





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

- » PluroGel® concentrated surfactant (Micelle Matrix™) technology
- » Optifoam® Gentle Post-op with Smart Stretch™ technology
- » Puracol® Ultra high quality 100% collagen powder
- » Opticell® with Chytoform technology



EMPOWERING CLINICIANS THROUGH CUSTOMIZED SUPPORT.

Medline's clinical and educational resources provide you with support you need 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.

» **Skin Health 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.

» **Skin Health Hotline**

The Skin Health 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.

» **Skin Health Solutions**

Minimize care variation across your facility with a customized approach to standardizing product, practice and education.

» **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.

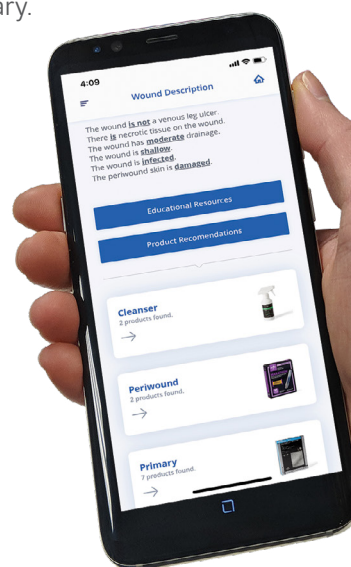
Visit: www.medline.com/awcvideos

» **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.

» **Skin Health Product Selector App**

Customizable mobile app provides easy-to-use product recommendations customized to wound conditions and your treatment formulary.



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.

I

Infection/Inflammation

Addressing bioburden and inflammation in the wound.

M

Moisture Balance

Achieving and maintaining moisture balance in and around the wound.

E

Edge/Environment

Treating stalled wounds where epithelium fails to migrate.

S

Support Products, Services and Education

Complementary products to enhance outcomes and round out your wound healing toolkit.

8	PluroGel®	16	Opticell® Ag+	36	Optifoam® Gentle	58	Puracol®	66	Marathon®
12	TheraHoney®	20	Maxorb® Ag+	42	Optifoam®	62	Hyalomatrix®	70	Sureprep®
		22	Optifoam® Gentle Ag+	44	Opticell®			72	COMPRECARES
		24	Optifoam® Ag+ Post Op	46	Qwick™			76	CoFlex® TLC
		26	PrimaSeal® Post Op Ag+	48	OptiLock®			78	FourFlex® and ThreeFlex®
		28	Optifoam® Ag+	50	Maxorb®			80	Medigrip™
		30	SilvaSorb®	52	Exuderm®			82	Unna-Z™
		32	Ag+ Powder	54	Hydrogel Dressings			84	Versatel® and Versatel One
								86	Cover Dressings
								88	Dressing Retention Tapes
								90	Wound Cleansers
								92	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.

SPHERE-SHAPED MICELLES
TRAP WOUND DEBRIS FOR
SUBSEQUENT REMOVAL



Look inside...

PluroGel®	8
TheraHoney®	12

PLUROGEL®

Burn and Wound Dressing

A Unique Approach to Wound Management.



PluroGel is a unique burn and wound dressing utilizing Micelle Matrix Technology™, a concentrated, cell-friendly surfactant that aids in maintaining an optimal moist wound healing environment. PluroGel helps to protect the wound and soften wound debris.

Promoting Patient Comfort

100% water soluble

PluroGel softens wound debris and allows it to easily rinse off at dressing change, creating a positive dressing change experience.

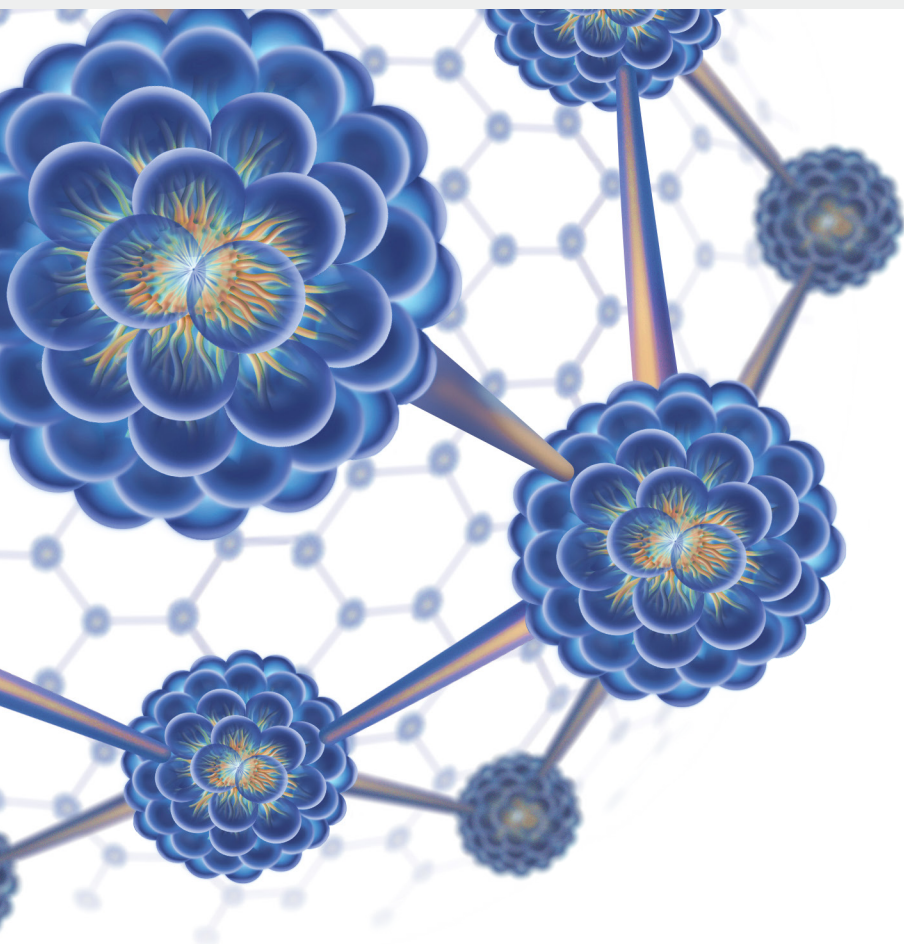
Gentle, non-irritating formula

Allows for a gentle patient experience.

Better adherence to wounds

PluroGel maintains its consistency, enabling it to remain on the wound bed for better protection.





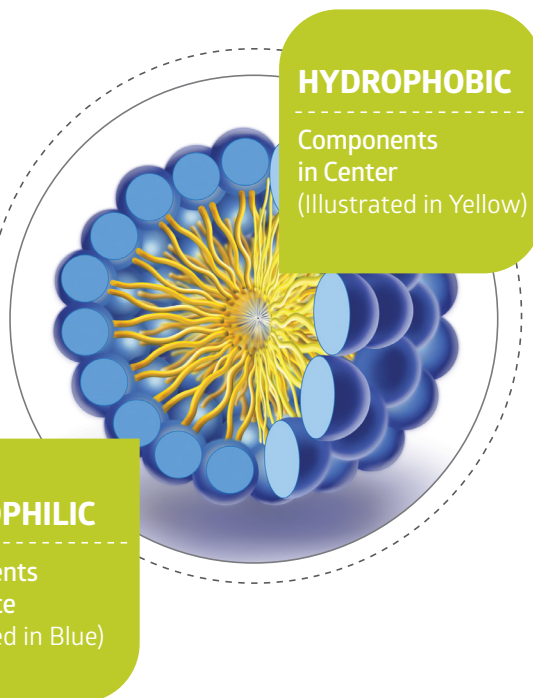
PluroGel Micelle Matrix

PluroGel's unique micelle gel matrix maintains moisture in the wound and helps control fluid loss, helping to protect the wound and to soften wound debris.

Anatomy of a Micelle

ILLUSTRATION OF A MICELLE

PluroGel's micelle matrix contains surfactant micelles. A micelle's hydrophilic surface bonds with water, facilitating movement in the wound environment. Exudate and wound debris is absorbed within the hydrophobic core, allowing for easy removal at dressing change.



HYDROPHOBIC

Components
in Center
(Illustrated in Yellow)

HYDROPHILIC

Components
on Surface
(Illustrated in Blue)

PLUROGEL®

Burn and Wound Dressing

RECOMMENDED USES

- » Partial and full-thickness wounds
- » First and second degree burns

RECOMMENDED SECONDARY DRESSINGS

- » Optifoam® Gentle
- » Stratasorb® Composite

INDICATIONS

- » Light to moderately draining wounds

CHANGE FREQUENCY

- » PluroGel should be changed daily or as needed or directed by a physician to keep wound moist.



ABOUT PLUROGEL

- » 100% water-soluble, bio-compatible, cell-friendly
- » Softer wound debris rinses off more easily at dressing change
- » Helps to create and maintain a moist microenvironment
- » Remains on the wound bed for better protection

ORDERING INFORMATION

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

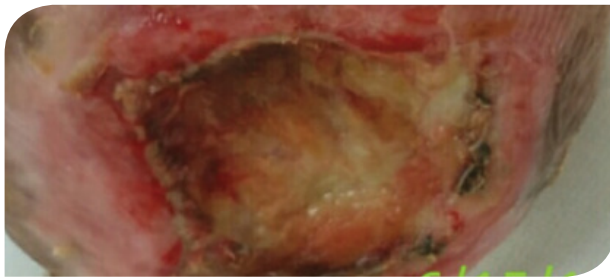
PLUROGEL BURN & WOUND DRESSING

Item No.	Description	HCPCS	Pkg.
PGL050	50 Gram (1.75 oz) Jar	N/A	24/cs
PGL050TUBE	50 Gram (1.75 oz) Tube	N/A	12/cs
PGL400	400 Gram (14.1 oz) Jar	N/A	6/cs



Clinical Highlight

Full thickness right heel trauma wound



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. 46.



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

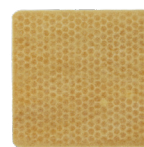
Item No.	Description	HCPCS	Pkg.
MNK0005	0.5-oz. (14.2 g) Tube	A4649	10/bx
MNK0015	1.5-oz. (42.5 g) Tube	A4649	12/cs



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



The background of the entire page is a blue-tinted image showing numerous virus particles, likely coronaviruses, with their characteristic spherical shape and prominent spike proteins extending from the surface. The particles are scattered across the frame, creating a sense of microscopic activity.

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® Ag+	20
Optifoam® Gentle Ag+	22
Optifoam® Ag+ Post Op	24
PrimaSeal® Post Op Ag+	26
Optifoam® Ag+	28
SilvaSorb®	30
Ag+ Powder	32

OPTICELL® Ag+

Antibacterial Chitosan-Based Gelling Fiber

EXPECT MORE FROM YOUR GELLING FIBER.

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 antibacterial efficacy without harming skin cells (noncytotoxic).

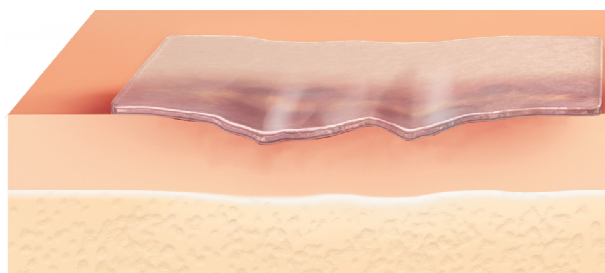
AN OPTIMAL HEALING ENVIRONMENT.

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



Reinforced
ribbon for
extra strength

Opticell with Chytoform technology



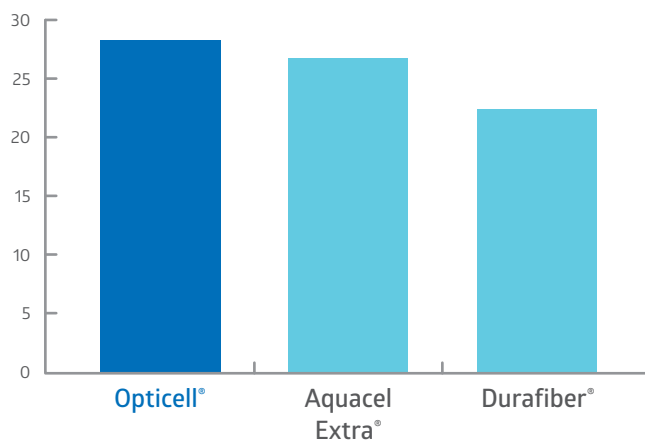
The smooth, thin and conformable profile provides for intimate contact with the wound.

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 capacity helps reduce dressing change frequency and limit maceration.

References
1. Data on file.

OPTICELL® Ag+

Antibacterial 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



ABOUT OPTICELL Ag+

- » Chytoform™ gelling fiber technology
- » Broad spectrum antibacterial ionic silver
- » Highly conformable
- » No lateral wicking – limits maceration
- » Highly absorbent¹
- » Maintains a moist wound-healing environment
- » Surface area memory (SAM) – retains its size
- » Designed to minimize pain during removal

Clinical Highlight

***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.

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

Versatile antibacterial chitosan-based gelling fiber

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" (20.3 x 30.5 cm)	A6198	5/bx, 10 bx/cs



OPTICELL Ag+ GELLING FIBER RIBBON

Versatile antibacterial chitosan-based gelling ribbon, reinforced for extra strength

Item No.	Description	HCPCS	Pkg.
MSC9818R	0.75 x 18" (1.9 x 45.7 cm)	A4649	5/bx, 10 bx/cs



MANAGE PATIENT
COMFORT AT THE
DONOR SITE

When moistened with fluid
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® Ag+

Antibacterial Calcium 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 II Ag+ may be left in place for 7 days
- » 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



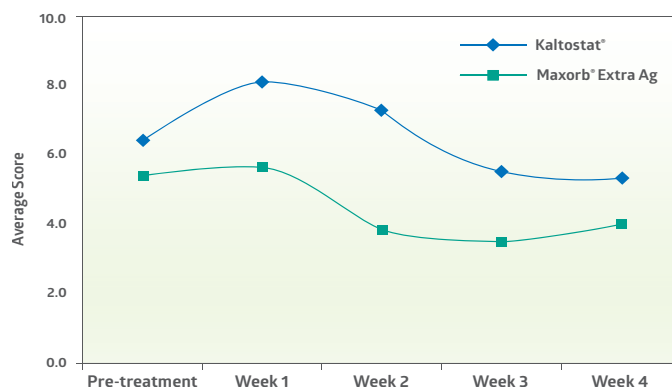
ABOUT MAXORB Ag+

- » Helps manage bacterial burden^{1,2}
- » Controlled-release ionic silver
- » Easy dressing changes
- » Highly absorbent⁵
- » Reduces odor⁶
- » Reinforced silver CMC/alginate ribbon
- » Ribbon is ideal for tunneling or undermining wounds
- » Cost-effective⁴

Clinical Highlight

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 II Ag+

100% Calcium Alginate Antibacterial dressing

Item No.	Description	HCPCS	Pkg.
MSC9922EP	2 x 2" (5.1 x 5.1 cm)	Pending	10/bx, 10 bx/cs
MSC9945EP	4 x 4.75" (10.2 x 12.1 cm)	Pending	10/bx, 5 bx/cs
MSC9948EP	4 x 8" (10.2 x 20.3 cm)	Pending	5/bx, 10 bx/cs
MSC9966EP	6 x 6" (15.2 x 15.2 cm)	Pending	5/bx, 10 bx/cs
MSC99812EP	8 x 12" (20.3 x 30.5 cm)	Pending	5/bx, 10 bx/cs



MAXORB II Ag+ REINFORCED RIBBON

100% Calcium Alginate Antibacterial Dressing reinforced for easy removal

Item No.	Description	HCPCS	Pkg.
MSC9912EP	1 x 12" (2.5 x 30.5 cm)	Pending	5/bx, 10 bx/cs
MSC9918EP	1 x 18" (2.5 x 45.7 cm)	Pending	5/bx, 10 bx/cs



MAXORB EXTRA Ag+

Antimicrobial CMC/Calcium Alginate dressing

Item No.	Description	HCPCS	Pkg.
MSC9422EP	2 x 2" (5.1 x 5.1 cm)	A6196	10/bx, 10 bx/cs
MSC9445EP	4 x 4.75" (10.2 x 12.1 cm)	A6197	10/bx, 5 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

CMC/Calcium Alginate ribbon dressings, Maxorb ES is reinforced for easy removal

Item No.	Description	HCPCS	Pkg.
MSC1918EP	0.75 x 18" (1.9 x 45.7 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



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

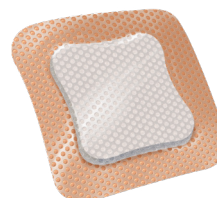
To order by the box, add "Z" to the end of the item number.

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

OPTIFOAM GENTLE Ag+ SILICONE FACED AND BORDERED FOAM

Antimicrobial foam dressing with Superabsorbent core

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+ NON BORDERED SILICONE FACED FOAM

Antimicrobial non bordered silicone faced foam dressing

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

Antimicrobial silicone bordered foam dressing

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+ POST-OP

Antimicrobial Foam Post-Op Dressing

RECOMMENDED USE

- » Incision sites
- » All wound drainage levels
- » As a primary or secondary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Not Applicable

INDICATIONS

- » Post-operative wounds

CHANGE FREQUENCY

- » Optifoam Ag+ Post-Op 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
- » Waterproof backing
- » Moisture vapor transmission rate (MVTR) adjusts to fluid level
- » Helps maintain a moist wound-healing environment
- » Silicone adhesive border (only for Optifoam Gentle Ag+ Post-Op)

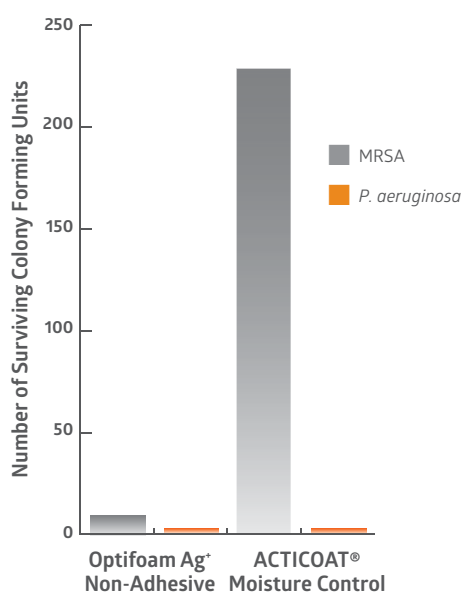
Clinical Highlight

Comparative Antimicrobial Effect Study¹

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

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

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+ SUPERABSORBENT POST-OP

Antimicrobial silicone bordered and faced post operative foam dressing with superabsorbent core and flexible design

Item No.	Description	HCPCS	Pkg.
MSC9746	4 x 6" (10.2 x 15.2 cm), 2 x 3" (5.1 x 7.6 cm) Pad	A6254	10/bx, 10 bx/cs
MSC9748	4 x 8" (10.2 x 20.3 cm), 2 x 6" (5.1 x 15.2 cm) Pad	A6212	10/bx, 10 bx/cs
MSC97410	4 x 10" (10.2 x 25.4 cm), 2 x 8" (5.1 x 20.3 cm) Pad	A6212	10/bx, 10 bx/cs
MSC97412	4 x 12" (10.2 x 30.5 cm), 2 x 10" (5.1 x 25.4 cm) Pad	A6213	10/bx, 10 bx/cs
MSC97414	4 x 14" (10.2 x 35.6 cm), 2 x 12" (5.1 x 30.5 cm) Pad	A6255	10/bx, 10 bx/cs



OPTIFOAM GENTLE Ag+ POST-OP

Antimicrobial silicone bordered post-operative foam dressing

Item No.	Description	HCPCS	Pkg.
MSC97162EP	1.6" x 2" (4.1 x 5.1 cm) 0.8" x 1.2" (2 x 3 cm) Pad	Pending	10/bx, 7 bx/cs
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

Antimicrobial silver foam post-operative dressing

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



PRIMASEAL® POST-OP Ag+

Hydrocolloid border dressing with antibacterial silver

RECOMMENDED USE

- » Incision sites
- » All wound drainage levels
- » As a primary or secondary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Not Applicable



INDICATIONS

- » Post-operative wounds

CHANGE FREQUENCY

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

CONTRAINDICATIONS

- » Individuals with a known sensitivity to dressing components

ABOUT PRIMASEAL POST-OP Ag+

- » Ionic silver provides antibacterial barrier¹ over incision sites
- » Continuous antibacterial protection¹
- » Can manage repeated bacteria introduction¹
- » Non-staining
- » Hydrocolloid adhesive border
- » Highly breathable film to help maintain moisture balance within incision site

Clinical Highlight

Comparative Antibacterial Effect Study¹

PrimaSeal Post-Op Ag+ achieves a faster 4 log kill than a competitive surgical dressing

Numbers of hours required to achieve 4 log kill within first 6 hours of microbe exposure¹

	Pseudomonas aeruginosa	E. Coli	Klebsiella pneumoniae
Competitive Surgical Dressing	4 hours	Not seen	6 hours
PrimaSeal	2 hours	4 hours	2 hours

References
1. Data on file.

ORDERING INFORMATION

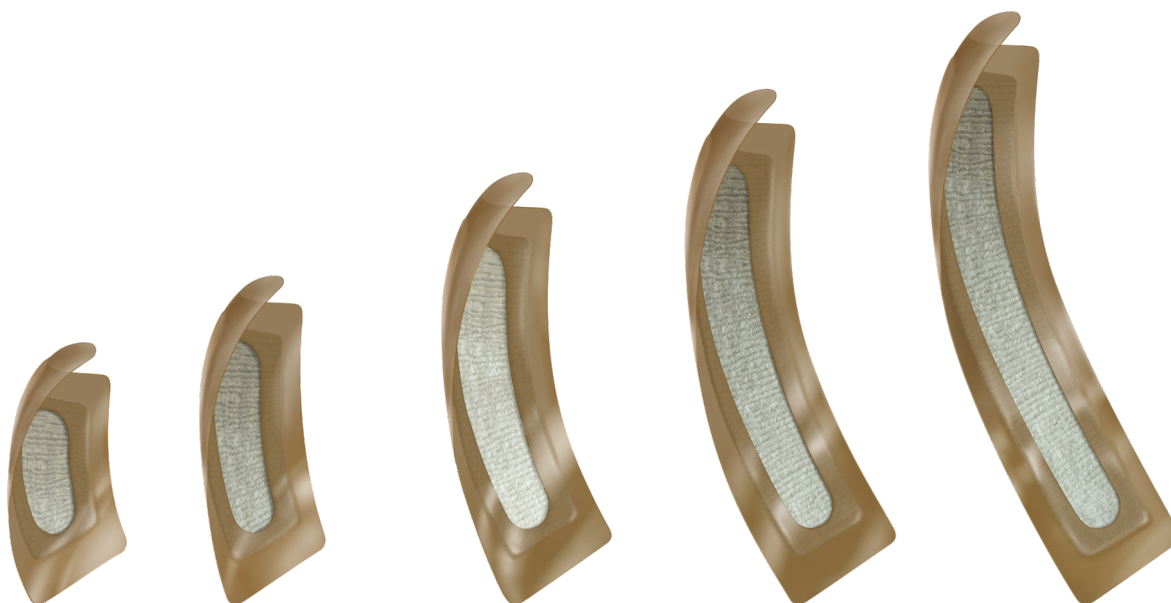
To order by the box, add "Z" to the end of the item number.

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

PRIMASEAL POST-OP Ag+

Hydrocolloid border dressing with antibacterial silver

Item No.	Description	HCPCS	Pkg.
MSCPS34	3.5 x 4" (9 x 10 cm), 2 x 2" (5.5 x 6.3) Pad	Pending	10/bx, 10 bx/cs
MSCPS36	3.5 x 6" (9 x 15 cm), 2 x 4.4" (5.5 x 11 cm) Pad	Pending	10/bx, 10 bx/cs
MSCPS310	3.5 x 10" (9 x 25 cm), 2 x 8.4" (5.5 x 21 cm) Pad	Pending	10/bx, 10 bx/cs
MSCPS312	3.5 x 12" (9 x 30 cm), 2 x 10" (5.5 x 26 cm) Pad	Pending	10/bx, 10 bx/cs
MSCPS314	3.5 x 14" (9 x 35 cm), 2 x 12" (5.5 x 30 cm) Pad	Pending	10/bx, 10 bx/cs
MSCPS611	6 x 11" (TKR Design), 2 x 8.4" (5.5 x 21 cm) Pad	Pending	10/bx, 10 bx/cs



OPTIFOAM® Ag+

Antimicrobial Foam Dressings

RECOMMENDED USE

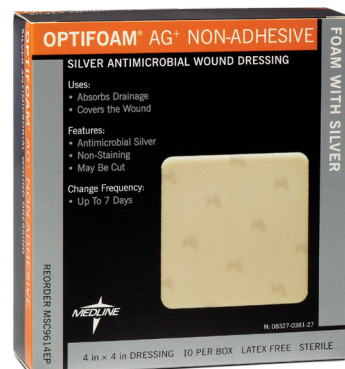
- » All wound depths*
- » All wound drainage levels
- » Primary or secondary dressing

*As a secondary dressing

**Only non-bordered dressings require a secondary dressing

RECOMMENDED SECONDARY DRESSINGS**

- » Medfix™ 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
- » 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

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

Antimicrobial silver bordered foam

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

Antimicrobial non-bordered foam

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

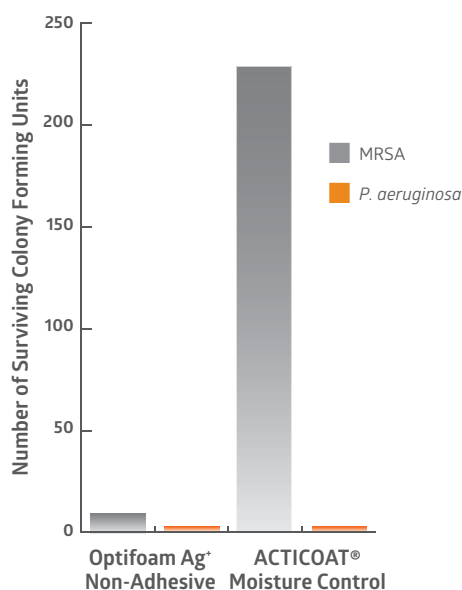


Clinical Highlight

Comparative Antimicrobial Effect Study¹

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

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



References
1. Data on file.

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



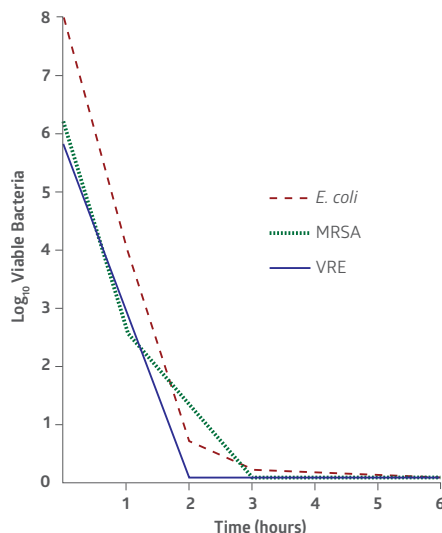
ABOUT SILVASORB

- » 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}

Clinical Highlight

Survival Curve with SilvaSorb¹

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



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

ORDERING INFORMATION

SILVASORB GEL

Antimicrobial silver hydrogel

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	A6248	12/cs
MSC9308EP	8-oz Tube	A6248	6/cs

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



SILVASORB SITE

Antimicrobial silver site dressing

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

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



SILVASORB SHEET

Antimicrobial silver hydrogel sheet dressing

Item No.	Description	HCPCS	Pkg.
MSC9344EP	4 x 4" (10.2 x 10.2 cm)	A6243	25/cs

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



Clinical Highlight

Pressure Ulcer Case Study

A 93 year-old wheelchair-bound male with no significant nutritional deficits developed a chronic trochanteric pressure ulcer. The ulcer was treated with various wound care therapies for four months without progress. The wound bed was friable and therefore presumptive for high bioburden. It was elected to start an antimicrobial dressing in conjunction with off-loading the affected hip. Closure was attained within four weeks.



Before



After 4 weeks

Source: Mary Nametka, RN, MSN, CS, CWS, CWCN, Adventist Medical Center, Portland OR, Study Site Avamere LTC Facility, Portland OR. Presented at the Annual Symposium on Advanced Wound Care, April 27-29, 2002

AG+ 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

- » Ag+ 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 Ag+ Powder

ABOUT AG+ POWDER

- » Manages bacterial burden¹
- » Continuous antimicrobial protection¹
- » Extended wear time¹
- » Non-staining
- » An ideal complement when used with other wound dressings

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.

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.

AG+ POWDER

Antimicrobial silver powder dressing

Item No.	Description	HCPCS	Pkg.
MSC9405	5 g Bottle	A6262	20 ea/cs
MSC9410	10 g Bottle	A6262	20 ea/cs



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...

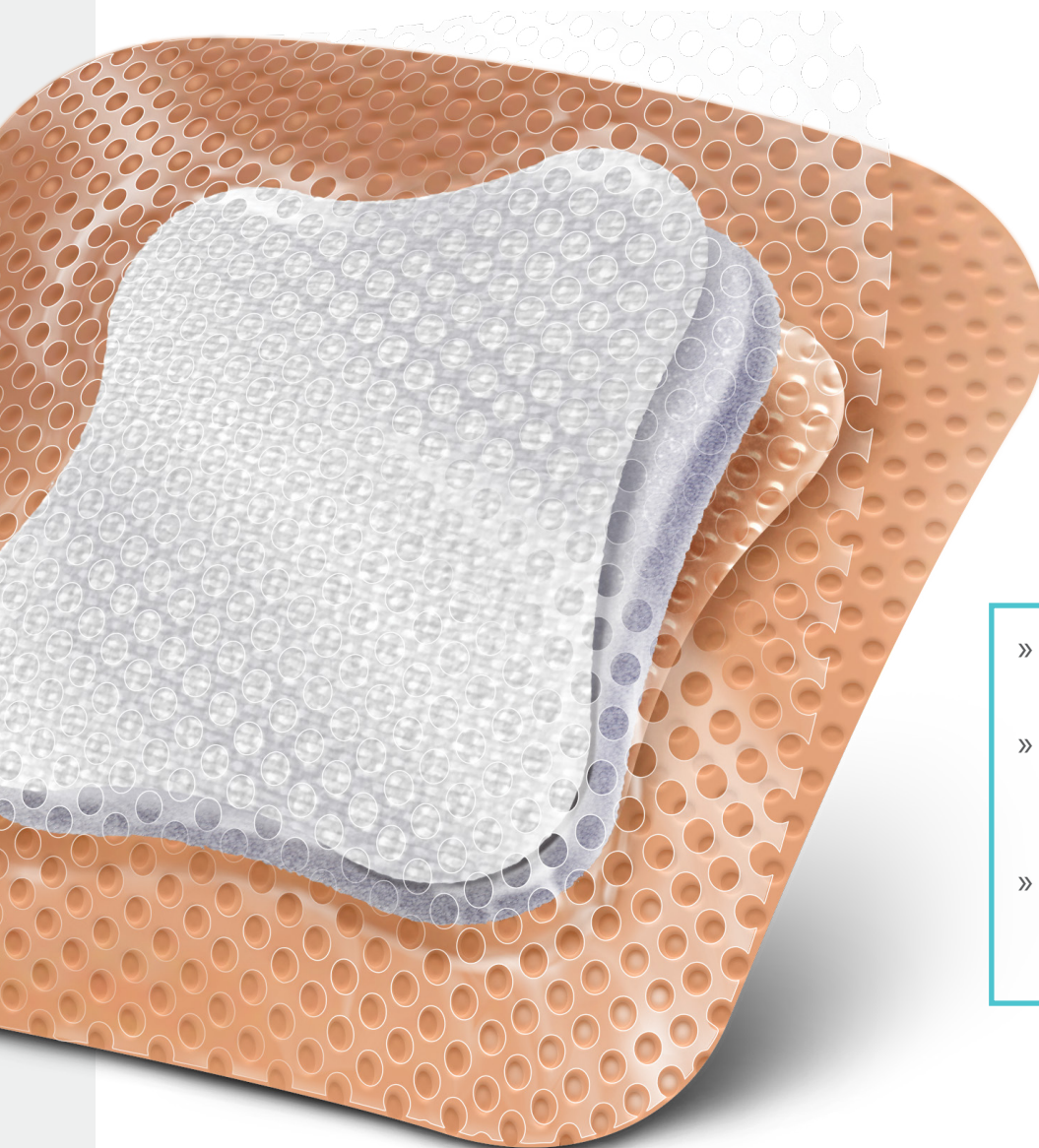
Optifoam® Gentle	36
Optifoam®	42
Opticell®	44
Qwick™	46
OptiLock®	48
Maxorb®	50
Exuderm®	52
Hydrogel Dressings	54

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 core absorbs and retains fluid, protects against infection*, and helps protect against shear and friction.



- » Waterproof film acts as a bacterial barrier
- » Foam and superabsorbent core absorb and retain exudate
- » Silicone adhesive minimizes trauma and reduces pain upon wear or removal

*available on Ag dressings only



ABSORBENCY & RETENTION

Moderate
Heavy
Extra Heavy

LOCATION OF SILICONE

Face
Border
Face & Border

**MORE CHOICES.
MORE GENTLE CARE.**

CUSTOMIZABLE

Cut to Fit
Conformability

ANTIMICROBIAL

SHAPE

Sacral
Square
Rectangle

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



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

References
1. Data on file.

ORDERING INFORMATION

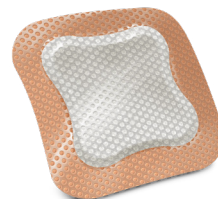
To order by the box, add "Z" to the end of the item number.

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

OPTIFOAM GENTLE LIQUITRAP™

Silicone faced foam and border dressing with Liquitrap core

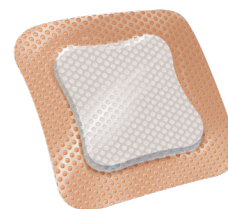
Item No.	Description	HCPCS	Pkg.
MSC2333EP	3 x 3" (7.6 x 7.6 cm) 1.75 x 1.75" (4.4 x 4.4 cm) Pad	A6212	10/bx, 10 bx/cs
MSC2344EP	4 x 4" (10.2 x 10.2 cm) 2.5 x 2.5" (6.4 x 6.4 cm) Pad	A6212	10/bx, 10 bx/cs
MSC2366EP	6 x 6" (15.2 x 15.2 cm) 4.5 x 4.5" (11.4 x 11.4 cm) Pad	A6213	10/bx, 10 bx/cs
MSC2377EP	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



OPTIFOAM GENTLE SA

Silicone faced foam and border dressing with superabsorbent core

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



OPTIFOAM GENTLE POST-OP

Silicone faced and bordered post operative foam dressing with superabsorbent core and flexible design

Item No.	Description	HCPCS	Pkg.
MSC2148	4 x 8" (10.2 x 20.3 cm) 2 x 6" (5.1 x 15.2 cm) Pad	A6254	10/bx, 10 bx/cs
MSC21410	4 x 10" (10.2 x 25.4 cm) 2 x 8" (5.1 x 20.3 cm) Pad	A6254	10/bx, 10 bx/cs
MSC21412	4 x 12" (10.2 x 30.5 cm) 2 x 10" (5.1 x 25.4 cm) Pad	A6255	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.

OPTIFOAM GENTLE

Silicone bordered foam dressing

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	10 bx/cs



OPTIFOAM GENTLE NON-BORDERED

Non-bordered silicone faced foam dressing

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 GENTLE LITE

Lite silicone faced and bordered foam dressing

Item No.	Description	HCPCS	Pkg.
MSC28162B	1.6 x 2" (4 x 5 cm)	A6413	10/bx, 10 bx/cs
MSC2833B	3 x 3" (7.6 x 7.6 cm)	A6212	10/bx, 10 bx/cs
MSC2844B	4 x 4" (10.2 x 10.2 cm)	A6212	10/bx, 10 bx/cs
MSC2866B	6 x 6" (15.2 x 15.2 cm)	A6213	10/bx, 10 bx/cs



OPTIFOAM GENTLE LITE NON-BORDERED

Lite non-bordered silicone faced foam dressing

Item No.	Description	HCPCS	Pkg.
MSC2944NB	4 x 4" (10.2 x 10.2 cm)	A6209	10/bx, 10 bx/cs
MSC2966NB	6 x 6" (15.2 x 15.2 cm)	A6210	10/bx, 10 bx/cs



OPTIFOAM®

Foam Dressings

RECOMMENDED USE

- » All wound depths*
- » All wound drainage levels
- » 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

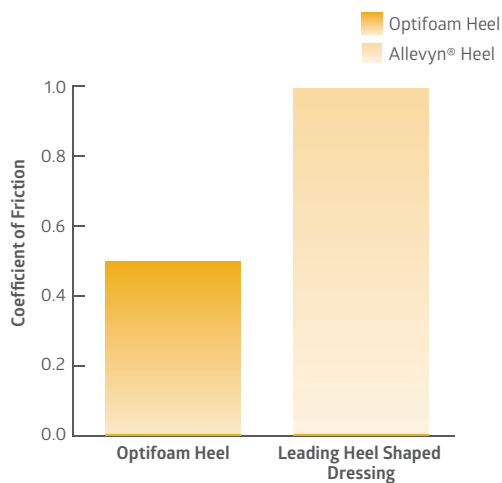
- » Third-degree burns
- » Lesions with active vasculitis

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

Clinical Highlight

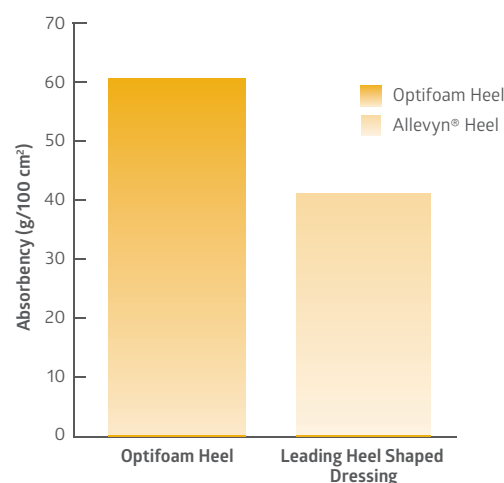
Coefficient of Friction of Film Backing¹



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

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

Adhesive bordered foam dressing

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

Non-bordered foam dressing

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

Heel-shaped non-adhesive foam dressing

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



OPTIFOAM BASIC

Foam dressing without polyurethane layer

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

Circular site dressing 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

Thin adhesive faced dressing

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



ABOUT OPTICELL

- » Chytoform™ gelling fiber technology
- » Controls minor bleeding
- » Highly conformable
- » 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 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

Versatile chitosan-based gelling fiber dressing

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

Chitosan-based gelling fiber ribbon dressing reinforced for extra strength

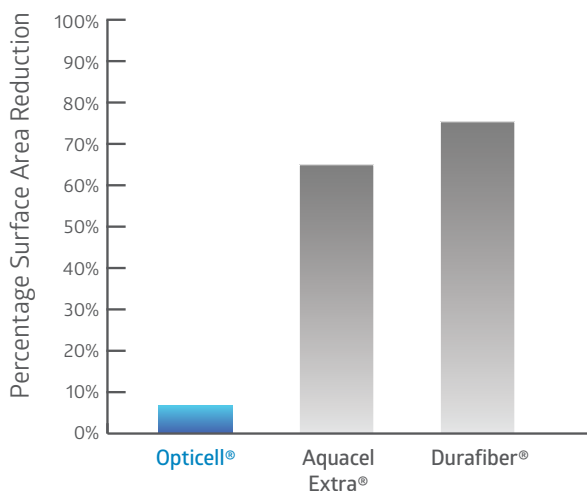
Item No.	Description	HCPCS	Pkg.
MSC7818R	0.75 x 18" (1.9 x 45.7 cm)	A4649	5/bx, 10 bx/cs



Clinical Highlight

Surface Area Memory (SAM) Results¹

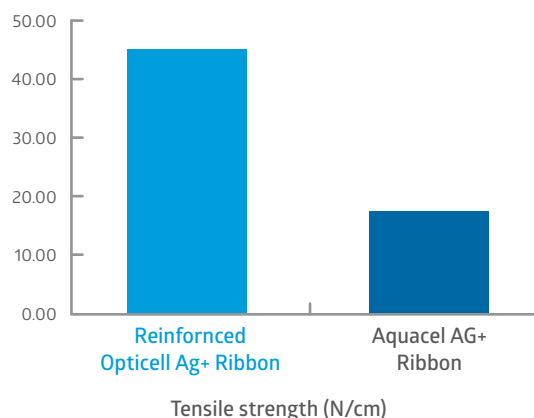
Retains its shape and size to maintain complete wound coverage.¹



References

1. Lab testing data on file. 2. Data on file.

Wet Tensile Strength²



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

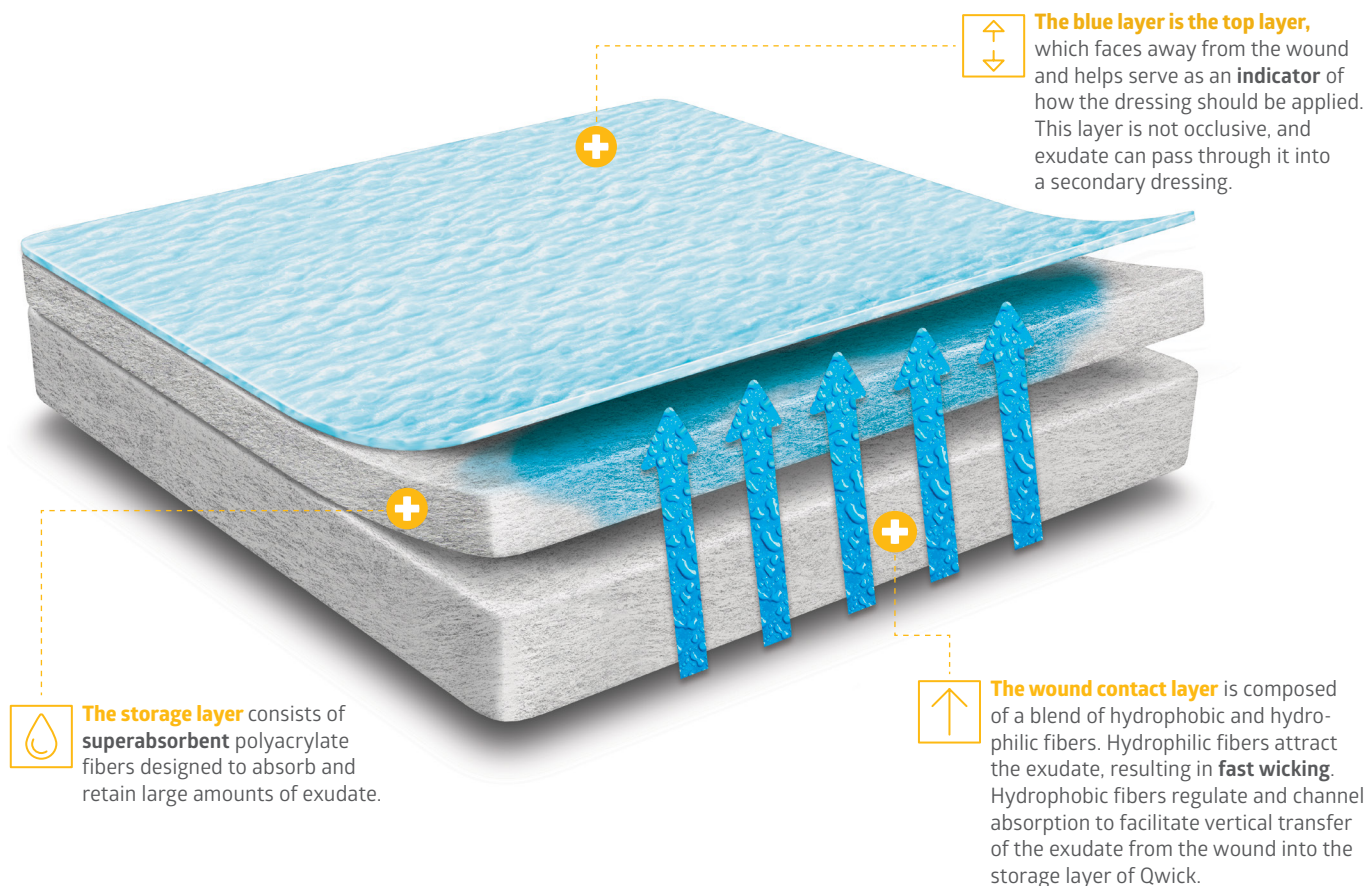
Superabsorbent conformable dressing with Aquaconductive™ technology

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®

RECOMMENDED USE

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

*As a secondary dressing for deep wounds

RECOMMENDED SECONDARY DRESSINGS

- » Medifix™ 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

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

ABOUT OPTILOCK

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. 76.



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 dressing

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

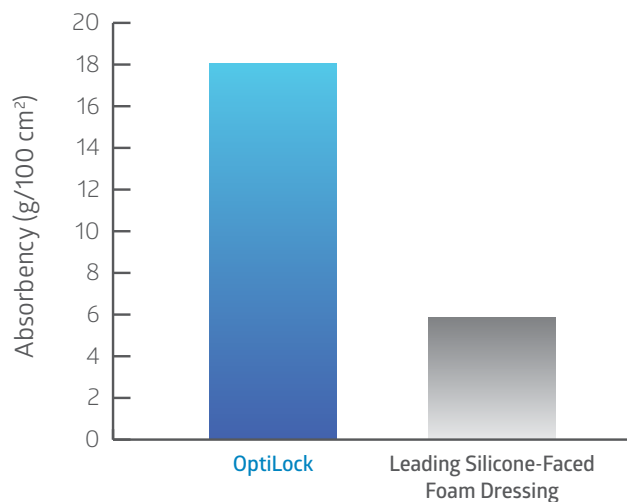


Clinical Highlight

OptiLock Absorbs and Retains More Fluid

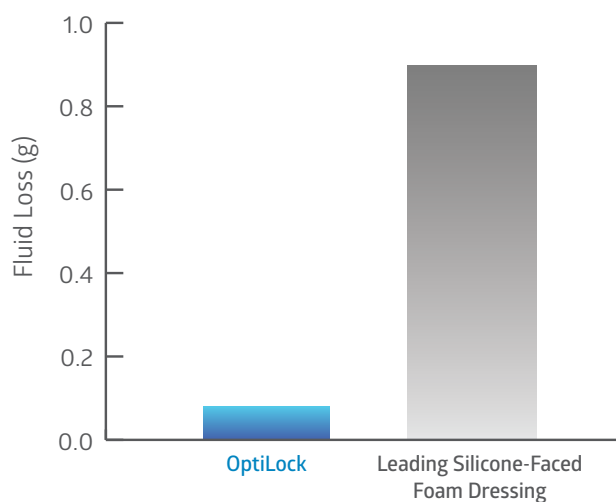
In manufacturer's laboratory testing, Medline's OptiLock dressings outperformed a leading silicone-faced foam dressing. OptiLock's remarkable absorption and fluid retention capabilities raise the bar for gentle wound care.

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®

Calcium 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

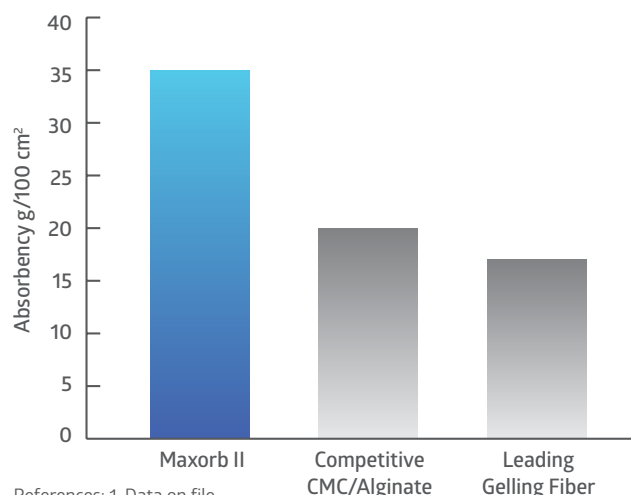


ABOUT MAXORB

- » Maxorb II is a 100% calcium alginate dressing
- » Maxorb Extra is a blend of CMC and calcium 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

Clinical Highlight

Maxorb II Absorbency Comparison¹



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

Calcium alginate dressing

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

Calcium alginate rope dressing

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

CMC/Alginate dressing

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

CMC/Alginate ribbon dressing

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

Reinforced CMC/Alginate ribbon dressing

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

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



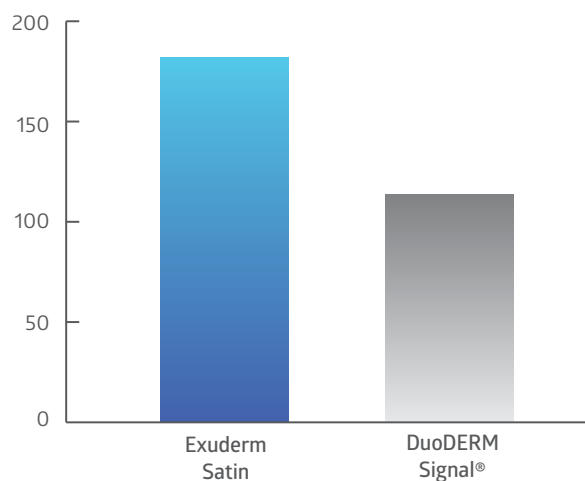
ABOUT EXUDERM

- » Manages drainage¹ to help maintain a moist wound healing environment
- » Longer wear time
- » Protective, occlusive barrier
- » Satin-finish backing is low friction for longer wear time

Clinical Highlight

Water Absorption¹

Percent of absorption at 24 hours



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	Sacrum: 4 x 3.6" (10.2 x 9.1 cm)	Pending	10/bx
MSC5475	Sacrum: 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	Sacrum: 4 x 3.6" (10.2 x 9.1 cm)	A6234	10/bx
MSC5575	Sacrum: 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 Gauzes, 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

- » Donate moisture
- » Rinse easily from the wound
- » Skintegrity 1-oz. bellows bottle reduces waste and eases application
- » Skintegrity Hydrogel Impregnated Gauze combines gauze with hydrogel for easy delivery to wounds that require packing
- » Carrasyn Hydrogel available in an 8-oz. spray bottle

Clinical Highlight

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

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)	N/A	12/cs
CRR101030	Carrasyn, Tube: 3-oz. (85 g)	N/A	12/cs
CRR101080	Carrasyn, Spray: 8-oz. (236 mL)	N/A	6/cs



HYDROGEL IMPREGNATED GAUZE

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



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

Glycerine-based hydrogel sheet

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

Water-based hydrogel sheet

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)	A6242	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...

Puracol®	58
Hyalomatrix®	62

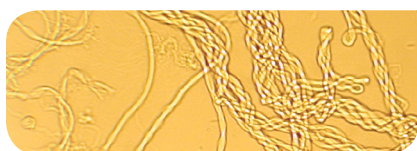
PURACOL®

Collagen Wound Dressings

PROMOTE NATURAL HEALING IN STALLED WOUNDS.

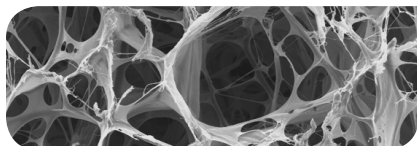
Our Puracol wound dressings promote natural healing with type I 100% native collagen. Our exclusive, gentle manufacturing technology preserves the collagen's natural structure, resulting in increased surface area in contact with the wound site.

MICROSCOPIC VIEW¹



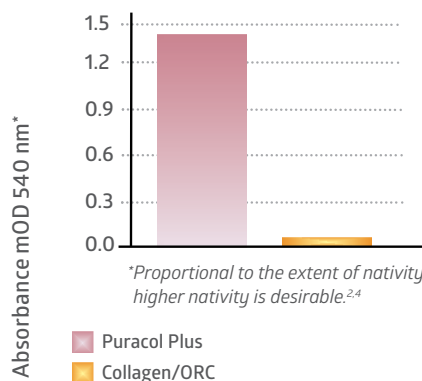
The intact superstructure provides strong evidence that the nativity of the collagen triple helix is preserved.

PURACOL PLUS MICROSCAFFOLD™¹



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

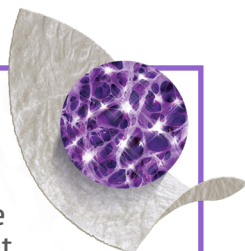
MEASURE OF COLLAGEN NATIVITY PURACOL PLUS



EXTRACELLULAR MATRIX PROTEINS

Puracol Ultra ECM Features the Most Sophisticated Scaffold Yet

This robust biological matrix, derived from porcine peritoneal membrane, consists primarily of type I collagen with additional extracellular matrix (ECM) proteins. It is decellularized, gamma-radiated and freeze-dried to yield a shelf stable product that provides an environment for wound management.



WELL-ESTABLISHED. WELL-DOCUMENTED.

Collagen is the main structural protein that supports the cells and tissues of the human body. Because of this, collagen is the most abundant protein found in humans and mammals. Therefore, it is not uncommon to see collagen used throughout various medical fields including wound care. All commercially available collagen wound dressings, however, are not the same.

Made of 100% native collagen, our Puracol wound dressings exclusive, gentle manufacturing technology preserves collagen's natural triple helix structure to promote healing. By maintaining the integrity of native collagen, Puracol can aid in broad-spectrum protease regulation and act as a three-dimensional MicroScaffold for the body's own cells to live, thrive and rebuild tissue.



CLINICAL STUDY

Evaluation of a Bovine 100% Native Collagen for the Treatment of Chronic Wounds¹

After managing the wounds with a bovine-derived, 100% native, type I collagen, 83% achieved wound closure within 90 days. (15 out of 18 patients)¹

1. Shah SS, Chakravarthy D. Evaluation of a bovine 100% native collagen for the treatment of chronic wounds. J Wound Ostomy Continence Nursing. 2015;42(3):226-234.

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 or replaced at the discretion of a healthcare professional
- » 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

Clinical Highlight

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)



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 ULTRA POWDER

- » Maintains a high degree of nativity
- » Increases the surface area in contact with the wound site
- » Conforms to irregular shaped wound sites

ABOUT PURACOL PLUS Ag+

In addition to all the benefits of Puracol Plus:

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

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.

NEW

PURACOL ULTRA ECM

100% native collagen and other important extracellular matrix proteins

Item No.	Description	HCPCS	Pkg.
MSC8822EP	2 x 2" (5 x 5 cm) Sheet	A6021	10/bx
MSC8845EP	4 x 5" (10 x 12 cm) Sheet	A6022	10/bx
MSC8822F	2 x 2" (5 x 5 cm) Fenestrated sheet	A6021	10/bx
MSC8845F	4 x 5" (10 x 12 cm) Fenestrated sheet	A6022	10/bx



PURACOL ULTRA POWDER

100% native collagen in powder form

Item No.	Description	HCPCS	Pkg.
MSC8801EP	1g pouch	A6010	10/bx, 10 bx/cs



PURACOL PLUS COLLAGEN

100% native collagen

Item No.	Description	HCPCS	Pkg.
MSC8622EP	2 x 2.25" (5.1 x 5.7 cm)	A6021	10/bx, 5 bx/cs
MSC8622EPF	2 x 2.25" (5.1 x 5.7 cm) Fenestrated sheet	N/A	10/bx, 5 bx/cs
MSC8644EP	4.2 x 4.5" (10.8 x 11.4 cm)	A6022	10/bx, 5 bx/cs
MSC8644EPF	4.2 x 4.5" (10.8 x 11.4 cm) Fenestrated sheet	N/A	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)	N/A	10/bx, 5 bx/cs



PURACOL PLUS AG+ COLLAGEN

100% native collagen with antimicrobial silver

Item No.	Description	HCPCS	Pkg.
MSC8722EP	2 x 2.25" (5.1 x 5.7 cm)	A6021	10/bx, 5 bx/cs
MSC8722EPF	2 x 2.25" (5.1 x 5.7 cm) Fenestrated sheet	A6021	10/bx, 5 bx/cs
MSC8744EP	4.2 x 4.5" (10.8 x 11.4 cm)	A6022	10/bx, 5 bx/cs
MSC8744EPF	4.2 x 4.5" (10.8 x 11.4 cm) Fenestrated sheet	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



References

1. Data on file. 2. Picrosirius 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.

HYALOMATRIX®

Esterified Hyaluronic Acid Matrix

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

- » Primary layer comprised entirely of HYAFF®, esterified hyaluronic acid
- » Acts as a scaffold for cellular colonization and capillary growth
- » Facilitates ordered reconstruction of the dermal tissue
- » Semipermeable silicone membrane controls water vapor loss
- » Can be used in combination with negative pressure wound therapy (NPWT)

DID YOU KNOW?

Hyalomatrix can occasionally emit odor as it incorporates into the underlying tissue of the wound bed. To help reduce odor, irrigate with a high-performance wound cleanser like Prophase. To learn more, see pg. 91.



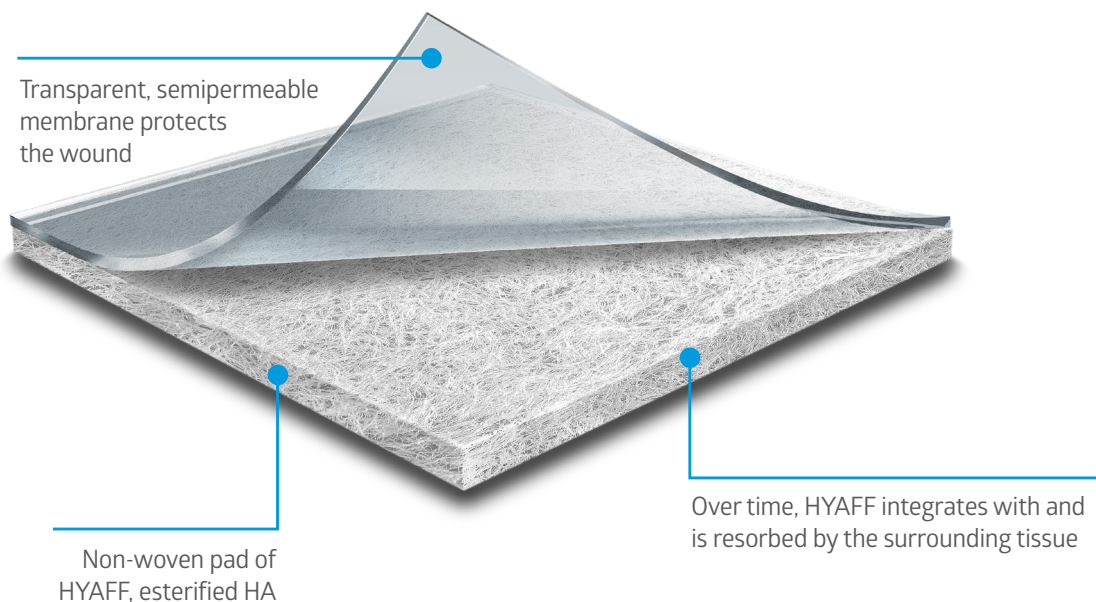
ORDERING INFORMATION

*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



Clinical Highlight

Day 1



OR debridement of devitalized tissue due to necrotizing fasciitis and subsequent Hyalomatrix application

Day 95



22 days post Hyalomatrix removal—Granulation coverage with complete coverage of tendon and some spontaneous reepithelialization.

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®	66
Sureprep®	70
COMPRECARES®	72
CoFlex® TLC	76
FourFlex® and ThreeFlex®	78
Medigrip™	80
Unna-Z™	82
Versatel® and Versatel One	84
Cover Dressings	86
Dressing Retention Tape	88
Wound Cleansers	90
NE1®	92

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**



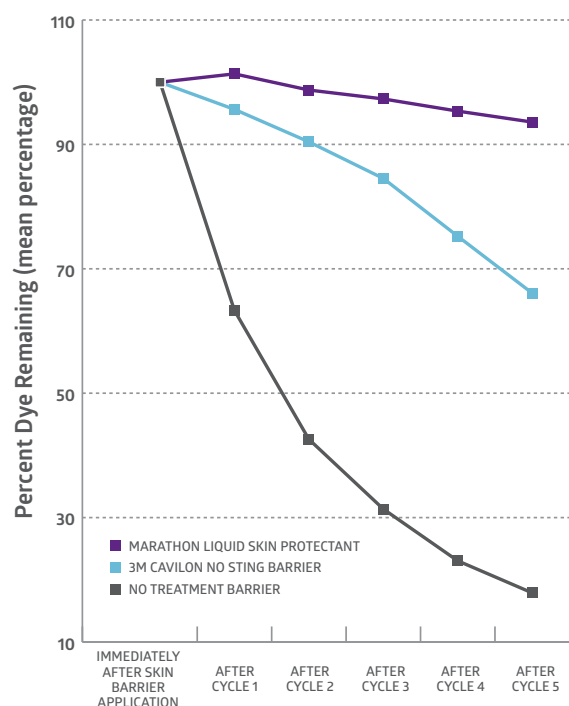
**LONG
LASTING**

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

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

“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

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

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

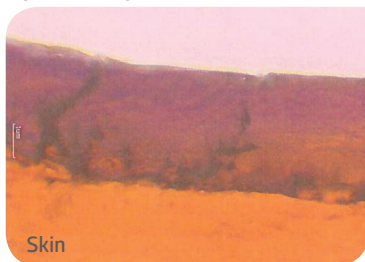


ABOUT MARATHON

- » Robust, flexible and long-lasting
- » Non-stinging; contains no solvents or activators
- » Protects from the effects of friction and shear
- » 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

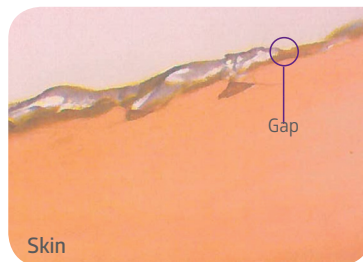
Clinical Highlight

Cyanoacrylate-based Barrier



A $>20\ \mu\text{m}$ layer of cyanoacrylate-based barrier can be clearly seen at x200 magnification. There are NO visible gaps between the skin and Marathon, since it bonded directly to the skin.³

Solvent-based barrier



The approximate $<5\ \mu\text{m}$ layer of a solvent-based barrier at x200 magnification is seen in this image. The gap between the skin and the solvent-based barrier is visible.³

ORDERING INFORMATION

MARATHON NO-STING CYANOACRYLATE SKIN PROTECTANT

Cyanoacrylate-based skin protectant

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



DID YOU KNOW?

Marathon provides robust, breathable protection which facilitates wound closure. Use Marathon in conjunction with Opticell Ag+ to treat or prevent maceration of the periwound. To learn more, see pg. 16.



SUREPREP®

Skin Protectants

RECOMMENDED USES

- » Protection from moisture associated skin damage
- » 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

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



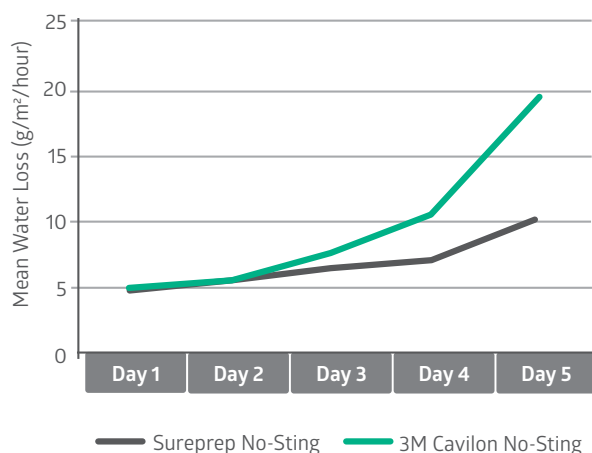
ABOUT SUREPREP

- » 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

Clinical Highlight

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

Water-based no-sting skin protectant

Item No.	Description	HCPCS	Pkg.
MSC1505	No-Sting Protective Wipes	A5120, A6250	50/bx, 10 bx/cs
MSC1506	No-Sting Foam 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



SUREPREP RAPID DRY

Fast-drying no-sting skin protectant

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
MSC1528	Rapid Dry Spray, 28 mL	A4369, A6250	12/cs



SUREPREP

Skin protectant for intact skin; 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



DID YOU KNOW?

TheraHoney gel promotes autolytic debridement, which can increase drainage. To protect the periwound from maceration use Sureprep Rapid dry. To learn more, see pg. 12.



References

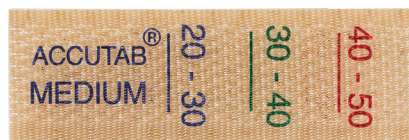
1. Chakravarthy D, Falconio-West M. A Randomized, Controlled Trial of Two Sting-Free Polymeric Skin Barrier Products, One Water Based, the Other Solvent Based. Presented at Clinical Symposium on Advances in Skin and Wound Care. Nashville, TN. 2007. 2. Test data on file (independent lab). 3. 510(k) K051082, WOVE, 2005.
4. 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. 5. Data on file.

SIGVARIS COMPRECARES™

Compression Garment with Transition Liner

HELP PREVENT AND TREAT VENOUS DISEASE.

Chronic venous insufficiency (CVI) occurs when venous walls or valves do not work effectively and have difficulty moving blood toward the heart. CVI causes the blood to pool in the leg, leading to increased pressure and swelling. This additional pressure can cause fluid and blood to leak out of veins, which can lead to skin staining and venous ulcers.



Quickly identify the
correct pressure range



CUSTOMIZED COMPRESSION AT YOUR FINGERTIPS.

Take the guesswork out of achieving proper compression with COMPRECARES Compression Garment with ACCTAB system.

- » Compression levels of 20-30, 30-40 and 40-50mmHg
- » Transition liner has graduated compression throughout the leg
- » Specially designed fabric wicks away moisture to help avoid skin damage
- » Each pack includes 2 reusable socks—one to wash and one to wear—for up to 6 months



Easy to apply and adjust for increased patient compliance

Roll back straps for easy application

Contoured calf for a superior fit

Front stretch panel secures garment in place

Double-stitched to ensure durability

Soft, conformable Breathe-O-Prene® fabric



COMPRECARES™

Compression Garment with Transition Liner

RECOMMENDED USES

- » Venous leg ulcers

RECOMMENDED PRIMARY DRESSINGS

- » Qwick
- » Opticell Ag+
- » OptiLock

INDICATIONS

- » Chronic Venous Insufficiency (CVI)
- » Edema
- » Venous stasis ulcers
- » Lymphedema

CHANGE FREQUENCY

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

CONTRAINDICATIONS

- » Acute-untreated cellulitis, or other major skin infections
- » Acute-untreated Deep Vein Thrombosis (DVT)
- » Untreated kidney disease
- » Severe Peripheral Arterial Disease (PAD), or an ankle-brachial pressure index (ABI) less than 0.5
- » Untreated septic phlebitis
- » Acute, decompensated CHF or Myocardial Infarction (MI)



ABOUT COMPRECARES

- » Compression levels of 20-30, 30-40, and 40-50mmHg
- » Transition liner has graduated compression throughout the leg
- » Specially designed fabric wicks away moisture to help avoid skin damage
- » Each pack includes 2 reusable socks—one to wash and one to wear—for up to 6 months

ORDERING INFORMATION

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

COMPRECARES COMPRESSION GARMENT SIZING CHART

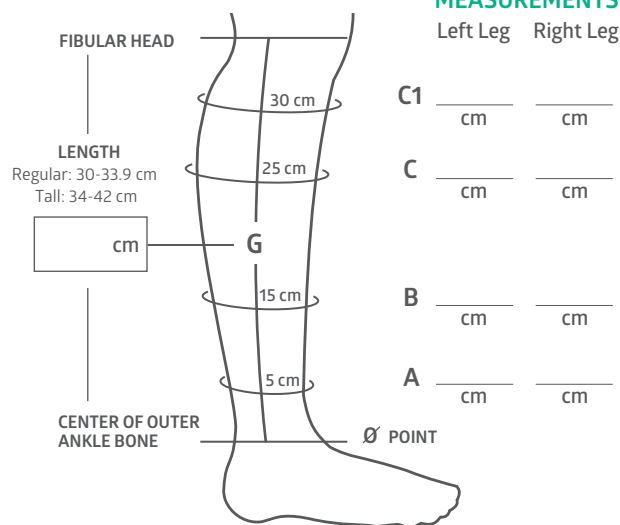
		Small	Medium	Large	X-Large	XX-Large
C1		29–39 cm	34–44 cm	40–50 cm	46–55 cm	54–64 cm
C		29–39 cm	34–44 cm	40–50 cm	46–55 cm	54–64 cm
B		24–34 cm	29–39 cm	34–44 cm	39–49 cm	44–55 cm
A		19–26 cm	21–30 cm	26–36 cm	31–41 cm	36–46 cm
G	Regular 30–33.9 cm	MSC1401	MSC1402	MSC1403	MSC1404	MSC1405
	Tall 34–42 cm	MSC1401T	MSC1402T	MSC1403T	MSC1404T	MSC1405T

COMPRECARES TRANSITION LINER SIZING CHART

		Small	Medium	Large	X-Large	XX-Large
C1		29–39 cm	34–44 cm	40–50 cm	46–55 cm	54–64 cm
C		29–39 cm	34–44 cm	40–50 cm	46–55 cm	54–64 cm
B		24–34 cm	29–39 cm	34–44 cm	39–49 cm	44–55 cm
A		19–26 cm	21–30 cm	26–36 cm	31–41 cm	36–46 cm
G	Regular 30–33.9 cm	MSC1401	MSC1402	MSC1403	MSC1404	MSC1405
	Tall 34–42 cm	MSC1401T	MSC1402T	MSC1403T	MSC1404T	MSC1405T

How to choose the right size.

- Using a measuring tape with centimeters, measure the leg height from the center of outer ankle bone (point Ø) to the fibular head, as shown on the illustration. Record this measurement in the space provided for point G.
- Measure around each part of the leg at the letters shown in the illustration:
 - C1**—30 cm above point Ø
 - C**—25 cm above point Ø
 - B**—15 cm above point Ø
 - A**—5 cm above point Ø
- Use measurements **A** and **C1** to determine the correct sizing for COMPRECARES Transition Liners.



Compare your measurements to the chart and select the size that matches.

If measurements C1, C, B and A align to multiple sizes, select the smaller garment and use a strap extender for the larger areas of the leg.

Item No.	Description	Pkg.
MSC1401SE	Strap Extender	1/ea

COFLEX® TLC

Two-Layer Compression System

RECOMMENDED USES

- » Venous leg ulcers

RECOMMENDED PRIMARY DRESSINGS

- » Qwick
- » Opticell Ag+
- » OptiLock

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

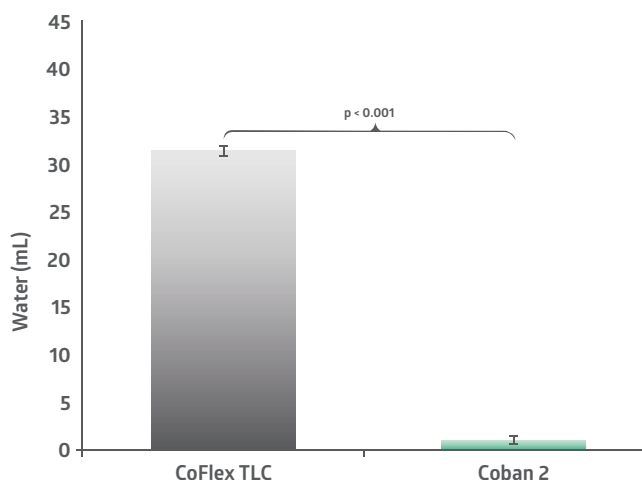


ABOUT COFLEX TLC

- » CoFlex TLC provides 30–40mmHg of therapeutic compression
- » CoFlex TLC Lite provides 20–30 mmHg 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

Clinical Highlight

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	



1

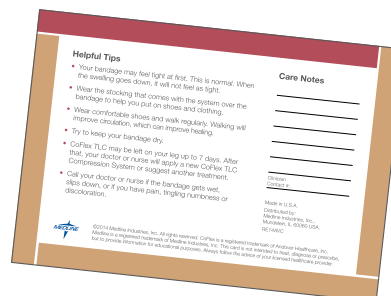


2

COFLEX TLC PROMOTES PATIENT EDUCATION

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



DO MORE WITH LESS USING SHORT STRETCH COMPRESSION

Low-profile design for patient comfort

- » 90% of patients rated CoFlex TLC at least as comfortable as their current compression system.

Full-stretch application for easy, replicable compression

- » 95% of nurses rated CoFlex TLC at least as easy to apply as their current compression system

Laforet et al (2015)

FOURFLEX® AND THREEFLEX®

Multilayer Compression Bandage System

RECOMMENDED USE

- » Venous leg ulcers

RECOMMENDED PRIMARY DRESSINGS

- » Qwick
- » Opticell Ag+
- » OptiLock

INDICATIONS

- » To deliver therapeutic 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
- » FourFlex XL is 25% longer for larger legs
- » FourFlex and FourFlex XL delivers 30–40 mmHg of compression*
- » ThreeFlex delivers 20–30 mmHg of compression*

Clinical Highlight

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

* Data on file: compression values as measured at the ankle upon application, application per manufacturer's guidelines

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.
ThreeFlex 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	A6443	
	3) Cohesive 4" x 6.9 yd. (10 cm x 6.3 m) Stretched	A6454	



FOURFLEX FOUR-LAYER COMPRESSION SYSTEM

For the management 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	A6441 + A6449 + A6443 + A6454	8 kits/cs
	2) Conforming 4" x 6.3 yd. (10 cm x 5.7 m) Stretched. 29% Longer		
	3) Compression 4" x 12.3 yd. (10 cm x 11.2 m) Stretched. 29% Longer		
	4) Cohesive 4" x 8.9 yd. (10 cm x 8.1 m) Stretched. 29% Longer		



MEDIGRIP™ AND MEDIGRIP™ LF

Elasticated Tubular Bandages

RECOMMENDED USES

- » Dressing Retention
- » Light compression

RECOMMENDED PRIMARY DRESSINGS

- » Qwick
- » Opticell Ag+
- » OptiLock

INDICATIONS

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

CHANGE FREQUENCY

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

CONTRAINDICATIONS

- » None*



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
- » Also comes in latex free version

Clinical Highlight

Compression Testing of Bandages

Based on principles contained in BS 6612¹

Test Material	Test	Limb Circumference (cm)	Pressure (mm/Hg)
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:

Medigrip delivers consistent therapeutic compression levels similar to Tubigrip®.

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 numbers with "LF" at the end are not made with natural rubber latex.

Item No.	Size	Width	Application	HCPCS	Pkg.
MSC9500	A	1.75" (4.5 cm)	Infant feet and arms	A6457	1 roll/bx
MSC9500LF	A	1.75" (4.5 cm)	Infant feet and arms	N/A	1 roll/bx
MSC9501	B	2.5" (6.3 cm)	Small hands and limbs	A6457	1 roll/bx
MSC9501LF	B	2.5" (6.3 cm)	Small hands and limbs	N/A	1 roll/bx
MSC9502	C	2.625" (6.8 cm)	Adult hands, arms or legs	A6457	1 roll/bx
MSC9502LF	C	2.625" (6.8 cm)	Adult hands, arms or legs	N/A	1 roll/bx
MSC9503	D	3" (7.5 cm)	Large arms or legs	A6457	1 roll/bx
MSC9503LF	D	3" (7.5 cm)	Large arms or legs	N/A	1 roll/bx
MSC9504	E	3.5" (8.75 cm)	Legs or small thighs	A6457	1 roll/bx
MSC9504LF	E	3.5" (8.75 cm)	Legs or small thighs	N/A	1 roll/bx
MSC9505	F	4" (10 cm)	Large knees or thighs	A6457	1 roll/bx
MSC9505LF	F	4" (10 cm)	Large knees or thighs	N/A	1 roll/bx
MSC9506	G	4.75" (12 cm)	Large thighs	A6457	1 roll/bx
MSC9506LF	G	4.75" (12 cm)	Large thighs	N/A	1 roll/bx
MSC9507	J	6.75" (17.1 cm)	Small trunks	Pending	1 roll/bx
MSC9507LF	J	6.75" (17.1 cm)	Small trunks	N/A	1 roll/bx
MSC9507	J	6.75" (17.1 cm)	Small trunks	Pending	1 roll/bx
MSC9507LF	J	6.75" (17.1 cm)	Small trunks	N/A	1 roll/bx
MSC9508	K	8.25" (20.1 cm)	Medium trunks	Pending	1 roll/bx
MSC9508LF	K	8.25" (20.1 cm)	Medium trunks	N/A	1 roll/bx



MEDIGRIP TUBULAR BANDAGE

1.1 yard (1 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	N/A	30/cs
MSC9505YD	F	4" (10 cm)	Large knees or thighs	N/A	30/cs
MSC9506YD	G	4.75" (12 cm)	Large thighs	N/A	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™ AND UNNA-Z STRETCH

Unna Boot Bandages

RECOMMENDED USE

- » Venous leg ulcers

RECOMMENDED PRIMARY DRESSINGS

- » Qwick
- » Opticell Ag+
- » OptiLock

RECOMMENDED COVERING WRAP

- » 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

- » Maintains a moist healing environment
- » Provides semi-rigid support for conditions requiring mild compression
- » Impregnated with zinc oxide paste (with or without calamine)
- » Improved knitted design
- » Inner plastic core for easier application
- » Unna-Z Stretch provides greater elasticity

ORDERING INFORMATION

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

UNNA-Z

Zinc impregnated gauze bandage

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
NONUNNA3	3" x 10 yds (7.6 cm x 9.1 m), with calamine	A6456	12/cs
NONUNNA4	4" x 10 yds (10.2 cm x 9.1 m), with calamine	A6456	12/cs



UNNA-Z STRETCH

Elastic zinc impregnated bandage

Item No.	Description	HCPCS	Pkg.
NONUNNAS130	3" x 10 yds (7.6 cm x 9.1 m), elastic	A6456	12/cs
NONUNNAS140	4" x 10 yds (10.2 cm x 9.1 m), elastic	A6456	12/cs
NONUNNAS30	3" x 10 yds (7.6 cm x 9.1 m), elastic, with calamine	A6456	12/cs
NONUNNAS40	4" x 10 yds (10.2 cm x 9.1 m), elastic, with calamine	A6456	12/cs



DID YOU KNOW?

Unna Z-Stretch features elasticity for enhanced conformability and easier application.



VERSATEL® AND VERSATEL ONE

Contact Layer Dressings

RECOMMENDED USES

- » To prevent secondary dressing adhesion to the wound

RECOMMENDED SECONDARY DRESSINGS

- » OptiLock®
- » Qwick®
- » Maxorb® II

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

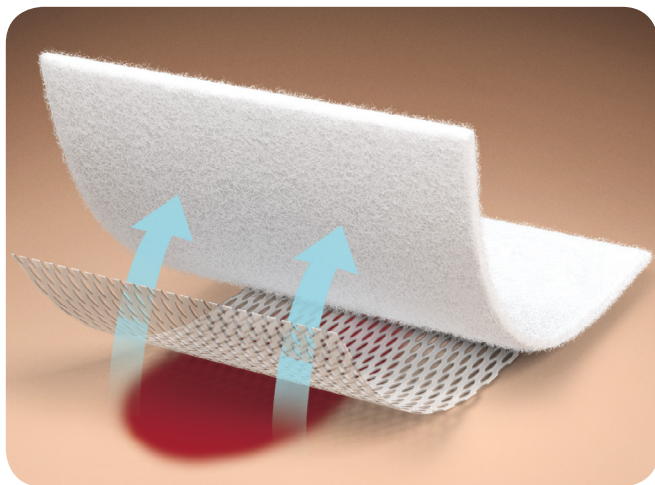
- » Versatel may be left in place for up to 7 days
- » Dressing change frequency will depend on amount of drainage

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



A typical highly exuding 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



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

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.

ORDERING INFORMATION

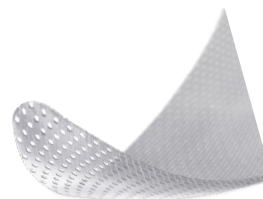
To order by the box, add "Z" to the end of the item number.

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

VERSATEL ONE

One-sided silicone contact layer dressing for easier handling

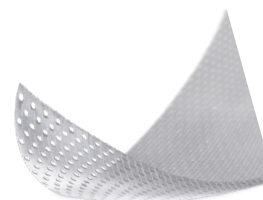
Item No.	Description	HCPCS	Pkg.
MSC1823EP	2 x 3" (5.1 x 7.6 cm)	A6206	10/bx, 5 bx/cs
MSC1834EP	3 x 4" (7.6 x 10.2 cm)	A6206	10/bx, 5 bx/cs
MSC1845EP	4 x 5" (10.2 x 12.7 cm)	A6207	10/bx, 5 bx/cs
MSC1847EP	4 x 7" (10.2 x 17.8 cm)	A6207	10/bx, 5 bx/cs
MSC18812EP	8 x 12" (20.3 x 30.5 cm)	A6208	5/bx, 5 bx/cs



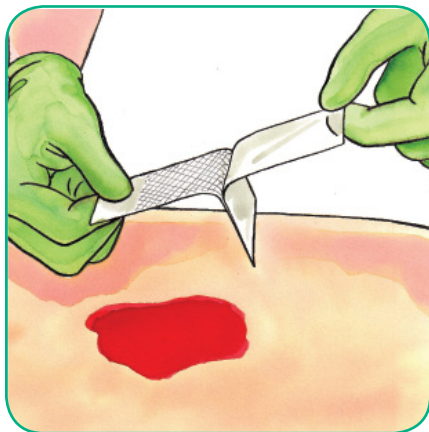
VERSATEL

Two-sided silicone contact layer dressing

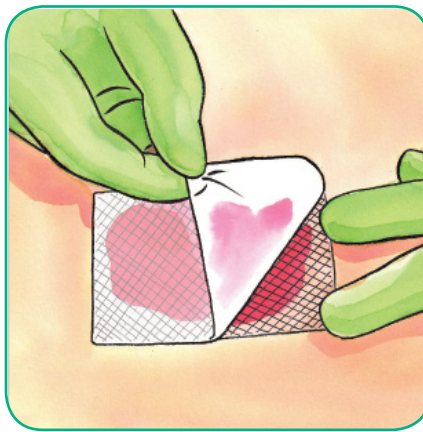
Item No.	Description	HCPCS	Pkg.
MSC1723EP	2 x 3" (5.1 x 7.6 cm)	A6206	10/bx, 5 bx/cs
MSC1734EP	3 x 4" (7.6 x 10.2 cm)	A6206	10/bx, 5 bx/cs
MSC1747EP	4 x 7" (10.2 x 17.8 cm)	A6207	10/bx, 5 bx/cs
MSC17812EP	8 x 12" (20.3 x 30.5 cm)	A6208	5/bx, 5 bx/cs



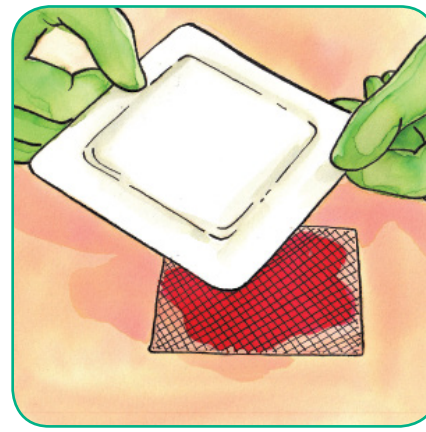
Easy Application Instructions



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 Qwick. 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

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

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
MSC3236	3 x 6" (7.6 x 15.2 cm), 1 x 4" (2.5 x 10.2 cm) Pad	Pending	15/bx, 10 bx/cs



DRESSING RETENTION TAPE

Non-Woven, Silicone and Zinc Oxide 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

Non-woven tape with S-curve liner

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 non-woven tape with 2" 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

Transparent silicone tape

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 AHCPR 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

Wound cleanser with spray and stream nozzle

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

PHMB preserved wound cleanser

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

Antiseptic BZK based wound cleanser

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



CARRAKLENZ™ WOUND CLEANSER

Wound cleanser with spray and stream nozzle

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





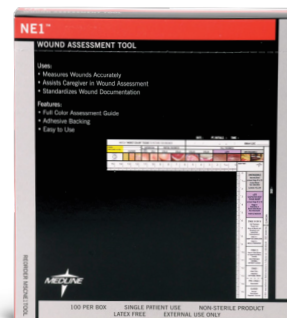
Wound Assessment

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

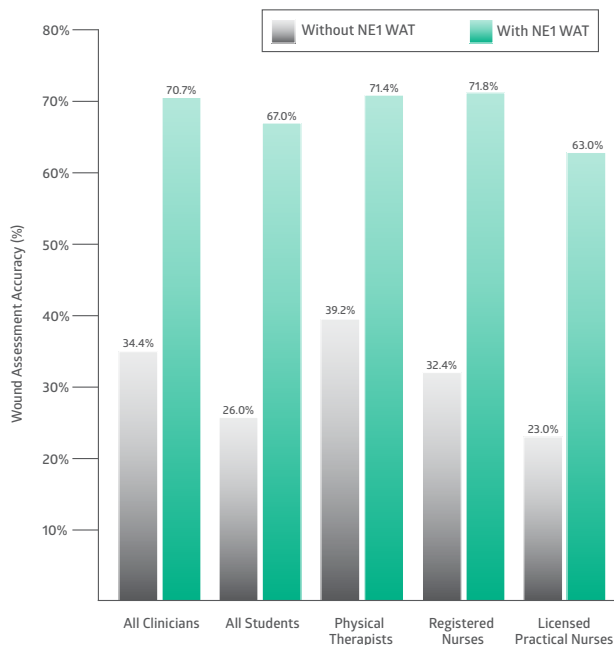
- » None

ABOUT NE1

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

Clinical Highlight

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.
MSCNE1TOOL	Wound Assessment Tool	100/bx
MSCNE1TOOLPK	Wound Assessment Tool	10/pk



NE1 Photographic Wound Documentation Guide

NE1® PHOTOGRAPHIC WOUND DOCUMENTATION

History of the Wound: _____

ANATOMICAL SITE (BODY PART): _____

Mark Wound Location

Write on the Tool:

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

1. Frame the NE1 Wound Assessment Tool around the wound (12 o'clock position).

2. Do not wrap tool around the body. Do not bend the tool.

3. Camera must be perpendicular to the wound, then take picture.

4. Print the picture.

5. Delete pictures from the camera immediately after printing.

6. On photo, mark the tissue damage edge using horizontal and vertical lines as shown above, then measure length and width.

7. Calculate the surface area, (L x W = surface area).

8. Affix the photo in this box.

9. Place this document in patient's medical record.

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

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

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

Temperature: ☐ Cool ☐ Normal ☐ Warm

Wound Characteristics:

Intact Skin	<input type="checkbox"/> Boggy	<input type="checkbox"/> Soft	<input type="checkbox"/> Normal	<input type="checkbox"/> Fat
Non-Intact	<input type="checkbox"/> Firm	<input type="checkbox"/> Hard	<input type="checkbox"/> Smooth/Red/Moist	
Bone	<input type="checkbox"/> Muscle	<input type="checkbox"/> Tendon	<input type="checkbox"/> Cartilage	<input type="checkbox"/> Fascia
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

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

☐ MIMP (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) _____

Tunneling/Undermining: _____

5. Exudate: 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

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

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

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

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THERAPEUTIC SUPPORT SURFACES

RECOMMENDED USES

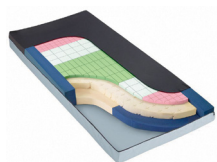
- » Pressure redistribution
- » Friction reduction
- » Shear reduction
- » Heat distribution

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

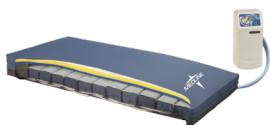
For more Information, see our Acute Care Support Surfaces Brochure (LIT58R)



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.



EQUALIZEAIR 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 PAD

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.



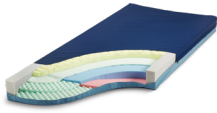
HEEL PROTECTION

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 and provide support.



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

Wide selection of Medline-brand and popular name-brand cushions are specifically designed to meet the needs of 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

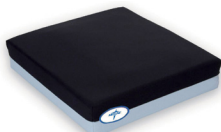
A variety of prevention products are specifically tailored to HME Dealers, including static air overlays, alternating-pressure overlays, gel overlays and therapeutic homecare mattresses.



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 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.

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.

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 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.

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.

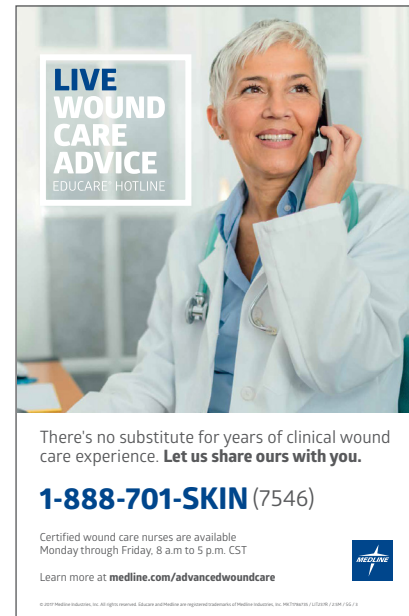
**SKIN HEALTH HOTLINE MANAGED
BY WOUND CARE NURSE SPECIALIST**

An important number to remember is **1-888-701-SKIN (7546)** because it reaches our Skin Health Hotline, 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 Skin Health 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 application videos for all of our advanced wound care products at www.medline.com/awcvideos. The interactive product selector can also help you choose the best product based upon the wound conditions.



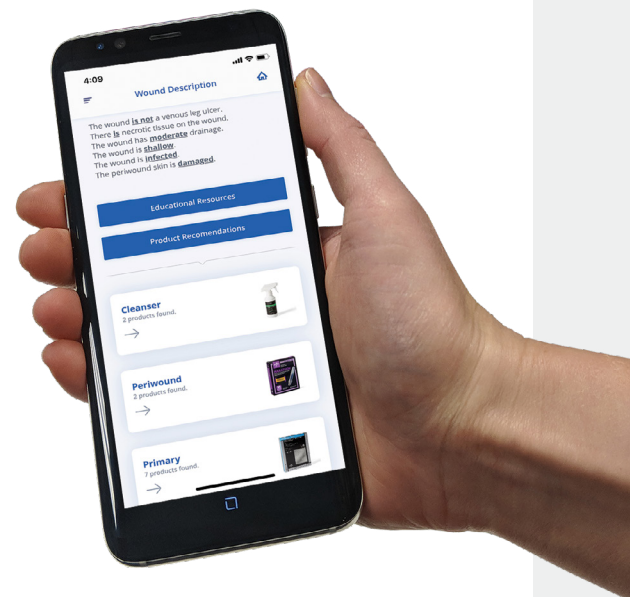
Skin Health Hotline Posters
available for your facility.

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.

CUSTOMIZED PRODUCT RECOMMENDATIONS AT YOUR FINGERTIPS

The Skin Health Product Selector App provides customized product recommendations based on the wound condition and your formulary. It's never been easier to ensure your staff has the educational and clinical information they need at their fingertips.



Skin Health Product Selector App

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

Key Information
Clarifies appropriate use.

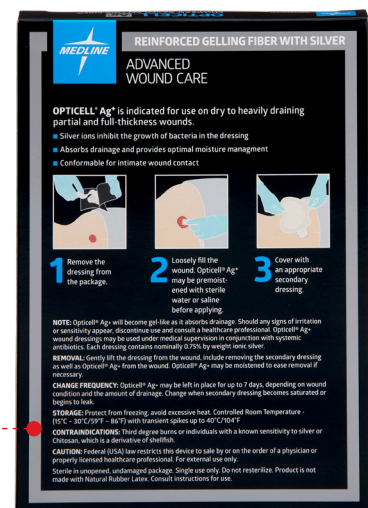
Basic Info
Brief technical detailing of product attributes: size, number, etc.



Category
Giving a more detailed breakdown of the product.

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



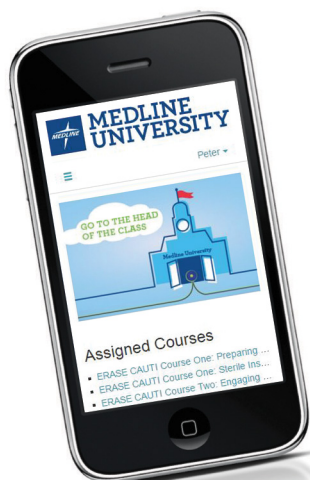
ONLINE EDUCATION

S

SUPPORT PRODUCTS

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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.



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- » Easy-to-use website, with no app required

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

AWC MEDLINE UNIVERSITY COURSES

- » Management and Treatment of Lower Extremity Wound
- » 2016 NPUAP Pressure Injury Staging System
- » MASDA: Moisture Associated Skin Damage Awareness

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Available 8am – 5pm Central Time

[medline.com/advancedwoundcare](https://www.medline.com/advancedwoundcare)



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