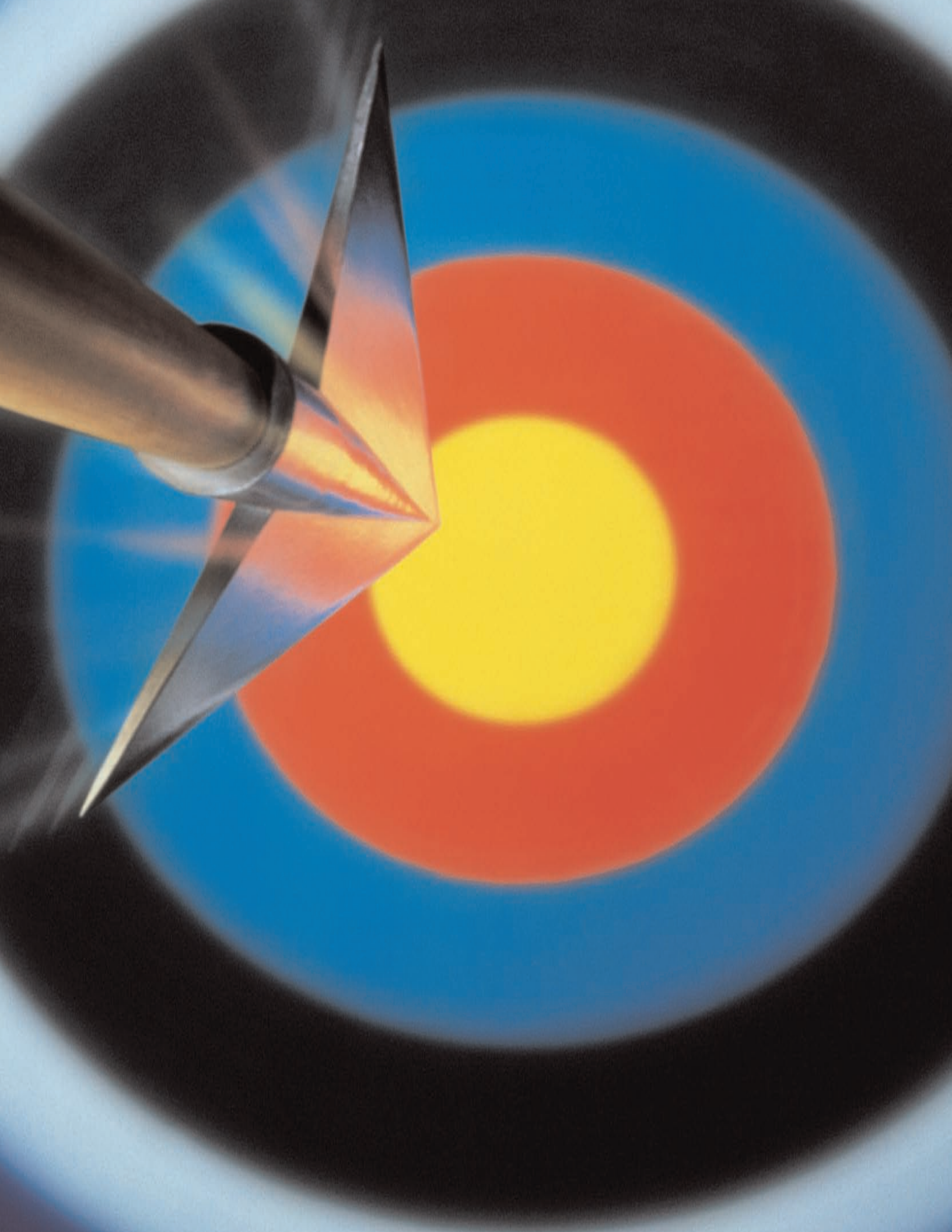
MEDLINE

SilvaSorb®

Targeted antimicrobial protection



SilvaSorb® provides targeted antimicrobial protection for every type of wound.

The SilvaSorb® family combines targeted, ionic silver antimicrobial protection with advanced fluid management. Utilizing our Microlattice® technology, SilvaSorb controls the release of silver at amounts that are ideal for killing bacteria and fungi, without harming healthy tissue.

SilvaSorb — for flat wounds with dry to heavy exudate.
Use SilvaSorb sheets and perforated sheets for a seven-day antimicrobial barrier and the ability to donate or absorb moisture.

SilvaSorb Cavity — for tunneling, undermined or heavily draining partial or full-thickness wounds.
Use SilvaSorb Cavity for a seven-day antimicrobial barrier and where control of heavy drainage or wound filling is desired.

SilvaSorb Site — for the invasive site of indwelling lines.
Use SilvaSorb Site for a seven-day antimicrobial barrier (and fluid control) around the penetration sites for central lines, I.V. sites and protruding orthopedic appliances.

SilvaSorb Gel — for wounds with dry to moderate exudate.
Use SilvaSorb Gel for a three-day antimicrobial barrier, plus the moisture donating benefits of hydrogel.

Helps manage bacterial burden[1,2,8]
Effective against a broad spectrum of bacteria and fungi.

Constant powerful antimicrobial protection[1,2]
Controlled-release antimicrobial silver.

Advanced fluid management[1]
SilvaSorb Sheet and Cavity absorb at least five times their weight in exudate or donate moisture as needed.

Extended wear time[3,4,5]
Effective for up to seven days. Three days for the gel.

Optimal moisture levels
Balanced moisture management helps create an ideal healing environment. Will not macerate or dry wounds.

Easy to use for antimicrobial efficacy
No need to pre-wet or re-wet. Can be cut to size.

Gentle for patient[6,7]
Non-adherent and no residue left in wounds. Reduced pain compared to silver sulfadiazine ointment in burn treatment.

Simple wound monitoring
Transparent. Will not stain wound or surrounding skin.

Cost-Effective[5]
Reduces change frequency and staff time.

Not too much. Not too little.

SilvaSorb controls bioburden without harming healthy tissue.

Silver ions have long been recognized for their broad spectrum antimicrobial action. Overwhelming evidence has shown that concentrations well below a part per million are effective against the microorganisms commonly encountered in the clinical setting. However, too much silver can be harmful to the tissue cells in an open wound bed.

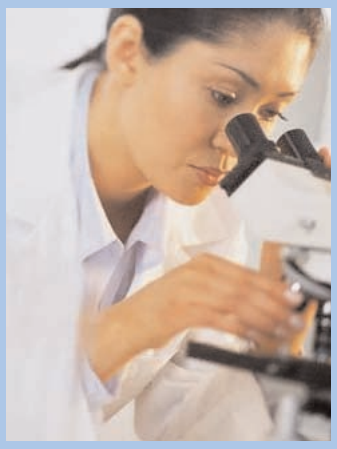
SilvaSorb uses a combination of MicroLattice polymer and stabilized silver technologies to produce a controlled-release silver, antimicrobial wound dressing with moisture management. SilvaSorb maintains a level of ionic silver that is sufficient to control microorganisms without harming healthy tissue cells. This precision release mechanism is active against a broad spectrum of microbes including MRSA, VRE, *E.coli* and *Pseudomonas*, as well as fungi and yeasts.

Other silver dressings that lack the control over the release of silver may cause staining of surrounding tissues (see Figure 1) or lead to cytotoxicity of tissue cells typically found in the wound bed (see Figure 2). These cells are critical to the wound healing process such as proliferation, angiogenesis and matrix protein deposition. SilvaSorb overcomes this limitation by controlling the level of antimicrobial ionic silver at 1½ ppm throughout the wear time of the dressing. SilvaSorb offers a broad spectrum antimicrobial without staining, discoloration or cytotoxicity of tissue cells.

SilvaSorb does not stain the skin, making it easier to observe wound conditions.

Figure 1. *The photos above show SilvaSorb, Acticoat 7 and Silver Nitrate applied beneath a transparent film. The second photo shows the staining left behind after the dressings are removed.*

Medline pioneered the use of controlled-release silver dressings.



Although silver has long been known as an antimicrobial, it had two inherent weaknesses; it is inactivated quickly and is cytotoxic in high concentrations.

Several years ago Medline overcame these limitations when we introduced Arglaes, and then SilvaSorb, to the medical community. These were the first dressings to harness the power of controlled-release ionic silver as an effective antimicrobial.

With these dressings, it became possible to control bioburden at the wound site for several days, without harming healthy tissue and without the use of antibiotics.

Fibroblast Viability and Cytotoxicity Study

Too much silver can harm healthy tissue. The photographs below show that Acticoat® kills healthy tissue cells while SilvaSorb does not.

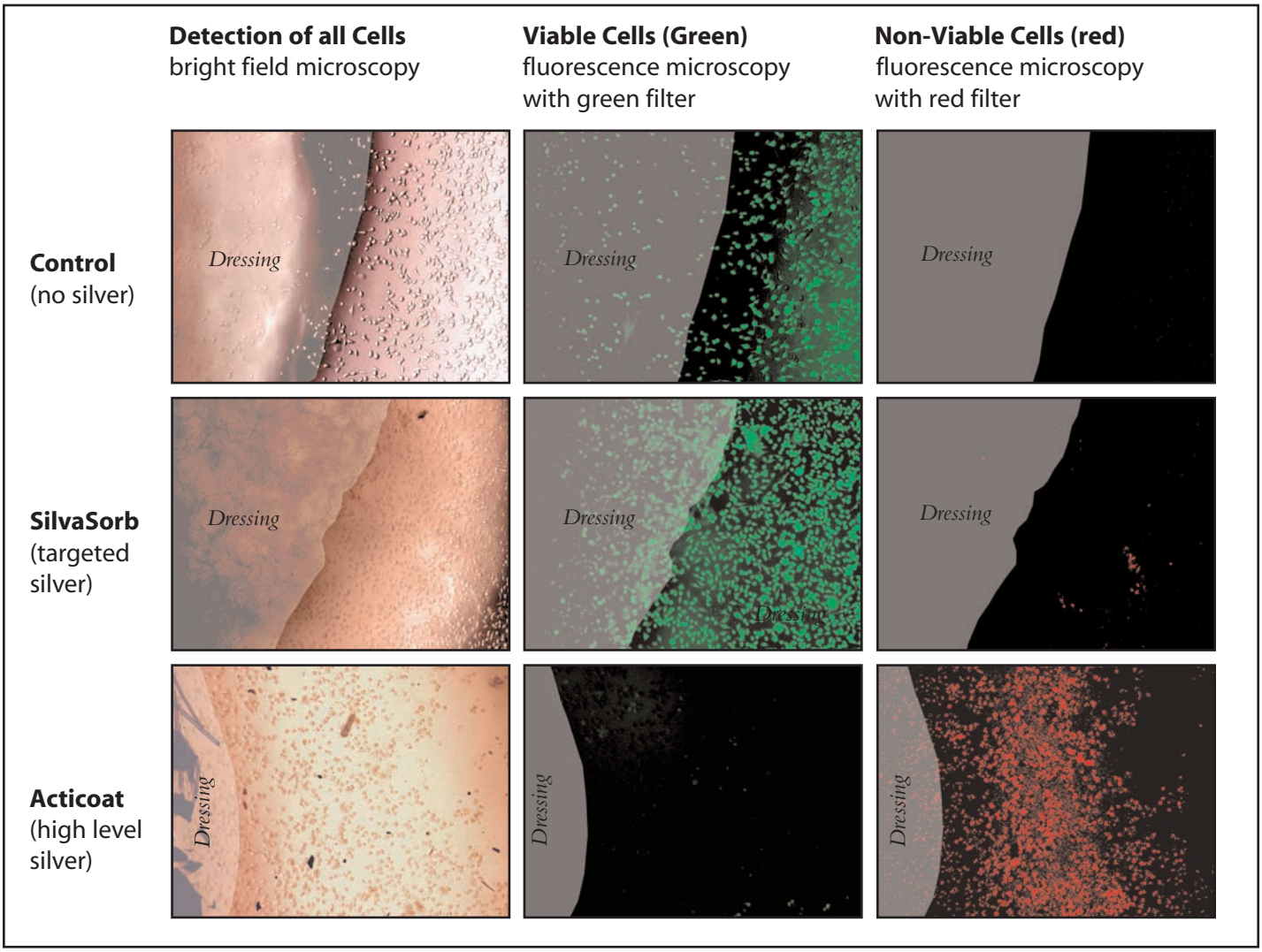
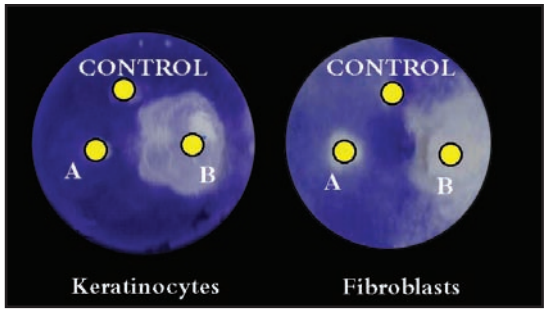


Figure 2. *The viability of tissue fibroblasts is not apparent when cells are viewed under normal microscopic conditions. Vital dyes distinguish cell viability by staining living cells green and dead cells red under fluorescent microscopy.*

An identical field of tissue culture cells was exposed to either a control matrix, SilvaSorb or Acticoat. Panels to the left under normal bright field conditions allow observations of all features. the middle panel, under a green filter, shows only living cells. Panels to the right under a red filter, show only dead cells.



Large doses of silver can harm new cell growth.[1]

When fibroblasts and keratinocytes are exposed to high levels of silver, such as those in Acticoat, there are large zones devoid of proliferating cells (shown by white areas in the images above).

A = Low level silver (SilvaSorb)
B = High level silver (metal-coated Acticoat)

SilvaSorb is a fast-acting, long lasting antimicrobial

SilvaSorb harnesses the power of ionic silver, releasing silver at a controlled level for broad spectrum antimicrobial action, without harming tissue cells.

The ionic silver is suspended in the SilvaSorb dressing to control its release over a period of up to seven days. It offers antimicrobial protection over a broad spectrum of bacteria and fungi, including MRSA and VRE (see Figures 3, 4 and 5).

SilvaSorb kills the microbes that are absorbed into the dressing through wound exudate, but is completely biocompatible with the tissue cells of healing.

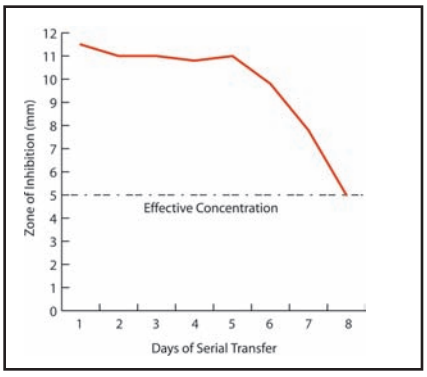


Figure 3. *SilvaSorb provides an antimicrobial barrier for up to seven days.*[4]

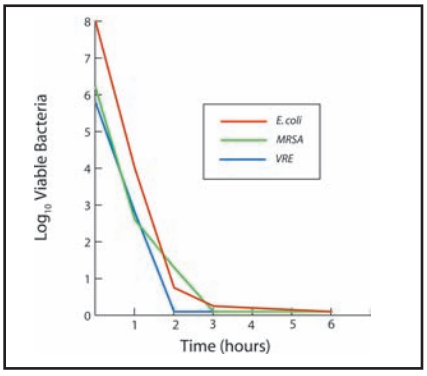


Figure 4. *SilvaSorb is fast-acting.*[1]

Zone of Inhibition (diameter in mm)

Culture Strains	SilvaSorb	Acticoat Absorbent	Control
Escherichia coli (*ToP* 10F)	13	12	0
Escherichia coli (8739)	11	10	0
Klebseilla pneumoniae (33472)	10	9	0
Klebseilla pneumoniae (33475)	10	9	0
Staphylococcus aureus (25923)	13	11	0
Staphylococcus aureus (MRSA)	12	10	0
Staphylococcus aureus	13	10	0
Staphylococcus aureus (coag neg)	14	13	0
Pseudomonas aeruginosa (27853)	14	11	0
Pseudomonas aeruginosa (9027)	12	10	0
Proteus mirabilis	9	5	0
Bacillus subtilis (Endospore former)	11	9	0
Streptococcus (Group A)	16	11	0
Enterbacter cloacae	9	8	0
Enterococcus faecalis (29212)	12	9	0
Enterococcus faecium (VRE)	15	12	0
Enterococcus faecium	13	10	0
Serratia marcescens	11	10	0
Listeria monocytogenes (10403)	16	14	0
Candida parapsilosis	12	13	0
Candida albicans	13	12	0
Candida albicans (10231)	11	11	0
Aspergillus niger (16404)	15	14	0
Acinetobacter baumanii (15149)	12	ND	ND
Acinetobacter baumanii (15308)	13	ND	ND

Table 1. *SilvaSorb protects against a broad spectrum of bacteria and fungi.*[1]

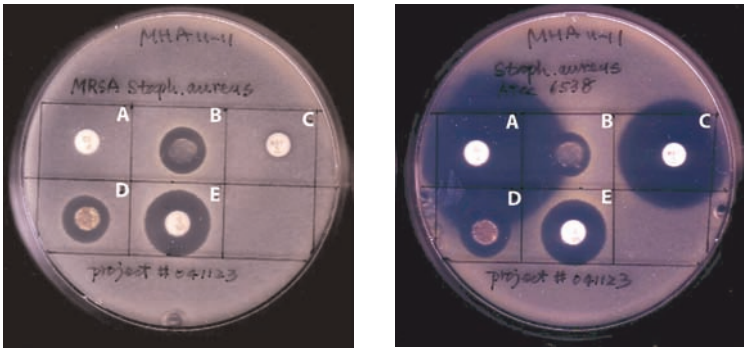


Figure 5. *MRSA is a notorious strain of Staphylococcus aureus (left plate in panel) that is resistant to penicillin (a) and Methicillin (c), but remains sensitive to Vancomycin (e). Clearing zones around the test samples show that the culture is susceptible. Methicillin resistance is a genetic trait that bears no relationship to sensitivity to the broad spectrum antimicrobial action of silver. In this case, both Staph. aureus and MRSA are equally sensitive to the silver in SilvaSorb (b) and Acticoat (d).*[1]

The MicroLattice® in SilvaSorb controls the release of silver.

SilvaSorb is composed of a synthetic, polyacrylate hydrophilic matrix that contributes to its flexibility, elasticity and absorbency.

SilvaSorb's unique architecture begins with its MicroLattice matrix — the basic structure that allows moisture to be absorbed and the ionic silver to be released.

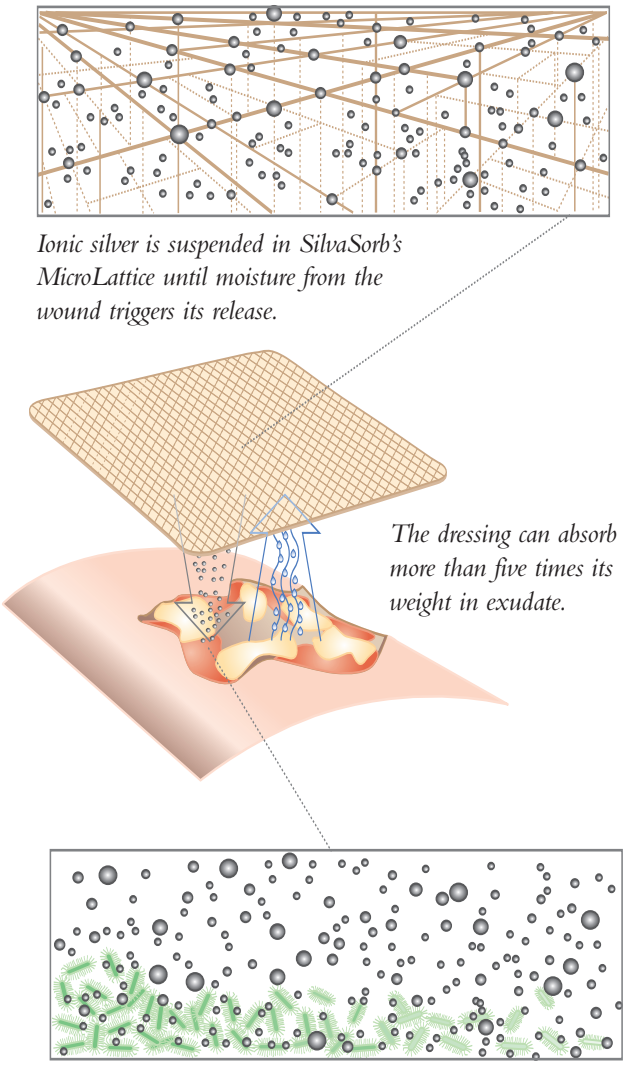
SilvaSorb's unique stabilized silver is suspended as minute particles throughout the molecular scaffolding of MicroLattice for even distribution of ionic silver.

Exposure to wound moisture dissolves the silver reservoir and stimulates the release of silver ions into the wound. The amount of silver released is controlled by a mechanism which not only regulates the release of silver, but also prevents staining and discoloration by protecting the silver ions from light energy.

As more fluid is absorbed over time, more silver ions are released, creating a controlled-release antimicrobial effect.

In many ways, the MicroLattice acts like the body's skin:

- It's biocompatible
- It provides a barrier against infection
- It offers moisture management
- It's comfortable



Ionic silver is suspended in SilvaSorb's MicroLattice until moisture from the wound triggers its release.

The dressing can absorb more than five times its weight in exudate.

The controlled-release ionic silver provides a barrier against infection for up to seven days.

Is there any evidence of silver-resistant bacteria?

Silver is an effective broad spectrum antimicrobial. But will increased use result in widespread resistance as we have seen with other antimicrobial agents used in the clinical setting?

Microbes are everywhere so of course there are some that can live in the presence of silver. They are resistant to ionic silver. However, only a few of the several million different organisms that have been cataloged are medically important. The antimicrobial properties of silver have been known for over 3,000 years and so far, resistance has not been associated with its use.

The reason is that, unlike antibiotics, silver has multiple targets when it attacks bacteria. So even if an organism mutated and developed a resistance to one of those targets, the remaining targets would still be susceptible.[10] Clinical data suggests that "prolonged exposure to silver dressings does not lead to silver resistant bacteria."[9]

Absorbs excess fluid and donates moisture — SilvaSorb does both.

In addition to controlling bioburden, another key factor in wound healing is managing moisture level.

SilvaSorb dressings are made of a special polymer that absorbs more than five times its weight in fluid. That's not only more than all other silver dressings, it's several times more than calcium alginates or similar absorptive products.

This allows SilvaSorb to be left in place for longer periods of time compared to other wound dressings, even on heavily draining wounds.

If the wound is dry, SilvaSorb can still help. The dressings are 20% water, giving them the unique ability to donate moisture when needed.

Advanced fluid management helps provide a moist wound healing environment for the full spectrum of wounds. SilvaSorb will not dry out a wound and it will not macerate the surrounding skin.

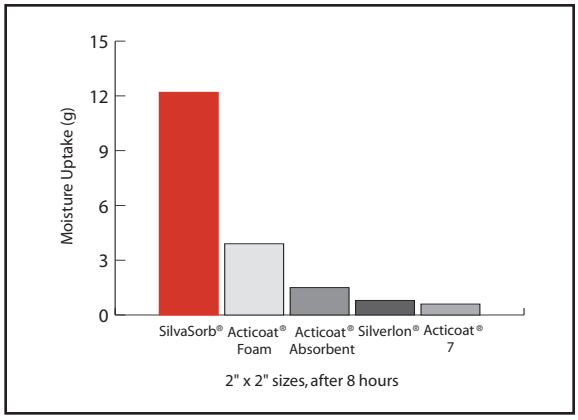


Figure 6. *SilvaSorb holds considerably more fluid than other silver dressings.*[1]

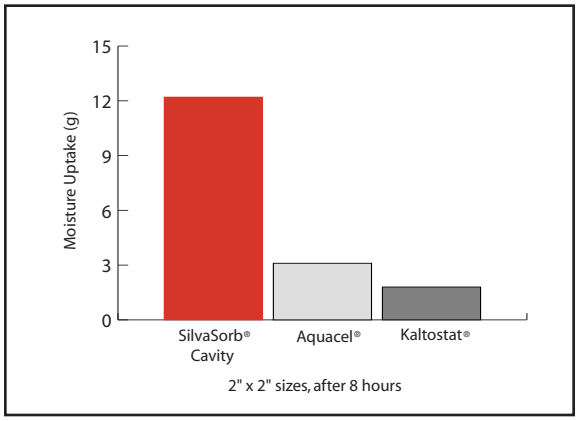


Figure 7. *SilvaSorb Cavity absorbs several times more fluid than other dressings designed for fluid management.*[1]

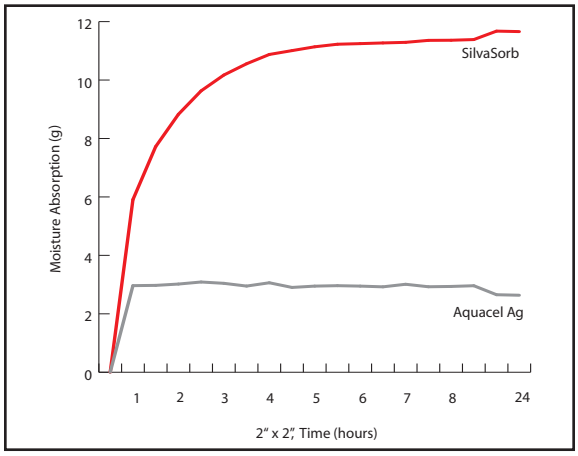


Figure 8. *A comparison of the 24 hour absorbency of saline by SilvaSorb and Aquacel Ag.*[1]

SilvaSorb Gel – the first antimicrobial silver hydrogel

SilvaSorb Gel combines a hydrogel's ability to maintain a moist wound healing environment with the benefits of bioburden control. SilvaSorb Gel's unique architecture features MicroLattice particles that suspend ionic silver within its molecular "scaffolding," continuously releasing silver for up to three days.

SilvaSorb Gel is available in small, unit-dose sizes up to 16 oz. jars for broader applications (e.g. burns).

Controlled release of antimicrobial silver ions commences upon the gel's exposure to the wound. MicroLattice release technology is so sensitive that even contact with a dry wound bed or intact skin enables the release. The amount of silver released is controlled by a suppression mechanism that not only regulates the release of silver, but also prevents skin staining and discoloration.

SilvaSorb is completely biocompatible. It's non-irritating, non-sensitizing and will not harm new granulation tissue. The inherent versatility of amorphous hydrogels makes SilvaSorb ideal for even difficult to dress wounds like cavity wounds and burns.

"Topical antimicrobials, including silver sulfadiazine, Sulfamylon®, SilvaSorb and gentamicin sulfate, showed superior bacterial inhibition and bactericidal properties in vitro, demonstrating complete inhibition of growth in quantitative cultures at 24, 48 and 72 hours."[2]

A Comparison of Broad Spectrum Antimicrobial Silver Dressings

Feature	SilvaSorb® Gel	SilvaSorb®	Aquacel AG®	Silvercel®	Acticoat 7®
Effective antimicrobial	yes	yes	yes	yes	yes
Highly absorbent	no	yes	yes	yes	no
Moist	yes	yes	no	no	no
Non-cytotoxic	yes	yes	yes	yes	no
Transparent	yes	yes	no	no	no
Self-activating	yes	yes	yes	yes	no
Self regulating	yes	yes	yes	yes	no
Does not stain	yes	yes	yes	yes	no
Non-adherent	yes	yes	no	no	no
Easy to apply	yes	yes	yes	yes	yes

Selected SilvaSorb case studies

Key clinical study results: ***1) the use of SilvaSorb increases the incidence of successful graft closure.[4], 2) a retrospective study showed that 81% of venous leg ulcers healed in 8-10 weeks. Patients reported decreased pain.[7], 3) SilvaSorb use in wounds of mixed etiologies led to the prevention of infection and reduction in dressing change frequency.[3]***

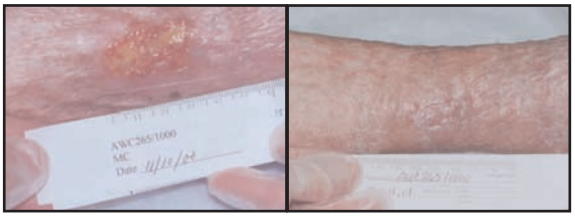
SilvaSorb is a dynamic dressing that can be used in a wide variety of settings. What follows is a summary of several case studies that demonstrate SilvaSorb's wide range of applications.

Time period: 4 weeks

Pressure Ulcer

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.

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

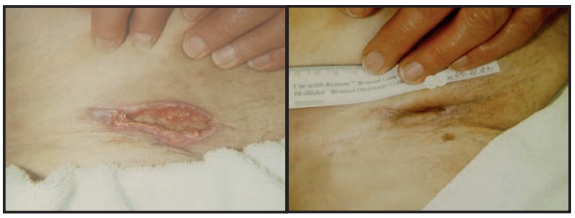


Time period: 8 weeks

Venous Leg Ulcer

MC, a 94 year-old female, presented with severe pain in a VLU on the right LE that had been open for more than 12 weeks. The patient was treated by mild compression in combination with SilvaSorb to modulate pain and control bioburden. MC was well tolerant of the treatment and the wound closed in eight weeks.

Source: Mary Nametka, RN, MSN, CS, CWS, WCN and Bruce L. Gibbins PhD, CTO, Associates in Wound Care, Kenosha, WI and Department of R&D, AcryMed, Portland, OR. presented at the Symposium on Advanced Wound Care, May 1-2, 2001.

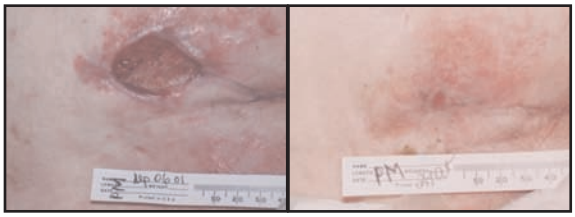


Time period: 8 weeks

Contaminated Surgical Wound

83 year-old male with a history of diabetes and arterial insufficiency. Surgical wound had been treated with gauze and saline, multi-layered polyacrylate dressing pad. Wound cultured positive for proteus and staph aureus with 100% slough. Treatment: Silver gel for 2 weeks, changed to silver cavity for 4 weeks. Wound closed at 6 weeks.

Ruth Tamulonis, RN, MS, CWOCN, Marijke Carson, PT, CMLDT, Kathi Petersen, RN, CCRN, Marshalltown Medical & Surgical Center, Marshalltown, IA and Carol Paustian, RN, BSN, CWOCN, Omaha, NE

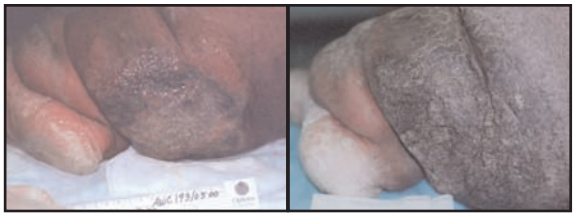


Time period: 8 weeks

Sacral Pressure Ulcer

A female patient in her 40s with immobility due to Multiple Sclerosis. A sacral pressure ulcer was identified on 9/1/01; this area had been open most of the previous two years. Nutritional level was suboptimal with a weight of 113 pounds. The pressure area evolved to a Stage IV with connective tissue visible in the base without evidence of granulation. SilvaSorb was chosen due to the frequent contamination of the area from fecal incontinence and history of sepsis related to UTIs. Over a period of eight weeks the wound completely closed with the patient successfully resuming activities outside of her room.

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

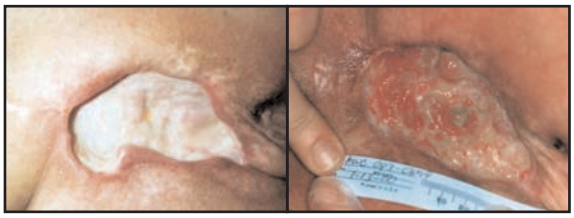


Time period: 8 weeks

Lymphedema

This 42-year-old morbidly obese woman presented with severe lymphedema and a chronic superficial open area of the left leg. Wound drainage was reported as malodorous and copious, requiring dressing changes 2-3 times per day. The patient complained that her carpet and furnishings were becoming soiled with the poorly contained drainage. SilvaSorb was selected for management of the heavy exudate and for odor control. The dressing was able to contain the exudate with a daily dressing change and the patient stated that odor was no longer a problem. The weepy areas resolved over a period of approximately eight weeks.

Source: Mary Nametka, RN, MSN, CS, CWS, WCN, Associate in Wound Care, Kenosha, WI. Presented at WOCN 33rd Annual Conference, June 2-6, 2001



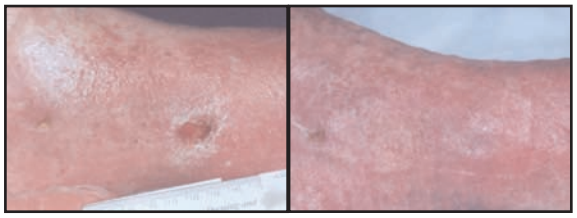
Oncology

A 59 year-old female with metastatic breast cancer and a non-healing surgical site L chest wall wound. On initial exam the patient complained of severe pain on dressing change and of a large amount of malodorous drainage which required replacement of dressing 2-3 times per day. The use of the Silver Polymer Dressing resulted in decreased frequency of dressing change to once every 48 h with elimination of odor and report of reduced pain both during wear and on removal.

Source: Mary Nametka, RN, MSN, CS, CWS, WCN, Associate in Wound Care, Kenosha, WI. Presented at WOCN 33rd Annual Conference, June 2-6, 2001

Selected SilvaSorb case studies

(continued)

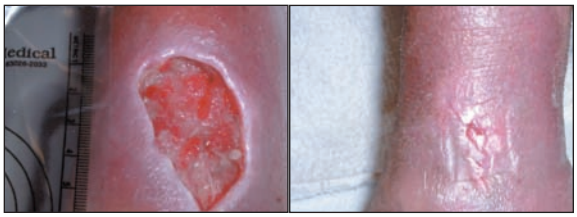


Time period: 3 weeks

Venous Leg Ulcer

A 77 year-old male with a 25 year history of venous insufficiency and a VLU on the right lower extremity that was not responsive to 1/2 years of treatment by compression alone. Silver polyacrylate was substituted for the rayon contact layer under continuation of multi-layer compression. Closure of the wound was achieved in 3 weeks.

Source: Mary Nametka, RN, MSN, CS, CWS, WCN, and Bruce L. Gibbins PhD, CTO, Associate in Wound Care, Kenosha, WI. and Department of R & D, AcryMed, Portland, OR, Presented at the Symposium on Advanced Wound Care, May 1-2, 2001

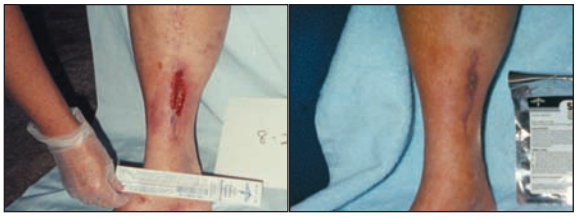


Time period: 11 weeks

Laceration

A 78 year-old female fell at home and suffered a laceration to the left lower extremity. She was treated with traditional topical dressings and IV antibiotics and discharged to home with an open wound. She presented to our clinic with a full thickness wound measuring 4.9 x 2.8 x 1.5 cms with undermining from 6:00 to 10:00 for up to 2 cms and a moderate amount of drainage. Silver MicroLattice was used as the primary dressing. The wound was completely closed in 108 days.

Oscar J. Paz-Altschul, MD, FACS, Maeve Curran, PT, Joy Richardson, RD, CDE, Katie Esqueda PTA; Desert Regional Medical Center, Palm Springs, CA, Presented at the Symposium on Advanced Wound Care, April 28 - May 1, 2003

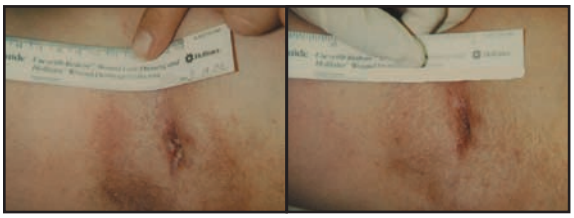


Time period: 12 weeks

Venous Leg Ulcer

The patient is a 60 year old female with a long history of NIDDM with foot ulcers resulting in a left BKA. The patient was well nourished and her blood sugars were stable throughout this home care course. The harvest sites, on the right lower extremity were full thickness dehisced surgical wounds. Silver ion therapy was initiated because of the dressing's antimicrobial properties as well as its fluid handling capabilities. At the start of silver ion therapy, the wound measured 6.5 cm x 2.3 cm x 0.2 cm with approximately 95% viable granular tissue and 5% slough. The wound continued to progress until closure at 12 weeks of silver ion therapy.

Source: Susan B. Rose, RN, BSN, CWOCN and Lori Maguire, RN, of Gentiva Health Services, Tucson, AZ. Joyce J. Norman, RN, BSN, CWOCN, and Margaret Falconio-West, RN, APN, BSN, CGRN, CWOCN, Mundelein, IL. Presented at the Clinical Symposium on Advances in Skin and Wound Care, April 28-May 1, 2003

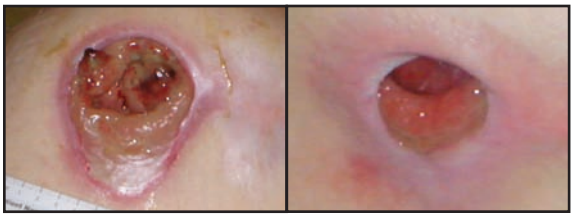


Time period: 1 week

Contaminated Surgical Wound

The wound was covered with 80% slough and 20% granulation tissue. There was an 88% reduction in wound size with silver containing gel for two weeks. At that point, he was lost to follow up.

Ruth Tamulonis, RN, MS, CWOCN, Marijke Carson, PT, CMLDT, Kathi Petersen, RN, CCRN, Marshalltown Medical & Surgical Center, Marshalltown, IA and Carol Paustian, RN, BSN, CWOCN, Omaha, NE. Presented at the Clinical Symposium on Advances in Skin and Wound Care, April 28-May 1, 2003

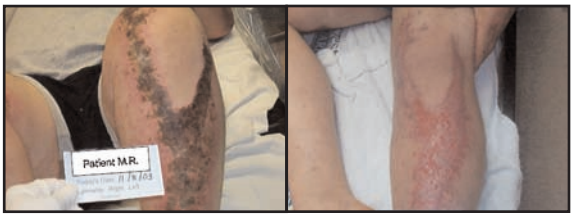


Time period: 12 weeks

Contaminated Stage IV Pressure Ulcer

43 year old, paraplegic female who suffered a traumatic injury secondary to a motor vehicle accident in 1998. She was admitted with a stage IV pressure ulcer over the right greater trochanter. The wound measured 5.8 x 7.5 x 2.0 cm and was covered with 70% slough with two protruding muscle bellies. The wound had a moderate amount of foul smelling, thick, purulent exudate. An antimicrobial silver hydrogel was used and after approximately one month, the wound measured 3.9 x 4.5 x 1.2 and the drainage had reduced significantly. Odor was eliminated almost immediately. The two muscle bellies had contracted. The wound continues to progress, slough was autolytically debrided, and the wound bed is 100% granulating with only mild periwound erythema.

Salome Agbim, ND CNS APRN BC and Kimberly Miner, ND CNS CWCN, Wound Care Associates, Englewood, Colorado. Presented at the Clinical Symposium on Advances in Skin and Wound Care, September 30-October 1, 2004.



Time period: 3 weeks

Burn Patient

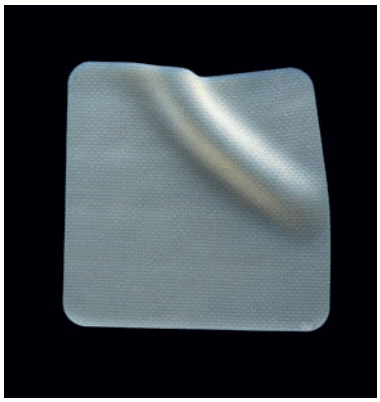
In patients with less than 20% TBSA, partial thickness burns, one of the most common treatments is the application of silver sulfadiazine (SSD) wrapped with a gauze dressing which is changed BID. Instead of SSD, a new antimicrobial gel that slowly releases silver into the wound was used. It is covered with dry sterile dressing of choice. The hydrogel base provides a moist environment for up to three days, while allowing visualization of the wound. Silver ions are released slowly, so that the burn receives a constant stream of silver, thus eliminating the bolus effect. The gel is easy to apply and remove, which increases compliance while reducing pain associated with dressing changes. Conclusion: The new procedure demonstrated improved healing rates, decreased pain, increased compliance, earlier discharge, and overall cost effective burn treatment.

Dr. Jimmy Giddens, Co-Director of Hillcrest Medical Center, Alexander Burn Unit, Tulsa, OK. Presented at the American Burn Association Meeting, March 23-27, 2004, Vancouver, BC.

Five SilvaSorb dressing styles cover a wide variety of settings

SilvaSorb Sheets
for shallow wounds with light to moderate exudate:

- Can be easily cut to fit any size or shape of wound
- Absorbs up to five times its weight in exudate
- Controls bioburden up to seven days
- Donates moisture to dry wound beds
- Self-activating
- Will not stain surrounding skin



SilvaSorb Perforated Sheets
for flat wounds with moderate to heavy exudate:

- Can be easily cut to fit any size or shape of wound
- Absorbs up to five times its weight in exudate
- Controls bioburden up to seven days
- Donates moisture to dry wound beds
- Self-activating
- Will not stain surrounding skin

SilvaSorb Cavity
for cavity wounds with all exudate levels:

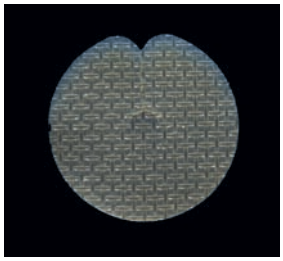
- Absorbs up to five times its weight in exudate
- Controls bioburden up to seven days
- Donates moisture to dry wound beds
- Self-activating
- Will not stain surrounding skin

SilvaSorb Gel
for wounds with no to light exudate:

- Controls bioburden up to three days
- Donates moisture to dry wound beds
- Self-activating
- Will not stain surrounding skin
- Easy to apply and remove

SilvaSorb Site
for the invasive site of indwelling lines:

- Designed to wrap snugly around vascular and non-vascular percutaneous devices such as IV catheters, central venous lines, arterial catheters, etc.
- Should be covered and secured with a transparent film (e.g. Suresite® Window)
- Controls bioburden up to seven days
- Donates moisture to dry wound beds
- Self-activating
- Will not stain surrounding skin



Indications

- Pressure ulcers (Stage I-IV)
- Partial and full thickness wounds
- Leg ulcers
- Diabetic foot ulcers
- Grafted wounds and donor sites
- Skin tears
- Surgical wounds
- Lacerations and abrasions
- 1st and 2nd degree burns

Change Frequency

- May be left in place for up to 7 days. Gel up to 3 days.
- Dressing change frequency will depend upon the amount of exudate.
- Change the dressing if the exudate begins to pool within the wound or with significant strike-through on the secondary dressing.

Contraindications

- Individuals with a known sensitivity to silver.

SilvaSorb Ordering Information

Item No.	Description	HCPCS	Packaging
MSC9322EP	Sheet, 2" x 2"	A6242	5/bx, 5 bx/cs
MSC9344EP	Sheet, 4¼" x 4¼"	A6243	5/bx, 5 bx/cs
MSC9348EP	Sheet, 4" x 8"	A6243	5/bx, 5 bx/cs
MSC9340EP	Perforated Sheet, 4¼" x 4¼"	A6243	5/bx, 5 bx/cs
MSC93410EP	Perforated Sheet, 4" x 10"	A6243	5/bx, 5 bx/cs
MSC9360EP	Cavity, 6 gram	none	5/bx, 5 bx/cs
MSC93025	Gel, .25 oz tube	A6248	25/bx
MSC9301EP	Gel, 1.5 oz tube	A6248	12/cs
MSC9303	Gel, 3 oz tube	pending	12/cs
MSC9308	Gel, 8 oz tube	A6248	6/cs
MSC9316	Gel, 16 oz net wt. jar	A6248	8/cs
MSC9310EP	Site, 1" circular with slit	A6242	30/cs
MSC9320EP	Site, 1¾" circular with slit	A6242	30/cs

Evidence Base 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.** 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. **5.** 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. **6.** Copty T, Glat P. Comparison of SilvaSorb Gel and silver sulfadiazine on pediatric burn patients. Internal report on file. **7.** Nametka M. Antimicrobial silver polymer contact layer for treatment of venous leg ulcers. Symposium on Advanced Wound Care. Las Vegas. 2001. **8.** Gibbons BL, Nametka M, Hopman LD. Pre-clinical and clinical evaluation of a new silver antimicrobial chronic wound dressing. Symposium on Advanced Wound Care. Dallas. 2000.

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