



TODAY'S WOUND CARE TREATMENTS FROM MEDLINE

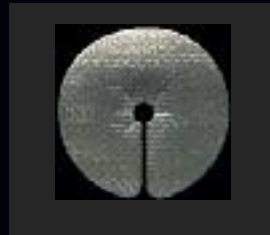
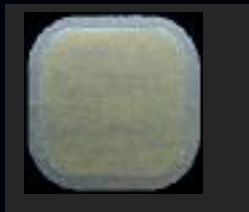
SilvaSorb • Puracol Plus • Optifoam • Derma-Gel • Skintegrity • Arglaes



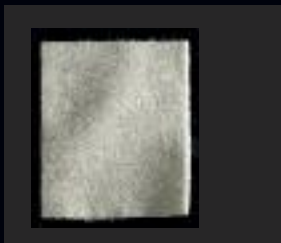
Exuderm OdorShield • Suresite • Stratasorb • Maxorb Extra • FourFlex



Skintegrity Wound Cleanser • ThreeFlex • Sureprep No-Sting • Medigrip



Medfix • Bordered Gauze Gentleheal • TenderWet Active • Optifoam Ag



Maxorb Extra Ag • SilvaSorb • Puracol Plus • Optifoam • Derma-Gel

Today's Wound Care Treatments from Medline®

The assessment and treatment of chronic wounds is a daily challenge. Clinicians need guidance on their wound care journey as they move between care settings with financial constraints, finite resources and the need to optimize wound care.¹

With this in mind, Medline has adopted the DIMES® system of wound bed preparation and treatment options providing a simple guide to assist you in selecting the right product, at the right time, for your patient's wounds.

What do DIMES have to do with chronic wound care?

DIMES serves as an easy framework for planning and implementing an effective treatment plan for chronic wounds while saving money and using valuable resources wisely.

We all realize that preparation is the key to care. This is also true in preparing wounds for healing. The Wound Bed Preparation (WBP) Paradigm was created as a practical guide for the treatment of chronic wounds (see Figure 1).^{1,2,3,4}

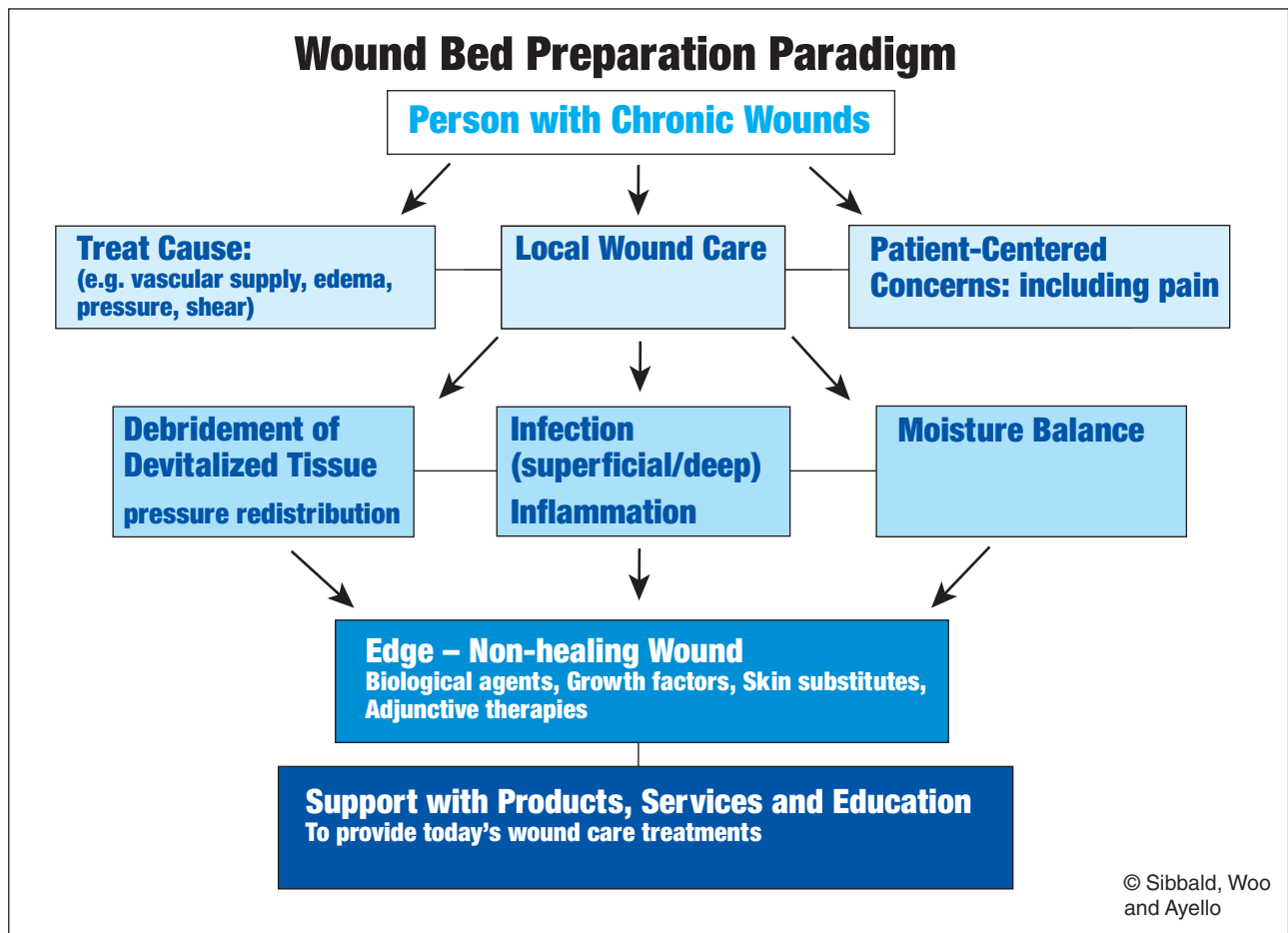


Figure 1

DIMES an organized and consistent approach to **Wound Care**

As always, the patient comes first. Start by addressing patient-centered concerns, then treat the cause of the wound before optimizing local wound care.¹

The initial components of local care are¹:

D	Debridement	The removal of nonviable tissue
I	Infection/Inflammation	Addressing bioburden and inflammation within the wound
M	Moisture Balance	Achieving and maintaining moisture balance in and around the wound

DIM before DIMES⁴:

Is there anything else that can be done to promote faster wound edge migration after local wound care has been optimized? What else is needed to support healing? This might include selecting products for stalled chronic wounds combined with patient education to strengthen partnerships and promote adherence to treatment.¹

E	Edge/Environment	Treating stalled wounds where epithelium fails to migrate
S	Supportive Products, Services and Education	Appropriate support promotes optimal outcomes

Evidence Based References

1. Woo KY, Ayello EA, Sibbald RG. Using DIMES to your advantage: Treating chronic wounds. *Healthy Skin*. 2008;5(1):22-27. 2. Sibbald RG, Williamson D, Orsted HL et al. Preparing the wound bed: debridement, bacterial balance and moisture balance. *Ostomy Wound Management*. 2000;46(11): 14-22, 24-8, 30-5; quiz 36-7. 3. Sibbald RG, Orsted H, Schultz GS, Coultts P, Keast D. International Wound Bed Preparation Advisory Board. Canadian Chronic Wound Advisory Board. Preparing the wound bed 2003: focus on infection and inflammation. *Ostomy Wound Management*. 2003; 49(11): 23-51. 4. Sibbald RG, Orsted HL, Coultts PM, Keast DL. Best practice recommendations for preparing the wound bed: update 2006. *Advances in Skin & Wound Care*. 2007;20:390-405. 5. Woo K, Ayello EA, Sibbald RG. The edge effect: Current therapeutic options to advance the wound edge. *Advances in Skin & Wound Care*. 2007; 20(2): 99-117.

It is important to understand that DIMES is not just an acronym but a roadmap for practice.¹

Debridement

For wounds with the ability to heal, adequate and repeated debridement is an important first step in removing necrotic tissue. Debridement may also help healing by removing both senescent cells that are no longer capable of normal cellular activities and biofilms that shield the bacterial colonies.¹

Infection/Inflammation

All chronic wounds contain bacteria. The level of bacterial damage may include contamination (organisms present), colonization (organisms present and may cause surface damage if critically colonized) or infection (deep and surrounding skin damage). There are many antimicrobial products available, and no one product is going to be right for all patients. Clinicians need to match appropriate product characteristics with the clinical features of the wound bed.¹

Moisture Balance

Cells and the various cellular signals all need the right amount of moisture to move across the wound bed. Achieving moisture balance is a delicate act. Too much moisture can damage the surrounding skin, leading to periwound maceration and skin breakdown. Conversely, too little moisture in the wound environment can impede cellular activities and promote eschar formation, resulting in poor wound healing.¹

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.¹

Supportive Products, Services and Education

There are other products that complement DIMES but do not fit into one of these immediate categories. Therefore, always consider the "other" supportive products to complete the treatment.

Additionally, supportive services (i.e. nutritional therapy) and education are paramount to achieving the best possible outcome.¹

Table of Contents

Connecting the right product to the right application is critical. *Today's Wound Care Treatments* from Medline is organized in this catalog using the first letter of each component of care, D-I-M-E-S. To make it even easier we've provided a chart to guide you through each component of the DIMES system and solutions that Medline provides. Note each section is color coded by letter.

DIMES Components		Products	Page No.
D	Debridement	<ul style="list-style-type: none"> • TenderWet® Active 	6
I	Infection/Inflammation	<ul style="list-style-type: none"> • Arglaes® • Maxorb® Extra Ag • Optifoam® Ag • SilvaSorb® 	8 10 12 14
M	Moisture Balance	<ul style="list-style-type: none"> • Derma-Gel • Exuderm OdorShield™ • Gentleheal® • Maxorb® Extra • Optifoam® • Skintegrity® • Suresite® 	16 18 20 22 24 26 28
E	Edge/Environment	<ul style="list-style-type: none"> • Puracol Plus™ 	32
S	Supportive Products	<ul style="list-style-type: none"> • Bordered Gauze • FourFlex • Medfix • Medigrip • Skintegrity® Wound Cleanser • Stratasorb® • Sureprep® • Sureprep® No Sting • ThreeFlex 	40 34 38 36 42 40 44 44 34
	Services and Education	<ul style="list-style-type: none"> • Classification of Tissue Destruction • Compass • Educare Hotline • Educare Seminars • Educational Packaging • Medline University • Product Selection Guide • Wound and Skin Care Product Specialists • www.medline.com 	47 49 51 50 48 50 46 51 51

Evidence Based References

1. Woo KY, Ayello EA, Sibbald RG. Using DIMES to your advantage: Treating chronic wounds. *Healthy Skin*. 2008;5(1):22-27.

Recommended Wound Conditions

- Shallow No/minimal drainage Primary dressing
- Deep Moderate/Heavy drainage Secondary dressing

TenderWet® Active

Polyacrylate Debriding Wound Dressing

POLYMER GEL PAD

About TenderWet Active

- Helps debride necrotic wounds^{1,2}
- Absorbs and retains microorganisms in pad³
- Uses physiologically-compatible solution⁴
- More effective than wet gauze therapy⁵
- Will not stick to wound bed, which helps ease the pain of dressing changes⁶
- Cost-effective^{5,7}
- Helps create an ideal healing environment
- High fluid retention
- Easy application and removal

Indications

- Pressure ulcers
- Partial and full-thickness wounds
- Leg ulcers
- Diabetic ulcers
- Surgical wounds
- Lacerations and abrasions
- Skin tears
- Dry, light and moderately draining wounds
- First and second-degree burns

Contraindications

None

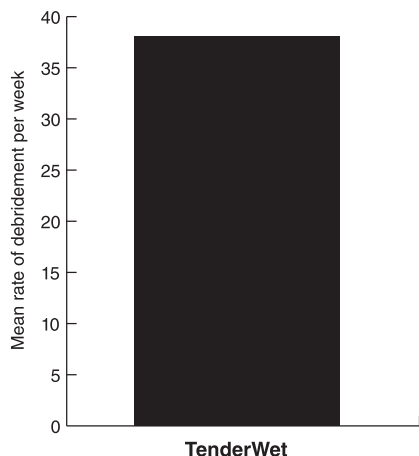
Change Frequency

TenderWet may be left in place for up to 24 hours
Dressing change frequency will depend on the amount of drainage

Recommended Secondary Dressings

- Medfix Tape
- Bordered Gauze
- Stratasorb Composite

TenderWet Debridement Rate²



"...Polyacrylate dressings are an effective, atraumatic and easy to use method of debriding chronic wounds".

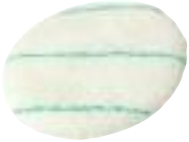
Evidence Based References


1. Konig M, Vanscheidt W, Augustin M, Kapp H. Enzymatic versus autolytic debridement of chronic leg ulcers: a prospective randomized trial. *Journal of Wound Care*. 2005;14(7):320-323.
2. Paustian C, Stegman MR. Preparing the wound for healing: the effect of activated polyacrylate dressing on debridement. *Ostomy/Wound Management*. 2003;49(9):34-42.
3. Bruggisser R. Bacterial and fungal absorption properties of a hydrogel dressing with a superabsorbent polymer core. *Journal of Wound Care*. 2005;14(9):1-5.
4. Biocompatibility data on file.
5. Coyne N. Eliminating wet-to-dry treatments. *Remington Report*. 2003;8-11.
6. Mueller V, Doucette M, Jasper J, VandenBeld K. Reduction of Pain Through the Utilization of Polyacrylate Activated Dressings. Presented at SAWC, Orlando, FL. 2004.
7. Edwards J. Wound Care is Not What it Used to Be: Finding the Most Efficient Debridement Method for Chronic Wounds. Presented at SAWC, Orlando, FL. 2004.
8. Flemister B. The use of a superabsorbent wound dressing pad for interactive moist wound healing. Presented at the 13th Annual Symposium on Advanced Wound Care. Dallas TX, April 1-4, 2000.



Ordering Information

Debrides necrotic wounds while providing an ideal wound healing environment.

TenderWet Active Ideal for all wounds				
	Item Number	Description	HCPCS	Packaging
	MSC8301	1.6", (4.06 cm) round	A6242	7/bx, 6 bx/cs
	MSC8302	2.2", (5.59 cm) round	A6242	7/bx, 6 bx/cs
	MSC8303	3" x 3", (7.62 x 7.62 cm) square	A6242	7/bx, 6 bx/cs
	MSC8305	4" x 5", (10.16 x 12.7 cm) rectangle	A6243	7/bx, 6 bx/cs

TenderWet Active Cavity Ideal for all wounds				
	Item Number	Description	HCPCS	Packaging
	MSC8401	1.6", (4.06 cm) round	A6242	7/bx, 6 bx/cs
	MSC8402	2.2", (5.59 cm) round	A6242	7/bx, 6 bx/cs
	MSC8403	3" x 3", (7.62 x 7.62 cm) square	A6242	7/bx, 6 bx/cs
	MSC8405	4" x 5", (10.16 x 12.7 cm) rectangle	A6243	7/bx, 6 bx/cs
	MSC8438	3" x 8", (7.62 x 20.32 cm) rectangle	A6243	7/bx, 6 bx/cs



For more information, visit www.medline.com/woundcare or contact your sales specialist.

Recommended Wound Conditions

- Shallow No/Minimal drainage Primary dressing
- Deep* Moderate/Heavy drainage* Secondary dressing

* Powder only

Arglaes®

Antimicrobial Silver Wound Dressing

VERSATILE SILVER

About Arglaes

- Manages bacterial burden¹
- Continuous antimicrobial protection¹
- Non-cytotoxic¹
- Extended wear time¹
- Non-staining
- Can convert any other dressing to an antimicrobial (*Arglaes Powder*)

Indications

- Pressure ulcers
- Diabetic foot ulcers²
- Partial and full-thickness wounds
- Leg ulcers^{3,4,5}
- Central lines, CVPs and PICC lines (*Arglaes Film only*)⁶
- Surgical wounds^{7,8}
- Negative pressure wound therapy (*Arglaes Powder only*)⁹
- Grafted wounds (*Arglaes Powder only*)
- Donor sites
- Lacerations and abrasions
- First and second-degree burns

Contraindications

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

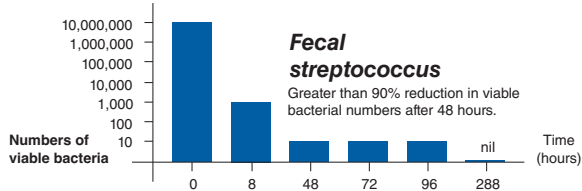
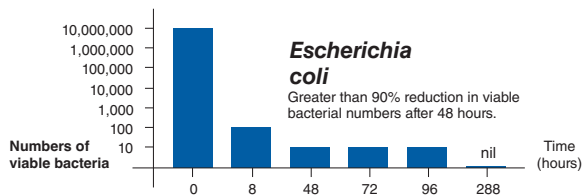
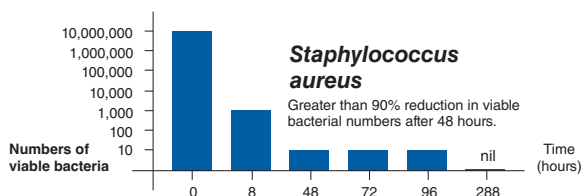
Change Frequency

- Arglaes Film may be left in place for up to 7 days
- Arglaes Island and Arglaes Powder may be left in place for up to 5 days
- Dressing change frequency will depend upon the amount of drainage

Recommended Secondary Dressings

- Stratasorb Composite
- Bordered Gauze

Sustained-Release¹⁰




Powerful antimicrobial activity-up to 6 logs of reduction (*in vitro* studies)


Debridement
Infection/Inflammation
Moisture Balance
Edge/Environment
Support




Ordering Information

Controlled-release, ionic silver for targeted antimicrobial protection.

Arglaes Powder Ideal for difficult to dress wounds			
	Item Number	Description	Packaging
	MSC9205	5 gm bottle	5/bx, 4 bx/cs
MSC9210	10 gm bottle	5/bx, 4 bx/cs	

Arglaes Film Ideal for post-op and line sites			
	Item Number	Description	Packaging
	MSC9023	2 ³ / ₈ " x 3 ¹ / ₈ " (6.03 x 7.94 cm)	10/bx, 10 bx/cs
	MSC9045	4" x 4 ³ / ₄ " (10.16 x 12.07 cm)	10/bx, 10 bx/cs
	MSC9069	4 ³ / ₄ " x 10" (12.07 x 25.4 cm)	10/bx, 5 bx/cs
	MSC9314	3 ¹ / ₄ " x 14", Post-Op Style (8.26 x 25.4 cm)	10/bx, 5 bx/cs

Arglaes Island Manages fluid and bioburden			
	Item Number	Description	Packaging
	MSC9123	2 ³ / ₈ " x 3 ¹ / ₈ ", 1" x 2" pad (6.03 x 7.94 cm), (2.54 x 5.08 cm)	10/bx, 10 bx/cs
	MSC9145	4" x 4 ³ / ₄ ", 2" x 2" pad (10.16 x 12.07 cm), (5.08 x 5.08 cm)	10/bx, 10 bx/cs
	MSC9169	4 ³ / ₄ " x 10", 2 ³ / ₄ " x 8" pad (12.07 x 25.4 cm), (6.99 x 20.32 cm)	10/bx, 5 bx/cs

Evidence Based References

1. Internal report on file.
2. LaJoie J. Improving diabetic foot ulcer outcomes with hyperbaric oxygen and ionic silver powder. Presented at SAWC. San Diego, CA. 2005.
3. Rogers RS, Patel M, Alvarez OM. Effect of a silver ion containing wound dressing on the bacterial burden of chronic venous ulcers. Presented at SAWC. Dallas, TX. 2000.
4. Sparks-Evans K. Charcot-Marie-Tooth Foot Deformities, Osteomyelitis with Open Wounds on a Child. Presented at Clinical Symposium on Advances in Skin and Wound Care. Phoenix, AZ. 2004.
5. Strliko BL, Barna A. The versatile use of a silver alginate powder in the treatment of a variety of wounds. Presented at WOCN. Salt Lake City, Utah. 2007.
6. Brooks KL, Dauenhauer SA, Evans JT. Decreased incidence of central line-related bloodstream infections associated with use of silver impregnated dressings at central venous catheter sites. Presented at Decennial International Conference on Nosocomial and Healthcare Associated Infections. Atlanta, GA. 2000.
7. Pittman J, Tape J, Tanner D, Pelliccia J. Comparative study of the use of antimicrobial barrier film dressing in post-operative care. Presented at WOCN. Las Vegas, NV. 2005.
8. Gonzalez VR, Segal CG, Tillman C, Houston S, Pruitt V. Changing clinical practice to reduce sternal surgical site infections (S-SSI) in open bypass surgery. Presented at Association for Professionals in Infection Control and Epidemiology, Inc. Seattle, WA. 2001.
9. Curran M, Paz-Altschul OJ. The use of silver antimicrobial powder with negative pressure wound therapy. Presented at Clinical Symposium on Advances in Skin and Wound Care. Dallas, TX. 2002.
10. Independent study performed by Wickham Laboratories Limited, Hampshire, England.

For more information, visit www.medline.com/woundcare or contact your sales specialist.

Recommended Wound Conditions

- Shallow No/minimal drainage Primary dressing
- Deep Moderate/Heavy drainage Secondary dressing

Maxorb® Extra Ag

Antimicrobial Silver Wound Dressing

ALGINATE WITH SILVER

About Maxorb Extra Ag

- Helps manage bacterial burden^{1,2}
- Continuous antimicrobial protection^{1,3}
- Cost-effective⁴
- Easy dressing changes
- Highly absorbent⁵
- Superior gelling and fluid handling⁵
- Reduces odor⁶
- Fluid will not wick laterally

Indications

- Pressure ulcers^{6,7}
- Leg ulcers^{6,7}
- 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

Contraindications

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

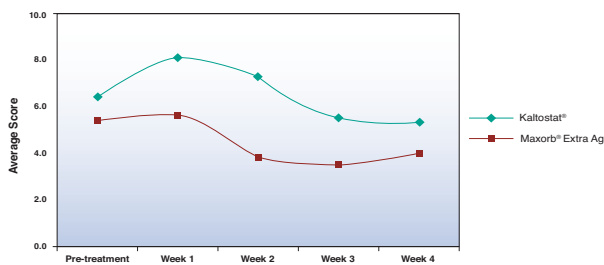
Change Frequency

- Maxorb Extra Ag may be left in place for up to 4 days
- Dressing change frequency will depend on amount of drainage
- Initially it may be necessary to change the dressing every 24 hours

Recommended Secondary Dressings

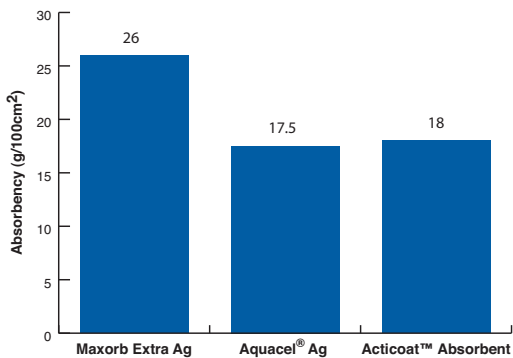
- Stratasorb Composite
- Bordered Gauze

Modified ASEPSIS Index⁹



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

Absorbency Comparisons^{6,7}




Debridement
Infection/Inflammation
Moisture Balance
Edge/Environment
Support



Ordering Information

Ionic silver for targeted antimicrobial protection and fluid management.

Maxorb Extra Ag For moderate to heavily draining, partial and full-thickness wounds				
	Item Number	Description	HCPCS	Packaging
	MSC9412EP	1" x 12" (2.54 x 30.48 cm), rope	A6199	5/bx, 4 bx/cs
	MSC9422EP	2" x 2" (5.08 x 5.08 cm)	A6196	10/bx, 10 bx/cs
	MSC9445EP	4" x 4¾" (10.16 x 12.07 cm)	A6197	10/bx, 5 bx/cs
	MSC9448EP	4" x 8" (10.16 x 20.32 cm)	A6197	5/bx, 10 bx/cs

Evidence Based 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. Data on file.

For more information, visit www.medline.com/woundcare or contact your sales specialist.

Recommended Wound Conditions

- Shallow
- No/minimal drainage
- Primary dressing
- Deep
- Moderate/Heavy drainage
- Secondary dressing

Optifoam[®] Ag

Antimicrobial Silver Wound Dressing

FOAM WITH SILVER

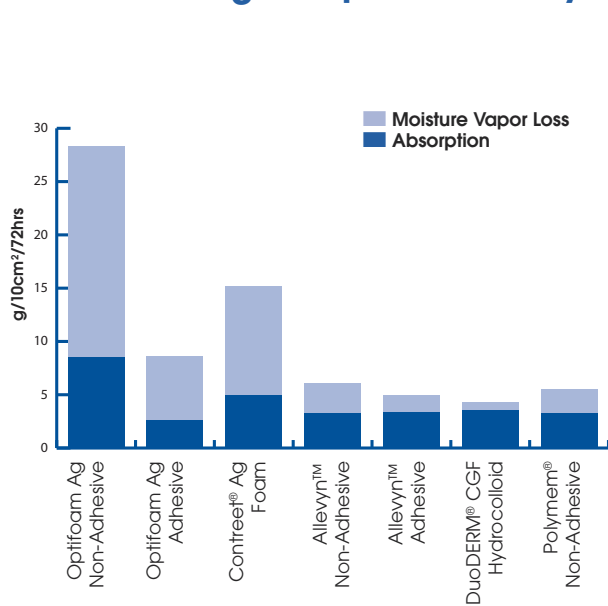
About Optifoam Ag

- Ionic silver provides antimicrobial barrier¹
- Continuous antimicrobial protection¹
- Highly absorbent¹
- Non-cytotoxic¹
- Conformable¹
- Can manage repeated bacteria introduction
- Non-staining

Indications

- Pressure ulcers
- Partial and 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
- Under compression bandages

Fluid Handling Comparative Study¹



Powerful ability to manage (absorb + transpire) wound fluids.

Contraindications

- Third-degree burns
- Lesions with active vasculitis

Change Frequency

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

Recommended Secondary Dressings

- Medfix Tape
- Elastic Net


Evidence Based References
 1. Data on file.


Debridement
Infection/Inflammation
Moisture Balance
Edge/Environment
Support



Ordering Information

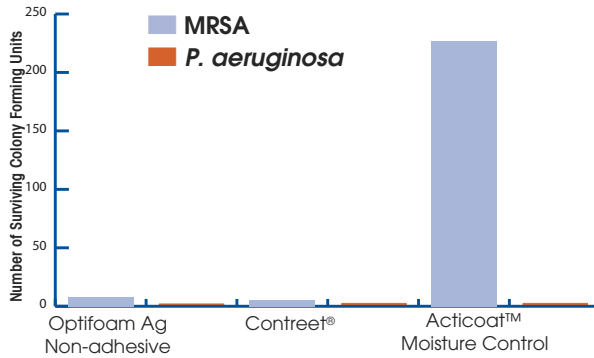
Ionic silver for targeted antimicrobial protection and fluid management.

Optifoam Ag Adhesive For wounds with intact periwound skin				
	Item Number	Description	HCPCS	Packaging
		MSC9604EP	4" x 4" (10.16 x 10.16 cm), 2½" x 2½" (6.35 x 6.35 cm) pad	A6212

Optifoam Ag Non-Adhesive For wounds with fragile periwound skin				
	Item Number	Description	HCPCS	Packaging
		MSC9614EP	4" x 4" (10.16 x 10.16 cm)	A6209

Comparative Antimicrobial Effect Study¹

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



Optifoam Ag is a powerful antimicrobial barrier.

For more information, visit www.medline.com/woundcare or contact your sales specialist.

Recommended Wound Conditions

- Shallow No/minimal drainage Primary dressing
- Deep Moderate/Heavy drainage Secondary dressing

SilvaSorb®

Antimicrobial Silver Wound Dressing

HYDROGEL WITH SILVER

About SilvaSorb

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

Indications

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

Contraindications

Patients with a known sensitivity to silver

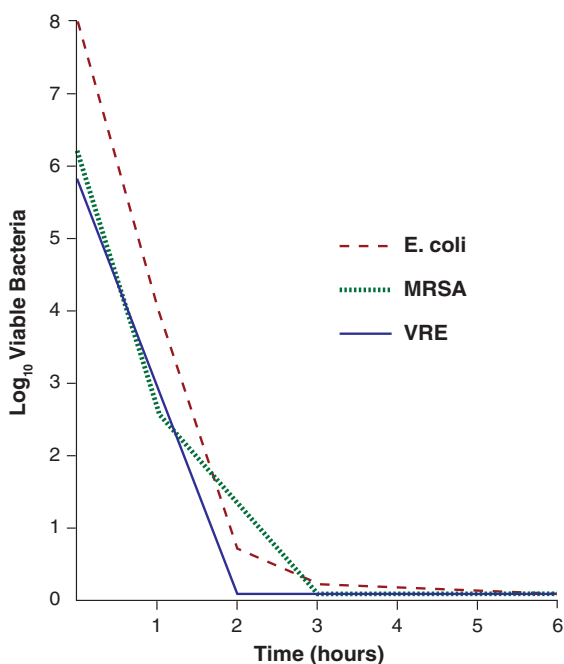
Change Frequency

- Sheets may be left in place for up to 7 days
- Amorphous gel may be left in place for up to 3 days
- Dressing change frequency will depend on amount of drainage

Recommended Secondary Dressings

- Stratasorb Composite
- Bordered Gauze

Survival Curve with SilvaSorb¹



SilvaSorb has powerful antimicrobial activity (invitro), 6-8 log reduction within four hours.

Evidence Based 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.


Debridement
Infection/Inflammation
Moisture Balance
Edge/Environment
Support





Ordering Information


Controlled-release⁸, ionic silver for targeted antimicrobial protection.

SilvaSorb Gel For dry wounds				
	Item Number	Description	HCPCS	Packaging
	MSC93025	.25 oz tube	A6248	25/bx
	MSC9301EP	1.5 oz tube	A6248	12/cs
	MSC9303	3 oz tube	A6248	12/cs
	MSC9308	8 oz tube	A6248	6/cs
	MSC9316	16 oz net wt. jar	A6248	8/cs

SilvaSorb Sheets For flat wounds with no to moderate drainage				
	Item Number	Description	HCPCS	Packaging
	MSC9322EP	2" x 2" (5.08 x 5.08 cm)	A6242	5/bx, 5 bx/cs
	MSC9344EP	4¼" x 4¼" (10.8 x 10.8 cm)	A6242	5/bx, 5 bx/cs
	MSC9348EP	4" x 8" (10.16 x 20.32 cm)	A6242	5/bx, 5 bx/cs

SilvaSorb Perforated Sheets For flat wounds with moderate to heavy drainage				
	Item Number	Description	HCPCS	Packaging
	MSC9340EP	4¼" x 4¼" (10.8 x 10.8 cm)	A6243	5/bx, 5 bx/cs
	MSC9310EP	4" x 10" (10.16 x 25.4 cm)	A6243	5/bx, 5 bx/cs

SilvaSorb Cavity For cavity wounds with all drainage levels				
	Item Number	Description	HCPCS	Packaging
	MSC9360EP	6 gram	None	5/bx, 5 bx/cs

SilvaSorb Site For IV catheters, central venous and arterial lines and orthopedic pin sites				
	Item Number	Description	HCPCS	Packaging
	MSC9310EP	1" (2.54 cm) circular with slit	A6242	30/cs
	MSC9320EP	1¾" (4.45 cm) circular with slit	A6242	30/cs

For more information, visit www.medline.com/woundcare or contact your sales specialist.

Recommended Wound Conditions

- Shallow No/Minimal drainage Primary dressing
- Deep Moderate/Heavy drainage Secondary dressing

Derma-Gel®

Hydrogel Sheet Wound Dressing

HYDROGEL SHEET

About Derma-Gel

- Manages bacterial burden¹
- Highly absorbent²
- Cushions and protects wound³
- Helps create moist wound environment
- Easy to apply and remove

Indications

- Pressure ulcers
- Partial and full-thickness wounds^{4,5}
- Leg ulcers
- Surgical wounds
- Lacerations and abrasions
- First and second-degree burns

Contraindications

Patients with known hypersensitivity to components of the gel

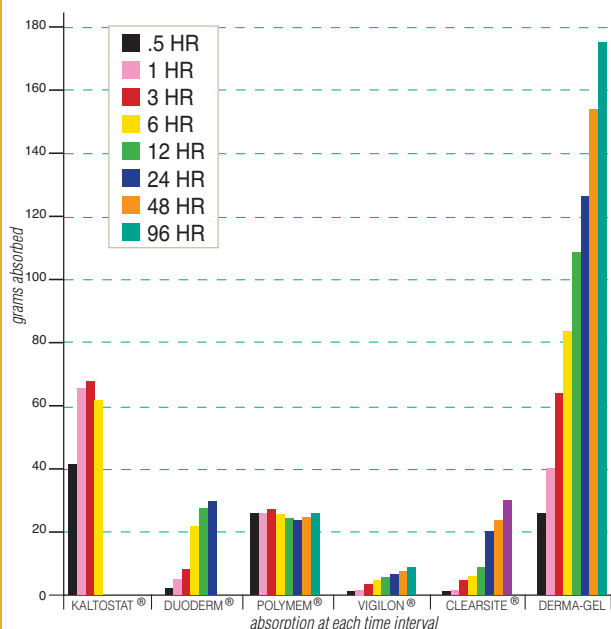
Change Frequency

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

Recommended Secondary Dressings

- Medfix Tape
- Suresite® Film (for waterproofing)
- Elastic Net

Absorption Comparison⁶



Derma-Gel has a very high absorption capacity.


Evidence Based References

1. Oliveria-Gardia M, Davis SC, Mertz PM. Can occlusion dressing composition influence proliferation of bacterial wound pathogens? WOUNDS. 1998;10(1):4-11.
2. Independent study performed by NAMSA, Northwood, Ohio.
3. Morse, K. Elasto-Gel: A Product with Unique Properties Especially Suited for the Treatment of Infants and Children with Special Needs. Presented at SAWC. Reno, NV. 1996.
4. Kollenberg, LO. A Clinical Comparison of a Glycerine Hydrogel Sheet or a Thin Hydrocolloid to the Standard of Care on Heel Blisters. Presented at Clinical Symposium on Advances in Skin and Wound Care. Denver, CO. 1999.
5. Harris AH. When Underlying Problems Make Total Healing an Unobtainable Goal. GM Associates, Inc. 1994:1(3).
6. Independent study performed by NAMSA, Northwood, Ohio



Ordering Information

Soft and flexible, Derma-Gel promotes a moist environment and can absorb up to five times its weight.

Derma-Gel				
	Item Number	Description	HCPCS	Packaging
	NON8000	4" x 4" (10.16 x 10.16 cm)	A6242	25/bx, 4 bx/cs

For more information, visit www.medline.com/woundcare or contact your sales specialist.

Recommended Wound Conditions

- Shallow ● No/Minimal drainage ● Primary dressing
- Deep ● Moderate/Heavy drainage ○ Secondary dressing

Exuderm OdorShield™

Hydrocolloid Wound Dressing

HYDROCOLLOID WITH ODOR CONTROL

About Exuderm OdorShield

- Absorbs odor with cyclodextrin technology^{1,2}
- Not inactivated by wound protein²
- Manages drainage³
- Longer wear time
- Low residue formula⁴
- Protective, occlusive barrier
- Satin finish backing

Indications

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

Contraindications

- Third-degree burns

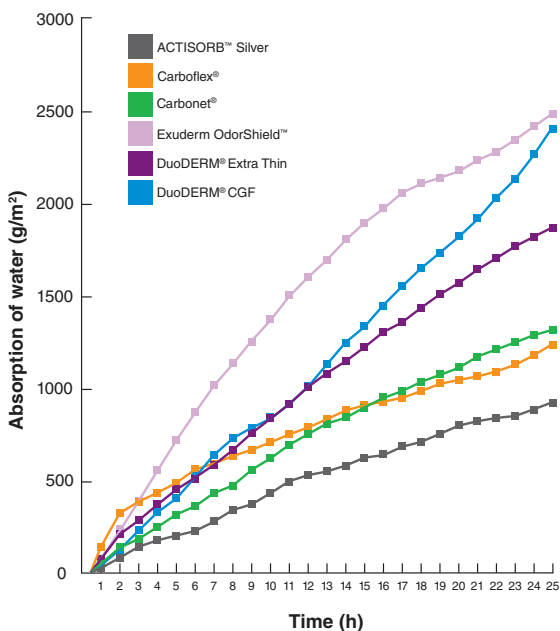
Change Frequency

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

Recommended Secondary Dressings

- None

Fluid Absorption⁴



Though much thinner, Exuderm OdorShield (0.6 mm) absorbs as much as the much thicker DuoDERM CGF.


Evidence Based References

1. Lipman RDA, Van Bavel D. Odor absorbing hydrocolloid dressings for direct wound contact. Wounds. 2007;19(5):138-146.
2. Lipman R, Van Bavel D, Chakravarthy D. Odor absorbing hydrocolloid dressings that are not inactivated by serum protein. Presented at Symposium on Advanced Wound Care. Tampa, FL. 2007.
3. Absorption properties of some commercial hydrocolloid dressings, compared to Exuderm OdorShield. Internal report. May 5, 2006.
4. Data on file.



Ordering Information

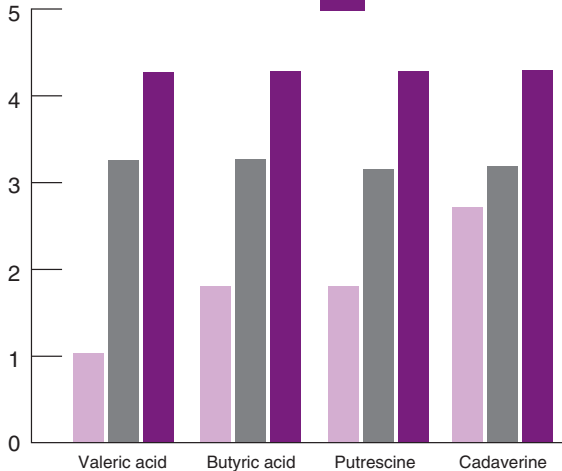
Odor absorbing technology combined with excellent fluid management.

Exuderm OdorShield Ideal for shallow wounds with odor				
	Item Number	Description	HCPCS	Packaging
	MSC5522	2" x 2" (5.08 x 5.08 cm)	A6234	10/bx
	MSC5544	4" x 4" (10.16 x 10.16 cm)	A6234	10/bx
	MSC5566	6" x 6" (15.24 x 15.24 cm)	A6235	5/bx
	MSC5588	8" x 8" (20.32 x 20.32 cm)	A6236	5/bx
	MSC5570	4" x 3.6" (10.16 x 9.14 cm), sacral	A6234	10/bx
	MSC5575	6.4" x 6.5" (16.26 x 16.51 cm), sacral	A6235	5/bx

Psychosensory Test Results⁴

Rating:
 0 No odor in vial
 1 Very slight odor
 2 Moderate odor
 3 High odor
 4 Comparable to reference odor

Exuderm OdorShield™
 DuoDERM®
 Reference odor



The human nose can detect the odor absorbing capacity of ExudermOdorShield compared to DuoDERM.

For more information, visit www.medline.com/woundcare or contact your sales specialist.

Recommended Wound Conditions

- Shallow No/Minimal drainage Primary dressing
- Deep Moderate/Heavy drainage Secondary dressing

Gentleheal®

Super Absorbent Wound Dressing

FOAM WITH SILICONE

About Gentleheal

- Highly absorbent¹
- Soft silicone contact layer eases pain at dressing change²
- High level of vertical wicking reduces maceration³
- Sensil® silicone wound contact layer
- Exulock™ technology locks exudate away from wound
- Long wear time (*up to 7 days*) decreases dressing changes
- Flexible film backing

Indications

- Pressure ulcers
- Arterial ulcers
- Venous leg ulcers⁴
- Diabetic ulcers

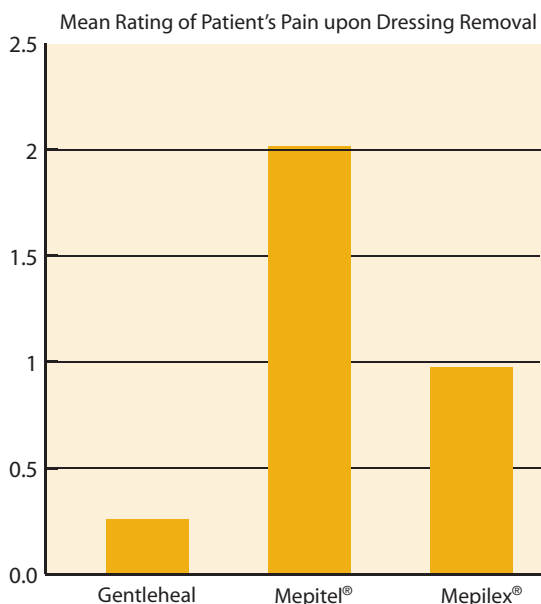
Contraindications

None

Change Frequency

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

Visual Analog Scale (VAS)¹



Gentleheal dressing removal is less painful compared to other atraumatic dressings.

Recommended Secondary Dressings

- Medfix Tape (*Gentleheal Standard, Gentleheal Extra*)
- Elastic Net (*Gentleheal Standard, Gentleheal Extra*)


Evidence Based References


1. Data on file. 2. Gentleheal Absorbs and Transmits Better than Other Foam Products, data on file. 3. Wound Model with Compression. Test of 4 Dressings, data on file. 4. Driver V, French M, Cain J, Patel M, Hijazin M, Hagan H. A Randomized, Open Label, Comparative Clinical Trial Designed to Compare the Level of Patient Reported Pain Assessed Using the VAS When Removing a Silicone-Based Foam Dressing and a Hydrocellular Polyurethane Dressing When Used Among Patients with Venous Leg Ulcers. Presented at SAWC, Tampa, FL, 2007.




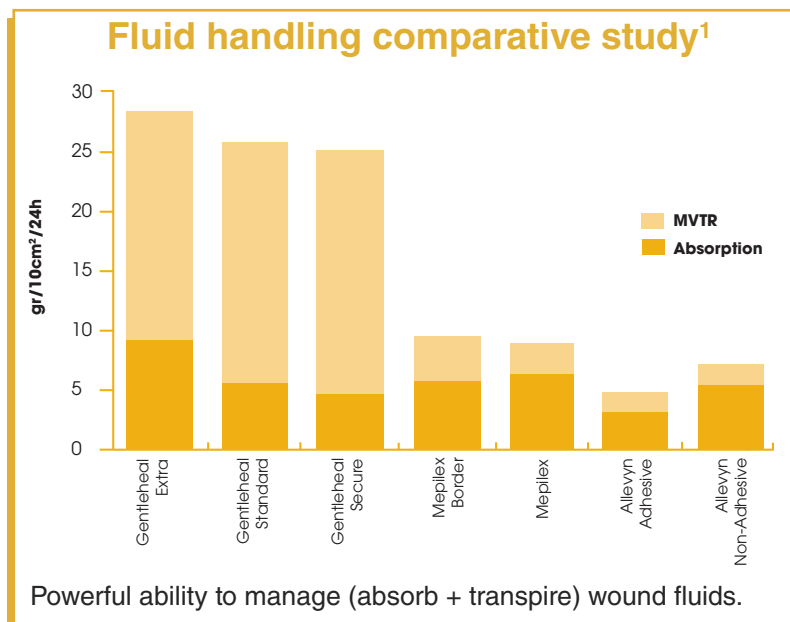
Ordering Information

Atraumatic, super-absorbent foam dressing

Genteheal Standard For wounds with drainage				
	Item Number	Description	HCPCS	Packaging
	MSC1344	4" x 4" (10.16 x 10.16 cm)	A6209	10/bx, 10 bx/cs
	MSC1348	4" x 8" (10.16 x 20.32 cm)	A6210	10/bx, 10 bx/cs

Genteheal Extra Super-absorbent for extra heavily draining wounds				
	Item Number	Description	HCPCS	Packaging
	MSC1444	4" x 4" (10.16 x 10.16 cm)	A6209	10/bx, 10 bx/cs
	MSC1448	4" x 8" (10.16 x 20.32 cm)	A6210	10/bx, 10 bx/cs

Genteheal Secure All-in-one product for draining wounds				
	Item Number	Description	HCPCS	Packaging
	MSC1633	3" x 3" (7.62 x 7.62 cm), 1.6" x 1.6" (4.06 x 4.06 cm) pad	A6212	10/bx, 10 bx/cs
	MSC1655	5" x 5" (12.7 x 12.7 cm), 3.3" x 3.3" (8.38 x 8.38 cm) pad	A6212	10/bx, 10 bx/cs



For more information, visit www.medline.com/woundcare or contact your sales specialist.

Recommended Wound Conditions

- Shallow No/Minimal drainage Primary dressing
- Deep Moderate/Heavy drainage Secondary dressing

Maxorb® Extra

Alginate Wound Dressing

ALGINATE

About Maxorb Extra

- Highly absorbent
- Superior gelling and fluid handling
- Fluid will not wick laterally
- Easy dressing changes

Indications

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

Contraindications

- Third-degree burns
- For use as a surgical sponge
- Dry wounds
- Patients with a known sensitivity to alginates

Change Frequency

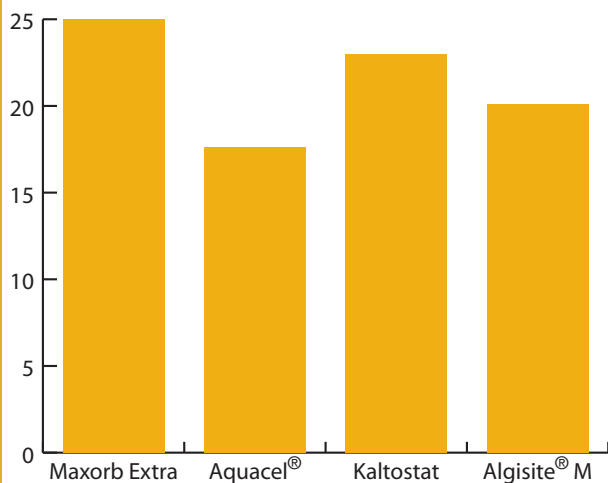
- Maxorb Extra may be left in place for up to 5 days
- Dressing change frequency will depend on amount of drainage

Recommended Secondary Dressings

- Stratasorb Composite
- Bordered Gauze

Maxorb Extra Absorbency Comparison¹

Alginate Absorbency g/100cm²




Maxorb Extra absorbs better than many other competitive dressings.

Evidence Based References
1. Data on file.



Ordering Information

Fast-acting absorption without lateral wicking.

Maxorb Extra For moderate to heavily draining, partial and full-thickness wounds				
	Item Number	Description	HCPCS	Packaging
	MSC7012EP	1" x 12" (2.54 x 30.48 cm), rope	A6199	5/bx, 4 bx/cs
	MSC7022EP	2" x 2" (5.08 x 5.08 cm)	A6196	10/bx, 10 bx/cs
	MSC7044EP	4" x 4" (10.16 x 10.16 cm)	A6196	10/bx, 5 bx/cs
	MSC7048EP	4" x 8" (10.16 x 20.32 cm)	A6197	5/bx, 10 bx/cs
	MSC7112EP	1" x 12" (2.54 x 30.48 cm), post-op, flat	A6196	5/bx, 4 bx/cs

For more information, visit www.medline.com/woundcare or contact your sales specialist.

Recommended Wound Conditions

- Shallow ● No/Minimal drainage ● Primary dressing
- Deep ● Moderate/Heavy drainage ● Secondary dressing

Optifoam[®]

Foam Wound Dressing

FOAM

About Optifoam

- Moisture vapor transmission rate adjusts to fluid level
- Will not curl at edges (*adhesive*)
- Highly absorbent
- Helps create ideal healing environment
- Waterproof outer layer protects wound

Indications

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

Contraindications

- Third-degree burns
- Lesions with active vasculitis

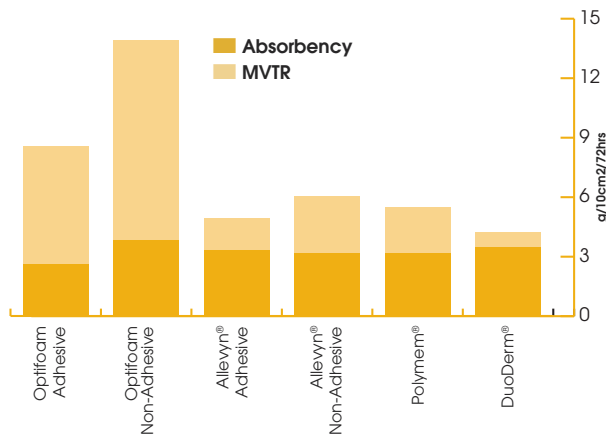
Change Frequency

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

Recommended Secondary Dressings

- Medfix Tape (*for Optifoam Non-Adhesive*)
- Elastic Net (*for Optifoam Non-Adhesive*)
- Optifoam Thin can be used as a secondary dressing

Fluid Handling Comparative Study¹



Powerful ability to manage (absorb + transpire) wound fluids.


Evidence Based References
1. Data on file.


Debridement
Infection/Inflammation
Moisture Balance
Edge/Environment
Support





Ordering Information


Soft, conformable foam dressing.

Optifoam Adhesive An all-in-one dressing for fluid handling				
	Item Number	Description	HCPCS	Packaging
	MSC1044EP	4" x 4" (10.16 x 10.16 cm), 2.5" x 2.5" (6.35 x 6.35 cm) pad	A6212	10/bx, 10 bx/cs
	MSC1066EP	6" x 6" (15.24 x 15.24 cm), 4.5" x 4.5" (11.43 x 11.43 cm) pad	A6213	10/bx, 10 bx/cs
	MSC1065EP	6.1" x 5.6" (15.49 x 14.22 cm), sacral	Pending	10/bx, 10 bx/cs

Optifoam Non-Adhesive Superb fluid handling with a variety of applications				
	Item Number	Description	HCPCS	Packaging
	MSC1244EP	4" x 4" (10.16 x 10.16 cm)	A6209	10/bx, 10 bx/cs
	MSC1266EP	6" x 6" (15.24 x 15.24 cm)	A6210	10/bx, 10 bx/cs

Optifoam Thin Extremely conformable, protective dressing				
	Item Number	Description	HCPCS	Packaging
	MSC1523	2" x 3" (5.08 x 7.62 cm)	Pending	10/bx, 20 bx/cs
	MSC1544	4" x 4" (10.16 x 10.16 cm)	Pending	10/bx, 10 bx/cs

Optifoam Basic For wounds or tubes				
	Item Number	Description	HCPCS	Packaging
	MSC1133	3" x 3" (7.62 x 7.62 cm)	A6209	10/bx, 10 bx/cs
	MSC133F	3" x 3" (7.62 x 7.62 cm) with fenestration	A6209	10/bx, 10 bx/cs
	MSC1145	4" x 5" (10.16 x 12.7 cm)	A6210	10/bx, 10 bx/cs

Optifoam Site Designed specifically for tube sites				
	Item Number	Description	HCPCS	Packaging
	MSC1104	4" (10.16 cm) round, 2" (5.08 cm) pad	A6212	30/bag, 4 bags/cs

For more information, visit www.medline.com/woundcare or contact your sales specialist.

Recommended Wound Conditions

- Shallow No/Minimal drainage Primary dressing
- Deep Moderate/Heavy drainage Secondary dressing

Skintegrity®

Hydrogel Wound Dressing

HYDROGEL

About Skintegrity

- Helps create a moist wound environment
- Balanced formulation
- Easy irrigation

Indications

- Pressure ulcers
- Partial and full-thickness wounds
- Leg ulcers
- Surgical wounds
- Lacerations and abrasions
- First and second-degree burns

Contraindications

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

Change Frequency

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

Recommended Secondary Dressings

- Stratasorb Composite
- Bordered Gauze

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 % Exposure (Time)	100% 21 Hours	N/A 21 Hours	100% 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.

Evidence Based References

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


Debridement
Infection/Inflammation
Moisture Balance
Edge/Environment
Support




Ordering Information

Clear, colorless gel for providing a moist wound environment.

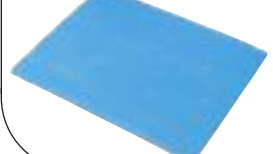
Skintegrity Hydrogel Ideal for dry-to-moist clean wounds

	Item Number	Description	HCPCS	Packaging
	MSC6102	Bellows Bottle, 1 oz. (29.5 ml)	A6248	30/cs
	MSC6104	Tube, 4 oz. (118 ml)	A6248	12/cs

Skintegrity Hydrogel Impregnated Gauze For convenience in deeper wounds

	Item Number	Description	HCPCS	Packaging
	MSC6144	4" x 4" (10.16 x 10.16 cm), 12-ply	A6231	2/pk, 30 pk/cs
	MSC6022	2" x 2" (5.08 x 5.08 cm), 12-ply	A6231	1/pk, 50 pk/cs
	MSC6044	4" x 4" (10.16 x 10.16 cm), 12-ply	A6231	1/pk, 30 pk/cs

Skintegrity Hydrogel Sheet For shallow wounds

	Item Number	Description	HCPCS	Packaging
	MSC6268	6" x 8" (15.24 x 20.32 cm)	Pending	5/bx, 20 bx/cs

For more information, visit www.medline.com/woundcare or contact your sales specialist.

Recommended Wound Conditions

- Shallow No/Minimal drainage Primary dressing
- Deep Moderate/Heavy drainage Secondary dressing

Suresite®

Transparent Film Wound Dressing

TRANSPARENT FILM

About Suresite

- Traditional moisture vapor transmission rate
- Conformable
- Microporous technology
- Permits continuous observation
- Variety of formats

MVTR Data for Suresite¹

Transparent Film	MVTR
Suresite	1,209 g/M sq/24

Suresite has the ability to transpire wound fluid to support moist wound healing.

Indications

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

Contraindications

Contraindicated as a primary dressing on moderately-to-heavily draining wounds

Change Frequency

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

Recommended Secondary Dressings

None


Evidence Based References


1. "Inverted Juice Cup" test method ASTM 1249 Independent study performed by Mylan Technologies, Inc.




Ordering Information

Ideal dressing for a variety of wound situations.

Suresite Window An easy-to-use window frame delivery				
	Item Number	Description	HCPCS	Packaging
	MSC2302	2 ³ / ₈ " x 2 ³ / ₄ " (6.03 x 6.99 cm)	A6257	100/bx
	MSC2304	4" x 4 ¹ / ₂ " (10.16 x 11.43 cm)	A6258	50/bx

Suresite 123 Easy to apply transparent film				
	Item Number	Description	HCPCS	Packaging
	MSC2701	1.52" x 1.52" (3.86 x 3.86 cm)	Pending	100/bx, 4 bx/cs
	MSC2703	2.4" x 2.8" (6.1 x 7.11 cm)	Pending	100/bx, 4 bx/cs
	MSC2705	4" x 4.8" (10.16 x 12.19 cm)	Pending	50/bx, 4 bx/cs
	MSC2706	6" x 8" (15.24 x 20.32 cm)	Pending	25/bx, 4 bx/cs
	MSC2710	4" x 10" (10.16 x 25.4 cm)	Pending	25/bx, 4 bx/cs
	MSC2712	8" x 12" (20.32 x 30.48 cm)	Pending	25/bx, 4 bx/cs

Suresite 123+Pad Easy delivery of an all-in-one cover dressing				
	Item Number	Description	HCPCS	Packaging
	MSC2603	2.4" x 2.8" (6.1 x 7.11 cm), 1.3" x 1.6" (3.3 x 4.06 cm) pad	Pending	100/bx, 4 bx/cs
	MSC2605	4" x 4.8" (10.16 x 12.19 cm), 2.4" x 3.2" (6.1 x 8.13 cm) pad	Pending	50/bx, 4 bx/cs
	MSC2610	3.5" x 10" (8.89 x 25.4 cm), 1.5" x 8" (3.81 x 20.32 cm) pad	Pending	25/bx, 4 bx/cs
	MSC2613	3.5" x 13.75" (8.89 x 34.93 cm), 2" x 12" (5.08 x 30.48 cm) pad	Pending	25/bx, 4 bx/cs
	MSC2636	3.5" x 6" (8.89 x 15.24 cm), 1.5" x 4" (3.81 x 10.16 cm) pad	Pending	25/bx, 4 bx/cs
	MSC2638	3.5" x 8" (8.89 x 20.32 cm), 1.5" x 5.5" (3.81 x 13.97 cm) pad	Pending	25/bx, 4 bx/cs
	MSC2666	6" x 6" (15.24 x 15.24 cm), 4" x 4" (10.16 x 10.16 cm) pad	Pending	25/bx, 4 bx/cs

For more information, visit www.medline.com/woundcare or contact your sales specialist.

Suresite[®] continued

Transparent Film Wound Dressing

TRANSPARENT FILM

Ordering Information continued

Ideal dressing for a variety of wound situations.

Suresite Roll Allows for customization of size and shape of transparent film



Item Number	Description	HCPCS	Packaging
MSC2402	2" x 11yd. (5.08 x 10.06 m)	Pending	1 roll/bx, 12 bx/cs
MSC2404	4" x 11yd. (10.16 x 10.06 m)	Pending	1 roll/bx, 12 bx/cs
MSC2406	6" x 11yd. (15.24 x 10.06 m)	Pending	1 roll/bx, 12 bx/cs

Suresite I.V. Convenient, sized for I.V. sites




Item Number	Description	HCPCS	Packaging
MSC2002	2" x 3" (5.08 x 7.62 cm)	A6257	100/bx


Suresite 2 Handle Traditional delivery system



Item Number	Description	HCPCS	Packaging
MSC2104	4" x 5" (10.16 x 12.7 cm)	A6258	50/bx



Suresite Matrix To trace wound margins				
	Item Number	Description	HPCS	Packaging
	MSC2204	4" x 4½" (10.16 x 11.43 cm)	A6258	50/bx
	MSC2206	6" x 8" (15.24 x 20.32 cm)	A6259	10/bx, 10 bx/cs

Sureview Film Fabric Frame Easy to apply I.V. cover dressing				
	Item Number	Description	HPCS	Packaging
	MSC2502	2¾" x 2¾" (6.03 x 6.99 cm)	Pending	50/bx
	MSC2504	4" x 4½" (10.16 x 11.43 cm)	Pending	25/bx

For more information, visit www.medline.com/woundcare or contact your sales specialist.

Recommended Wound Conditions

- Shallow No/minimal drainage Primary dressing
- Deep Moderate/Heavy drainage Secondary dressing

Puracol Plus™

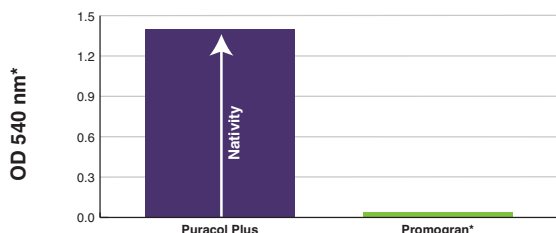
Collagen Microscaffold™ Wound Dressing

COLLAGEN

About Puracol Plus

- 100% collagen with a high degree of nativity^{1,2}
- High gel integrity³
- Helps promote epithelialization^{4,5}
- Jump-starts stalled wounds^{4,5,6}
- Biodegradable

Measure of Collagen Nativity²



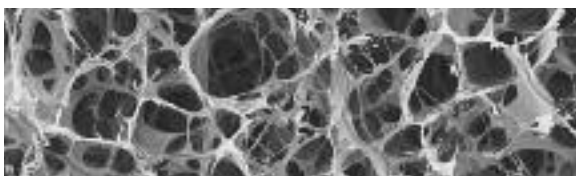
*Proportional to the extent of nativity, higher nativity is desirable.

Microscopic View¹



The intact super-structure provides strong evidence that the nativity of the collagen triple helix is preserved.

Puracol Plus Microscaffold¹



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

Indications

- Pressure ulcers
- Partial and full-thickness wounds
- Venous ulcers
- Ulcers caused by mixed vascular etiologies
- Diabetic ulcers
- Burns
- Donor sites and other bleeding surface wounds
- Abrasions
- Traumatic wounds healing by secondary intention
- Dehisced surgical wounds

Contraindications

Active vasculitis or patients with known sensitivity to collagen

Change Frequency

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

Recommended Secondary Dressings

- Stratasorb Composite
- Bordered Gauze

Evidence Based References


1. Data on file. 2. Picosirius Assay to Determine Relative Nativity of Two Collagenous Dressings, internal report. 3. Comparative Physical Properties of Two Collagenous Dressings, Promogran and Puracol Plus, data on file. 4. Driver V, French M, Cain J, Hagen H, Hijazin M, Patel M. The Use of Native Collagen Dressings on Chronic Lower Extremity Wounds: Case Studies. Presented at SAWC. Tampa, FL. 2007. 5. A Clinical Safety and Efficacy Evaluation on Seriously Chronic Wounds with a Native Collagen Dressing, data on file. 6. Rogers LC, Armstrong DG. The promise of stem cells. *Podiatry Management*. June/July 2007:65-70.

Debridement
Infection/Inflammation
Moisture Balance
Edge/Environment
Support



Ordering Information

Unique three dimensional structure helps promote cell growth.

Puracol Plus Ideal for wounds that are chronic or stalled				
	Item Number	Description	HCPCS	Packaging
	MSC8622EP	2" x 2.25" (5.08 x 5.72 cm)	A6021	10/bx, 5 bx/cs
	MSC8644EP	4.25" x 4.5" (10.8 x 11.43 cm)	A6022	10/bx, 5 bx/cs

For more information, visit www.medline.com/woundcare or contact your sales specialist.

Recommended Wound Conditions

- Venous leg ulcers

FourFlex and ThreeFlex

Multi-Layer Bandage System

COMPRESSION BANDAGE

About FourFlex and ThreeFlex

- Effective appropriate compression
- Extended wear time
- Absorbs drainage
- Efficient packaging

Indications

Treatment of chronic venous insufficiency

Contraindications

Patients with an Ankle Brachial Pressure Index (ABI) of less than 0.8. An ABI of less than 0.8 may mean that the patient has arterial insufficiency or the leg ulcer is of mixed etiology.

ABI Chart

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

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

Interpretation of the Ankle Brachial Index

Greater than 1.3	Abnormally high range (more studies are needed)
0.95 to 1.3	Normal Range
0.80 to 0.95	Compression is considered safe at this level
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

Change Frequency

Multi-layer compression bandages may be left in place for up to 7 days

Dressing change frequency will depend on amount of drainage

Recommended Secondary Dressings

Usually no secondary dressing is required



Ordering Information

Effective compression treatment for venous insufficiency (or venous stasis disease).

FourFlex For the treatment of Chronic Venous Insufficiency (includes 3 pieces of tape)				
	Item Number	Description	HCPCS	Packaging
	MSC4400	FourFlex Kit		8 kits/cs
	Components Include:			
	Padding	4" x 3.8 yd. (10.16 cm x 3.47 m), un-stretched	A6441	
	Light Conforming	4½" x 4.9 yd. (11.43 cm x 4.48 m), un-stretched	A6449	
Compression	4" x 10 yd. (10.16 cm x 9.14 m), stretched	A6452		
Cohesive	4" x 6.5 yd. (10.16 cm x 5.94 m), stretched	A6454		

ThreeFlex For lighter compression or for mixed etiology (includes 3 pieces of tape)				
	Item Number	Description	HCPCS	Packaging
	MSC4300	ThreeFlex Kit		8 kits/cs
	Components Include:			
	Padding	4" x 3.8 yd. (10.16 cm x 3.47 m), un-stretched	A6441	
	Light Conforming	4½" x 4.9 yd. (11.43 cm x 4.48 m), un-stretched	A6449	
Cohesive	4" x 6.5 yd. (10.16 cm x 5.94 m), stretched	A6454		

For more information, visit www.medline.com/woundcare or contact your sales specialist.

Recommended Wound Conditions

- Secondary dressing

Medigrip

Elastic Tubular Bandage

ELASTIC BANDAGE

About Medigrip

- Provides excellent support
- Easy to apply and reapply
- Wide range of applications

Indications

- Edema
- Treatment of chronic venous insufficiency
- Dislocations
- Sprains
- Hypertrophic scarring

Contraindications

None

Change Frequency


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

Recommended Secondary Dressings

None

Ordering Information

Provides even support and pressure to reduce edema and assist in venous return.

Medigrip Each roll is 11 yards (10 meters) in length				
	Item Number	Description	HCPCS	Packaging
	MSC9500	Size A, 1¾" wide (4.5 cm) for infant feet and arms	A6457	1 roll/bx
	MSC9501	Size B, 2½" wide (6.25 cm) for small hands and limbs	A6457	1 roll/bx
	MSC9502	Size C, 2⅝" wide (6.75 cm) for adult hands, arms or legs	A6457	1 roll/bx
	MSC9503	Size D, 3" wide (7.5 cm) for large arms or legs	A6457	1 roll/bx
	MSC9504	Size E, 3½" wide (8.75 cm) for legs or small thighs	A6457	1 roll/bx
	MSC9505	Size F, 4" wide (10 cm) for large knees or thighs	A6457	1 roll/bx
	MSC9506	Size G, 4¾" wide (12 cm) for large thighs	A6457	1 roll/bx

For more information, visit www.medline.com/woundcare or contact your sales specialist.

Recommended Wound Conditions

- Secondary dressing

Medfix

Low Sensitivity Adhesive

DRESSING RETENTION TAPE

About Medfix

- Low sensitivity adhesive, gentle for the patient
- Medfix has a printed s-curve release liner
- Medfix EZ is linerless and perforated
- Water resistant

Indications

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

Contraindications

- Contraindicated as a primary dressing

Change Frequency

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


Recommended Secondary Dressings


- None



Ordering Information

Flexible, skin-friendly tape.

Medfix Printed-release liner allows flexibility and customized sizing				
	Item Number	Description	HCPCS	Packaging
	MSC4002	2" x 11 yd. (5.08 cm x 10.06 m)	A4452	1 roll/bx
	MSC4004	4" x 11 yd. (10.16 cm x 10.06 m)	A4452	1 roll/bx
	MSC4006	6" x 11 yd. (15.24 cm x 10.06 m)	A4452	1 roll/bx

Medfix EZ Linerless with 2" perforations				
	Item Number	Description	HCPCS	Packaging
	MSC4102	2" x 11 yd. (5.08 cm x 10.06 m)	A4452	12 rolls/bx
	MSC4104	4" x 11 yd. (10.16 cm x 10.06 m)	A4452	12 rolls/bx
	MSC4106	6" x 11 yd. (15.24 cm x 10.06 m)	A4452	12 rolls/bx
	MSC4122	2" x 2 yd. (5.08 cm x 1.83 m)	A4452	12 rolls/bx
	MSC4124	4" x 2 yd. (10.16 cm x 1.83 m)	A4452	12 rolls/bx
	MSC4126	6" x 2 yd. (15.24 cm x 1.83 m)	A4452	12 rolls/bx

For more information, visit www.medline.com/woundcare or contact your sales specialist.

Recommended Wound Conditions

- Shallow No/Minimal drainage Primary dressing
- Deep Moderate/Heavy drainage Secondary dressing

Secondary Dressings

Adhesive Island Wound Dressings

SECONDARY DRESSINGS

About Secondary Dressings

- Deluxe soaker pad
- Non-woven adhesive border
- Waterproof backing (*Stratasorb*)
- Water resistant backing (*Bordered Gauze*)
- Ideal for incision sites

Indications

- Pressure ulcers
- Partial and full-thickness wounds

Contraindications

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

Change Frequency

Change the dressing as indicated by the amount of drainage or as frequently as the primary dressing indicates

Recommended Secondary Dressings


N/A


Debridement
Infection/Inflammation
Moisture Balance
Edge/Environment
Support



Ordering Information

Island dressings protect, absorb and help maintain proper wound moisture.

Bordered Gauze Water resistant, easy-to-use secondary dressing				
	Item Number	Description	HCPCS	Packaging
	MSC3222	2" x 2", (5.08 x 5.08 cm), 1" x 1", (2.54 x 2.54 cm) pad	A6219	15/bx, 10 bx/cs
	MSC3244	4" x 4", (10.16 x 10.16 cm), 2½" x 2½", (6.35 x 6.35 cm) pad	A6219	15/bx, 10 bx/cs
	MSC3245	4" x 5", (10.16 x 10.16 cm), 2½" x 2½", (6.35 x 6.35 cm) pad	A6219	15/bx, 10 bx/cs
	MSC3248	4" x 8", (10.16 x 20.32 cm), 2" x 6", (5.08 x 15.24 cm) pad	A6219	15/bx, 10 bx/cs
	MSC3266	6" x 6", (15.24 x 15.24 cm), 4" x 4", (10.16 x 10.16 cm) pad	A6219	15/bx, 10 bx/cs
	MSC32410	4" x 10", (10.16 x 25.4 cm), 2" x 8", (5.08 x 20.32 cm) pad	A6219	15/bx, 10 bx/cs
	MSC32414	4" x 14", (10.16 x 35.56 cm), 2" x 12", (5.08 x 30.48 cm) pad	A6220	15/bx, 10 bx/cs

Stratasorb Composite Waterproof, convenient secondary dressing				
	Item Number	Description	HCPCS	Packaging
	MSC3044	4" x 4", (10.16 x 10.16 cm), 2½" x 2", (6.35 x 5.08 cm) pad	A6203	10/bx, 10 bx/cs
	MSC3066	6" x 6", (15.24 x 15.24 cm), 4" x 4", (10.16 x 10.16 cm) pad	A6203	10/bx, 10 bx/cs
	MSC3068	6" x 7½", (15.24 x 19.05 cm), 4" x 6", (10.16 x 15.24 cm) pad	A6204	10/bx, 10 bx/cs
	MSC30410	4" x 10", (10.16 x 25.4 cm), 2" x 8", (5.08 x 20.32 cm) pad	A6203	10/bx, 10 bx/cs
	MSC30414	4" x 14", (10.16 x 35.56 cm), 2" x 12", (5.08 x 30.48 cm) pad	A6204	10/bx, 10 bx/cs

For more information, visit www.medline.com/woundcare or contact your sales specialist.

Skintegrity[®]

Wound Cleanser

WOUND CLEANSER

About Skintegrity Wound Cleanser

- Easy cleansing
- Non-cytotoxic
- Within AHCPR guidelines
- Adjustable trigger, PSI of 8.6 at 3"

Indications

To clean a wide variety of wounds including:

Pressure ulcers

Partial and full-thickness wounds

Infected and non-infected wounds

Contraindications

Patients with a known sensitivity to ingredients in Skintegrity Wound Cleanser

Change Frequency

With every dressing change

Recommended Secondary Dressings

None


Evidence Based References

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



Ordering Information

Delivers gentle yet thorough cleansing.

Skintegritiy Wound Cleanser				
	Item Number	Description	HCPCS	Packaging
	MSC6008	8 oz. (236 ml) Spray Bottle	N/A	6/cs
	MSC6016	16 oz. (472 ml) Spray Bottle	N/A	6/cs

For more information, visit www.medline.com/woundcare or contact your sales specialist.

Sureprep[®] and Sureprep[®] No-Sting

Sureprep

SKIN PROTECTIVE WIPES

About Sureprep and Sureprep No Sting

- Protects from adhesive stripping^{1,2}
- Safe for delicate skin³
- Fast drying⁴
- Vapor permeable film
- Creates a barrier on periwound skin
- Protection from friction and body fluids
- Non-cytotoxic

Indications

- Periwound skin
- Peristomal skin
- Damaged skin (*Sureprep No-Sting*)

Contraindications

- Direct application to wound bed
- Denuded or macerated skin (*Sureprep*)

Change Frequency

- With every dressing change

Recommended Secondary Dressings

- Stratasorb Composite
- Bordered Gauze


Evidence Based 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. Grove GL, Zerweck C. CyberDERM Inc. Research Report #506-71, data on file. 3. 510(k) K051082, WOVE, 2005. 4. Data on file.



Ordering Information

Helps create a barrier on periwound skin to prevent maceration, and for preventing adhesive stripping.

Sureprep No Sting Ideal for damaged or delicate skin				
	Item Number	Description	HCPCS	Packaging
		MSC1505	No-Sting Protective Wipes	A5120

Sureprep Ideal for routine periwound skin protection				
	Item Number	Description	HCPCS	Packaging
		MSC1500	Skin Protective Wipes	A5120

For more information, visit www.medline.com/woundcare or contact your sales specialist.

Product Selection Guide

Based on Fluid Handling and DIMES[®]

	DRESSING	- DRAINAGE -			
		Dry/No Drainage	Moist/Minimal	Moderate	Heavy
D	Tenderwet Active Polyacrylate Gel Pad	TENDERWET ACTIVE			
I	Arglaes Antimicrobial Silver Dressing	ARGLAES FILM		ARGLAES ISLAND	ARGLAES POWDER
I	Maxorb Extra Ag Alginate				
I	Optifoam Ag Foam				
I	SilvaSorb Antimicrobial Silver Dressing	SILVASORB SHEET AND PERFORATED			
		SILVASORB CAVITY			
		SILVASORB GEL			
M	Derma-Gel Hydrogel Sheet				
M	Exuderm Odorshield Hydrocolloid				
M	Gentleheal Foam	GENTLEHEAL STANDARD AND SECURE			
		GENTLEHEAL EXTRA			
M	Maxorb Extra Alginate				
M	Optifoam Foam				
		OPTIFOAM THIN			
M	Skintegrity Hydrogel	AMORPHOUS AND GAUZE			
M	Skintegrity Hydrogel Sheet				
M	Suresite Transparent Film	AS A SECONDARY DRESSING			
E	Puracol Plus Collagen				
S	Bordered Gauze	AS A SECONDARY DRESSING			
S	Stratasorb Composite	AS A SECONDARY DRESSING			

Debridement
Infection/Inflammation
Moisture Balance
Edge/Environment
Support

Classification of Tissue Destruction

Ulcers not caused by pressure such as skin tears, donor sites, vascular ulcers, surgical wounds and burns are described as partial or full-thickness to indicate the depth of tissue destruction.

- **Partial-Thickness (like Stage II)**
- **Full-Thickness (like Stage III or IV)**

Ulcers caused by pressure are staged. This is a method of classifying pressure ulcers, describing the degree of tissue damage observed. According to the NPUAP, pressure ulcer is a localized injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear and/or friction. A number of contributing or confounding factors are also associated with pressure ulcers; the significance of these factors is yet to be elucidated. *NPUAP, 2007*

STAGE I



Intact skin with non-blanchable redness of a localized area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its color may differ from the surrounding area.

Further description:

The area may be painful, firm, soft, warmer or cooler as

compared to adjacent tissue. Stage I may be difficult to detect in individuals with dark skin tones. May indicate "at risk" persons (a heralding sign of risk).

STAGE II



Partial-thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.

Further description:

Presents as a shiny or dry shallow ulcer without slough or bruising.* This stage should not

be used to describe skin tears, tape burns, perineal dermatitis, maceration or excoriation.*Bruising indicates suspected deep tissue injury.

STAGE III



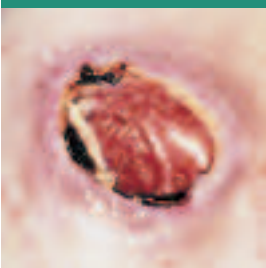
Full-thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.

Further description:

The depth of a stage III

pressure ulcer varies by anatomical location. The bridge of the nose, ear, occiput and malleolus do not have subcutaneous tissue and stage III ulcers can be shallow. In contrast, areas of significant adiposity can develop extremely deep stage III pressure ulcers. Bone/tendon is not visible or directly palpable.

STAGE IV



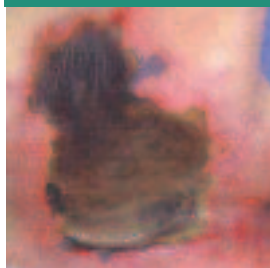
Full-thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often include undermining and tunneling.

Further description:

The depth of a stage IV pressure ulcer varies by anatomical location. The bridge

of the nose, ear, occiput and malleolus do not have subcutaneous tissue and these ulcers can be shallow. Stage IV ulcers can extend into muscle and/or supporting structures (e.g., fascia, tendon or joint capsule) making osteomyelitis possible. Exposed bone/tendon is visible or directly palpable.

SUSPECTED DTI



Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue.

Further description:

Deep tissue injury may be difficult to detect in individuals with dark skin tones. Evolution may include a thin blister over a dark wound bed. The wound may further evolve and become covered by thin eschar. Evolution may be rapid exposing additional layers of tissue even with optimal treatment.

UNSTAGEABLE



Full-thickness tissue loss in which the base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed.

Further description: Until enough slough and/or eschar is removed to expose the base of the wound, the true depth, and

therefore stage, cannot be determined. Stable (dry, adherent, intact without erythema or fluctuance) eschar on the heels serves as "the body's natural (biological) cover" and should not be removed.

For more information, visit www.medline.com/woundcare 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, we found a way to improve this process and ensure that nurses have the information they need. It is called EP... Educational Packaging. Products available in EP will now have an “EP” at the end of the item number.

The package focuses on patient safety and correct product application. Each package serves as a 2-Minute Course on Wound Care™.



Many times the outer box is thrown away and the product is distributed to the end user by the inner package. For that reason Medline provides an educational show-and-tell booklet of all the pertinent information needed to provide bedside support to the nurse, the patient, and the family.

Education is not just for clinicians so they know and use the latest evidence base in their practice, but it is essential for their patients and their families. Making sure the patients and their family are taught the expected outcomes and the plan to achieve them is vital for successful wound treatment

Name of Product

Subtitle

A general definition of the product.

Key Information

Clarifies appropriate use.

Category

Giving a more detailed breakdown of the product.

Product Photo

A clear-as-day picture of the dressing.

Sticker

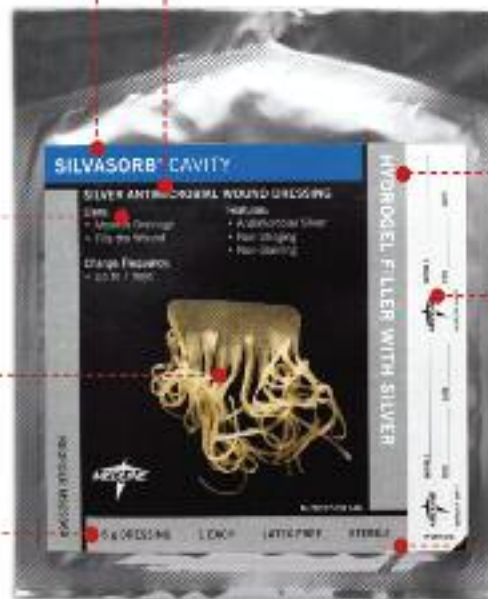
A breakthrough! This sticker dates the dressing, and alerts you to when it's time to change.

Basic Info

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

Booklet!

A show-and-tell pamphlet that is a short and sweet, 2-minute course on wound care.



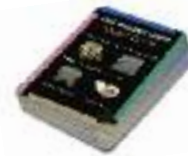
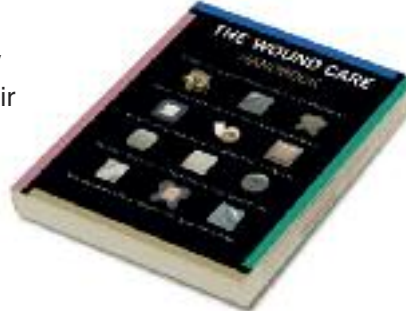
Debridement
Infection/Inflammation
Moisture Balance
Edge/Environment
Support

Compass Wound Care Programs

Our Compass Wound Care Prevention and Treatment program contains education at every level from the wound care champion at your facility to the bedside nurse to the patient/resident and their family. The program contains *The Wound Care Handbook*, wound care pocket guides, patient education brochures, and a CD containing 225 images organized by wound categories.



Wound Care Handbook



Pocket Guide



Wound Image CD



Patient Education

Survey Readiness for Long-Term Care Tags F309/314

1. D.O.N. instructional manual (teacher's guide)
2. Survey readiness resource books
3. Self study education programs (CE credit)
4. Wound measuring rulers
5. Wound care application videos
6. Continuous pressure ulcer prevention booklets



For more information, visit www.medline.com/woundcare or contact your sales specialist.

Education

Educare® Seminars

Medline offers Educare seminars in cities across the United States. These in-depth programs provide wound and skin care education for all levels of clinical staff. Educare programs are approved for continuing education hours and are taught by board-certified wound care nurses. Medline also has a number of other educational programs available to meet the needs of your patients, facility and caregivers.



Medline University

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





Educare® Hotline Managed by Wound Care Nurse Specialists

An important number to remember is 1-888-701-SKIN (7546) because it provides access to our Educare Hotline. It is managed by board-certified Wound Care Nurses and supported by a network of advanced wound care product specialists. The nurses are available to answer questions and concerns on product usage such as application and appropriateness of the dressing for the wound condition. The Educare

Hotline is staffed Monday through Friday from 8 a.m. to 5 p.m. Central Standard Time.

Product Support at www.medline.com/woundcare

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

More Than 50 Wound and Skin Care Product Specialists

Receiving help from one of Medline's 50+ wound care product specialists has never been easier. In addition to our 800 person sales force, 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.

Summary

In summary, the concept of wound bed preparation includes the treatment of the whole patient before the hole in the patient (treat the cause and the patient-centered concerns). Local wound bed preparation includes DIM (debridement, infection/inflammation and moisture balance) plus advanced edge effect therapies (for wounds with the ability to heal) and support in the way of "other products," services and nutrition. Finally, always remember that education is the scaffold for practice. Without it, clinicians cannot advance practice and improve patient wound healing outcomes.

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 TenderWet® is a registered trademark of IVF Hartman AG Corporation
 Vigilon® is a registered trademark of C.R. Bard, Inc.

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NEED MORE CLINICAL INFORMATION?
CALL OUR EDUCARE HOTLINE AT 1-888-701-SKIN (7546)



1-800-MEDLINE (633-5463) www.medline.com

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