFF®, esterified hyaluronic acid
- » Semipermeable silicone membrane controls water vapor loss
- » Biodegradable matrix acts as a scaffold for cellular colonization and capillary growth
- » Facilitates ordered reconstruction of the dermal tissue

ORDERING INFORMATION

*To order by the each, add "H" to the end of the item number.

HYALOMATRIX HYALURONIC ACID WOUND DEVICE

Ideal for complex chronic wounds, burns, and surgical sites.

Item No.	Description	HCPCS	Pkg
MSS4011*	1 x 1" (2.5 x 2.5 cm)	Q4117	10/bx
MSS4022*	2 x 2" (5 x 5 cm)	Q4117	10/bx
MSS4044	3.9 x 3.9" (10 x 10 cm)	Q4117	1/bx
MSS4048	3.9 x 7.8" (10 x 20 cm)	Q4117	1/bx



PURACOL®

Collagen Dressings

RECOMMENDED WOUND CONDITIONS

- » All wound depths
- » All drainage levels
- » As a primary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Optifoam® Gentle
- » Stratasorb® Composite
- » Bordered gauze
- » Optifoam® Adhesive



INDICATIONS

- » Pressure, venous, diabetic ulcers
- » Partial- and full-thickness wounds
- » Ulcers caused by mixed vascular etiologies
- » Donor sites and other surface wounds
- » Abrasions
- » Traumatic wounds healing by secondary intention
- » Dehisced surgical wounds

CHANGE FREQUENCY

- » Puracol Plus and Puracol Plus Ag+ may be left in place for up to 7 days
- » Dressing change frequency will depend on amount of drainage

CONTRAINDICATIONS

- » Active vasculitis or patients with known sensitivity to collagen
- » Puracol Plus Ag+ only: patients with known sensitivity to silver;
- » Third-degree burns

ABOUT PURACOL PLUS

- » 100% collagen with a high degree of nativity^{1,2}
- » High gel integrity³
- » Helps promote a natural wound environment conducive to wound healing
- » Biodegradable
- » Can be used in combination with negative pressure wound therapy (NPWT)⁴

ABOUT PURACOL PLUS Ag+

In addition to all the benefits of Puracol Plus:

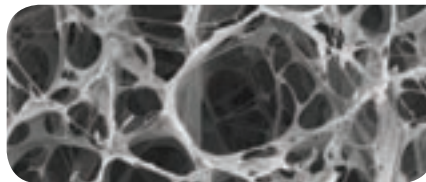
- » Ionic silver provides antimicrobial barrier^{5,6}
- » Non-staining

MICROSCOPIC VIEW¹



The intact superstructure provides strong evidence that the nativity of the collagen triple helix is preserved.

PURACOL PLUS MICROSCAFFOLD^{TM1}



The open porous structure increases the internal surface area for maximal interaction with wound fluids.

ORDERING INFORMATION

To order by the box, add "Z" to the end of the item number.

To order by the dressing, add "H" to the end of the item number.

PURACOL PLUS COLLAGEN

Ideal for partial- and full-thickness wounds of all drainage levels.

Item No.	Description	HCPCS	Pkg
MSC8622EP	2 x 2.25" (5.1 x 5.7 cm)	A6021	10/bx, 5 bx/cs
MSC8644EP	4.2 x 4.5" (10.8 x 11.4 cm)	A6022	10/bx, 5 bx/cs
MSC861X8EP	1 x 8" (2.5 x 20.3 cm) Rope	A6021	10/bx, 5 bx/cs
MSC8588	8 x 8" (20.3 x 20.3 cm)	A6023	10/bx, 5 bx/cs



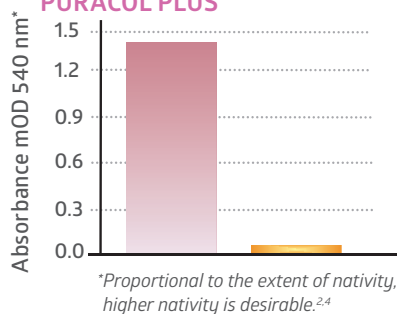
PURACOL PLUS AG+ COLLAGEN

Ideal for partial- and full-thickness wounds of all drainage levels.

Item No.	Description	HCPCS	Pkg
MSC8722EP	2 x 2.25" (5.1 x 5.7 cm)	A6021	10/bx, 5 bx/cs
MSC8744EP	4.2 x 4.5" (10.8 x 11.4 cm)	A6022	10/bx, 5 bx/cs
MSC871X8EP	1 x 8" (2.5 x 20.3 cm) Rope	A6021	10/bx, 5 bx/cs
MSC8488	8 x 8" (20.3 x 20.3 cm)	A6023	10/bx, 5 bx/cs

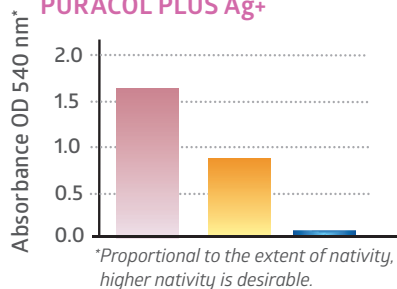


MEASURE OF COLLAGEN NATIVITY PURACOL PLUS



■ Puracol Plus
■ Collagen/ORC

MEASURE OF COLLAGEN NATIVITY PURACOL PLUS Ag+



■ Puracol Plus Ag+
■ Collagen/ORC-Silver
■ Denatured Collagen-CMC-Alginate-Silver-EDTA

REDUCTION IN BACTERIA LEVELS WITH PURACOL PLUS Ag+

Test Organism	Log Reduction with Puracol Plus Ag+
<i>Staphylococcus aureus</i> (MRSA)	5.20
<i>Enterobacter cloacae</i>	5.08
<i>Pseudomonas aeruginosa</i>	5.18
<i>Enterococcus faecalis</i> (VRE)	5.11
<i>Escherichia coli</i>	5.20
<i>Staphylococcus epidermidis</i> (coagulase-negative)	5.08

Log reduction in bacteria levels (in vitro) was observed in testing of large populations of selected microorganisms, including MRSA, that came into contact with Puracol Plus Ag+. (Method: AATCC-100)

References

1. Data on file.
2. Picosirius Assay to Determine Relative Nativity of Two Collagenous Dressings, internal report.
3. Comparative Physical Properties of Two Collagenous Dressings, Promogran® and Puracol Plus, data on file.
4. Scott, R; Chakravarthy, D. "The use of a 100% native MicroScaffold™ Collagen in conjunction with NPWT therapy". LifeCare Hospitals of Plano; Plano, TX. Presented at SAWC Fall Course, Baltimore, MD, September 2012.
5. Sibbald RG et al, Increased bacterial burden and infection, the story of NERDS and STONES, *Advances in Skin and Wound Care* 19: 447-61, 2006.
6. The antimicrobial benefits of silver and the relevance of Microlattice® technology. *Ostomy/Wound Management*. 49 (2A), 4-7, 2003.

S

SUPPORT PRODUCTS

Compression systems, skin protectants, cover dressings, tapes, and wound cleansers often play a critical role in the context of chronic wound care.

COMPRESSION PRODUCTS
SUPPORT HEALTHY VENOUS BLOOD
FLOW TO REDUCE EDEMA AND
PROMOTE HEALING.

Look inside...

Marathon®	62
Sureprep®	66
CoFlex® TLC	68
Fourflex® and Threeflex®	72
Medigrip™	74
Unna-Z®	76
Versatel® and Versatel One	78
Cover Dressings	80
Suresite®	82
Dressing Fixation Tape	84
Wound Cleansers	86
NE1®	88

MARATHON[®]

No-Sting Cyanoacrylate Skin Protectant

INNOVATING SKIN PROTECTION WITH CYANOACRYLATE TECHNOLOGY

Marathon No-Sting Cyanoacrylate Skin Protectant provides a long-lasting, robust barrier that defends damaged or intact skin from breakdown caused by moisture, friction, shear, and adhesive stripping.

This technology bonds to the skin through the polymerization process, becoming an additional layer of skin that will wear off as the epidermis naturally renews.



NO-STING



**BREATHABLE
SKIN
PROTECTION**



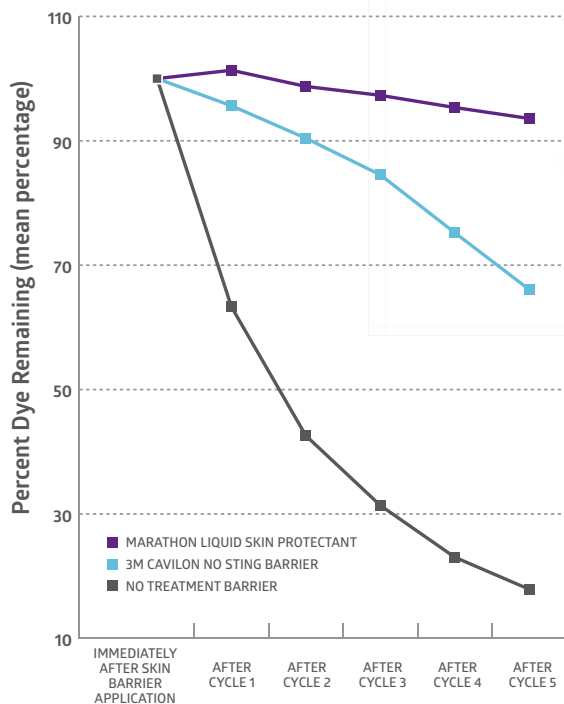
**LONG
LASTING**

TESTED AND PROVEN.

An independent study tested 12 subjects ages 60+ and compared how bare skin, skin with an application of MARATHON, and skin with an application of Cavilon® resisted exposure to a corrosive fluid (synthetic urine).

RESULTS:

Areas where MARATHON was applied showed better resistance after each of the five urine and wash-off cycles compared to the areas where Cavilon or no product at all were applied.



Percentage of retained dye after all five urine and wash-off cycles (mean percentage)¹

Comparison	Percentage
MARATHON	94%
Cavilon	66%
Skin with No Treatment	18%

Comparison	P value
Cavilon vs MARATHON	<0.05
Cavilon vs No Treatment	>0.05
MARATHON vs No Treatment	<0.001

“Today was a teary moment when Marathon worked for my patient that uses duct tape. She no longer needs duct tape for her ostomy. Marathon is holding strong, and she is elated.”
—Carrie Dean RN, CWCN

1. Study to Compare the Wash-off Resistance of Two Barrier Films Exposed to Synthetic Urine. Data on file.

MARATHON®

No-Sting Cyanoacrylate Skin Protectant

RECOMMENDED USES

- » Protection from moisture-associated skin damage
- » Protection from friction and shear
- » Protection from adhesive trauma

RECOMMENDED SECONDARY DRESSINGS

- » Not Applicable



INDICATIONS

Protects intact or damaged skin from:

- » Body fluids
- » Moisture
- » Friction and shear
- » Adhesive stripping

ABOUT MARATHON

- » Robust, flexible and long-lasting
- » Non-stinging; contains no solvents or activators
- » Protects from the effects of friction
- » Protects from moisture-associated skin damage caused by urine, exudate, perspiration, and other body fluids
- » Can be used on intact or damaged skin
- » Fast drying
- » Breathable

CHANGE FREQUENCY

- » Up to 3 days, reapply as needed

CONTRAINDICATIONS

Do not apply directly to:

- » Deep, open, bleeding, or chronic wounds
- » Second- or third-degree burns
- » Infected areas

ORDERING INFORMATION

MARATHON NO-STING CYANOACRYLATE SKIN PROTECTANT

For powerful skin protection.

Item No.	Description	HCPCS	Pkg
MSC093001	0.5 g ampule	A6250 (Protectant)	5/bx
		A5120 (Skin prep)	
MSC093005	0.5 g ampule	A6250 (Protectant)	10/bx
		A5120 (Skin prep)	



SUREPREP®

Skin Protectant

RECOMMENDED USES

- » Protection from corrosive fluids
- » Protection from adhesive trauma

RECOMMENDED SECONDARY DRESSINGS

- » Not Applicable



INDICATIONS

To be applied to intact or damaged skin in order to provide a primary barrier against:

- » Bodily fluids
- » Adhesive stripping

ABOUT SUREPREP

- » Protects from adhesive stripping^{1,2}
- » Safe for delicate skin³
- » Outperformed 3M Cavilon® in controlled study⁴
- » Fast drying⁵
- » Vapor permeable
- » Creates a waterproof barrier on periwound skin
- » Protection from friction and body fluids
- » Transparent

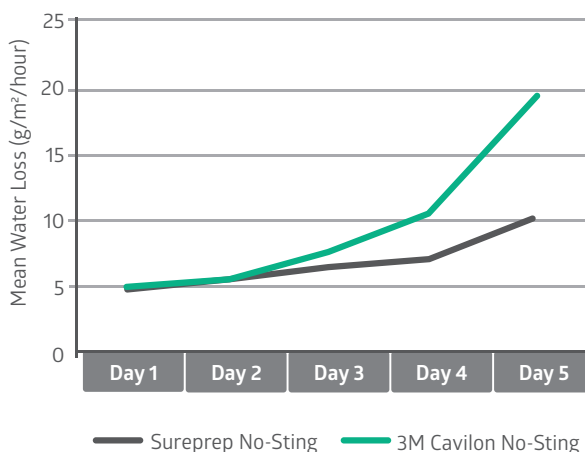
CHANGE FREQUENCY

- » Up to 72 hours or with every dressing change

CONTRAINDICATIONS

- » On infected areas of skin
- » Near the eyes
- » As the only covering in situations that require additional dressing protection from bacterial contamination/penetration, e.g., intravenous therapy catheter sites and full- or partial-thickness wounds

Transepidermal Water Loss (TEWL)⁴



On day 4 and day 5, subjects using Sureprep No-Sting experienced significantly less water loss than subjects using 3M Cavilon No-Sting

ORDERING INFORMATION

To order by the box, add "Z" to the end of the item number.

To order by the each, add "H" to the end of the item number.

SUREPREP NO-STING

For damaged or delicate skin, alcohol free.

Item No.	Description	HCPCS	Pkg
MSC1505	No-Sting Protective Wipes	A5120, A6250	50/bx, 10 bx/cs
MSC1510	No-Sting Wand Applicator, 1 mL	A5120, A6250	25/bx, 5 bx/cs
MSC1513	No-Sting Wand Applicator, 3 mL	A5120, A6250	25/bx, 4 bx/cs
MSC1528	No-Sting Spray, 28 mL	A4369, A6250	12/cs



SUREPREP RAPID DRY

For damaged or intact skin, non-stinging, alcohol free.

Item No.	Description	HCPCS	Pkg
MSC1605	Rapid Dry Protective Wipes	A5120, A6250	25/ bx, 4 bx/cs
MSC1610	Rapid Dry Wand Applicator, 1 mL	A5120, A6250	25/ bx, 4 bx/cs
MSC1613	Rapid Dry Wand Applicator, 3 mL	A5120, A6250	25/ bx, 4 bx/cs



SUREPREP

Ideal for routine periwound skin protection, contains alcohol.

Item No.	Description	HCPCS	Pkg
MSC1500	Skin Protective Wipes	A5120, A6250	50/bx, 20 bx/cs
MSC1500PK	Skin Protective Wipes	A5120, A6250	10/pk



References

- Chakravarthy D, Falconio-West M. A Randomized, Controlled Trial of Two Sting-Free Polymeric Skin Barrier Products, One Water Based, the Other Solvent Based. Presented at Clinical Symposium on Advances in Skin and Wound Care. Nashville, TN. 2007.
- Test data on file (independent lab).
- 510(k) K051082, WOVE, 2005.
- Shannon RJ, Chakravarthy D. Effect of a water-based no-sting, protective barrier formulation and a solvent containing similar formulation on skin protection from medical adhesive trauma. Int Wound J. 2009 Feb;6(1):82-8.
- Data on file.

COFLEX® TLC

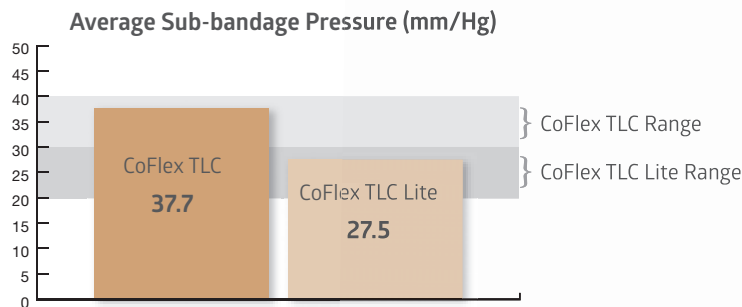
Two-Layer Compression Bandage System

CONSISTENT AND THERAPEUTIC COMPRESSION

The CoFlex TLC compression system manages venous insufficiency and associated edema by delivering 30-40 mmHg* of compression for up to 7 days. The first layer is soft, absorbent foam, specially designed to wick away moisture and control odor. Layer two is a short stretch cohesive bandage that provides therapeutic compression levels and holds the first layer in place.

THERAPEUTIC COMPRESSION

CoFlex TLC consistently delivers 30–40 mmHg* of compression for up to 7 days.



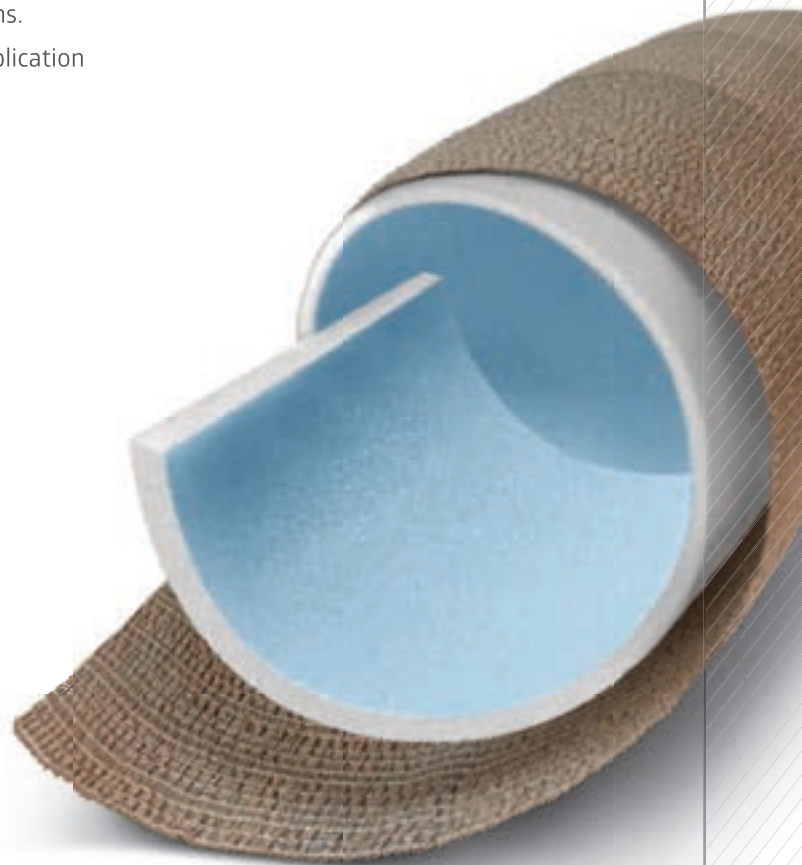
*Source: Andover Healthcare Study #1306-A. Data on file. Actual compression delivered will partially depend on limb circumference and application technique, and therefore vary between patients.





WHAT'S INSIDE

- » **Absorbent padding bandage** – with odor control.
- » **Cohesive compression bandage** – tears by hand for easier application.
- » **Knee-high stocking** – helps patients comply with compression therapy; comfortable and discreet under clothing and shoes.
- » **Extra-large bandage** – 35% longer to fit easily over edematous limbs.
- » **Patient education card** – explains compression therapy and encourages patients to follow the healthcare provider's instructions.
- » **Medline Educational Packaging™** – easy-to-follow application instructions right on the box.



COFLEX® TLC

Two-Layer Compression System

RECOMMENDED USES

- » Venous leg ulcers

RECOMMENDED SECONDARY DRESSINGS

- » No secondary dressing is required



INDICATIONS

- » To deliver therapeutic compression to manage venous disease and associated edema

CHANGE FREQUENCY

- » CoFlex® TLC compression system may be left in place for up to 7 days
- » Dressing change frequency will depend on amount of drainage

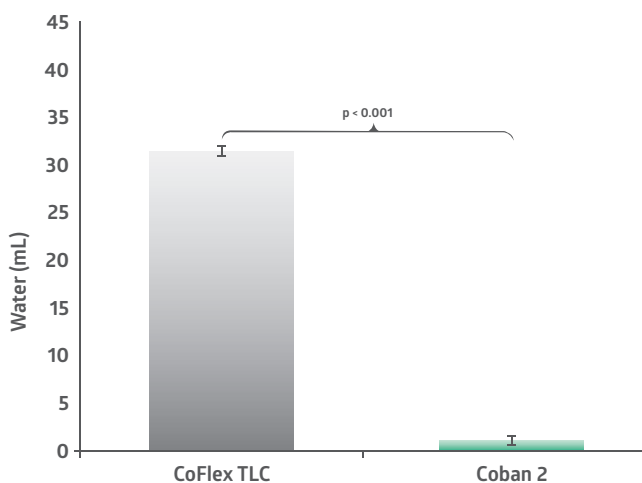
CONTRAINDICATIONS

- » Patients with severe arterial disease

ABOUT COFLEX TLC

- » Colflex TLC Lite provides 20–30 mmHg of therapeutic compression
- » Coflex TLC provides 30–40mmHg of therapeutic compression
- » Low-profile system easily fits under clothing and footwear
- » Absorbent padding bandage designed to wick away moisture and control odor
- » Stocking included to ease movement
- » Cohesive layer tears by hand
- » Patient information card included in every kit
- » Extra-long kit available for larger legs
- » Easy and consistent application method

Amount of Water Absorbed¹



Absorption prior to runoff. Error bars represent the 95% confidence interval. P-value obtained from a one-tailed, paired t-test.

1. Data on file

ORDERING INFORMATION

To order by the kit, add "H" to the end of the item number.

COFLEX TLC TWO-LAYER COMPRESSION SYSTEM

For therapeutic venous compression.

Item No.	Description	Compression Levels	HCPCS	Pkg
CoFlex TLC Kit				
AND7800	1) Absorbent Padding: 4" x 3.4 yd. (10 cm x 3.1 m)	Delivers 30–40 mmHg of Compression	A6441	8 kits/cs
	2) Short-Stretch Cohesive: 4" x 5.1 yd. (10 cm x 4.7 m) Stretched		A6454	
CoFlex TLC XL Kit				
AND7800XL	1) Absorbent Padding: 4" x 5.4 yd. (10 cm x 4.9 m)	Delivers 30–40 mmHg of Compression	A6441	8 kits/cs
	2) Short-Stretch Cohesive: 4" x 7 yd. (10 cm x 6.3 m) Stretched		A6454	
CoFlex TLC Lite Kit				
AND7802	1) Absorbent Padding: 4" x 3.4 yd. (10 cm x 3.1 m)	Delivers 20–30 mmHg of Compression	A6441	8 kits/cs
	2) Short-Stretch Cohesive: 4" x 5.1 yd. (10 cm x 4.7 m)		A6454	





COFLEX TLC EDUCATES PATIENTS

» Research shows that when patients understand why they are receiving compression therapy they are more likely to be compliant**

**Finlayson K, Edwards K, et al. (2010). The Impact of psychosocial factors on adherence to compression therapy to prevent recurrence of venous leg ulcers. *J. Clin Nurs.* 19(9-10): 1289-97

FOURFLEX® AND THREEFLEX®

Multilayer Compression Bandage System

RECOMMENDED USE

- » Venous leg ulcers

RECOMMENDED SECONDARY DRESSINGS

- » No secondary dressing is required



INDICATIONS

- » To deliver compression to manage venous disease and associated edema

CHANGE FREQUENCY

- » Multilayer compression bandages may be left in place for up to 7 days
- » Dressing change frequency will depend on amount of drainage

CONTRAINDICATIONS

- » Patients with severe arterial disease

ABOUT FOURFLEX AND THREEFLEX

- » Effective therapeutic compression
- » Extended wear time
- » Absorbs drainage
- » Educational packaging
- » Extra long kit available for larger legs
- » Fourflex and Fourflex XL delivers 30–40 mmHg of compression
- » Threeflex delivers 20–30 mmHg of compression

ABI Chart

To determine the Ankle Brachial Index (ABI), divide the ankle systolic pressure by the brachial systolic pressure.

$$\frac{\text{Ankle Pressure}}{\text{Brachial Pressure}} = \text{ABI}$$

Interpretation of the Ankle Brachial Index

Greater than 1.3	Abnormally high range (more studies are needed)
0.8 to 1.3	Normal range
0.50 to 0.80	Indicates mild to moderate arterial disease, compression should only be used under direct medical supervision
Below 0.5	Severe arterial insufficiency, compression is contraindicated

ORDERING INFORMATION

To order by the kit, add "H" to the end of the item number.

THREEFLEX THREE-LAYER COMPRESSION SYSTEM

For lighter compression or for mixed etiology.

Item No.	Description	HCPCS	Pkg
Threflex Kit			
MSC4300	1) Padding 4" x 4 yd. (10 cm x 3.6 m)	A6441	8 kits/cs
	2) Light Conforming 4" x 4.9 yd. (10 cm x 4.5 m) Stretched	A6449	
	3) Cohesive 4" x 6.9 yd. (10 cm x 6.3 m) Stretched	A6454	



FOURFLEX FOUR-LAYER COMPRESSION SYSTEM

For the treatment of chronic venous insufficiency.

Item No.	Description	HCPCS	Pkg
Fourflex Kit			
MSC4400	1) Padding 4" x 4 yd. (10 cm x 3.6 m)	A6441 + A6449 + A6443 + A6454	8 kits/cs
	2) Light Conforming 4" x 4.9 yd. (10 cm x 4.5 m) Stretched		
	3) Compression 4" x 9.5 yd. (10 cm x 8.7 m) Stretched		
	4) Cohesive 4" x 6.9 yd. (10 cm x 6.3 m) Stretched		
Fourflex XL Kit			
MSC4400XL	1) Padding 4" x 5 yd. (10 cm x 4.6 m) 25% Longer	N/A	8 kits/cs
	2) Conforming 4" x 6.3 yd. (10 cm x 5.7 m) Stretched. 29% Longer	N/A	
	3) Compression 4" x 12.3 yd. (10 cm x 11.2 m) Stretched. 29% Longer	N/A	
	4) Cohesive 4" x 8.9 yd. (10 cm x 8.1 m) Stretched. 29% Longer	N/A	



MEDIGRIP™

Elasticated Tubular Bandages

RECOMMENDED USES

- » Dressing Retention
- » Light compression

RECOMMENDED SECONDARY DRESSINGS

- » Not Applicable



INDICATIONS

- » Edema
- » Treatment of chronic venous insufficiency
- » Dislocations
- » Sprains
- » As a retention dressing

ABOUT MEDIGRIP

- » Provides excellent support for joints
- » Easy to apply and reapply
- » Wide range of applications
- » Good for securing dressings
- » Can be used as mild compression when doubled

CHANGE FREQUENCY

- » Medigrip may be left in place for up to 7 days
- » Dressing change frequency will depend on amount of drainage

CONTRAINDICATIONS

- » None*

Compression Testing of Bandages

Based on principles contained in BS 6612¹

Test Material	Test	Limb Circumference (cm)	Pressure (mmHg)
Medigrip	1	17.2	7.2
Tubigrip	1	17.2	5.8
Medigrip	2	18.7	7.0
Tubigrip	2	18.7	6.1

Summary:

Although the statistical analysis indicated that the pressures produced by the two products are different, this difference is unlikely to prove significant in the clinical situation.

¹ British Standards Institution, "Graduated Compression Hosiery", BS6612, (1985, 1993) Independent study performed by SMTL, Bridgend, Wales

*CAUTION: This product contains natural rubber latex which may cause allergic reactions.

ORDERING INFORMATION

MEDIGRIP™ TUBULAR BANDAGE

11 yards (10 meters) in length.

Item No.	Size	Width	Application	HCPCS	Pkg
MSC9500	A	1.75" (4.5 cm)	Infant feet and arms	A6457	1 roll/bx
MSC9501	B	2.5" (6.3 cm)	Small hands and limbs	A6457	1 roll/bx
MSC9502	C	2.625" (6.8 cm)	Adult hands, arms or legs	A6457	1 roll/bx
MSC9503	D	3" (7.5 cm)	Large arms or legs	A6457	1 roll/bx
MSC9504	E	3.5" (8.75 cm)	Legs or small thighs	A6457	1 roll/bx
MSC9505	F	4" (10 cm)	Large knees or thighs	A6457	1 roll/bx
MSC9506	G	4.75" (12 cm)	Large thighs	A6457	1 roll/bx



MEDIGRIP TUBULAR BANDAGE

1 yard (0.91 meter) in length.

To order by the individual unit, add "H" to the end of the item numbers below.

Item No.	Size	Width	Application	HCPCS	Pkg
MSC9504YD	E	3.5" (8.75 cm)	Legs or small thighs	A6457	30/cs
MSC9505YD	F	4" (10 cm)	Large knees or thighs	A6457	30/cs
MSC9506YD	G	4.75" (12 cm)	Large thighs	A6457	30/cs

MEDIGRIP SIZING CHART

For compression, use a double layer of Medigrip.

LIMB MEASUREMENT*		COMPRESSION**		
Inches	Centimeters	Low	Medium	High
4-5.3125"	10-13.5 cm		B	
5.3125-5.906"	13.5-15 cm	C	B	
5.906-9.625"	15-24.5 cm	D	C	B
9.625-14"	24.5-35.5 cm	E	D	C
14-17.6875"	35.5-45 cm	F	E	D
17.6875-19.875"	45-50.5 cm	G	F	E
19.875-23.875"	50.5-60.7 cm		G	F
23.875-27.6875"	60.7-70.3 cm			G

*For full arm coverage, measure the largest part of the forearm. For full leg or below the knee coverage, measure the widest point of the calf. And, for the hand, measure around metacarpophalangeal joint.

**Low = 5-10 mm Hg (for general edema) Medium = 10-20 mm Hg (for varicose conditions/post-burn scarring)

High = 20-30 mm Hg (for soft tissue injuries/joint effusions)

UNNA-Z®

Unna Boot Bandages

RECOMMENDED USE

- » Venous leg ulcers

RECOMMENDED SECONDARY DRESSINGS

- » Compression CoFlex LF2
- » Bulkee® Gauze Wrap



INDICATIONS

- » Venous leg ulcers

CHANGE FREQUENCY

- » Unna-Z may be left in place for up to 7 days, depending on drainage

CONTRAINDICATIONS

- » Patients with a known sensitivity to components (zinc and/or calamine)

ABOUT UNNA-Z

- » Improved knitted design
- » Maintains a moist healing environment
- » Impregnated with zinc oxide
- » Items NONUNNA3 and NONUNNA4 contain calamine and zinc oxide
- » Provides light compression
- » Inner plastic core for easy application

DID YOU KNOW?

Unna boots are usually covered with a cohesive bandage such as CoFlex LF2.



ORDERING INFORMATION

To order by the dressing, add "H" to the end of the item number.

UNNA-Z ZINC UNNA BOOT

Maintains a moist healing environment and provides light compression for venous leg ulcers.

Item No.	Description	HCPCS	Pkg
NONUNNA13	3" x 10 yds (7.6 cm x 9.1 m)	A6456	12/cs
NONUNNA14	4" x 10 yds (10.2 cm x 9.1 m)	A6456	12/cs



UNNA-Z UNNA BOOT WITH ZINC AND CALAMINE

Maintains a moist healing environment and provides light compression for venous leg ulcers.

Item No.	Description	HCPCS	Pkg
NONUNNA3	3" x 10 yds (7.6 cm x 9.1 m)	A6456	12/cs
NONUNNA4	4" x 10 yds (10.2 cm x 9.1 m)	A6456	12/cs



VERSATEL® AND VERSATEL ONE

Contact Layer Dressings

RECOMMENDED USES

- » To prevent secondary dressing adhesion to the wound

RECOMMENDED SECONDARY DRESSINGS

- » Stratasorb® Composite
- » Optifoam® Adhesive
- » Maxorb® Extra

INDICATIONS

- » Dry to heavily draining abrasions
- » Partial- and full-thickness wounds
- » Venous ulcers or pressure injuries
- » Skin tears
- » First- and second-degree burns
- » Blisters, cuts and lacerations
- » Surgical and trauma wounds

CHANGE FREQUENCY

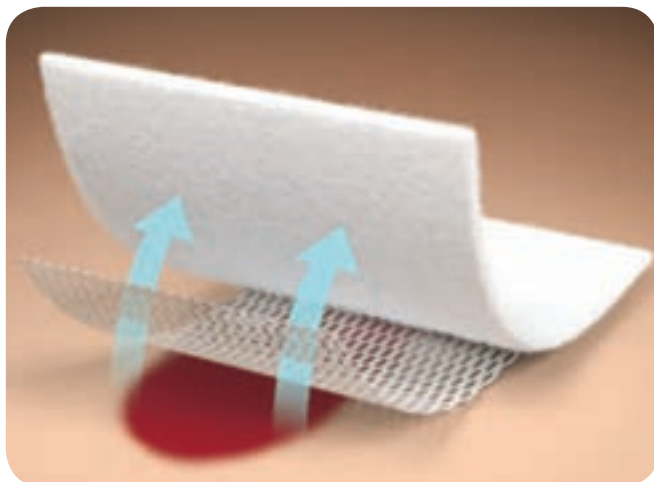
- » Versatel may be left in place for up to 7 days
- » Dressing change frequency will depend on amount of drainage

CONTRAINDICATIONS

- » Third-degree burns
- » Individuals with a known sensitivity to silicone
- » Not for surgical implantation

Fluid Transferred Through Versatel

Versatel is designed to allow wound fluid to easily transfer into a secondary dressing.¹



References

1. Independent laboratory testing. Test reports on file. 2. Mulder GD. Quantifying wound fluids for the clinician and researcher. *Ostomy Wound Manage.* 1994;40(8):66-69. 3. Independent laboratory testing. Test reports on file.



ABOUT VERSATEL

- » Silicone-based atraumatic adhesive
- » Flexible and pliable to conform to body contours and improve comfort
- » Versatel One features one-sided silicone contact for easy handling
- » Reduces potential trauma from secondary dressing wound adherence
- » Minimizes pain during removal
- » Channels allow fluid to easily transfer to an absorbent dressing
- » Translucent for easy wound visualization

A typical highly exudating wound drains over 10 mL of fluid per day.² In an in vitro study that simulates the drainage of a wound, Versatel was shown to be an efficient transfer layer for fluid. Versatel allowed an average of 16.2 mL of fluid to pass through during 2.5 hours, which is equal to 155.52 mL per day.³

ORDERING INFORMATION

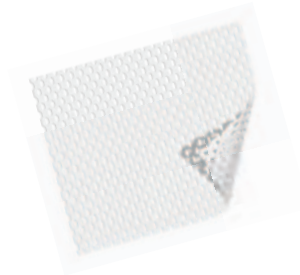
To order by the box, add "Z" to the end of the item number.

To order by the dressing, add "H" to the end of the item number.

VERSATEL

Two-sided silicone contact layer.

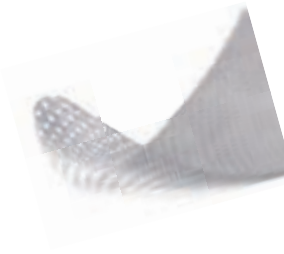
Item No.	Description	HCPCS	Pkg
MSC1723EP	2 x 3" (5.1 x 7.6 cm)	A6206	10/bx, 5 bx/cs
MSC1734EP	3 x 4" (7.6 x 10.2 cm)	A6206	10/bx, 5 bx/cs
MSC1747EP	4 x 7" (10.2 x 17.8 cm)	A6207	10/bx, 5 bx/cs
MSC17812EP	8 x 12" (20.3 x 30.5 cm)	A6208	5/bx, 5 bx/cs



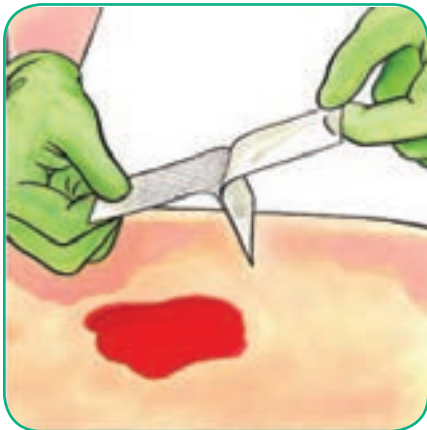
VERSATEL ONE

One-sided silicone for easier handling.

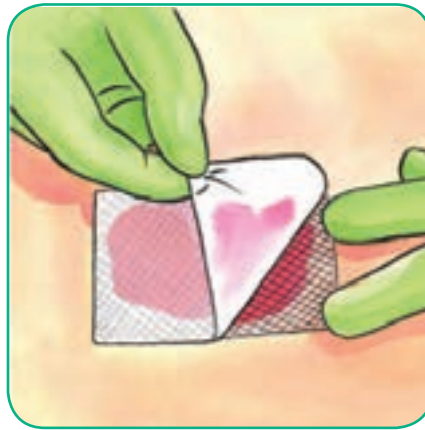
Item No.	Description	HCPCS	Pkg
MSC1823EP	2 x 3" (5.1 x 7.6 cm)	Pending	10/bx, 5 bx/cs
MSC1834EP	3 x 4" (7.6 x 10.2 cm)	Pending	10/bx, 5 bx/cs
MSC1845EP	4 x 5" (10.2 x 12.7 cm)	Pending	10/bx, 5 bx/cs
MSC1847EP	4 x 7" (10.2 x 17.8 cm)	Pending	10/bx, 5 bx/cs
MSC18812EP	8 x 12" (20.3 x 30.5 cm)	Pending	5/bx, 5 bx/cs



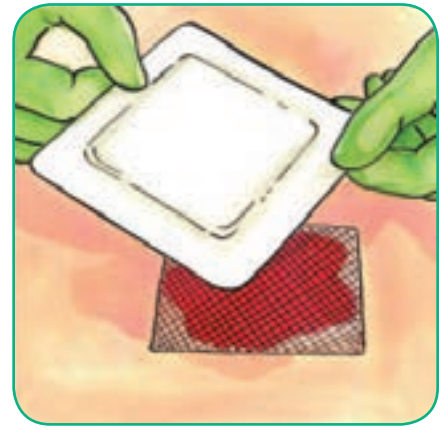
Easy Application Instructions



Step 1: Clean and dry wound and periwound area. Remove Versatel from package. Remove liner from one side of the dressing.



Step 2: Place dressing directly on wound and smooth into place. NOTE: Versatel can cover periwound skin or may be cut if necessary.



Step 3: Remove second liner if applicable (Versatel only). Cover with an appropriate secondary absorbent dressing such as Stratasorb®. Versatel can be used under compression dressings.

COVER DRESSINGS

Adhesive Island Wound Dressing

RECOMMENDED WOUND CONDITIONS

- » All wound depths
- » All drainage levels
- » Primary dressing
- » Secondary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Not Applicable



INDICATIONS

- » Pressure injuries
- » Partial- and full-thickness wounds
- » Incision sites

CHANGE FREQUENCY

- » Change the dressing as indicated by the amount of drainage or as frequently as the primary dressing indicates
- » Can be left in place for up to 7 days

CONTRAINDICATIONS

- » Third-degree burns
- » Patients with a known sensitivity to components of the dressing

ABOUT COVER DRESSINGS

- » Non-adherent deluxe soaker pad
- » Non-woven adhesive border
- » Waterproof backing (Stratasorb)
- » Water-resistant backing (bordered gauze)
- » Ideal for incision sites

ORDERING INFORMATION

To order by the box, add "Z" to the end of the item number.

To order by the dressing, add "H" to the end of the item number.

STRATASORB COMPOSITE COVER DRESSING

Waterproof, convenient secondary dressing.

Item No.	Description	HCPCS	Pkg
MSC3044	4 x 4" (10.2 x 10.2 cm), 2.5 x 2" (6.4 x 5.1 cm) Pad	A6203	10/bx, 10 bx/cs
MSC3066	6 x 6" (15.2 x 15.2 cm), 4 x 4" (10.2 x 10.2 cm) Pad	A6203	10/bx, 10 bx/cs
MSC3068	6 x 7.5" (15.2 x 19.1 cm), 4 x 6" (10.2 x 15.2 cm) Pad	A6204	10/bx, 10 bx/cs
MSC30410	4 x 10" (10.2 x 25.4 cm), 2 x 8" (5.1 x 20.3 cm) Pad	A6203	10/bx, 10 bx/cs
MSC30414	4 x 14" (10.2 x 35.6 cm), 2 x 12" (5.1 x 30.5 cm) Pad	A6204	10/bx, 10 bx/cs



BORDERED GAUZE COVER DRESSING

Water-resistant, easy-to-use secondary dressing.

Item No.	Description	HCPCS	Pkg
MSC3222	2 x 2" (5.1 x 5.1 cm), 1 x 1" (2.5 x 2.5 cm) Pad	A6219	15/bx, 10 bx/cs
MSC3244	4 x 4" (10.2 x 10.2 cm), 2.5 x 2.5" (6.4 x 6.4 cm) Pad	A6219	15/bx, 10 bx/cs
MSC3245	4 x 5" (10.2 x 12.7 cm), 2 x 2.5" (5.1 x 6.4 cm) Pad	A6219	15/bx, 10 bx/cs
MSC3248	4 x 8" (10.2 x 20.3 cm), 2 x 6" (5.1 x 15.2 cm) Pad	A6219	15/bx, 10 bx/cs
MSC3266	6 x 6" (15.2 x 15.2 cm), 4 x 4" (10.2 x 10.2 cm) Pad	A6220	15/bx, 10 bx/cs
MSC32410	4 x 10" (10.2 x 25.4 cm), 2 x 8" (5.1 x 20.3 cm) Pad	A6219	15/bx, 10 bx/cs
MSC32414	4 x 14" (10.2 x 35.6 cm), 2 x 12" (5.1 x 30.5 cm) Pad	A6220	15/bx, 10 bx/cs



SURESITE®

Transparent Film Dressings

RECOMMENDED WOUND CONDITIONS

- » Shallow
- » No/minimal drainage
- » Primary dressing
- » Secondary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Not Applicable



INDICATIONS

- » Peripheral and central I.V. lines
- » Partial-thickness wounds
- » Full-thickness wounds (secondary dressing)
- » Lacerations and abrasions
- » To help prevent skin breakdown caused by friction to epidermis

CHANGE FREQUENCY

- » Suresite may be left in place for up to 7 days
- » Dressing change frequency will depend on amount of drainage

CONTRAINDICATIONS

- » Contraindicated as a primary dressing on wounds with moderate to heavy drainage

ABOUT SURESITE

- » Traditional moisture vapor transmission rate (MVTR)
- » Conformable
- » Does not stick to itself
- » Microporous technology
- » Permits continuous observation of wound and line sites
- » Variety of delivery systems

ORDERING INFORMATION

To order by the box, add "Z" to the end of the item number.

To order by the dressing, add "H" to the end of the item number.

SURESITE WINDOW

An easy-to-use window frame delivery.

Item No.	Description	HCPCS	Pkg
MSC2302	2.38 x 2.75" (6 x 7 cm)	A6257	100/bx
MSC2304	4 x 4.5" (10.2 x 11.4 cm)	A6257	50/bx



SURESITE MATRIX

Top layer allows you to trace wound margins.

Item No.	Description	HCPCS	Pkg
MSC2204	4 x 4.5" (10.2 x 11.4 cm)	A6258	50/bx
MSC2206	6 x 8" (15.2 x 20.3 cm)	A6258	10/bx, 10 bx/cs



ORDERING INFORMATION

To order by the box, add "Z" to the end of the item number.

To order by the dressing, add "H" to the end of the item number.

SURESITE 123

Easy to apply 1-2-3 delivery system.

Item No.	Description	HCPCS	Pkg
MSC2701	1.52 x 1.52" (3.9 x 3.9 cm)	A6257	100/bx, 4 bx/cs
MSC2703	2.4 x 2.8" (6.1 x 7.1 cm)	A6257	100/bx, 4 bx/cs
MSC2705	4 x 4.8" (10.2 x 12.2 cm)	A6257	50/bx, 4 bx/cs
MSC2706*	6 x 8" (15.2 x 20.3 cm)	A6258	25/bx, 4 bx/cs
MSC2710*	4 x 10" (10.2 x 25.4 cm)	A6258	25/bx, 4 bx/cs
MSC2712*	8 x 12" (20.3 x 30.5 cm)	A6259	25/bx, 4 bx/cs

*To order a box, add "ZZ" to the end of the item number.



SURESITE 123 + PAD

Easy delivery of an all-in-one cover dressing with absorption.

Item No.	Description	HCPCS	Pkg
MSC2603	2.4 x 2.8" (6.1 x 7.1 cm), 1.3 x 1.6" (3.3 x 4.1 cm) Pad	A6203	100/bx, 4 bx/cs
MSC2605	4 x 4.8" (10.2 x 12.2 cm), 2.4 x 3.2" (6.1 x 8.1 cm) Pad	A6203	50/bx, 4 bx/cs
MSC2610	3.5 x 10" (8.9 x 25.4 cm), 1.5 x 8" (3.8 x 20.3 cm) Pad	A6203	25/bx, 4 bx/cs



SUREVIEW FILM FABRIC FRAME

Easy to apply I.V. cover dressing with a reinforced fabric frame.

Item No.	Description	HCPCS	Pkg
MSC2502	2.37 x 2.75" (6 x 7 cm)	A6257	50/bx
MSC2504	4 x 4.5" (10.2 x 11.4 cm)	A6257	25/bx



SURESITE I.V.

Convenient, sized for I.V. sites.

Item No.	Description	HCPCS	Pkg
MSC2002	2 x 3" (5.1 x 7.6 cm)	A6257	100/bx



SURESITE 2-HANDLE

Traditional delivery system.

Item No.	Description	HCPCS	Pkg
MSC2104	4 x 5" (10.2 x 13 cm)	A6258	50/bx



SUREFILM ROLL

Allows for customization of length of transparent film.

Item No.	Description	HCPCS	Pkg
MSC2402	2" x 11 yd. (5.1 cm x 10 m)	A4450	1 roll/bx, 12 bx/cs
MSC2404	4" x 11 yd. (10.2 cm x 10 m)	A4450	1 roll/bx, 12 bx/cs



DRESSING FIXATION TAPE

Non-Woven, Silicone and Zinc Tape

RECOMMENDED USE

- » Dressing retention

RECOMMENDED SECONDARY DRESSINGS

- » Not Applicable



INDICATIONS

- » To secure primary dressings
- » To secure gastrostomy tubes and other feeding tubes

CHANGE FREQUENCY

- » Dressing change frequency will depend on the primary dressing and amount of drainage

CONTRAINDICATIONS

- » Contraindicated as a primary dressing

ABOUT TAPE

- » MedFix has a printed s-curve release liner
- » MedFix EZ is linerless and perforated
- » MedFix tapes are water resistant
- » Gentac is transparent
- » Gentac uses gentle and repositionable silicone adhesive
- » Gentac tape is waterproof
- » Pinc Tape is zinc based and adheres well even in moist conditions

PRODUCT SPOTLIGHT

Pinc™ Tape

- » Pinc Utilizes a zinc oxide adhesive
- » Pinc tape is Waterproof
- » Pinc tape Adheres well in moist environments



ORDERING INFORMATION

MEDFIX TAPE

For flexibility and customized sizing.

Item No.	Description	HCPCS	Pkg
MSC4002	2" x 11 yd. (5.1 cm x 10 m)	A4452	1 roll/bx
MSC4004	4" x 11 yd. (10.2 cm x 10 m)	A4452	1 roll/bx
MSC4006	6" x 11 yd. (15.2 cm x 10 m)	A4452	1 roll/bx



MEDFIX EZ TAPE

Linerless with 2" (5.1 cm) perforations.

Item No.	Description	HCPCS	Pkg
MSC4102	2" x 11 yd. (5.1 cm x 10 m)	A4452	12 rolls/bx
MSC4104	4" x 11 yd. (10.2 cm x 10 m)	A4452	12 rolls/bx
MSC4106	6" x 11 yd. (15.2 cm x 10 m)	A4452	12 rolls/bx
MSC4124	4" x 2 yd. (10.2 cm x 1.8 m)	A4452	12 rolls/bx

To order Medfix EZ Tape by the roll, add "H".



GENTAC SILICONE TAPE

Ideal for fixation on fragile skin.

Item No.	Description	HCPCS	Pkg
MSC1583	0.8" x 3.3 yd. (2 cm x 3 m)	A4452	12 rolls/cs
MSC1585	2" x 5 yd. (5.1 cm x 12.7 m)	A4452	6 rolls/cs

To order Gentac Tape by the roll, add "H".



PINC™ TAPE

Zinc oxide adhesive tape.

Item No.	Description	HCPCS	Pkg
OMAM55CS	1/2" x 5 yd. (1.3 cm x 4.57 cm)	Pending	1/bx, 36 bx/cs
OMAM111CS	1" x 5 yd. (2.54 cm x 4.57 m)	Pending	1/bx, 36 bx/cs
OMAM222CS	2" x 5 yd. (5.1 cm x 4.57 m)	Pending	1/bx, 36 bx/cs

*To order Pinc Tape by the roll, remove the letters "CS" from the item code



WOUND CLEANSERS

RECOMMENDED USES

- » Cleansing all types of wounds

RECOMMENDED SECONDARY DRESSINGS

- » Not Applicable

INDICATIONS

To clean a wide variety of wounds including:

- » Pressure injuries
- » Partial- and full-thickness wounds
- » Infected and non-infected wounds

CHANGE FREQUENCY

- » With every dressing change

CONTRAINDICATIONS

- » Patients with a known sensitivity to ingredients in the wound cleanser



ABOUT WOUND CLEANSERS

- » Easy cleansing
- » Adjustable trigger, PSI of 8.6 at 3"
- » Within AHCPA guidelines
- » MicroKlenz is antimicrobial
- » Prophase contains PHMB as a preservative

PRODUCT SPOTLIGHT

Prophase™ Wound Cleanser

- » Contains PHMB as a preservative
- » Low pH formulation
- » Available in convenient 2-oz. squeeze bottle



ORDERING INFORMATION

To order by the bottle, add "H" to the end of the item number.

SKINTEGRITY WOUND CLEANSER

For wound cleansing.

Item No.	Description	Pkg
MSC6008	Spray Bottle: 8-oz. (236 mL)	6/cs
MSC6016	Spray Bottle: 16-oz. (472 mL)	6/cs

PROPHASE WOUND CLEANSER

Contains PHMB as a preservative.

Item No.	Description	Pkg
MSC8008	Spray Bottle: 8-oz. (236 mL)	6/cs
MSC8002	Squeeze Bottle: 2-oz. (59 mL)	12/cs

MICROKLENZ™ FIRST AID ANTISEPTIC

Helps manage bioburden in dermal wounds.

Item No.	Description	Pkg
CRR108008	Spray Bottle: 8-oz. (236 mL)	6/cs

CARRAKLENZ™ WOUND CLEANSER

Ideal for partial- and full-thickness wounds of all drainage levels.

Item No.	Description	Pkg
CRR102060	Pump: 6-oz. (177 mL)	12/cs
CRR102062	Spray Bottle: 8-oz. (236 mL)	6/cs
CRR102160	Spray Bottle: 16-oz. (473 mL)	6/cs

ULTRAKLENZ™ WOUND CLEANSER

Ideal for partial- and full-thickness wounds of all drainage levels.

Item No.	Description	Pkg
CRR108080	Spray Bottle: 8-oz. (236 mL)	6/cs



NE1®

Wound Assessment

RECOMMENDED USES

- » Measure and assess all types of wounds

INDICATIONS

- » Wound assessment to assist with wound evaluation

CHANGE FREQUENCY

- » One time use, during each wound evaluation
- » Upon admission and discharge at minimum

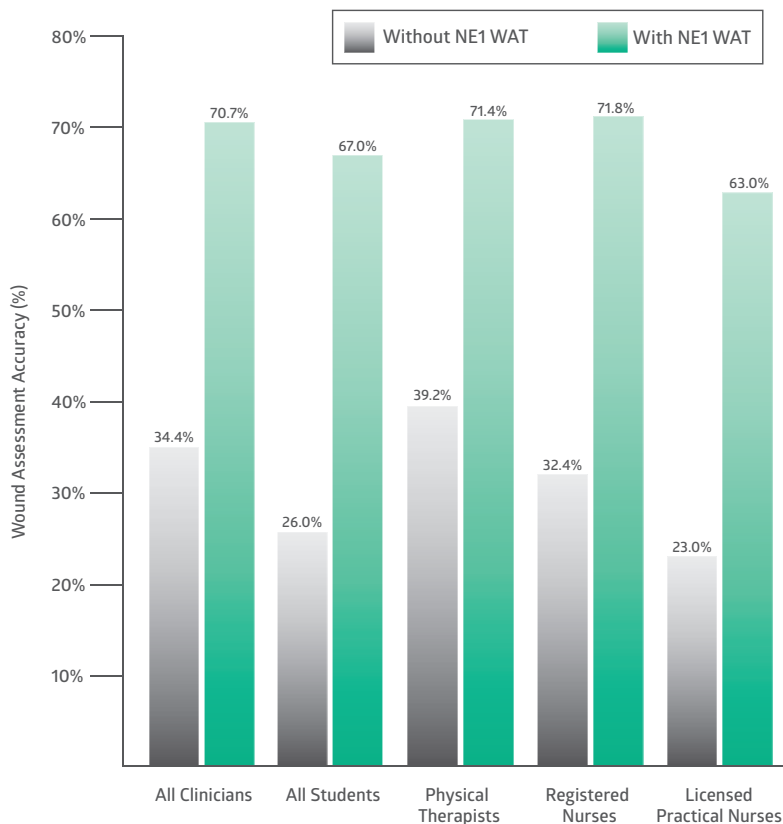
CONTRAINDICATIONS

- » None



ABOUT NE1

- » Easy-to-use color-matching technique
- » Reduces errors and promotes accurate wound assessment
- » Standardizes wound documentation
- » Free online education



The study showed a statistically significant improvement in wound assessment. Overall, the clinicians more than doubled their accuracy with the help of the NE1 Wound Assessment Tool.¹

References

1. Young DL, Estocado N, Landers MR, Black J. A Pilot Study Providing Evidence for the Validity of a New Tool to Improve Assignment of National Pressure Ulcer Advisory Panel Stage to Pressure Ulcers. *Advances in Skin & Wound Care*. April 2011; (24)4:168-75

ORDERING INFORMATION

NE1 WOUND ASSESSMENT TOOL

Accurate identification, consistent documentation.

Item No.	Description	Pkg
MSCNETOOL	Wound Assessment Tool	100/bx
MSCNETOOLPK	Wound Assessment Tool	10/pkg



NE1 Photographic Wound Documentation Guide

NE1[®] PHOTOGRAPHIC WOUND DOCUMENTATION

History of the Wound:

ANATOMICAL SITE (BODY PART):

Mark Wound Location

Hospital Admit Photo
 Follow-up Photo
 Occurrence Photo
 Discharge Photo Admit Date/Time: _____
 Problem Present on Admission: Yes No
 Per: _____

1. Tissue (Worst Type) Use NE1 Tool as a Guide

<input type="checkbox"/> Normal or Closed Skin (Epithelialized or Scar)	0	<input type="checkbox"/> Exposed Muscle/Tendon/Bone/Cartilage/Fascia	4
<input type="checkbox"/> Red/Pink/Erythema (Intact Skin)	1	<input type="checkbox"/> Purple/Maroon/Deep Hues of Red (or Blood Filled Blister)	5
<input type="checkbox"/> Opaque (Intact Serum Filled Blister)	2	<input type="checkbox"/> Yellow (Slough)	6
<input type="checkbox"/> Red/Pink/Moist/Smooth/Shallow	2	<input type="checkbox"/> Black/Tan (Eschar)	7
<input type="checkbox"/> Red/Moist/Bumpy (Granulation or Fibrin)	3	<input type="checkbox"/> Black/Tan (Dried Skin Edge)	2
<input type="checkbox"/> Open Scar or Epibole	3		

2. Touched/Viewed Skin/Wound Compared to Normal Adjacent Tissue

Temperature: Cool Normal Warm

Wound Characteristics

<input type="checkbox"/> Intact Skin	<input type="checkbox"/> Boggy	<input type="checkbox"/> Soft	<input type="checkbox"/> Normal	<input type="checkbox"/> Fat
<input type="checkbox"/> Non-Intact	<input type="checkbox"/> Firm	<input type="checkbox"/> Hard	<input type="checkbox"/> Smooth/Red/Moist	
<input type="checkbox"/> Bone	<input type="checkbox"/> Muscle	<input type="checkbox"/> Tendon	<input type="checkbox"/> Cartilage	<input type="checkbox"/> Fascia
<input type="checkbox"/> Bumpy/Red/Gran	<input type="checkbox"/> Blood Filled Blister	<input type="checkbox"/> Epibole	<input type="checkbox"/> Scar	

Blanch Test: (Capillary Refill of Intact Skin)

Blanchable Non-Blanchable

Special Conditions:

Pressure Injury/Ulcer (PI) History of a Stage 4
 Pressure Injury/Ulcer (PI) History of a Stage 3
 Pressure Injury/Ulcer (PI) Wound Base Cannot be Identified
 Unable to Determine Wound Classification
 Non-Removable Dressing/Device

PATIENT IDENTIFICATION

Write on the Tool:

- Date
- Patient Initials
- Time
- Room #/ Location
- Wound Location
- Clinician Signature

3. Wound Classification:

Pressure Injury/Ulcer:

Closed Pre-Stage 1 (Blanchable Erythema)
 Stage 1 Stage 2 Stage 3 Stage 4
 (Suspected) Deep Tissue Pressure Injury/Ulcer Unstageable
 MMPI (Mucosal)

OR

Other: Closed Superficial Partial Thickness Full Thickness

4. Size Details: Diabetes: Yes No

Calculate the Surface Area:
 Size (cm) (L x W): _____ Depth (cm): _____

5. Exudate: Tunneling/Undermining: Yes No
 Foul Odor: Yes No

Type: None Serous Serosanguinous
 Bloody Purulent

Amount: None Small Moderate Large

Are there any open areas? Yes No

Comment: _____

Nurse/PT Signature: _____
 Other Signature: _____

NE1 HEALING PROGRESSION RATE (HPR)

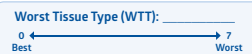
NE1 Healing Progression Rate uses three independent variables to provide an accurate status of the wound environment. The three variables are Worst Tissue Type (WTT), Surface Area Value (SAV) and Intact Value (IV).

VARIABLE 1

Worst Tissue Type (WTT)

This is determined by the box checked in section 1 of the NE1 Wound Documentation Form, labeled Worst Tissue Type. Use the NE1 Wound Assessment tool to determine the Worst Tissue Type.

Note: Even if only a small portion of the wound is a "worse" color, the wound will be scored based on this portion's tissue type. Always score the highest number.



VARIABLE 2

Surface Area Value (SAV)

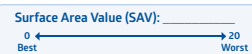
This table uses the surface area of the wound to determine the Surface Area Value (SAV). Calculate surface area by multiplying length x width of the wound bed. Then, use this table to determine value.

Note: Take the L x W Measurements directly from the wound photo using the NE1 right angled ruler. Measure wound tissue edge to wound tissue edge. Include angry, inflamed periwound that is directly related to the wound being measured. Do not include pink resurfaced or repaired scar tissue in your measurements. Always use the same method each time the wound is measured.

- Length is measured 12 to 6
- Width is measured 3 to 9



Value	Surface Area	Value	Surface Area	Value	Surface Area
0	0.0 cm ² (Normal/Closed)	7	4.1 cm ² to 7.0 cm ²	14	75.1 cm ² to 100.0 cm ²
1	0 to 0.5 cm ²	8	7.1 cm ² to 10.0 cm ²	15	100.1 cm ² to 125.0 cm ²
2	0.6 cm ² to 1.0 cm ²	9	10.1 cm ² to 15.0 cm ²	16	125.1 cm ² to 150.0 cm ²
3	1.1 cm ² to 1.5 cm ²	10	15.1 cm ² to 20.0 cm ²	17	150.1 cm ² to 175.0 cm ²
4	1.6 cm ² to 2.0 cm ²	11	20.1 cm ² to 35.0 cm ²	18	175.1 cm ² to 200.0 cm ²
5	2.1 cm ² to 3.0 cm ²	12	35.1 cm ² to 50.0 cm ²	19	200.1 cm ² to 225.0 cm ²
6	3.1 cm ² to 4.0 cm ²	13	50.1 cm ² to 75.0 cm ²	20	225.1 cm ² Over



VARIABLE 3

Intact Value (IV)

Are there any open areas? Yes = 0.5 No = 0

Medline Industries, Inc. One Medline Place, Mundelein, IL 60060

Medline United States
1-800-MEDLINE (633-5463)
medline.com | info@medline.com

Medline Canada
1-800-396-6996
medline.ca | canada@medline.com

Medline Mexico
01-800-831-0898
medlinemexico.com | mexico@medline.com

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This comprehensive documentation form simplifies the assessment and documentation process. A PDF can be found at www.MedlineNE1.com

THERAPEUTIC SUPPORT SURFACES

RECOMMENDED USES

- » Pressure redistribution
- » Friction reduction
- » Shear reduction
- » Heat distribution

ABOUT THERAPEUTIC SUPPORT SURFACES

- » To provide solutions for the entire continuum of care, Medline offers a full line of pressure redistribution products for acute, long-term, and home care use.

ACUTE CARE

For more information, see our Acute Care Support Surfaces Brochure (LIT58R)



THERATECH MATTRESS Prevention through Treatment of Stage 2 Wounds

Resilient load-bearing cells independently conform to the body to redistribute pressure and reduce shear, while air channels reduce heat and moisture.



EQUALIZAIRE MATTRESS Prevention through Treatment of Stage 4 Wounds

The dynamic, self-adjusting non-powered mattress can become an alternating pressure mattress with the addition of the optional pump.



ADVANTAGE O.R. TABLE Prevention through Treatment of Stage 2 Wounds

Advanced surfaces optimize pressure redistribution during surgery on the O.R. table.



STRETCHER PADS Prevention through Treatment of Stage 2 Wounds

Advanced surfaces optimize pressure redistribution during transportation to and from the operating room.



HEEL PROTECTION For Prevention through Treatment of Stage 4 Wounds

Innovative devices elevate the heels and significantly reduce pressure, friction and shear.

LONG-TERM CARE

For more information, see our Long-Term Care Support Surfaces Brochure (LIT162)



ADVANTAGE CONTOUR MATTRESSES

Prevention through Treatment of Stage 2 Wounds

The unique contour shape of the high-resiliency foam helps it to completely conform to the resident's body and cradle high-risk areas.



POWERED MATTRESSES/OVERLAYS

Prevention through Treatment of Stage 4 Wounds

Choose from a wide variety of options for every major therapeutic modality, including alternating pressure, low air loss, true low air loss and self-adjusting therapies.



WHEELCHAIR CUSHIONS

Prevention through Treatment of Stage 4 Wounds

From Medline brand to popular name brands, we offer a wide variety of cushions designed to meet specific needs of today's residents.



HEEL PROTECTION DEVICES

Prevention through Treatment of Stage 4 Wounds

Medline's top-quality heel protection devices elevate heels and significantly reduce pressure, friction, and shear.

HME DEALER

For more information, see our HME Dealer Support Surfaces Brochure (LIT459)



GROUP 1 TREATMENT PRODUCTS

Prevention through Treatment of Stage 2 Wounds

A variety of prevention products are specifically tailored to HME Dealers, including static air overlays, alternating-pressure overlays, gel overlays and therapeutic homecare mattresses.



GROUP 2 TREATMENT PRODUCTS

Treatment of Stages 2 through 4 & Surgical Wounds

A variety of treatment options cater to HME Dealers, including alternating pressure, low air loss, true low air loss and self-adjusting therapies.



WHEELCHAIR CUSHIONS/BEDSIDE SAFETY/ACCESSORIES

Prevention through Treatment of Stage 4 Wounds

A wide selection of Medline-brand and popular name-brand cushions are specifically designed to meet the needs of today's HME Dealer.

Classification of Tissue Destruction in Pressure Injury

A pressure injury is localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue. NPUAP, 2016

STAGE 1



Stage 1 Pressure Injury: Non-blanchable erythema of intact skin Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin.

Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Color changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.

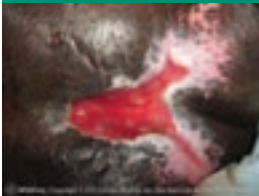
STAGE 2



Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose

(fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARS), or traumatic wounds (skin tears, burns, abrasions).

STAGE 3



Stage 3 Pressure Injury: Full-thickness skin loss Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound

edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

STAGE 4



Stage 4 Pressure Injury: Full-thickness skin and tissue loss Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer.

Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

DEEP TISSUE PRESSURE INJURY (DTPI)



Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration Intact or non-intact skin with localized area of persistent non-blanchable deep red, maroon,

purple discoloration or epidermal separation revealing a dark wound bed or blood-filled blister. Pain and temperature change often precede skin color changes. Discoloration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full-thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.

UNSTAGEABLE



Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be

confirmed because it is obscured by slough or eschar. If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on an ischemic limb or the heel(s) should not be removed.

EDUCATION

S

SUPPORT PRODUCTS

EDUCARE® HOTLINE MANAGED BY WOUND CARE NURSE SPECIALIST

An important number to remember is 1-888-701-SKIN (7546) because it reaches our Educare Hotlines managed by board-certified wound care nurses. The nurses are available to answer questions about product usage such as application and appropriateness of a dressing for a particular wound condition.

The Educare Hotline is staffed Monday through Friday from 8 am to 5 pm Central Time.

PRODUCT SUPPORT AT www.medline.com/advancedwoundcare

Medline's website is another way to get up-to-date product information. You will find the latest brochures as well as application videos online at www.medline.com/advancedwoundcare. The interactive product selector can also help you choose the best product based upon the wound conditions.

MORE THAN 80 WOUND AND SKIN CARE PRODUCT SPECIALISTS

Receiving support from one of Medline's 80+ wound care product specialists has never been easier. The wound care product specialists are devoted to supplying you with appropriate wound care products, services and educational support. This team is highly trained and available to deliver on-site, face-to-face in-servicing for your staff.



Educare® Hotline Posters available for your facility.



Custom Wound Care Formulary posters, for easy reference, available for your facility. Customization based on your Medline product choices.

For more information, see www.medline.com/advancedwoundcare or contact your sales specialist.

EDUCATIONAL PACKAGING

Many nurses find themselves in situations on a daily basis where valuable time is wasted searching for the right dressing. Often the wrong dressing is used or the dressing is not used properly. By listening to you, Medline has found a way to improve this process and ensure that nurses have the information they need. It is called Educational Packaging. The package focuses on patient safety and correct product application. Each package serves as a 2-Minute Course on Wound Care™.



Often, a dressing's box and product insert never leaves a supply room or closet. For that reason, Medline leverages Educational Packaging to provide bedside support to the nurse, the patient, and the family.

Education is essential for clinicians as well as for their patients and their families. Ensuring that patients and caregivers are taught the expected outcomes and the plan to achieve them is vital for successful wound treatment.

Name of Product

OPTICELL

Subtitle

A general definition of the product.

GELLING FIBER WOUND DRESSING

Key Information

Clarifies appropriate use.

- Uses:**
- Absorbs Drainage
 - Partial and Full-Thickness Wounds

Category

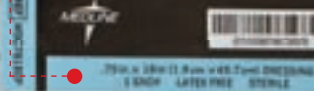
Giving a more detailed breakdown of the product.

- Features:**
- Gelling Fiber
 - Can be Cut to Size

- Change Frequency:**
- Up to 7 Days*

Basic Info

Brief technical detailing of product attributes: size, number, etc.



Product Photo

A clear-as-day picture of the dressing.

Additional Info

Application instructions, indications and contraindications are on the opposite side of the packaging



ONLINE EDUCATION

S

SUPPORT PRODUCTS

MEDLINE UNIVERSITY®

Medline University offers continuing education programs and accredited continuing nursing education opportunities. We offer a wide array of educational opportunities on topics that are current and relevant to your staff. The courses are presented in an online format so you can take them at your convenience. All you need is a connection to the internet! The course content, test and CE certificate are online. Visit our Web site www.medlineuniversity.com for more information.



- » Free access to 250 clinical courses approved for continuing education credit by nationally recognized boards of nursing
- » Keep track of all your Medline University CEs and other CEs in one convenient place
- » Easy-to-use website, with no app required

And it's all absolutely **FREE!**

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WOUNDROUNDS®

A powerful system that transforms wound care management across the continuum of care.

WoundRounds integrates handheld technology with Web-based tools for documenting wounds, tracking outcomes and helping caregivers to maintain patients' skin integrity.

ABOUT WOUNDROUNDS®

A point-of-care solution, WoundRounds combines the convenience of a handheld device with the efficiency of a Web-based application, where data can be stored and analyzed in a single system. With WoundRounds, you can enable your staff to improve patient care, save on costs by moving to digital data collection and storage, and quickly generate improvement reports.

HOW DOES IT WORK?

STEP 1:

At the patient's bedside, WoundRounds makes it easy to collect data on the patient's wound.

- » Take photos
- » Follow step-by-step prompts through patient assessment
- » Document treatment recommendations/utilization

STEP 2:

Data collected with the handheld device is uploaded to secure servers. Once uploaded:

- » Reports can be generated automatically
- » No searching for paper charting
- » No incomplete or missing documentation

Nurses enter data once, and it's done!

Contact your Medline representative to request a demonstration of WoundRounds today!

Touchscreen—
As easy to use as a smart phone, and just as portable

Built-in camera—
Capturing wound images for reference and documentation



Transmitting vital information and images—
To secure servers for easy storage and retrieval

Evidence-based prompts—
Guiding nurses, step by step, through assessments and treatments

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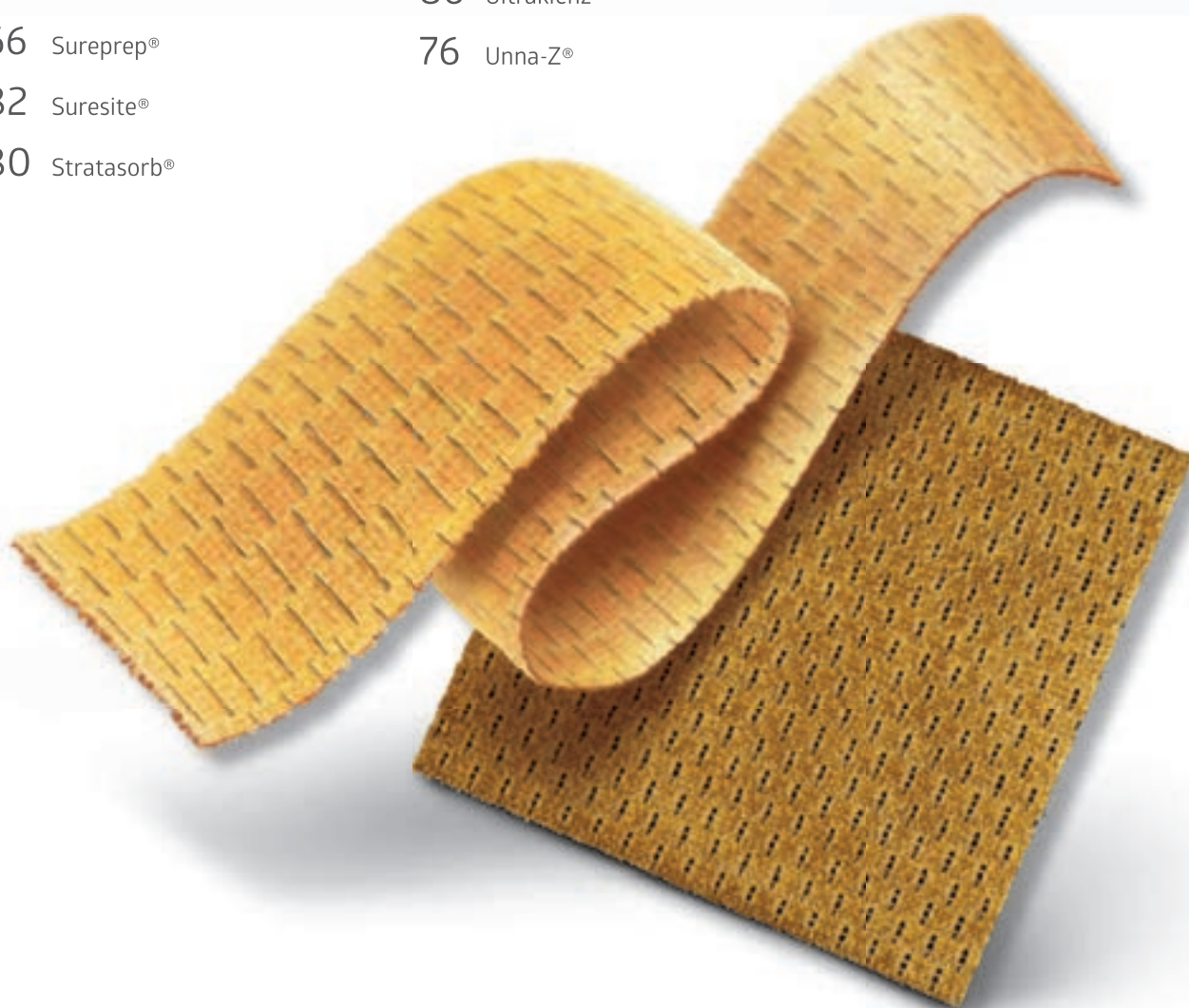
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NEED MORE CLINICAL INFORMATION?

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medline.com/advancedwoundcare

Available 8am – 5pm Central Time







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