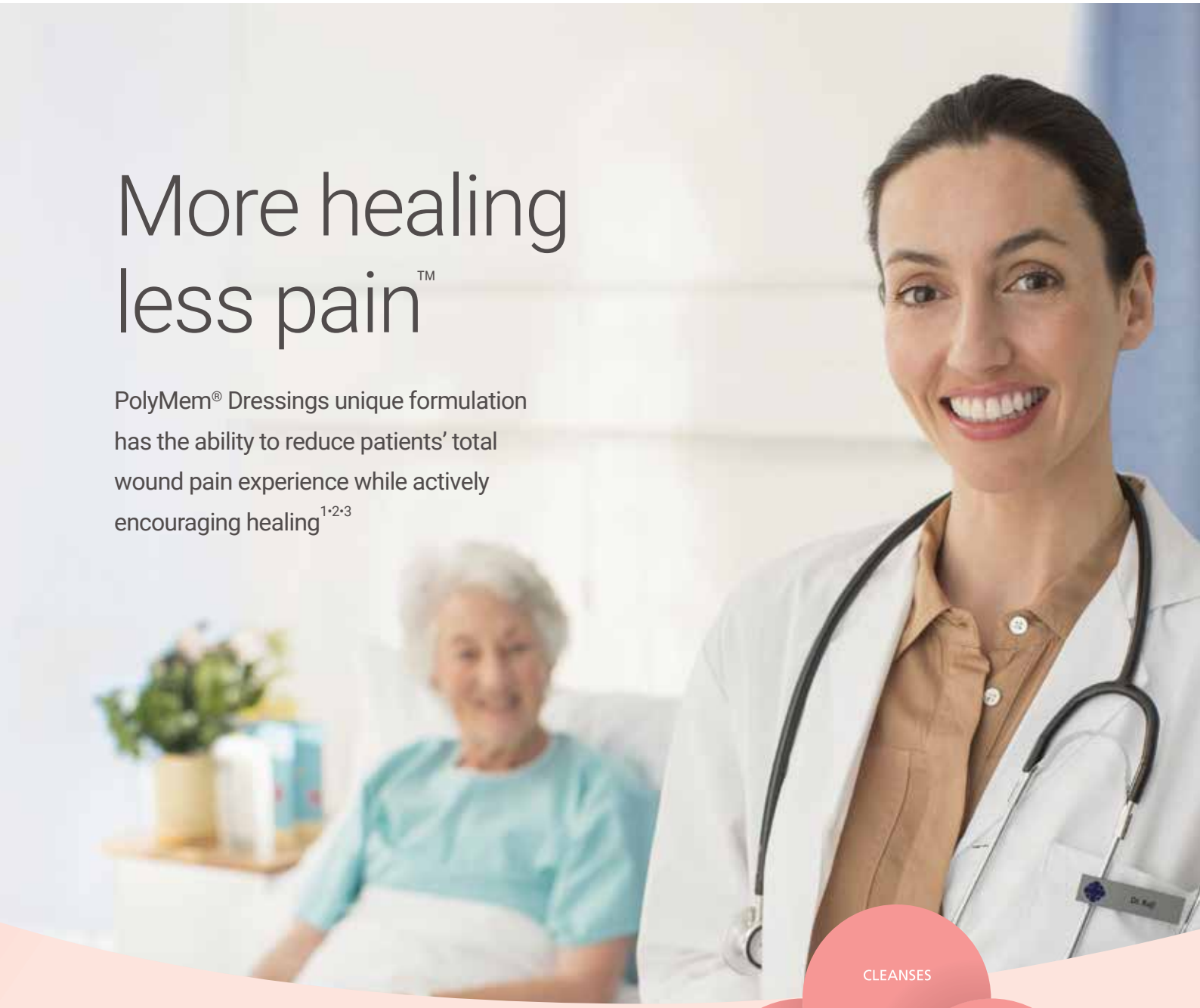
PolyMem®

More healing less pain™

PolyMem® Dressings unique formulation has the ability to reduce patients' total wound pain experience while actively encouraging healing[1,2,3]



PolyMem®

Healing

PolyMem® Dressings unique formulation has the ability to reduce patients' total wound pain experience while actively encouraging healing[1•2•3]

Cleanse

Moisten

Absorb

Fill

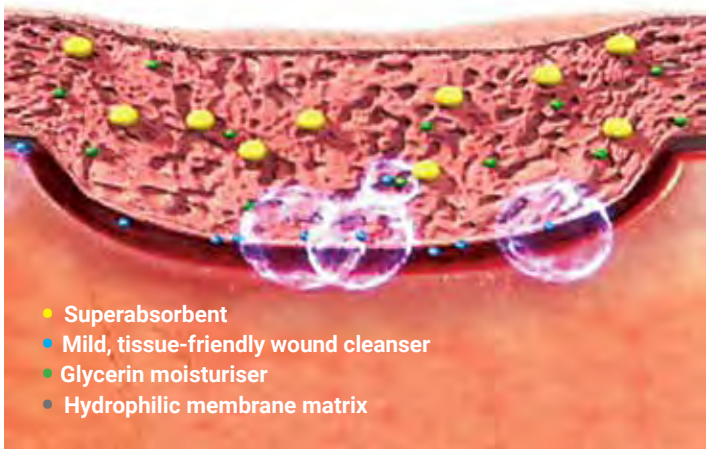
Contents

More Healing

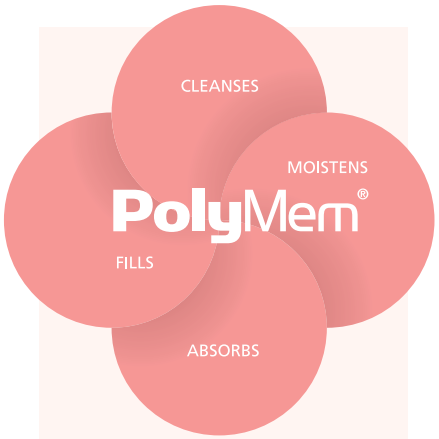
PolyMem® is a unique multifunctional dressing specifically designed to reduce a patient's total wound pain experience, while actively encouraging healing. All PolyMem® dressings effectively cleanse, fill, absorb and moisten wounds throughout the healing continuum.

ACTIVATED BY WOUND FLUID ...

- The PolyMem® dressing will expand and gently fill the wound.
- The mild, tissue-friendly wound cleanser and the glycerin incorporated in the dressing will be released to the wound bed, while the superabsorbent and the matrix will bind fluid in the dressing.
- The semi-permeable film cover will control moisture vapor transmission.



Built directly into each PolyMem® dressing, these four capabilities are ready when you need them - without incurring extra costs or needing additional supplies.



PolyMem® dressings also help to relieve wound and procedure-related pain through the synergistic effect of the dressing's components. PolyMem® is also available with our unique small particle, elemental silver for wounds which require additional protection from microbial contamination.

CLEANSES

Contains a mild nonionic, nontoxic, tissue friendly cleansing agent, activated by moisture, which is gradually released into the wound bed. The built-in continuous cleansing capabilities usually eliminate the need to cleanse the pressure injury at dressing changes. This allows avoiding disruption of the growth of healthy new tissue, cooling the wound by rinsing, or causing pain during the dressing change process.

FILLS

Gently expands toward the wound to fill, conform, and remain in constant contact with the pressure injury, helping to maintain a moist wound healing environment. Primary dressings are available for Pressure Injuries requiring fillers for cavity, undermining, or tunneling.

ABSORBS

In order to accommodate a full range of exudate levels, wicks up to ten times its weight in exudate from all stages of Pressure Injuries. Use of a primary dressing under a secondary dressing can help to absorb additional drainage from highly exudating wounds and extend the wear time so there is less disruption of the wound bed.

MOISTENS

Keeps the wound bed moist and soothes traumatised tissues, helping to reduce wound pain and provide comfort at the pressure injury site, even through intact skin. The moisturiser also helps keep the dressing pad from adhering to the wound so it removes with virtually no pain or trauma, improving caregiver-patient interaction and the overall care experience.

PolyMem® also helps reduce wound pain by altering the actions of certain pain-sensing nerve endings.[10]

The most common cause of pain in chronic wounds is tissue damage, which is referred to as nociceptive pain or inflammatory pain.[1,2] Nerve damage is the other cause of wound pain and is called neuropathic pain.[9,10] Neuropathic pain is often experienced after chronic unrelieved nociceptive pain.[1,2]

PolyMem® formulation dressings help to inhibit the action of some of the pain sensing nerve fibers (nociceptors) which carry some of the pain messages after tissue damaging injuries and inflammation.[10] These nerve endings transmit information that can result in

1) allodynia (pain caused by normally non-painful stimuli, such as lightly brushing the skin); 2) primary hyperalgesia (increased sensitivity to pain at the site of injury), and 3) secondary hyperalgesia (pain caused by touching an uninjured area surrounding the injured site).[2,3,5] These populous nerve endings, found in the epidermis, dermis, muscle, joints and viscera, are also responsible for spreading the inflammatory reaction into surrounding uninjured tissues.[1,2,3,4,5] The spreading of the inflammatory reaction is often clinically evidenced by increased temperature, pain, bruising and swelling beyond the immediate zone of injury.[2,4]

STEPS involved in pain and activation of local inflammatory mediators with the resulting spread of inflammatory response as a result of tissue damage.[1,2,3,4,5,6,7,8,9]

STEP 1

Injury occurs causing tissue damage. Contents of the damaged cells are released into the wound area. These substances activate the nociceptor nerve endings and also initiate a local inflammatory reaction.

STEP 2

Local activation of the nociceptor systems, with the release of Substance P, CGRP (Calcitonin Gene-Related Peptide), hormones and the inflammatory mediators causes the recruitment of additional nociceptor fibres in the area of the injury to release and activate the inflammatory reaction, so it spreads into surrounding, undamaged tissues.

STEP 3

Nociceptors respond by activating inflammatory cells, such as mast cells, which then release histamine into the damaged area. The release of histamine increases the spread of the inflammatory reaction.

STEP 4

At the same time, the inflammatory reaction created by the cells' contents and the activation of the nociceptor system causes immune cells to be drawn to the site and activated, which further activate the sensory nerves through the local release of bradykin, histamine, prostaglandin, growth factors and cytokines into the wound area.

STEP 5

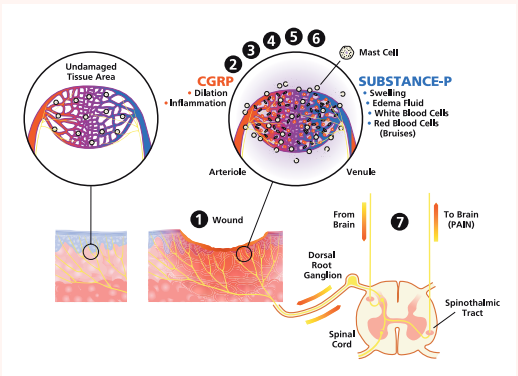
The edema causes further damage by initiating the release of additional inflammatory mediators and reducing the blood profusion of the damaged tissues, which causes activation of more nociceptors and continued spread of the inflammatory response.

STEP 6

CGRP and Substance P cause dilation of the blood vessels and leakage of blood cells, platelets and protein into the capillary bed, causing edema.

STEP 7

Injury message is transmitted to the brain where it is perceived as pain. Brain response can cause either reduction or increase of local inflammatory response.



PolyMem® and Shapes® by PolyMem® Skin Tear Application

The change process is simple – just remove the dressing and place a new dressing on the wound. The dressing pad is non -adherent to the wound surface, assuring pain free removal from the wound bed and reducing the risk of disrupting the healing tissues during the dressing change. Additionally, no wound cleansing is performed during the change process because the dressing's unique design provides continuous cleansing of the wound.

1.Initially cleanse with saline, being careful to not dislodge any "flap" that is still attached.

2. Approximate the edges, if possible, with a minimum number of thin adhesive strips.

3. Cover with an appropriately sized PolyMem® or Shapes island dressing or a non-adhesive PolyMem® dressing. A non-adhesive PolyMem® dressing can be held in place with self-adhering wrap.

After placing the dressing on the skin tear, mark the approximate border of the exposed dermis, if any, on the top of the dressing. This will be used as a guide as to when the dressing should be changed.

4. Change the dressing when exudate, visible through the top of the dressing, reaches the approximate wound margin. The dressings provide an external visual guide to help determine when to change the dressing. If the exudate does not reach the approximate wound margin, the dressing may be left in place up to seven days. If the skin tear involved full "flap" loss, it is common to change the dressing during the first 24-48 hours because it is likely to see a high level of exudate absorbed into the dressing. A new dressing is placed on the wound. Follow steps three and four above until the wound is healed.

■ *When using PolyMem® or Shapes by PolyMem® adhesive bordered dressings, use appropriate removal techniques.*

Suggested dressing options

SHAPES BY POLYMEM® ADHESIVE FILM BORDER ISLAND

water-resistant for long wear time and shaped to conform to the natural shape of the wound, also available in silver

ADHESIVE FILM BORDER ISLAND

water-resistant for long wear time

CLOTH ADHESIVE BORDER

highly breathable border for locations where water-resistance is not required

NON-ADHESIVE

ideal for use when held in place with non-adhesive application methods

PolyMem® formulation incorporating Silver is also available.

PolyMem® Formulation Improves Skin Tear Outcomes[11]

Common conditions with skin tears:

- Skin tears are the result of shear and/or friction, which causes the layers of the skin to separate from one another or the fascia, forming a traumatic open wound.[12]
- Skin tears tend to be painful.[12,13]
- Skin tears can become infected and may heal slowly in compromised patients. [12,13,14]
- Skin tears become increasingly common with age because: [12,13,14,15]
  - skin thins
  - elasticity is reduced
  - natural lubrication is diminished
  - capillaries become fragile
  - the dermal-epidermal junction is weakened
- Use of steroids and anticoagulants predispose individuals to skin tears.[13,15]

Example of actual clinical result[11]

Wound rinsed with saline

Wound covered with PolyMem® island dressing

Two days later dressing changed – note improvement

Ten days after injury, skin tear is healed, with only three dressing changes

Pressure Injury

Pressure Injuries can develop within 2-6 hours of normal blood flow obstruction.[16]

Pressure, shear, and friction are the three major causes of Pressure Injuries. However, shear and friction combined with moderate increases in moisture can make the skin more vulnerable to damage.[17]

Tissue damage, which leads to Pressure Injuries, can occur due to:[17,18]

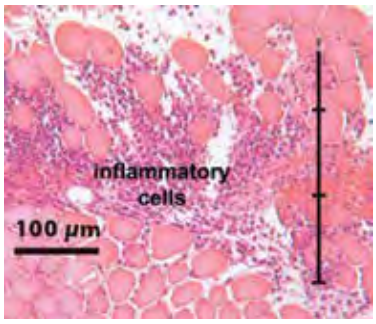
- Intensity and duration of pressure[17,18]
- Inability to tolerate pressure[17,18]

Normal weight shifting should occur as the loss of oxygen in tissue is uncomfortable[17,18] and healthy skin is more able to redistribute pressure.[17,18]

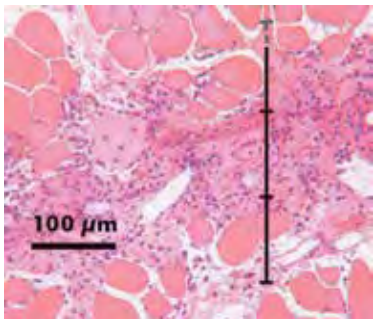
Pressure injury risk factors can include, but are not limited to:

- Age due to less efficient nutrient system and less resistance to shear[17,19]
- Increased body temperature1,[17,18,20]
- Low blood pressure (systolic 100 & dystolic 60)[17, 20]
- Extended time on an operating table[18]
- Hypotensive episodes[18]
- Hemodynamic instability, unable to be turned safely[19]
- Psychological stress[17]
- Increased blood viscosity[18]
- Smoking[18,21]
- Scarred areas[17,18]
- Contractures[21]
- Spasticity[24]
- Use of external braces or appliances (e.g. wheelchairs)[24]
- Obesity[18,22]
- Diabetes which influences tissue perfusion[24]
- Long-term care facility resident[23]

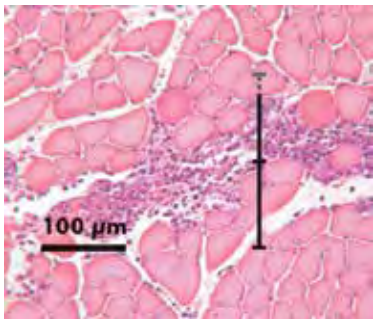
PolyMem® helps to reduce the collection of inflammatory cells in the surrounding tissues and bring them to the point of injury where they are needed.



(A) Incision only



(B) Incision with gauze



(C) Incision with PolyMem®

25% **STATISTICALLY, POLYMEM® REDUCES THE SPREAD OF THE INFLAMMATORY REACTION INTO THE SURROUNDING UNDAMAGED TISSUE BY APPROXIMATELY 25 PERCENT.[25]**

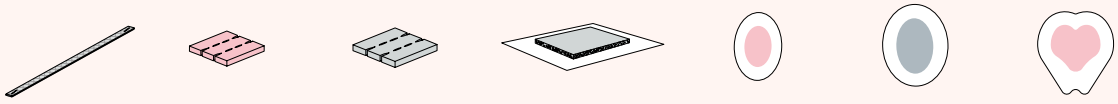
This series of images shows the width of the spread of the inflammatory cells, in muscle, around an incision. The dark portion of the scale in each image (each segment is 100µm) represents the spread of the zone of the inflammatory reaction around the center line of the incision. In images A and B, there is no difference in the spread of the inflammatory reaction around the center of the injury. In image C, notice how PolyMem® reduces the spread of the inflammation into the surrounding, uninjured tissues by approximately 40 percent when compared with gauze.

Why choose PolyMem® dressings for Pressure Injuries?

- PolyMem® contains a mild, nonionic, nontoxic, tissue friendly cleansing agent which helps promote autolytic debridement at the pressure injury site and continuously cleanses the pressure injury while the dressing is in place. There is often no need for manual wound bed cleansing at dressing changes while using PolyMem® dressings.[26,27]
- PolyMem® contains glycerol which helps to reduce foul odor, sometimes associated with Pressure Injuries.[28]
- The glycerol and other components help to assure non-adherence of the dressing to the pressure injury site, helping to reduce procedure-related pain.[28]
- The synergistic combination of the PolyMem® components helps to reduce inflammation and edema[25] by inhibiting the nociceptor response[25] at the pressure injury site, helping to reduce wound-related pain.
- PolyMem® can be left in place on the pressure injury for up to seven days based on exudate levels.[29] PolyMem® is an "indicator dressing" and allows for assessment of the amount of drainange without removing the dressing and disturbing the wound bed.[29] Clinical judgment should be used to determine time for dressing changes.
- PolyMem's® semi-permeable thin film backing helps to maintain the ideal temperature for healing (36°C)[30] and helps to maintain the ideal moisture vapor transfer rate.[31]
- PolyMem® dressings are available with adhesive film borders, helping to protect the wound bed from possible contaminants, such as faeces.[31]
- PolyMem® Silver® dressings contain small particle silver which helps to kill absorbed microorganisms and protect the wound bed from contaminants while reducing the risk of damage to the wound bed.[32]

Products especially well suited for pressure injury care:

PolyMem® dressings are indicated for use on Stage I, II, III, and IV Pressure Injuries. PolyMem® dressings are available for use on any depth and for all levels of exudate.



1814 5733 1333 1766 8053 1886 3709

Exudate level	None or Scant-Minimal		Moderate-Heavy or Copious	
Depth of pressure injury	Cavities, Undermining, Tunnels	Less than 0.5 cm deep	Cavities, Undermining, Tunnels	Less than 0.5 cm deep
Appropriate PolyMem® Dressing(s)	PolyMem® WIC Silver® Rope for cavities, undermining and/ or tunneling;	PolyMem®	PolyMem® WIC Silver Rope for cavities, undermining and/ or tunneling; PolyMem® WIC cavity filler for cavities and undermining as well; Cover with PolyMem® MAX®	PolyMem® MAX®

Examples of Pressure Injuries

Stage III Scapula wound[33]

BARRIERS TO HEALING INCLUDED:

- 90-years-old
- End-Stage Alzheimer's Disease
- Immobile and severely contracted
- Pain

One of three Pressure Injuries; it is unknown how long the scapula pressure injury had been here.

THE PATIENT AND HEALTHCARE PROFESSIONAL NOTED THE POLYMEM® DRESSINGS:

- Continuously cleansed
- Provided pain relief
- Promoted quick healing

PolyMem® WIC cavity filler and standard PolyMem® dressings were used to manage this wound through to closure.

Stage III Pressure Injury closed in six months with the use of PolyMem® dressings!

Stage IV Sacral[34]

Stage IV Sacral Pressure Injury closed in just over 17 weeks of management with PolyMem® dressings!

BARRIERS TO HEALING INCLUDED:

- 85-years-old
- Diabetic
- Pneumonia
- Pain despite analgesics
- 10 on 0-10 scale
- 4+ pseudomonas

The wound needed surgical treatment to remove necrotic tissue (Sept 13 photo is after surgery). **PolyMem® dressings were initiated on September 13.**

THE PATIENT AND HEALTHCARE PROFESSIONAL NOTED THE POLYMEM® DRESSINGS:

- Promoted quick healing
- Continuously cleansed
- Provided pain reduction (Pain was 0 on Sept 30)
- Provided additional protection from microbial contamination
- Provided optimal wound temperature
- Pseudomonas negative after one month, no antibotics administered

PolyMem® WIC Silver cavity filler, PolyMem® Silver, standard PolyMem® dressings were used to manage this wound.

Examples of Pressure Injuries

Stage IV Heel[35]

BARRIERS TO HEALING INCLUDED:

- 60-years-old
- Alzheimer's disease
- Reduced mobility
- Dehydration
- Extreme pain despite daily medication » constant 9 on 0-10 scale

The 8.0 cm x 6.0 cm, 2.0 cm deep wound had stalled after four months of treatment with Hyaloronic acid. **PolyMem® dressings were initiated on April 11.**

THE PATIENT AND HEALTHCARE PROFESSIONAL NOTED THE POLYMEM® DRESSINGS:

- Provided pain reduction by the second week of management
- Continuously cleansed
- Promoted quick healing
- Reduced odor

PolyMem® WIC Silver cavity filler, PolyMem® Silver, standard PolyMem® WIC cavity filler, and standard PolyMem® dressings were used to manage this

Unstageable Heel Pressure Injury closed in just 3½ months of management with a variety of PolyMem® dressings!

Shapes® by PolyMem®

Unstageable Heel [36]

BARRIERS TO HEALING INCLUDED:

- 90-years-old
- Hypertension
- Morbid obesity
- Arthritis
- Hypothyrodism
- Urinary incontinence
- Venous insufficiency
- Steroid treatments

The 2.0 cm x 3.0 cm, 0.5 cm deep wound had been treated with a hydrogel for 18 days without improvement. **PolyMem® dressings were initiated on February 4th.**

THE PATIENT AND HEALTHCARE PROFESSIONAL NOTED THE POLYMEM® DRESSINGS:

- Continuously cleansed
- Provided additional protection from infection
- Promoted quick healing

Shapes by PolyMem® Silver® dressings were used to manage this wound through to closure.

Unstageable Heel Pressure Injury closed in just 10 weeks with the use of Shapes by PolyMem® dressings!

Venous Insufficiency Leads to Venous Wounds

Patients are at risk for Venous Ulcers and Venous Dermatitis due to inflammation, hypoxia and edema caused by underlying venous hypertension (abnormally high venous pressure).[37,38] Venous hypertension is caused by Chronic Venous Insufficiency (CVI).[37,38] CVI is the chronic inability to pump enough blood from the legs back to the heart.

CVI is the result of one or more of these pathologies:[39]

- Obstruction of the veins (usually thrombosis, but also increased abdominal pressure from obesity, pregnancy, etc.)
- Failure of the muscle pump related to inactivity, paralysis, decreased ankle range of motion or disease
- Incompetent one-way valves in the veins

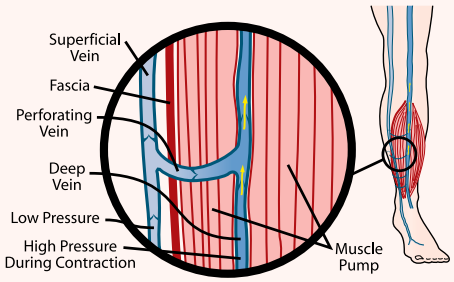
Signs and symptoms associated with late stage Venous Hypertension or CVI include:

Venous leg ulcers:[40,41]

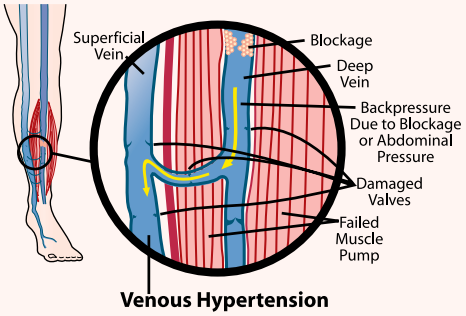
- painful in 90 percent of all cases
- recurrent in up to 72 percent of all patients
- at least 50 percent take more than a year to close, with about 34 percent taking more than 5 years

Lower leg dermatitis:[40,41]

- itching, with scratching, leading to ulcer formation
- dry scaling or weeping crusts
- brown staining (hemosiderin deposits)
- thickened skin with scales
- fibrotic skin that causes the lower 1/3 of the lower leg to be thin, giving the appearance of an inverted champagne bottle (lipodermatosclerosis)
- hypersensitivity to allergens, such as products initially used to decrease itching and dryness or to treat ulcers and infection.



Normal Venous System



Venous Hypertension

PolyMem® The ideal venous wound management tool

Built right into each PolyMem® dressing, these four capabilities are ready when you need them – without incurring extra costs or gathering additional supplies.

CLEANSES

Contains a mild, tissue friendly cleansing agent, activated by moisture, that is gradually released into the wound bed to promote effective autolytic debridement. The built-in continuous cleansing capabilities usually eliminate the need to cleanse the venous ulcer so you can avoid disrupting the growth of healthy new tissue, cooling the wound by rinsing or causing pain during the dressing change process.

FILLS

Gently expands to fill and conform to the contours of the venous ulcer and the patient's body, which helps maintain a moist wound healing environment.

ABSORBS

In order to accommodate the full range of exudate levels, PolyMem® wicks up to ten times its weight in exudate from venous ulcers.

MOISTENS

Keeps the wound bed moist and soothes traumatised tissues, helping to relieve wound pain and providing comfort at the often painful venous ulcer site. The moisturiser also helps keep the dressing pad from adhering to the wound so it removes with virtually no pain or trauma, improving caregiver-patient interaction and the overall care experience.

PolyMem's® formulation improves venous wound outcomes.

Example of actual clinical result - non-healing venous ulcer[40,41]

Granulation at first weekly dressing change of this highly exudating, venous ulcer; compressed with multi-layered wrap

Second weekly dressing change; decreased edema, closing quickly; multi-layered compression continued

Fourth and final visit, closed. Fitted for compression hosiery

Example of actual clinical result - venous dermatitis[40,41]

Fibrin, slough-filled venous dermatitis wounds. Pain, initially 10 (on 0-10 scale), almost completely eliminated by day 5; compressed with multi-layered wrap

Almost closed at six weeks. Pruritis (itching) significantly diminished; multi-layered compression continued

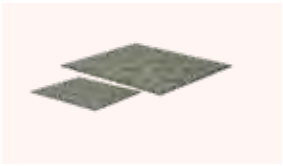
Six months after patient's final wound care visit, skin remains intact

PolyMem® Silver Benefits

- Generates silver ions consistently from a continuous silver reservoir
- Reduces bioburden in the dressing
- Kills over 99% of entire population of all bacteria and fungi tested*
- Incorporates unique silver particles
- Eliminates need for secondary dressing (except when using PolyMem® WIC Silver or PolyMem® WIC Silver Rope)
- Absorbs up to 10 times its dressing weight in exudate
- Maintains a moist wound environment for improved healing
- Indicates when dressing change is necessary via its clear, thin backing (except PolyMem® WIC Silver or PolyMem® WIC Silver Rope)
- Won't adhere to the wound bed, minimising damage to wound bed upon removal
- Continuously cleanses the wound, reducing the need for wound bed cleansing during dressing changes
- Won't stain skin
- Helps relieve wound pain and improve comfort1
- No need to wet or re-wet

*Organisms tested included Klebsiella pneumoniae (ATCC# 4352), Pseudomonas aeruginosa (ATCC# 9027), Enterococcus faecalis (VRE) (ATCC# 51575), Candida albicans (ATCC# 10231), Staphylococcus aureus (MRSA) (ATCC# 33591) and Staphylococcus aureus (ATCC#6538). The organisms chosen demonstrate the antimicrobial actions of the silver formulation on relevant, representative organisms.

PolyMem® Silver Configurations

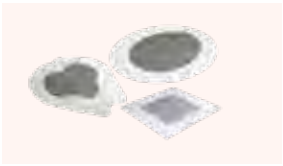


POLYMEM® SILVER NON-ADHESIVE

PolyMem® Silver dressings are composed of a moisture-loving polyurethane matrix with a semi-permeable polyurethane continuous thin film backing. Use as a combined primary and secondary dressing or as a secondary dressing. Available in non-adhesive or with cloth-backed adhesive.

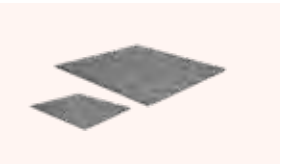
POLYMEM® WIC SILVER & POLYMEM® WIC SILVER ROPE

PolyMem® WIC Silver & PolyMem® WIC Silver Rope are especially designed for cavity wounds. As these are wound fillers to be used as a primary dressing, these configurations come without the PolyMem® thin film backing. These dressings should be cut one-third smaller than the wound because they will expand when they absorb wound exudates. Use any of the other appropriate PolyMem® or Shapes by PolyMem® configurations as a secondary dressing.



POLYMEM® SILVER WITH ADHESIVE

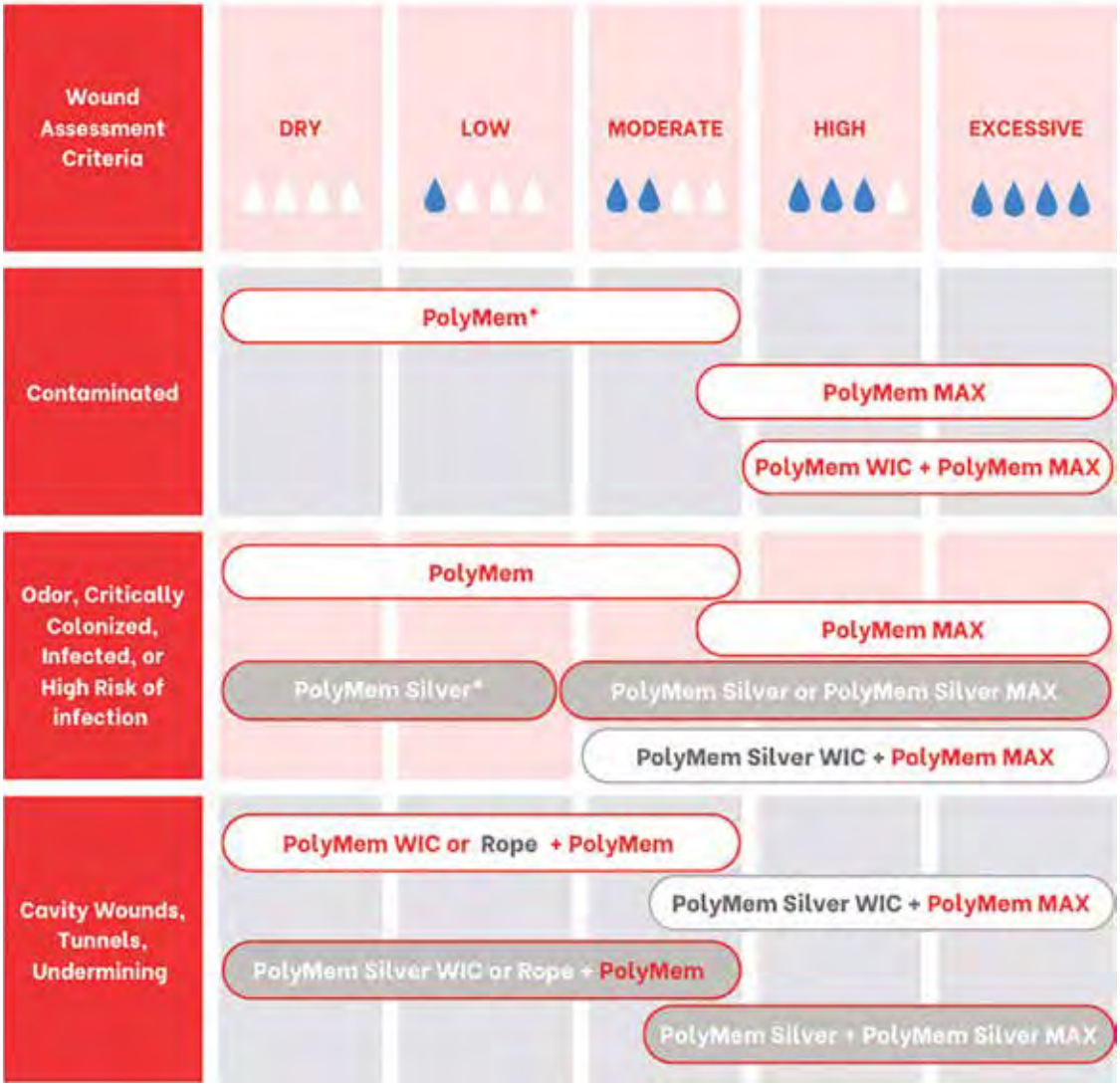
PolyMem® Silver dressings are available with cloth, film or silicone adhesive. The ultra-thin film together with the PolyMem® membane provides a protective, water-resistant dressing. The breathable cloth backing adhesive provides an exceptional comfort for patients. PolyMem® silicone border dressing is engineered to stay in place better and more securely than other silicone dressings. Use as a combined primary and secondary dressing or as a secondary dressing.



POLYMEM® MAX SILVER

The MAX configuration is a thicker formulation for wounds with heavier drainage, when longer wear time is desired or to provide additional cushioning. This version absorbs up to 60% more exudate than a same size, standard thickness, PolyMem® Silver formulation dressing.

PolyMem® Dressing Guide



PolyMem® MAX & PolyMem® MAX Silver

HOW IT WORKS

PolyMem® MAX and PolyMem® MAX Silver contain a mild, tissue-friendly cleansing agent that helps maintain a clean wound bed by loosening necrotic tissue, slough and other debris. The hydrophilic polyurethane membrane matrix, containing superabsorbents, draws fluid and debris from the wound bed and swells into a non-adherent gel, which helps reduce the risk of maceration. Additionally, glycerol (also known as glycerin) helps to ensure non-adherence to the wound bed so that the dressing can be removed without disturbing the healing tissues. Glycerol also helps to control odor while softening non-viable tissue. The membrane is covered by a semipermeable continuous film backing with very high moisture vapor permeability that provides a barrier to liquids.

POLYMEM® MAX AND POLYMEM® MAX SILVER CONFIGURATIONS

PolyMem® MAX and PolyMem® MAX Silver are available in several sizes, with or without adhesive. PolyMem® MAX Silver has small particle silver added to the PolyMem® formulation.

PolyMem® MAX and PolyMem® MAX Silver are designed to function as primary and/or secondary dressings. Therefore, this configuration comes with a thin film backing with high MVTR†.

You can use PolyMem® WIC, PolyMem® WIC Silver, or PolyMem® WIC Silver Rope as a primary dressing for cavity wounds with PolyMem® MAX or PolyMem® MAX Silver as the secondary dressing for added absorption capabilities.

PolyMem® MAX benefits

HIGH FLUID HANDLING

- Noticeably thicker and greater MVTR† than standard PolyMem® dressings for substantially greater fluid handling capability.
- Holds up to 10 times its own weight
- Quickly absorbs moisture and wound fluid
- Locks wound fluid inside the dressing, in a gel form, helping to reduce risk of maceration
- Saves time and money by reducing the number of dressing changes and extending the time between dressing changes

FLEXIBLE

- Soft and pliable, conforming to wound shape

NON-ADHERENT

- Will not stick to the wound bed
- Maintains integrity of healing tissue
- Will not dehydrate the wound bed

FUNCTIONAL

- Automatically donates moisture or absorbs exudate, depending on the condition of wound bed and fluid level in the dressing
- Clinicians can add sterile water or saline to make the dressing a faster moisture donor, or can allow the dressing to draw fluid to the site as it absorbs fluid into the dressing
- Helps relieve wound pain, inflammation, edema and bruising while improving comfort

CONTINUOUS CLEANSING

- Reduces need to cleanse wound bed during dressing changes
- Reduces disruption of newly forming tissues often caused by manual cleansing
- Saves clinician time usually necessary for dressing changes

PolyMem® WIC, PolyMem® WIC Silver

CONFIGURATIONS

PolyMem® WIC cavity wound filler and PolyMem® WIC Silver are available in several sizes. PolyMem® WIC and PolyMem® WIC Silver are configured for use on wounds with shallow depths in combination with other dressings in order to increase absorption as well as wounds with cavities.

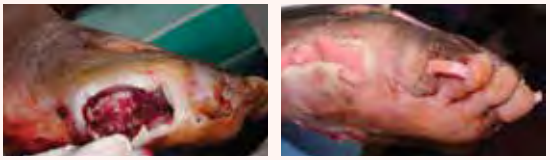
POLYMEM® WIC SILVER ROPE

PolyMem® WIC Silver Rope is available in 0.4" x 14" (1 cm x 35 cm). PolyMem® WIC Silver Rope is configured for use on tunneling wounds and can be applied using a facility supplied applicator stick **(Figure D).** PolyMem® WIC Silver Rope may be used as a cavity filler as well as tunnel filler by coiling the remaining dressing into the cavity **(Figure E).**

PolyMem® WIC, PolyMem® WIC Silver and PolyMem® WIC Silver Rope are designed to function as a primary dressing. Therefore, the configurations come without the thin film backing found on other PolyMem® dressings. You can use any of the other appropriate PolyMem® dressing configurations as your secondary dressing.

PolyMem® for wound cavity management

PolyMem® WIC - Cavity Wound



PolyMem® WIC - Undermined Cavity Wound

PolyMem® WIC Silver - Abdominal Surgical Site

PolyMem® WIC Silver - Radiation Burn with Tunnel-

PolyMem® WIC Silver Rope - Tunneling Abscess

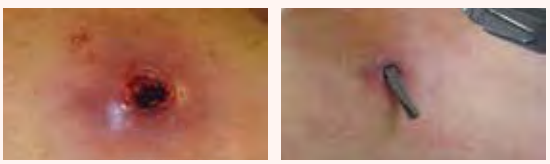


Figure D

Figure E

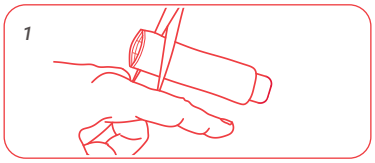
PolyMem® Finger/Toe dressings

Made to roll comfortably onto a finger or toe right out of the package.

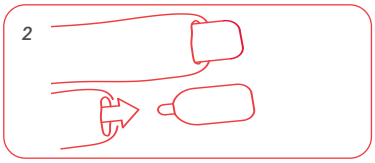
PolyMem® Finger/Toe dressings help reduce edema, bruising, pain and inflammation when applied to open or closed injuries. When applied to open wounds the dressings continuously cleanse, fill, absorb and moisten wounds. The dressings help relieve both persistent and procedure related pain associated with the injury throughout the healing process.

THE IDEAL CHOICE FOR MANAGING:

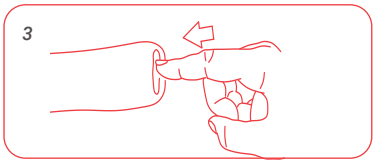
- Sprains
- Strains
- Contusions
- Abrasions
- Lacerations
- Burns
- Ulcers
- Matricectomies



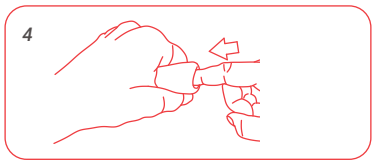
Measure to determine length of dressing needed, cut off excess.



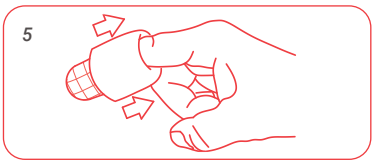
Remove the insert from the rolled end and discard.



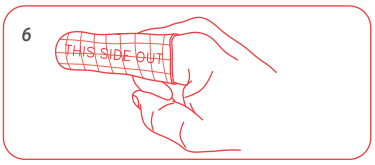
Insert the finger into the rolled end of the dressing.



Push the finger into the dressing and begin rolling.



Roll the dressing on the finger.



The dressing should fit securely on finger or toe.

This is an overview. Please see package insert for complete instructions.

	REF	DESCRIPTION	DIMENSIONS	PACKAGING
	4401	#1 Finger/Toe Dressing	#1 small; circumference 1.8" - 2.2" (46.7mm - 57.0mm)	6 Per Box 5 Boxes Per Case
	4402	#2 Finger/Toe Dressing	#2 medium; circumference 2.2" - 2.6" (57.0mm - 67.2mm)	6 Per Box 5 Boxes Per Case
	4403	#3 Finger/Toe Dressing	#3 large; circumference 2.6" - 3.0" (67.2mm - 77.4mm)	6 Per Box 5 Boxes Per Case
	4404	#4 Finger/Toe Dressing	#4 extra large; circumference 3.0" - 3.4" (77.4mm - 87.6mm)	6 Per Box 5 Boxes Per Case
	4405	#5 Finger/Toe Dressing	#5 XXL; circumference 3.4" - 3.8" (87.6mm - 97.8mm)	6 Per Box 5 Boxes Per Case
	1401	#1 Silver Finger/Toe Dressing	#1 small; circumference 1.8" - 2.2" (46.7mm - 57.0mm)	6 Per Box 5 Boxes Per Case
	1402	#2 Silver Finger/Toe Dressing	#2 medium; circumference 2.2" - 2.6" (57.0mm - 67.2mm)	6 Per Box 5 Boxes Per Case
	1403	#3 Silver Finger/Toe Dressing	#3 large; circumference 2.6" - 3.0" (67.2mm - 77.4mm)	6 Per Box 5 Boxes Per Case
	1404	#4 Silver Finger/Toe Dressing	#4 extra large; circumference 3.0" - 3.4" (77.4mm - 87.6mm)	6 Per Box 5 Boxes Per Case
	1405	#5 Silver Finger/Toe Dressing	#5 XXL; circumference 3.4" - 3.8" (87.6mm - 97.8mm)	6 Per Box 5 Boxes Per Case

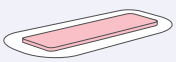
PolyMem® SURGICAL

Control Inflammation, Increase Healing

Control inflammatory response for maximum benefit, speed healing, and improve outcomes with a revolutionary dressing for surgical incision sites

INDICATIONS FOR USE

For the management of partial and full thickness surgical wounds healing by primary intention.

	Ref	Description	Dimensions	Packaging
	0511	Flexible Surgical Dressing	5.3" x 11" (13cm x 28cm) Adhesive 3.15" x 9.2" (8cm x 23.35cm) Pad	5 Per Box 2 Boxes Per Case
	1511	Flexible Silver Surgical Dressing	5.3" x 11" (13cm x 28cm) Adhesive 3.15" x 9.2" (8cm x 23.35cm) Pad	5 Per Box 2 Boxes Per Case
	0512	Surgical Dressing	5.5" x 12.75" (14cm x 32cm) Adhesive 3.5" x 10.5" (9cm x 27cm) Pad	5 Per Box 2 Boxes Per Case
	1512	Silver Surgical Dressing	5.5" x 12.75" (14cm x 32cm) Adhesive 3.5" x 10.5" (9cm x 27cm)	5 Per Box 2 Boxes Per Case
	0481	C-Section Dressing	4.7" x 10.2" (12cm x 26cm) Adhesive 2.7" x 8.25" (7cm x 21cm) Pad	5 Per Box 2 Boxes Per Case
	0230	MAX Film Island Dressing	2.75" x 3" (7cm x 7.6cm) Adhesive 1.25" x 1.5" (3.1cm x 3.8 cm) Pad	10 Per Box 4 Boxes Per Case
	606	MAX Film Island Dressing	5.25" x 5.25" (13.3cm x 13.3cm) Adhesive 3.5" x 3.5" (9cm x 9cm) Pad	15 Per Box 4 Boxes Per Case
	3412	MAX Film Island Dressing	3.5" x 11.75" (8.9cm x 29.8cm) Adhesive 2" x 10" (5cm x 26cm) Pad	12 Per Box 1 Box Per Case

PolyMem® Surgical dressings are not made with natural rubber latex.

PolyMem® SURGICAL

Polymem® - the proven intelligent dressing

PolyMem® dressings have helped clinicians successfully manage millions of wounds worldwide. The dressings protect the wound and ensure moist wound healing by continuously cleansing, filling, absorbing and moistening wounds, regardless if they are healing by primary or secondary intention.

PolyMem® Surgical has the ability to rapidly control inflammation, resulting in the following benefits:

CLINICIANS

- Improved compliance post-operatively
- Less chance of infection and wound breakdown
- Less reliance on analgesia
- Overall cost-benefit

PATIENTS

- Reduced pain
- Reduced edema and swelling
- Improved rehabilitation
- Overall improved clinical outcome

CONTROLLED INFLAMMATION IMPROVES OUTCOMES

PolyMem® Surgical dressings are designed to concentrate inflammation to where it is needed—in the operated tissues.[42]

Controlling the inflammatory process helps reduce secondary cell damage and pain caused by the typical swelling and bruising usually observed beyond the operative site.[42,43,44]

PolyMem® has been shown to reduce secondary cell damage by reducing the recruitment of adjacent inflammatory nerve endings (also referred to as nociceptors or free nerve endings).[42] These populous nerve endings, found in the epidermis, dermis, muscle, joints and viscera, are responsible for triggering and spreading the inflammatory reaction into surrounding uninjured tissues.[45,46,47,48,49]

The spreading of inflammation is often clinically evidenced by increased temperature, bruising, swelling, increased sensitivity to stimuli, and pain beyond the immediate zone of injury.[46,48]

PolyMem®, when placed on open or closed injuries, is believed to provide its benefits by changing the nerve responses both locally, at the injury site, and centrally at the level of the dorsal root ganglion and spinal cord.[42]

OTHER IMPORTANT BENEFITS

- PolyMem® surgical dressings, applied at the time of surgery, help improve post-surgical scar appearance.[50]
- Unique shapes for different types of surgery
- The adhesive tape seal is waterproof if properly applied, permitting patients to shower.
- PolyMem® dressings adhere well to the skin - even when moist - and provide an optimal environment for moist wound healing.

MINIMISE INFECTION AND BLISTERING

By helping to reduce swelling and bruising, PolyMem® improves blood flow to the surgical site and removal of cellular debris. All of these actions help to reduce the immediate and long-term risk of infection.[43,44,51,52,53] PolyMem® has been shown to help reduce the risk of surgical site and joint infection and virtually eliminate blistering, while dramatically reducing patients' swelling and pain.[54,55,56,57]

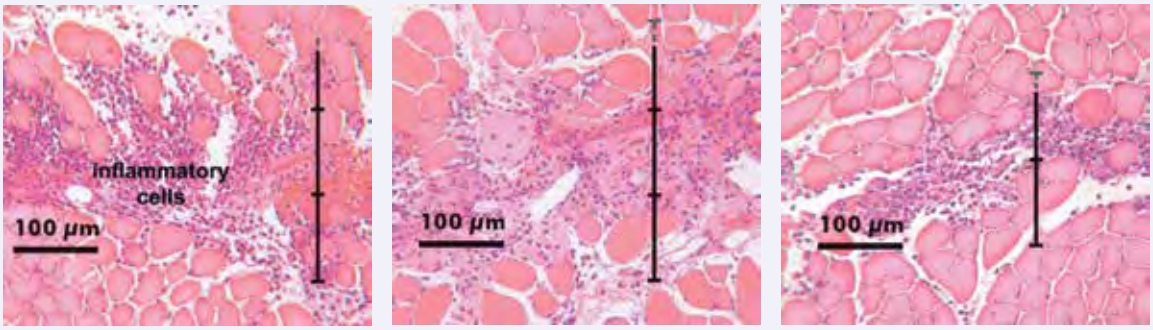
> No infections in 900 consecutive total joint replacements[53]

These dressings, applied in the operative theater, are designed to be left in place for three to five days so the incision is not exposed to potential contamination during a dressing change or visualisation prior to epithelialisation completion.[55]

For additional antibacterial action, PolyMem® Silver Surgical dressings can be used to manage incision sites.* The dressings contain high-purity, nanocrystalline silver particles which are universally distributed throughout and bound into the dressing membrane. The dressings have been found to be one of the best for use on healing tissues.[58] Other commonly specified silver dressings have been found to damage the key cells required for healing.[58]

* In tests for antimicrobial effectiveness using several in-vitro methods, PolyMem® Silver dressings killed at least 99% of the entire population of each organism tested. The bacteria and fungi tested included Klebsiella pneumoniae (ATCC# 4352), Pseudomonas aeruginosa (ATCC# 9027), Enterococcus faecalis (VRE) (ATCC# 51575), Candida albicans (ATCC# 10231), Staphylococcus aureus (MRSA) (ATCC# 33591) and Staphylococcus aureus (ATCC#6538). The organisms chosen demonstrate the antimicrobial actions of the silver formulation on relevant, representative organisms found in clinical settings.

PolyMem® helps reduce spread of inflammatory reaction into surrounding, uninjured areas



(A) Incision only **(B) Incision with gauze** **(C) Incision with PolyMem®**

This series of images shows the width of the spread of the inflammatory cells, in muscle, around an incision. The dark portion of the scale in each image (each segment is 100µm) represents the spread of the zone of the inflammatory reaction around the center line of the incision. In images A and B, there is no difference in the spread of the inflammatory reaction around the center of the injury. In image C, notice how PolyMem® reduces the spread of the inflammation into the surrounding tissue. Statistically, PolyMem® reduces the spread of the inflammatory reaction into the surrounding undamaged tissue by approximately 25 percent.[1]

SportsWrap® - Here's How it Works!

STRAINS, SPRAINS AND CONTUSIONS - WHERE THE SKIN IS INTACT

Rigorous animal research studies show that SportsWrap and PolyMem® dressings inhibit the action of nociceptors, the populous raw nerve endings found in the epidermis, thereby interrupting the mechanism of inflammation and pain.[59,60]

Study results revealed that "There is robust, reproducible and statistically significant decrease in both secondary mechanical and thermal hyperalgesia" when wounds were wrapped with polymeric membrane dressings. Human case studies have revealed dramatic reductions in edema, ecchymosis (bruising) and pain in a wide array of athletic injuries.[61] SportsWrap is non-sterile and should not be used on broken skin.

FOR OPEN WOUNDS, CREATE AN OPTIMAL HEALING ENVIRONMENT AND PROVIDE PAIN RELIEF

Where athletes have open wounds, PolyMem® or Shapes® by PolyMem® dressings can be used alone or beneath SportsWrap. Shapes are pre-cut dressings that fit wounds right out of the package. PolyMem® and Shapes are sterile, unique and drug-free dressings that have the following ingredients to help create the ideal healing environment.

BENEFITS OF SPORTSWRAP BY POLYMEM®:

- Supports the tissue, limb or joint
- Cushions and helps to protect from re-injury
- Helps to provide compression and stabilisation
- Provides gentle counterpressure to skin surface
- Is comfortably snug without restricting blood flow Insulates from thermal and mechanical shock
- Retains warmth to encourage blood flow
- Protects skin from irritating stimulation and abrasion Absorbs perspiration from skin for comfort Moisturises, lubricates and softens skin
- Drug-free* pain relief

*Both SportsWrap by PolyMem® and the PolyMem® family of wound dressings are drug-free, containing no substances on the WADA World Anti-Doping Code 2007 Prohibited List (Last Reviewed November 2006).

Glycerin

Provides moisturising and comfort

Surfactant

Cleanses the injured area

Superabsorbent

Absorbs and holds fluids

Semipermeable film backing

Protects and serves as a liquid barrier while allowing gas (02 and CO2) exchange and vapor transmission

PolyMem® and Shapes are also available with antimicrobial silver.

SportsWrap® by PolyMem® Benefits You and Your Athletes

Getting your athletes back in the game is one of your main objectives. You know how important it is to control the spread of the acute inflammatory process and regain full range of motion, muscle strength and power. What you may not know is that SportsWrap dressings have become the preferred wrap for world-renowned sports medicine professionals and elite athletes.

SportsWrap dressings were created specifically to manage athletic injuries. For you, that means quicker (more effective) management of the injury. For your athlete, that means a quicker return to game-level performance.

Sports medicine professionals worldwide in professional and amateur sports are using SportsWrap, including:

- Professional sports organisations
- Collegiate & high school teams
- Elite athletes

SPORTSWRAP WORKS IN THREE SPECIFIC STEPS TO ACCELERATE THE RETURN TO PLAY:

Acute management

In all athletic injuries, pain and inflammation run hand-in-hand. Fortunately, SportsWrap helps to inhibit the action of nociceptors to help interrupt the pain mechanism. From the onset of application, SportsWrap helps suppress the spread of inflammation, swelling and bruising, and thereby helps reduce pain. Case studies indicate that pain is often relieved within as little as 30 minutes![8, 10]

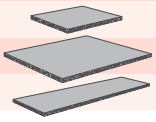
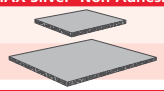
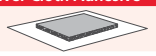
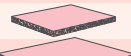
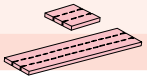
Symmetrical strength

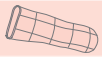
Range of motion (ROM) is directly related to levels of pain and inflammation. SportsWrap helps to localise the inflammatory reaction to the direct injury zone and helps avoid swelling into surrounding tissues. Once alleviated, ROM and strength exercises are possible.

Return to play

With an injury that is effectively treated, an athlete returns to play much more rapidly. SportsWrap helps get your athletes back in action.

PolyMem® Ordering Information

	REF	NAME/DESCRIPTION	DIMENSIONS	PACKAGING
Silver Non-Adhesive				
	1022	Silver Non-Adhesive Pad Dressing	1.8" x 1.8" (4.7cm x 4.7cm) Pad	20 per box, 5 boxes per case
	1044	Silver Non-Adhesive Pad Dressing	4.25" x 4.25" (10.8cm x 10.8cm) Pad	15 per box, 2 boxes per case
	1077	Silver Non-Adhesive Pad Dressing	6.5" x 7.5" (17cm x 19cm) Pad	15 per box, 1 box per case
	1124	Silver Non-Adhesive Pad Dressing	4.25" x 12.5" (10.8cm x 32cm) Pad	12 per box, 1 box per case
MAX Silver® Non-Adhesive				
	1045	MAX Silver Non-Adhesive Pad Dressing	4" X 4" (10cm X 10cm) Pad	8 per box, 2 boxes per case
	1088	MAX Silver Non-Adhesive Pad Dressing	8" x 8" (20cm x 20cm) Pad	5 per box, 2 boxes per case
WIC Silver® Cavity Wound Filler				
	1331	WIC Silver Cavity Wound Filler	1" x 3" (2.5cm x 7.6cm), 1.3 Grams	14 per box, 5 boxes per case
	1333	WIC Silver Cavity Wound Filler	3" x 3" (8cm x 8cm), 4 Grams	10 per box, 2 boxes per case
	1814	WIC Silver Rope	0.4" x 14" (1cm x 35cm), 3 Grams	6 per box, 2 boxes per case
Silver Cloth Adhesive				
	1766	Silver Cloth Island Dressing	6" x 6" (15cm x 15cm) Adhesive 3.5" x 3.5" (9cm x 9cm) Pad	15 per box, 2 boxes per case
Non-Adhesive				
	5022	Non-Adhesive Pad Dressing	1.8" x 1.8" (4.7cm x 4.7cm) Pad	20 per box, 5 boxes per case
	5033	Non-Adhesive Pad Dressing	3" x 3" (8cm x 8cm) Pad	15 per box, 4 boxes per case
	5044	Non-Adhesive Pad Dressing	4" x 4" (10cm x 10cm) Pad	15 per box, 4 boxes per case
	5055	Non-Adhesive Pad Dressing	5" x 5" (13cm x 13cm) Pad	15 per box, 2 boxes per case
	5077	Non-Adhesive Pad Dressing	6.5" x 7.5" (17cm x 19cm) Pad	15 per box, 2 boxes per case
	5124	Non-Adhesive Pad Dressing	4" x 12.5" (10cm x 32cm) Pad	12 per box, 1 box per case
	5244	Non-Adhesive Roll Dressing	4" x 24" (10cm x 61cm) Roll	4 per box, 2 boxes per case
	5824	Non-Adhesive Roll Dressing	8" x 24" (20cm x 60cm) Roll	2 per box, 1 box per case
MAX® Non-Adhesive				
	5035	MAX Non-Adhesive Pad Dressing	3" x 3" (7.6cm x 7.6cm) Pad	10 per box, 4 boxes per case
	5045	MAX Non-Adhesive Pad Dressing	4.5" x 4.5" (11cm x 11cm) Pad	10 per box, 2 boxes per case
	5088	MAX Non-Adhesive Pad Dressing	8" x 8" (20cm x 20cm) Pad	5 per box, 2 boxes per case
WIC® Cavity Wound Filler				
	5733	WIC Cavity Wound Filler	3" x 3" (8cm x 8cm), 4 Grams	10 per box, 4 boxes per case
	5712	WIC Cavity Wound Filler	3" x 12" (8cm x 30cm), 16 Grams	12 per box, 1 box per case
Cloth Adhesive				
	7203	Cloth Dot Dressing	2" x 2" (5cm x 5cm) Adhesive 1" x 1" (2.5cm x 2.5cm) Pad	20 per box, 5 boxes per case
	7405	Cloth Island Dressing	4" x 5" (10cm x 13cm) Adhesive 2" x 3" (5cm x 8cm) Pad	15 per box, 4 boxes per case
	7606	Cloth Island Dressing	6" x 6" (15cm x 15cm) Adhesive 3.5" x 3.5" (9cm x 9cm) Pad	15 per box, 4 boxes per case
	7031	Cloth Strip Dressing	1" x 3" (2.5cm x 8cm) Adhesive 1" x 1" (2.5cm x 2.5cm) Pad	20 per box, 5 boxes per case
	7042	Cloth Strip Dressing	2" x 4" (5cm x 10cm) Adhesive 2" x 1.5" (5cm x 4cm) Pad	20 per box, 5 boxes per case
Film Adhesive				
	203	Film Dot Dressing	2" x 2" (5cm x 5cm) Adhesive 1" x 1" (2.5cm x 2.5cm) Pad	20 per box, 5 boxes per case
	405	Film Island Dressing	3.5" x 4.5" (8.9cm x 11.4cm) Adhesive 2" x 3" (5cm x 7.6cm) Pad	15 per box, 4 boxes per case
	0230	MAX Film Island Dressing	2.75" x 3" (7cm x 7.6cm) Adhesive 1.25" x 1.5" (3.1cm x 3.8cm) Pad	10 per box, 4 boxes per case
	606	MAX Film Island Dressing	5.25" x 5.25" (13.3cm x 13.3cm) Adhesive 3.5" x 3.5" (9cm x 9cm) Pad	15 per box, 4 boxes per case
	3412	MAX Film Island Dressing	3.5" x 11.75" (8.9cm x 29.8cm) Adhesive 2" x 10" (5cm x 26cm) Pad	12 per box, 1 box per case

	REF	NAME/DESCRIPTION	DIMENSIONS	PACKAGING
Finger/Toe Dressing				
	4401	#1 Finger/Toe Dressing	#1 small; circumference 1.8" - 2.2" (46.7mm - 57.0mm)	6 per box 5 boxes per case
	4402	#2 Finger/Toe Dressing	#2 medium; circumference 2.2" - 2.6" (57.0mm - 67.2mm)	6 per box 5 boxes per case
	4403	#3 Finger/Toe Dressing	#3 large; circumference 2.6" - 3.0" (67.2mm - 77.4mm)	6 per box 5 boxes per case
	4404	#4 Finger/Toe Dressing	#4 extra large; circumference 3.0" - 3.4" (77.4mm - 87.6mm)	6 per box 5 boxes per case
	4405	#5 Finger/Toe Dressing	#5 XXL; circumference 3.4" - 3.8" (87.6mm - 97.8mm)	6 per box 5 boxes per case
	1401	#1 Silver Finger/Toe Dressing	#1 small; circumference 1.8" - 2.2" (46.7mm - 57.0mm)	6 per box 5 boxes per case
	1402	#2 Silver Finger/Toe Dressing	#2 medium; circumference 2.2" - 2.6" (57.0mm - 67.2mm)	6 per box 5 boxes per case
	1403	#3 Silver Finger/Toe Dressing	#3 large; circumference 2.6" - 3.0" (67.2mm - 77.4mm)	6 per box 5 boxes per case
	1404	#4 Silver Finger/Toe Dressing	#4 extra large; circumference 3.0" - 3.4" (77.4mm - 87.6mm)	6 per box 5 boxes per case
	1405	#5 Silver Finger/Toe Dressing	#5 XXL; circumference 3.4" - 3.8" (87.6mm - 97.8mm)	6 per box 5 boxes per case
Shapes® by PolyMem®				
	3709	Sacral Dressing	7.2" X 7.8" (18.4cm X 20.0cm) Sacral Adhesive 4.5" X 4.7" (11.4cm X 12.0cm) Pad	10 per box 2 boxes per case
	1709	Silver Sacral Dressing	7.2" X 7.8" (18.4cm X 20.0cm) Sacral Adhesive 4.5" X 4.7" (11.4cm X 12.0cm) Pad	10 per box 2 boxes per case
	8086	#8 Oval Dressing	6.5" X 8.2" (16.5cm X 20.9cm) Oval Adhesive 4.0" X 5.7" (10.1cm X 14.6cm) Pad	10 per box 2 boxes per case
	1886	#8 Silver Oval Dressing	6.5" X 8.2" (16.5cm X 20.9cm) Oval Adhesive 4.0" X 5.7" (10.1cm X 14.6cm) Pad	10 per box 2 boxes per case
	8053	#5 Oval Dressing	5.0" X 3.5" (12.7cm X 8.8cm) Oval Adhesive 3.0" X 2.0" (7.6cm X 5.0cm) Pad	15 per box 2 boxes per case
	1853	#5 Silver Oval Dressing	5.0" X 3.5" (12.7cm X 8.8cm) Oval Adhesive 3.0" X 2.0" (7.6cm X 5.0cm) Pad	15 per box 2 boxes per case
	8023	#3 Oval Dressing	2.0" X 3.0" (5.0cm X 7.6cm) Oval Adhesive 1.0" X 2.0" (2.5cm X 5.0cm) Pad	20 per box 5 boxes per case
	1823	#3 Silver Oval Dressing	2.0" X 3.0" (5.0cm X 7.6cm) Oval Adhesive 1.0" X 2.0" (2.5cm X 5.0cm) Pad	20 per box 5 boxes per case
	5335	Tube Dressing	3.5" X 3.5" (9.0cm X 9.0cm) Pad	15 per box 2 boxes per case
SportsWrap® by PolyMem®				
	9536	5"x 36" SportsWrap Roll	5" X 36" (12cm X 91cm)	4 per box 2 boxes per case
	9548	5"x 48" SportsWrap Roll	5" X 48" (12cm X 121cm)	3 per box 2 boxes per case

Information for patients/FAQ's

WHAT IS POLYMEM®?

PolyMem® is a soft, absorbent, conformable dressing with moisturising and wound cleansing ingredients. It is designed to help control inflammation, relieve soreness and reduce wound pain and swelling.

WHICH WAY IS THE DRESSING APPLIED?

The dressing should be applied film side out so that the printing is visible.

HOW IS THE DRESSING HELD IN PLACE?

The dressing should be applied film-side out so that the printing is visible. PolyMem WIC has no film backing, as it is designed for use in wounds with shallow depths, tunnels, or cavities. Apply to the tunneling wound, leaving a tail for removal.

IF YOU ARE CHANGING YOUR OWN DRESSINGS

1. Wash the wound and the surrounding skin gently with lukewarm water or the solutions prescribed by your Healthcare Professional and pat dry
2. If necessary, cut the dressing to size and shape making sure to cut the dressing larger than your wound
3. Place the plain side of the dressing onto the wound and skin with printing side facing upwards
4. Secure the dressing as shown by your Healthcare Professional

HOW OFTEN SHOULD THE DRESSING BE CHANGED?

Your Healthcare Professional will advise how often you need to change your dressing.

AS A GUIDE: Dressing change is ideally required when the absorbed fluid is visible through the upper side of the dressing (the side with printing on it). If your wound is wet, it may need to be changed more frequently.

PolyMem dressings are indicated for a 7-day wear time.

IS AN INCREASE IN WOUND FLUID AND ODOUR NORMAL?

PolyMem's® mode of action can often increase the amount of wound fluid, which can have a distinct odour. This is not uncommon and indicates that the dressing is working. When this happens, the dressing should be changed more frequently.

WILL IT BE PAINFUL?

Due to its unique ingredients, you should not experience any pain with PolyMem®.

WILL THE DRESSING STICK?

It is unusual for this to happen, but if it does, gently lift one corner of the dressing and apply water or saline solution rinse to help loosen the dressing.

CAN CREAMS/EMOLLIENTS BE USED UNDER THE DRESSING?

No. Creams/emollients or other dressings/agents should not be under the dressing.

IS THE DRESSING SHOWERPROOF?

You may shower with the adhesive dressing, but do not submerge them in a bath. With a non-adhesive dressing, you may shower only if the tape or securement device is waterproof.

CAN THE DRESSING BE CUT?

The non-adhesive dressing can be cut; however, your Healthcare Professional will have already selected the variation and size most appropriate to you and your wound.

HOW SHOULD THE DRESSING BE STORED?

It should be stored in a dry area at normal room temperature.

WHY IS MY WOUND PRODUCING MORE FLUID?

A dramatic increase in wound fluid may be observed during the first few days due to modulation of the inflammatory signalling cascade. This is not uncommon and indicates that the dressing is working.

This is a product overview and does NOT replace advice or guidance provided by your Healthcare Professional. Please contact your Healthcare Professional if you need further advice

Be alert for signs and symptoms such as:

- An increase in redness, swelling or pain
- A sudden change in colour of the wound fluid (remember, yellow is normal)
- If the amount of wound fluid requires you to change your dressing more than once a day
- Any other effects that cause you discomfort

If you notice any of the above, contact your Healthcare Professional immediately.

References

1. Clay CS, Chen WYJ. Wound pain: the need for a more understanding approach. Journal of Wound Care. April 2005;14(4):181-184

2. Abraham SE. Pain Management in wound care. Podiatry Management. June/July 2006:165-168

3. Wulf H, Baron R. The Theory of Pain In European Wound Management Association Position Document Pain at Wound Dressing Changes, Medical Education Partnership, London UK, 2002; page 8-11

4. Levine JD, Reichling DB. Chapter 2 Peripheral Mechanisms of Inflammatory Pain. In Wall PD, Melzak R, Editors. Textbook of Pain. 4th edition. Edinburgh, UK: Churchill Livingstone, 1999; pages 59-84

5. Fields HL. Chapter 1 Introduction & Chapter 2 The Peripheral Pain Sensory System In Pain. New York; McGraw-Hill, 1987; pages 1-40

6. Holzer P , Maggi CA. Dissociation of Dorsal Root Ganglion Neurons into Afferent and Efferent-like Neurons. Neuroscience, 1998; 86(2):389-398

7. Kumazawa T. Primitivism and plasticity of pain-implication of polymodal receptors. Neuroscience Research. 1998;32:9-31

8. Kahn AR, Sessions RW and Aposova EV. A Superficial Cutaneous Dressing Inhibits Pain, Inflammation and Swelling In Deep Tissues; Poster # 600 World Pain Conference, July 15-21, 2000. Pain Medicine 2000; 1(2):187

9. Hayden JK, Cole BJ. The effectiveness of a pain wrap compared to a standard dressing on the reduction of post-operative morbidity following routine knee arthroscopy: A prospective randomized single blind study. Orthopedics, 2003;26:59-63

10. Beitz AJ, Newman A, Kahn AR, Ruggles T, Eikmejer L. A Polymeric Membrane Dressing With Antinociceptive Properties: Analysis With a Rodent Model of Stab Wound Secondary Hyperalgesia; The Journal of Pain, February, 2004;5(1):38-47

11. Wilson D. Skin Tear Healing Improved through the use of PolyMeric Membrane Dressings*. 2006 Symposium on Advanced Wound Care & Medical Research Forum on Wound Repair 19th Annual SAWC Meeting, San Antonio, TX. April 30-May 3, 2006. Poster #341. HMP Communications.

12. Payne RL, Martin ML. The epidemiology and management of skin tears in older adults. Ostomy Wound Management. 1990; 26:26-37.

13. Cuzzell, J. Wound assessment and Evaluation. Dermatology Nursing. 2002; 14(6):405.

14. McGough-Csarny J, Kopac C. Skin Tears in institutionalized elderly: An epidemiological study. Ostomy Wound Management. 1998; 44(3A):14S-25S.

15. Baranoski S. Skin Tears: the enemy of frail skin. Advances in Skin and Wound Care. 2000;13(3):123-126.

16. ADA (2008) "Nutrition care manual." Volume, DOI

17. Krasner DL, Rodeheaver GT. et al. (2007). Chronic wound care: a clinical source book for health professionals. Malvern, PA, HMP Communications.

18. Bryant A, Nix DP, Eds (2007). Acute & chronic wounds current management concepts. St. Louis, MO, Mosby.

19. Langemo DK, Brown G. (2006). "Skin fails too: acute, chronic, and end-stage skin failure." Adv Skin Wound Care 19(4):206-11.

20. Bergstrom N, Braden B. (1992). "A prospective study of pressure sore risk among institutionalized elderly." J Am Geriatr Soc. 40(8):747-58.

21. Allman RM. (1997). "Pressure injury prevalence, incidence, risk factors, and impact." Clin Geriatr Med. 13(3):421-36.

22. Gallagher S. (2005). "The challenges of obesity and skin integrity." Nurs Clin North Am. 40(2):325-35.

23. Keelaghan E, Margolis D, et al. (2008). "Prevalence of Pressure Injuries on hospital admission among nursing home residents transferred to the hospital." Wound Repair Regen. 16(3):331-6.

24. Baranoski S, Ayello EA. (2008). Wound care essentials: practice principles. Philadelphia, Lippincott Williams & Wilkins.

25. Beitz AJ, Newman A, Kahn AR, Ruggles T, Eikmejer L. A Polymeric Membrane Dressing With Antinociceptive Properties: Analysis With a Rodent Model of Stab Wound Secondary Hyperalgesia; The Journal of Pain, February, 2004;5(1):38-47

26. Yastrub D. Heel injury in hospice patient closed quickly using PolyMem® Silver QuadraFoam dressings. WOCN 40th Annual Conference. Poster #2266. June 21-25, 2008. Orlando, FL USA.

27. Wilson D. PolyMem® Silver dressings used to promote healing of multiple small stalled Pressure Injuries to complete closure. 3rd Congress of the World Union of Wound Healing Societies. Poster #PF408. June 4-8, 2008. Toronto, Ontario Canada.

28. Foresman PA, Etheridge CA, Rodeheaver G. A wound dressing evaluation on partial-thickness rat wounds. Symposium on Advanced Wound Care Health Management Publications, Inc., 1991 Annual Meeting Poster Presentation.

29. PolyMem® Instructions for Use. FMC-5935.

30. DR, Diebold MR, Eggemeyer LM. A controlled, randomized, comparative study of a radiant heat bandage on the healing of stage 3-4 Pressure Injuries: a pilot study. J Am Med Dir Assoc. 2005 Jan-Feb;6(1):46-9.

31. Ratliff CR, Rodeheaver GT. Pressure injury assessment and management. Lippincotts Prim Care Pract. 1999 Mar-Apr;3(2):242-58.

32. Burd A, Kwok CH, Hung SC, Chan HS, Gu H, Lam WK, Huang L. A comparative study of the cytotoxicity of silver-based dressings in monolayer cell, tissue explant, and animal models. Wound Repair & Regeneration 2007 Jan-Feb; 15(1):94-104.

33. Aganthangelou C. Unique dressings provides nutrients for wound closure in a profoundly malnourished patient. NPUAP 11th Annual Biennial Conference. Poster #36. Arlington, VA USA.

34. Agathangelou C. Huge sacral pressure injury closed in four months using silver polymeric membrane cavity filler and dressings. NPUAP 11th Annual Biennial Conference. Poster #40. Arlington, VA USA.

35. Agathangelou C. Large necrotic malodorous pressure injury closed using unique silver dressings. NPUAP 11th Annual Biennial Conference. Poster #35. Arlington, VA USA.

36. Wilson D. Heel Pressure Injury in Non-compliant patient cleaned up quickly and closed in ten weeks. NPUAP 11th Annual Biennial Conference. Poster #44. Arlington, VA USA.

37. Bergan JJ, Schmid-Schonbein GW, Coleridge Smith PD, Nicolaides AN, Boisseau MR, Eklof B. Chronic Venous Disease. New England Journal of Medicine 2006 Aug;355:488-98.

38. Chen WY, Rogers AA. Recent insights into the causes of chronic leg ulceration. Wound Repair and Regeneration 2007 Jul-Aug;15(4):434-49.

39. Orstead HL, Radke L, Gorst R. The impact of musculoskeletal changes on the dynamics of the calf muscle pump. Ostomy Wound Management 2001 Oct;47(10):18-24.

40. Valencia IC, Falabella A, Kirsner RS, Eaglstein WH. Chronic Venous Insufficiency and venous leg ulceration. Journal of the American Academy of Dermatology 2001 March;44(3):401-21.

41. Hofman D, Ryan TJ, Arnold F, Cherry GW, Lindholm C, Bjellerup M, Glynn C. Pain in venous leg ulcers. Journal of Wound Care 1997 May;6(5):222-4.

42. Beitz, AJ, Newman A, Kahn AR, Ruggles T, Eikmeier L. A Polymeric Membrane Dressing with Antinociceptive Properties: Analysis with a Rodent Model of Stab Wound Secondary Hyperalgesia. The Journal of Pain. Feb 2004;5(1):38-47

43. Knight KL. Chapter 3. Inflammation and Wound Repair In Cryotherapy in Sport Injury Management. Human Kinetics. 1995. Champaign, IL

44. Merrick MA. Secondary injury after musculoskeletal trauma: a review and update. Journal of Athletic Training 2002;37(2):209-217

45. Clay CS, Chen WYJ. Wound pain: the need for a more understanding approach. Journal of Wound Care. April 2005;14(4):181-184

46. Abraham SE. Pain Management in wound care. Podiatry Management. June/July 2006:165-168

47. Wulf H, Baron R. The Theory of Pain in European Wound Management Association Position Document Pain at Wound Dressing Changes, Medical Education Partnership, London UK, 2002; page 8-11

48. Levine JD, Reichling DB. Chapter 2 Peripheral Mechanisms of Inflammatory Pain. In Wall PD, Melzak R, Editors. Textbook of Pain. 4th edition. Edinburgh, UK: Churchill Livingstone, 1999. pages 59-84.

49. Fields HL. Chapter 1 Introduction & Chapter 2 The Peripheral Pain Sensory System In Pain New York; McGraw-Hill 1987 pages 1-40

50. Sesions R. Acute wounds closed pain-free and with invisible scars through use of drug-free polymeric membrane dressings. Poster 2010 WOCN/ WCET Joint conference. Poster #4612. June 13-16, 2010. Phoenix, Arizona USA.

51. Brook I. Clinical clues to diagnosis of anaerobic infections http://www.medscape.com/ viewarticle/495997 accessed July 18, 2010

52.Wolcott RD, Rhoads DD, Dowd SE. Biofilms and chronic wound inflammation. Journal of Wound Care 2008; 17(8):333-341

53. Dow G, Browne A, Sibbald R.G. Infection in chronic wounds: Controversies in diagnosis and treatment. Ostomy/Wound Management 1999:45(8):23-40

54. Dawson N. Lewis C. Total joint replacement surgical site infections eliminated by using multifunctional dressing. 900 cases report over 4 years. Poster. Australian College of operating room Nurses (ACORN) May 19-22, 2010. Perth, Australia

55. Rosevear C, Dott J, Lazarus R. Reducing risk of post-operative complications after joint replacement surgery. Poster. Australian College of operating room Nurses (ACORN) May 19-22, 2010. Perth, Australia

56. Schmid P. Reduction of edema and pain on surgical wounds with polymeric membrane dressings. Poster. European Wound Management Association (EWMA) Poster #P317. May 26-28, 2010. Geneva, Switzerland

57. Burkhard R Efficient reduction of swelling and bruising on severe sports injuries when using polymeric membrane dressings. Poster. European Wound Management Association (EWMA) Poster #P218. May 26-28, 2010. Geneva, Switzerland

58. Burd A, Kwok CH, Hung SC, Chan HS, Gu H, Lam WK, Huang L. A Comparative Study of the Cytotoxicity of Silver-Based Dressings in Monolayer Cell, Tissue Explant, and Animal Models. Wound Repair and Regeneration. Jan-Feb 2007; 15(1):94-104

59. Alvin J. Beitz, PhD, Allison Newman, Alan R. Kahn, M.D., Timothy Ruggles & Laura Eikmejer. A Polymeric Membrane Dressing With Antinociceptive Properties: Analysis With a Rodent Model of Stab Wound Secondary Hyperalgesia; The Journal of Pain, February, 2004; 5(1):38-47.

60.Alan R. Kahn, M.D. A Superficial Cutaneous Dressing Inhibits Pain, Inflammation and Swelling In Deep Tissues; World Pain Conference, July 15-21, 2000.

61. Results obtained from human case study experience.

PolyMem® proudly supporting DEBRA Australia

DEBRA Australia is a national charity supporting individuals and families affected by Epidermolysis Bullosa (EB).

They provide essential support services, medical supplies, equipment, and assistance with transitioning to independent living. Additionally, they fund research to improve the quality of life for those living with this debilitating and sometimes fatal condition.

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