TODAY’S WOUND CARE TREATMENTS

SilvaSorb • Opticell Ag⁺ • TheraHoney • Optifoam • Marathon • Skintegrity

Exuderm OdorShield • Suresite • Stratasorb • Optiva Gentle • Maxorb Extra

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

Medfix • Bordered Gauze • TenderWet Active • Optifoam Ag⁺ • Maxorb Extra Ag⁺

FourFlex • Opticell • Puracol Plus Ag⁺ • Versatel • Derma-Gel • OptiLock • Gentac

November 2013
TODAY’S WOUND CARE TREATMENTS

Wound care professionals face many challenges. That’s why Medline offers a wide variety of products and programs that comprise a complete and cost-effective solution.

Throughout this catalog, you’ll find evidence-based products, information and resources, all organized around the DIMES® system of wound bed preparation and treatment. This organization method is intended to help the user match the right product with the situation.

DIMES – FOR SUCCESSFUL CHRONIC WOUND CARE

DIMES is part of a wound bed preparation (WBP) paradigm for optimizing local wound care.1,2,3,4,5 After addressing patient-centered concerns and the cause of the wound, DIMES helps you implement effective treatments and make the best use of valuable resources.

Evidence Based References
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ABOUT TENDERWET ACTIVE

- Solution is released as exudate is absorbed, providing an autolytic debriding process¹
- Absorbs and retains microorganisms²
- Uses physiologically-compatible Ringer’s solution³
- More effective than wet gauze therapy⁴
- Will not stick to wound bed, which helps ease the pain of dressing changes⁵
- Cost-effective⁴,⁶
- Helps create an ideal moist 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
- 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
- Bordered Gauze
- Stratasorb® Composite
ORDERING INFORMATION

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

### TENDERWET ACTIVE  *Ideal for shallow wounds with necrotic tissue*

<table>
<thead>
<tr>
<th>Item Number</th>
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<td>7/bx, 6 bx/cs</td>
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### TENDERWET ACTIVE CAVITY  *Ideal for all wounds with necrotic tissue*

<table>
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TenderWet provides a moist wound environment to help promote autolytic debridement of necrotic tissue

References

THERAHONEY®
Medical Grade Honey

ABOUT THERAHONEY

• Made of 100% medical grade honey (Leptospermum scoparium)1
• Promotes autolytic debridement via high sugar levels (87%)2,3,4
• Helps rapidly reduce odor2,4
• Creates a moist wound healing environment4
• Should be paired with an occlusive, absorbent dressing5
• Compatible with silver dressings and wound cleanser surfactants6

INDICATIONS
• Partial or full-thickness wounds
• Wounds with no-to-minimal drainage
• Leg ulcers
• Pressure ulcers
• First- and second-degree burns
• Diabetic foot ulcers
• Surgical and trauma wounds
• Minor abrasions, lacerations, and cuts
• Minor scalds and burns

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

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

RECOMMENDED SECONDARY DRESSINGS
• Stratasorb® Composite
• Optifoam® Adhesive
• Optifoam® Gentle
• OptiLock®
• Optiva® Gentle/Optiva Border

DID YOU KNOW?

TheraHoney draws fluid from the wound bed encouraging autolytic debridement. Use OptiLock in conjunction with TheraHoney for optimal absorbency. For more information on OptiLock, see pg. 46.
ORDERING INFORMATION

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

**THERAHONEY GEL**  *Ideal for partial and full-thickness wounds at all drainage levels*

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<tr>
<td>MNK0005</td>
<td>0.5 oz Tube (14.2 g)</td>
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<td>1.5 oz Tube (42.5 g)</td>
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**THERAHONEY SHEET**  *Ideal for easy handling and application*

<table>
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<td>4&quot; x 5&quot; Sheet (10.2 cm x 12.7 cm)</td>
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**THERAHONEY HD**  *200 percent more honey per sheet*

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<tr>
<td>MNK0082</td>
<td>2&quot; x 2&quot; Sheet (5.1 cm x 53.1 cm)</td>
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<tr>
<td>MNK0087</td>
<td>4&quot; x 5&quot; Sheet (10.2 cm x 12.7 cm)</td>
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<tr>
<td>MNK0089</td>
<td>1&quot; x 12&quot; Ribbon (1.9 cm x 30.5 cm)</td>
<td>Pending 10/bx</td>
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The graph above represents how the osmotic action of Manuka honey draws exudate from subcutaneous tissue to the wound surface, removing debris, slough and necrotic tissue.

**References**

ARGLAES®
Antimicrobial Silver Powder and Film

Recommended Wound Conditions
- Shallow
- Deep
- Primary dressing
- Secondary dressing
- No/minimal drainage
- Minimal/moderate drainage
- Moderate/heavy drainage

Powder/Film
Powder
Film

ABOUT ARGLAES
- Manages bacterial burden
- Continuous antimicrobial protection
- Extended wear time
- Non-staining
- Can convert any other dressing to an antimicrobial (Arglaes Powder)

Sustained-Release

Staphylococcus aureus
Greater than 90% reduction in viable bacterial numbers after 48 hours.

Escherichia coli
Greater than 90% reduction in viable bacterial numbers after 48 hours.

Fecal streptococcus
Greater than 90% reduction in viable bacterial numbers after 48 hours.

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

INDICATIONS
- Pressure ulcers
- Diabetic foot ulcers
- Partial and full-thickness wounds
- Leg ulcers
- Central lines, CVPs and PICC lines (Arglaes Film only)
- Surgical wounds (Arglaes Film only)
- Negative pressure wound therapy (Arglaes Powder only)
- 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
- Do not use topical antibiotics in conjunction with Arglaes

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 (POWDER ONLY)
- Stratasorb® Composite
- Bordered Gauze
- Suresite® 123+Pad
ORDERING INFORMATION

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

### ARGLAES POWDER  Ideal for difficult to dress wounds

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<td>MSC9210</td>
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To order by the box, add “Z” to the end of the item number.

### ARGLAES FILM  Ideal for post-op incisions and line sites

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<td>MSC9023</td>
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<td>MSC9045</td>
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### ARGLAES ISLAND  Manages fluid and bioburden

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<td>MSC9145</td>
<td>4&quot; x 4.75&quot; (10.2 cm x 12.1 cm), 2&quot; x 2&quot; (5.1 cm x 5.1 cm) Pad</td>
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<tr>
<td>MSC9169</td>
<td>4.75&quot; x 10&quot; (12.1 cm x 25.4 cm), 2.75&quot; x 8&quot; (7 cm x 20.3 cm) Pad</td>
<td>A6197</td>
<td>10/bx, 5 bx/cs</td>
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References
1. Internal report on file.
IN VITRO ANTIBACTERIAL EFFICACY OF OPTICELL AG+
Opticell Ag+ has been shown to kill effectively microorganisms for up to a 7 days, including:\(^1\)

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

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

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

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

RECOMMENDED SECONDARY DRESSINGS
- Bordered Gauze
- Stratasorb\(^\circledast\) Composite
- Optifoam\(^\circledast\) Adhesive
- Optifoam\(^\circledast\) Gentle
- Optiva\(^\circledast\) Gentle
ORDERING INFORMATION

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

### OPTICELL AG+ GELLING FIBER SHEETS

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

<table>
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<tr>
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<td>Opticell Ag+, 4” x 5” (10.2 cm x 12.7 cm)</td>
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<td>MSC9866EP</td>
<td>Opticell Ag+, 6” x 6” (15.2 cm x 15.2 cm)</td>
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<td>MSC98812EP</td>
<td>Opticell Ag+, 8”x12” (20.32 cm x 15.2 cm)</td>
<td>A6198</td>
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### OPTICELL AG+ GELLING FIBER RIBBON

*For moderate to heavily draining wounds*

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<tr>
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<td>A6199</td>
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</table>
MAXORB® EXTRA AG+
Antimicrobial Silver Alginate

Recommended Wound Conditions
- Shallow
- No/minimal drainage
- Primary dressing
- Deep*
- Moderate/heavy drainage
- Secondary dressing

*Maxorb Extra Ag+ Rope is designed for deep wounds

ABOUT MAXORB AG+
- Helps manage bacterial burden\(^1,2\)
- Controlled-release ionic silver
- Cost-effective\(^4\)
- Easy dressing changes
- Highly absorbent\(^5\)
- Superior fluid handling\(^5\)
- Reduces odor\(^6\)
- Fluid will not wick laterally
- Up to 21-day antimicrobial protection\(^1,3\)

INDICATIONS
- Pressure ulcers\(^6,7\)
- Leg ulcers
- First- and second-degree burns\(^8\)
- 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 alginate or silver
- To control heavy bleeding
- As a surgical implant

CHANGE FREQUENCY
- Maxorb Extra Ag\(^+\) may be left in place for up to 21 days\(^9\)
- Dressing change frequency will depend on amount of drainage

RECOMMENDED SECONDARY DRESSINGS
- Stratasorb\(^\text{®}\) Composite
- Bordered Gauze
- Suresite\(^\text{®}\) 123+Pad

Modified ASEPSIS Index\(^6\)

Asepsis index is a measure of 10 wound healing parameters. A lower score is preferable.
MAXORB EXTRA AG+ RIBBON  For moderate to heavily draining wounds

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<td>A6199</td>
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</table>

ORDERING INFORMATION

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

References
Recommended Wound Conditions

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

ABOUT MAXORB ES AG+

- Helps manage bacterial burden\(^1\,^2\)
- Reinforced silver alginate ribbon
- Controlled-release ionic silver
- Ribbon is ideal for tunneling or undermining wounds
- Highly absorbent\(^5\)
- Superior fluid handling\(^5\)
- Reduces odor\(^6\)
- Fluid will not wick laterally
- Up to 21-day antimicrobial protection\(^1\,^3\)

INDICATIONS

- Pressure ulcers\(^6\,^7\)
- Leg ulcers
- First- and second-degree burns\(^8\)
- 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 alginate or silver
- To control heavy bleeding
- As a surgical implant

CHANGE FREQUENCY

- Maxorb ES Ag\(^+\) may be left in place for up to 21 days\(^9\)
- Dressing change frequency will depend on amount of drainage

RECOMMENDED SECONDARY DRESSINGS

- Stratasorb\(^\circledR\) Composite
- Bordered Gauze
- Suresite\(^\circledR\) 123+Pad
ORDERING INFORMATION

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

MAXORB ES AG+ RIBBON For moderate to heavily draining wounds

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC1918EP</td>
<td>.75&quot; x 18&quot; (1.9 cm x 45.7 cm)</td>
<td>A6199</td>
<td>5/bx, 10 bx/cs</td>
</tr>
</tbody>
</table>

Maximum Wear Time

References

OPTIFOAM® AG+
Antimicrobial Silver Foam

Recommended Wound Conditions
- Shallow
- No/minimal drainage
- Primary dressing
- Deep
- Moderate/heavy drainage
- Secondary dressing

ABOUT OPTIFOAM AG+
- Ionic silver provides an antimicrobial barrier\(^1\)
- Continuous antimicrobial protection\(^1\)
- Highly absorbent\(^1\)
- Conformable\(^1\)
- Can manage repeated bacteria introduction
- Non-staining
- Moisture vapor transmission rate (MVTR) adjusts to fluid level
- Helps create an ideal healing environment
- Waterproof outer layer
- Low friction and shear outer layer

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

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

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\(^\text{®}\) Tape
- Gentac\(^\text{®}\) Tape
- Elastic Net
- Medigrip\(^\text{®}\) Tubular Bandage

Fluid Handling Comparative Study\(^1\)

Powerful ability to manage wound fluids.

References
\(^1\) Data on file.
ORDERING INFORMATION

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

### OPTIFOAM AG⁺ ADHESIVE
*For wounds with intact periwound skin*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
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<th>Packaging</th>
</tr>
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<tbody>
<tr>
<td>MSC9604EP</td>
<td>4&quot; x 4&quot; (10.2 cm x 10.2 cm), 2.5&quot; x 2.5&quot; (6.4 cm x 6.4 cm) Pad</td>
<td>A6212</td>
<td>10/bx, 10 bx/cs</td>
</tr>
</tbody>
</table>

### OPTIFOAM AG⁺ SACRAL
*Ideal for sacral wounds needing an antimicrobial barrier*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC9606EP</td>
<td>6&quot; x 5.5&quot; (15.2 cm x 14.2 cm)</td>
<td>A6212</td>
<td>10/bx, 10 bx/cs</td>
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</tbody>
</table>

### OPTIFOAM AG⁺ NON-ADHESIVE
*For wounds with fragile periwound skin*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC9614EP</td>
<td>4&quot; x 4&quot; (10.2 cm x 10.2 cm)</td>
<td>A6209</td>
<td>10/bx, 10 bx/cs</td>
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</table>

### 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

![Bar graph showing comparison of surviving colony forming units](image)

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

¹ Comparative Antimicrobial Effect Study: Optifoam Ag⁺ has the least number of surviving colony forming units at 4 hours.
**OPTIFOAM® GENTLE AG+**
Antimicrobial Silver Foam with Silicone Adhesive Border

### Recommended Wound Conditions
- Shallow
- Deep
- No/minimal drainage
- Moderate/heavy drainage
- Primary dressing
- Secondary dressing

### ABOUT OPTIFOAM GENTLE AG+
- Silicone border provides gentle adhesion
- Highly conformable\(^1\) border can be lifted and reapplied
- Moisture vapor transmission rate (MVTR) adjusts to fluid level
- Ionic silver provides an antimicrobial barrier\(^1\)
- Can manage repeated bacteria introduction
- Continuous antimicrobial protection\(^1\)
- Helps create an ideal healing environment
- Waterproof outer layer
- Highly absorbent\(^1\)
- Non-staining
- Low friction and shear outer layer

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

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

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

### RECOMMENDED SECONDARY DRESSINGS
- N/A

---

References
## ORDERING INFORMATION

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

**OPTIFOAM GENTLE AG+ Absorbent, gentle, antimicrobial barrier**

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
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<td>4” x 4” (10.2 cm x 10.2 cm), 2.5” x 2.5” (6.4 cm x 6.4 cm) Pad</td>
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<td>10/bx, 10bx/cs</td>
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<tr>
<td>MSC9766EP</td>
<td>6” x 6” (15.2 cm x 15.2 cm), 4.5” x 4.5” (11.4 cm x 11.4 cm) Pad</td>
<td>A6213</td>
<td>10/bx, 10bx/cs</td>
</tr>
</tbody>
</table>
**Optifoam® AG+ Post-Op Strip**

Antimicrobial Silver Post-Op Foam

---

**Recommended Wound Conditions**
- Shallow No/minimal drainage Primary dressing
- Deep Moderate/heavy drainage Secondary dressing

---

**About Optifoam AG+ Post-Op Strips**
- Ionic silver provides antimicrobial barrier over incision sites
- Continuous antimicrobial protection
- Highly absorbent
- Thin, comfortable adhesive border
- Can manage repeated bacteria introduction
- Non-staining
- Silicone adhesive border (only for Optifoam Gentle Ag+ Post-Op)

---

**Indications**
- Incision sites

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

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

---

**Recommended Secondary dressings**
- N/A

---

**DID YOU KNOW?**

Sureprep® No-Sting skin protectant ensures proper adhesion and removal of Optifoam Ag+ Post-Op Strip.

For more information about Sureprep No-Sting, see pg. 68.

---

**References**
ORDERING INFORMATION

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

OPTIFOAM AG⁺ POST-OP An all-in-one dressing for post-operative wounds

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
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<th>Packaging</th>
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<tbody>
<tr>
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<td>3.5&quot; x 6&quot; (8.9 cm x 15.2 cm), 1.5&quot; x 4&quot; (3.8 cm x 10.2 cm) Pad</td>
<td>A6212</td>
<td>10/bx, 10 bx/cs</td>
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<tr>
<td>MSC96310</td>
<td>3.5&quot; x 10&quot; (8.9 cm x 25.4 cm), 1.5&quot; x 8&quot; (3.8 cm x 20.3 cm) Pad</td>
<td>A6212</td>
<td>10/bx, 10 bx/cs</td>
</tr>
<tr>
<td>MSC96314</td>
<td>3.5&quot; x 14&quot; (8.9 cm x 35.6 cm), 1.5&quot; x 12&quot; (3.8 cm x 30.5 cm) Pad</td>
<td>Pending</td>
<td>10/bx, 10 bx/cs</td>
</tr>
</tbody>
</table>

OPTIFOAM GENTLE AG⁺ POST-OP An all-in-one dressing with a silicone adhesive border for post-operative wounds

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
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<tr>
<td>MSC9736</td>
<td>3.5&quot; x 6&quot; (8.9 cm x 15.2 cm), 1.5&quot; x 4&quot; (3.8 cm x 10.2 cm) Pad</td>
<td>Pending</td>
<td>10/bx, 10 bx/cs</td>
</tr>
<tr>
<td>MSC97310</td>
<td>3.5&quot; x 10&quot; (8.9 cm x 25.4 cm), 1.5&quot; x 8&quot; (3.8 cm x 20.3 cm) Pad</td>
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<tr>
<td>MSC97314</td>
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<td>Pending</td>
<td>10/bx, 10 bx/cs</td>
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</tbody>
</table>

Comparative Antimicrobial Effect Study

Comparative Antimicrobial Effect Study

4 hrs. at 37°C exposure to 4 sq cm of each dressing

10⁶ - 10⁷ Colony Forming Units (CFUs) initial population

<table>
<thead>
<tr>
<th>Colony Forming Units</th>
<th>MRSA</th>
<th>P. aeruginosa</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Optifoam Ag⁺ has the least number of surviving colony forming units at 4 hours.
SILVASORB®
Antimicrobial Silver Hydrogel and Hydrogel Sheet

ABOUT SILVASORB
• Helps manage bacterial burden\(^1,2\)
• Continuous antimicrobial protection\(^1,3\)
• Non-staining\(^1\)
• Gentle for the patient\(^4,5\)
• Advanced fluid management\(^1\)
• Extended wear time\(^3,6,7\)

Survival Curve with SilvaSorb\(^1\)

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

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

CONTRAINDICATIONS
• Individuals 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
• Suresite® 123+Pad

References
ORDERING INFORMATION

To order by the tube or jar, add “H” to the end of the item number.

**SILVASORB GEL**  
For lightly draining wounds in need of an antimicrobial barrier

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC93025EP</td>
<td>0.25 oz Tube</td>
<td>A6248</td>
<td>25/bx</td>
</tr>
<tr>
<td>MSC9301EP</td>
<td>1.5 oz Tube</td>
<td>A6248</td>
<td>12/cs</td>
</tr>
<tr>
<td>MSC9303EP</td>
<td>3 oz Tube</td>
<td></td>
<td>12/cs</td>
</tr>
<tr>
<td>MSC9308EP</td>
<td>8 oz Tube</td>
<td>A6248</td>
<td>6/cs</td>
</tr>
<tr>
<td>MSC9316EP</td>
<td>16 oz Net Weight Jar</td>
<td>A6248</td>
<td>8/cs</td>
</tr>
</tbody>
</table>

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

**SILVASORB SITE**  
For IV catheters, central venous and arterial lines, dialysis catheters and orthopedic pin sites

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC9310EP</td>
<td>1&quot; (2.5 cm) Circular with Slit</td>
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<td>30/cs</td>
</tr>
<tr>
<td>MSC9320EP</td>
<td>1.75&quot; (4.5 cm) Circular with Slit</td>
<td>A6242</td>
<td>30/cs</td>
</tr>
</tbody>
</table>

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

**SILVASORB SHEETS**  
For flat wounds with no to moderate drainage

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC9322EP</td>
<td>2&quot; x 2&quot; (5.1 cm x 5.1 cm)</td>
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<td>5/bx, 5 bx/cs</td>
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<tr>
<td>MSC9344EP</td>
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<tr>
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<td>A6243</td>
<td>5/bx, 5 bx/cs</td>
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</tbody>
</table>

**SILVASORB PERFORATED SHEETS**  
For flat wounds with moderate to heavy drainage

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>MSC93410EP</td>
<td>4&quot; x 10&quot; (10.2 cm x 25.4 cm)</td>
<td>A6243</td>
<td>5/bx, 5 bx/cs</td>
</tr>
</tbody>
</table>

**SILVASORB CAVITY**  
For cavity wounds with all drainage levels

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC9360EP</td>
<td>6 g wound filler</td>
<td>A6262</td>
<td>5/bx, 5 bx/cs</td>
</tr>
</tbody>
</table>
DERMA-GEL®
Hydrogel Sheet

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

CONTRAINDICATIONS
• Patients with known hypersensitivity to glycerine

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
• Medigrip® Tubular Bandage

ABOUT DERMA-GEL
• Manages bacterial burden
• Highly absorbent
• Contains 65% glycerine
• Cushions and protects wound
• Helps create moist wound environment
• Easy to apply and remove

DID YOU KNOW?
Medigrip® provides a gentle way to keep Derma-Gel in place. For more information on Medigrip, see pg. 58.

References
2. Independent study performed by NAMSA, Northwood, Ohio.
ORDERING INFORMATION

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

**DERMA-GEL**  *Provides cooling and padding effect*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>NON8000</td>
<td>4” x 4” (10.2 cm x 10.2 cm)</td>
<td>A6242</td>
<td>25/bx, 4 bx/cs</td>
</tr>
</tbody>
</table>

**Absorption Comparison**

Derma-Gel has a very high absorption capacity.
EXUDERM ODORSHIELD®
Hydrocolloid Wound Dressing
with Odor Control

Recommended Wound Conditions
- Shallow
- No/minimal drainage
- Primary dressing
- Deep
- Moderate/heavy drainage
- Secondary dressing

ABOUT EXUDERM ODORSHIELD
- Absorbs odor with cyclodextrin technology\(^1,2\)
- Not inactivated by wound protein\(^2\)
- Manages drainage\(^3\)
- Longer wear time
- Low residue formula\(^4\)
- Protective, occlusive barrier
- Satin finish backing

DID YOU KNOW?
Sureprep® No-Sting skin protectant ensures proper adhesion and removal of Exuderm® Odorshield. For more information about Sureprep No-Sting, see pg. 68.

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

RECOMMENDED SECONDARY DRESSINGS
- N/A

References
**ORDERING INFORMATION**

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

### EXUDERM ODORSHIELD

**Ideal for shallow wounds with minimal drainage**

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
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<tr>
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<tr>
<td>MSC5544</td>
<td>4” x 4” (10.2 cm x 10.2 cm)</td>
<td>A6234</td>
<td>10/bx</td>
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<tr>
<td>MSC5566</td>
<td>6” x 6” (15.2 cm x 15.2 cm)</td>
<td>A6235</td>
<td>5/bx</td>
</tr>
<tr>
<td>MSC5588</td>
<td>8” x 8” (20.3 cm x 20.3 cm)</td>
<td>A6236</td>
<td>5/bx</td>
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</table>

### EXUDERM ODORSHIELD SACRAL

**Ideal for shallow sacral wounds with minimal drainage**

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
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</thead>
<tbody>
<tr>
<td>MSC5570</td>
<td>4” x 3.6” (10.2 cm x 9.1 cm)</td>
<td>A6234</td>
<td>10/bx</td>
</tr>
<tr>
<td>MSC5575</td>
<td>6” x 6.5” (16.3 cm x 16.5 cm)</td>
<td>A6235</td>
<td>5/bx</td>
</tr>
</tbody>
</table>

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

#### Fluid Absorption

![Fluid Absorption Graph](image)

The human nose can detect the odor absorbing capacity of Exuderm OdorShield compared to DuoDERM.
OPTICELL®
Gelling Fiber

Recommended Wound Conditions
- Shallow
- No/minimal drainage
- Primary dressing
- Deep
- Moderate/heavy drainage
- Secondary dressing

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

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

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

RECOMMENDED SECONDARY DRESSINGS
- Bordered Gauze
- Stratasorb® Composite
- Optifoam® Adhesive
- Optifoam® Gentle
- Optiva® Gentle

ABOUT OPTICELL
- Forzage™ gelling fiber technology
- Highly conformable
- Versatile – can be used on all drainage levels
- Three times as strong as traditional Aquacel
- No lateral wicking – limits maceration
- Highly absorbent
- Maintains a moist wound-healing environment
- Surface area memory (SAM) – retains its size
- Gentle removal from the wound

Surface Area Memory (SAM) Results
Retains its shape and size to maintain complete wound coverage.

Percentage Surface Area Reduction
- Opticell®
- Aquacel®
- Aquacel Extra™
- Durafiber

Percentage Surface Area Reduction
0% 10% 20% 30% 40% 50%
ORDERING INFORMATION

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

OPTICELL GELLING FIBER SHEETS  
Ideal for partial and full-thickness wounds of all drainage levels

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
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<td>5/bx, 10 bx/cs</td>
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</tbody>
</table>

OPTICELL GELLING FIBER RIBBON  
Ideal for filling wounds of all drainage levels

<table>
<thead>
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<td>A6199</td>
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</tbody>
</table>

Absorption Study Results

Absorbency (g/100cm²)

Opticell delivers best in-class absorption capabilities.1

References
1. Lab testing data on file.
MAXORB®II
Alginate

Recommended Wound Conditions
- Shallow
- No/minimal drainage
- Primary dressing
- Deep*
- Moderate/heavy drainage
- Secondary dressing

ABOUT MAXORB II
- Superior fluid handling1
- 100% alginate dressing
- High wet strength – removes in one piece
- Fluid does not wick laterally
- Improved gelling capability

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

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

RECOMMENDED SECONDARY DRESSINGS
- Bordered Gauze
- Stratasorb® Composite
- Optifoam® Adhesive
- Optifoam® Gentle
- Optiva® Gentle

Maxorb II Absorbency Comparison1

<table>
<thead>
<tr>
<th>Absorbency g/100cm²</th>
<th>Maxorb®II</th>
<th>Competitive CMC/Alginate Dressing</th>
<th>Leading Gelling Fiber</th>
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References
### MAXORB II SHEETS  *Ideal for moderate to heavily draining wounds*

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### MAXORB II ROPE  *Ideal for moderate to heavily draining wounds*

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</table>

* Available January 2014
MAXORB® EXTRA
CMC/Alginate

ABOUT MAXORB EXTRA

• Highly absorbent
• Superior 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 ES 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
• Suresite® 123+Pad
• Optiva® Gentle
• Optifoam® Gentle

Recommended Wound Conditions

[Checkboxes for: Shallow, No/minimal drainage, Primary dressing, Deep, Moderate/heavy drainage, Secondary dressing]

Maxorb Extra Absorbency Comparison

References

## ORDERING INFORMATION

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

### MAXORB EXTRA  For moderate to heavily draining wounds

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### MAXORB EXTRA ROPE  For moderate to heavily draining wounds

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### MAXORB EXTRA FLAT ROPE  For moderate to heavily draining wounds

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</table>
MAXORB® ES
Reinforced CMC/Alginate

ABOUT MAXORB ES
• Highly absorbent\(^1\)
• Superior fluid handling\(^1\)
• Reinforced alginate ribbon
• Fluid will not wick laterally
• Easy dressing changes

Recommended Wound Conditions
- Shallow
- No/minimal drainage
- Deep
- Moderate/heavy drainage
- Primary dressing
- Secondary dressing

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

RECOMMENDED SECONDARY DRESSINGS
• Stratasorb\(^{\circledR}\) Composite
• Bordered Gauze
• Suresite\(^{\circledR}\) 123+Pad

References
ORDERING INFORMATION

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

MAXORB ES RIBBON  For moderate to heavily draining wounds

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</table>
OPTIFOAM®
Foam

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® Adhesive can be used as a secondary dressing

REFERENCES
### OPTIFOAM ADHESIVE  An all-in-one dressing for fluid handling

<table>
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<tr>
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<tr>
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### OPTIFOAM SACRUM  Ideal for sacral wounds

<table>
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### OPTIFOAM NON-ADHESIVE  Superb fluid handling with a variety of applications

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### OPTIFOAM BASIC  For general wounds or tube site care, without waterproof backing

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### OPTIFOAM SITE  Designed specifically for tube sites with radial slit and starburst opening

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### OPTIFOAM THIN  Highly conformable for increased patient comfort

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To order by the box, add “Z” to the end of the item number.
To order by the dressing, add “H” to the end of the item number.
INDICATIONS
• Pressure ulcers
• Partial and full-thickness wounds
• Diabetic foot ulcers

CONTRAINDICATIONS
• Third-degree burns
• Lesions with active vasculitis

CHANGE FREQUENCY
• Optifoam Heel 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
• Medigrip® Tubular Bandage

DID YOU KNOW?
Medigrip provides a gentle way to keep Optifoam Heel in place. For more information on Medigrip, see pg. 58.
ORDERING INFORMATION

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

OPTIFOAM HEEL  Designed for heel wounds

<table>
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</table>

Optifoam Heel®
Optifoam® Heel Leading
Heel Shaped Dressing

Absorbency (g/100 cm²)

0.0  0.2  0.4  0.6  0.8  1.0

Coefficient of Friction of Film Backing¹

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

Coefficient of Friction

Optifoam® Heel  Leading Heel Shaped Dressing

Absorption Capacity Under Compression¹

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

Absorbency (g/100 cm²)

0  10  20  30  40  50  60  70  80

References
¹. Data on file.
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 Gentle may be left in place for up to 7 days
- Dressing change frequency will depend on amount of drainage

RECOMMENDED SECONDARY DRESSINGS

- N/A
ORDERING INFORMATION

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

## OPTIFOAM GENTLE  *Absorbent and gentle*

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<td>4.5&quot; x 4.5&quot; (11.4 cm x 11.4 cm) Pad</td>
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## OPTIFOAM GENTLE SACRUM  *Ideal for sacral wounds*

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INDICATIONS
- Pressure ulcers
- Partial and shallow 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
- Optiva Gentle may be left in place for up to 7 days
- Dressing change frequency will depend on amount of drainage

RECOMMENDED SECONDARY DRESSINGS
- N/A
ORDERING INFORMATION

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

OPTIVA GENTLE  Super absorbent and gentle

<table>
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Absorption Study Results¹

Optiva absorbed over 20% more fluid than a leading silicone faced foam dressing.¹

Retention Study Results²

Absorbency is important, but a dressing needs to retain the fluid, keeping it away from the wound. Optiva retained twice as much fluid under compression than a leading silicone faced foam dressing.²

References
INDICATIONS
- Pressure ulcers
- Partial and shallow 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
- Optiva Border may be left in place for up to 7 days
- Dressing change frequency will depend on amount of drainage

RECOMMENDED SECONDARY DRESSINGS
- N/A
**ORDERING INFORMATION**

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

**OPTIVA BORDER  Super absorbent**

<table>
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<td>5/bx, 5 bx/cs</td>
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</table>

Absorbency is important, but a dressing needs to retain the fluid, keeping it away from the wound. Optiva retained twice as much fluid under compression than a leading silicone faced foam dressing.2

**References**

INDICATIONS
• Pressure ulcers
• Partial and full-thickness wounds
• Leg ulcers
• Lacerations and abrasions
• Wounds under compression

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

CHANGE FREQUENCY
• OptiLock 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
• Gentac® Tape
• ThreeFlex®/FourFlex® compression bandages

DID YOU KNOW?
OptiLock is ideal for highly draining venous leg ulcers because of its gentle contact layer and fluid locking feature. Even under high compression bandages, the fluid is retained in the dressing. Use OptiLock in conjunction with FourFlex and ThreeFlex compression bandages. To learn more, see pg. 56.
ORDERING INFORMATION

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

<table>
<thead>
<tr>
<th>OPTILOCK</th>
<th><em>Non-adherent and super absorbent</em></th>
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<tbody>
<tr>
<td>Item Number</td>
<td>Description</td>
</tr>
<tr>
<td>MSC6433EP</td>
<td>3” x 3” (7.5 cm x 7.5 cm)</td>
</tr>
<tr>
<td>MSC6444EP</td>
<td>4” x 4” (10.2 cm x 10.2 cm)</td>
</tr>
<tr>
<td>MSC6455EP</td>
<td>5” x 5.5” (12.7 cm x 14 cm)</td>
</tr>
<tr>
<td>MSC64610EP</td>
<td>6.5” x 10” (16.5 cm x 25.4 cm)</td>
</tr>
<tr>
<td>MSC64812EP</td>
<td>8” x 12” (20.3 cm x 30.5 cm)</td>
</tr>
</tbody>
</table>

OptiLock Absorbs And Retains More Fluid

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

Absorption Capacity Under Compression

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

Fluid Loss Under Compression

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

References

SKINTEGRITY®
Hydrogel and Hydrogel Impregnated Gauze

INDICATIONS
• Pressure ulcers
• Partial and full-thickness wounds
• Leg ulcers
• Surgical wounds
• Lacerations, abrasions and skin tears
• 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
• Suresite® 123+ Pad

Cytotoxicity Test For Skintegrity Hydrogel
Using Murine L929 Embryo Fibroblasts Agar Overlay Neutral Red Assay

<table>
<thead>
<tr>
<th>Test Material</th>
<th>IDRCC #278 (Wound Gel)</th>
<th>Negative Control</th>
<th>Positive Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concentration %</td>
<td>100%</td>
<td>N/A</td>
<td>100%</td>
</tr>
<tr>
<td>Exposure (Time)</td>
<td>21 Hours</td>
<td>21 Hours</td>
<td>21 Hours</td>
</tr>
<tr>
<td>Zone of Inhibition (mm)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Comments/Observations</td>
<td>0 / None</td>
<td>0 / None</td>
<td>Entire disk was clear/cells dead</td>
</tr>
</tbody>
</table>

Skintegrity Hydrogel is not harmful to tissue.

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

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

**SKINTEGRITY HYDROGEL**  *Ideal for clean wounds with minimal drainage*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC6102</td>
<td>Bellows Bottle, 1 oz. (29.5 ml)</td>
<td>A6248</td>
<td>30/cs</td>
</tr>
<tr>
<td>MSC6104</td>
<td>Tube, 4 oz. (118 ml)</td>
<td>A6248</td>
<td>12/cs</td>
</tr>
</tbody>
</table>

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

**SKINTEGRITY HYDROGEL IMPREGNATED GAUZE**  *Ideal for cavity wounds*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC6022</td>
<td>2&quot; x 2&quot; (5.1 cm x 5.1 cm), 12-Ply</td>
<td>A6231</td>
<td>1/pk, 50 pk/cs</td>
</tr>
<tr>
<td>MSC6044</td>
<td>4&quot; x 4&quot; (10.2 cm x 10.2 cm), 12-Ply</td>
<td>A6231</td>
<td>1/pk, 30 pk/cs</td>
</tr>
<tr>
<td>MSC6144</td>
<td>4&quot; x 4&quot; (10.2 cm x 10.2 cm), 12-Ply</td>
<td>A6231</td>
<td>2/pk, 30 pk/cs</td>
</tr>
</tbody>
</table>

**DID YOU KNOW?**

Skintegrity Wound Cleanser is specially formulated for use with Skintegrity Hydrogel. This all purpose wound cleanser gently cleans wounds with a non-ionic surfactant. To learn more, see pg. 66.
SU RESITE®
Transparent Film

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 friction to epidermis

CONTRAINDICATIONS

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

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

• N/A

DID YOU KNOW?

Sureprep® No-Sting skin protectant ensures proper adhesion and removal of Suresite® Transparent Film wound dressings. For more information about Sureprep No-Sting, see pg. 68.

ABOUT SU RESITE

• Traditional moisture vapor transmission rate (MVTR)
• Conformable
• Does not stick to itself
• Microporous technology
• Permits continuous observation
• Variety of delivery systems

Recommended Wound Conditions

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

Recommended Wound Conditions

- Shallow
- No/minimal drainage
- Primary dressing
- Deep
- Moderate/heavy drainage
- Secondary dressing
ORDERING INFORMATION

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

### SURESITE WINDOW  
*An easy-to-use window frame delivery*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC2302</td>
<td>2.38&quot; x 2.75&quot; (6 cm x 7 cm)</td>
<td>A6257</td>
<td>100/bx</td>
</tr>
<tr>
<td>MSC2304</td>
<td>4&quot; x 4.5&quot; (10.2 cm x 11.4 cm)</td>
<td>A6257</td>
<td>50/bx</td>
</tr>
</tbody>
</table>

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

### SURESITE 123  
*Easy to apply transparent film*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC2701</td>
<td>1.52&quot; x 1.52&quot; (3.9 cm x 3.9 cm)</td>
<td>A6257</td>
<td>100/bx, 4 bx/cs</td>
</tr>
<tr>
<td>MSC2703</td>
<td>2.4&quot; x 2.8&quot; (6.1 cm x 7.1 cm)</td>
<td>A6257</td>
<td>100/bx, 4 bx/cs</td>
</tr>
<tr>
<td>MSC2705</td>
<td>4&quot; x 4.8&quot; (10.2 cm x 12.2 cm)</td>
<td>A6257</td>
<td>50/bx, 4 bx/cs</td>
</tr>
<tr>
<td>MSC2706</td>
<td>6&quot; x 8&quot; (15.2 cm x 20.3 cm)</td>
<td>A6258</td>
<td>25/bx, 4 bx/cs</td>
</tr>
<tr>
<td>MSC2710</td>
<td>4&quot; x 10&quot; (10.2 cm x 25.4 cm)</td>
<td>A6258</td>
<td>25/bx, 4 bx/cs</td>
</tr>
<tr>
<td>MSC2712</td>
<td>8&quot; x 12&quot; (20.3 cm x 30.5 cm)</td>
<td>A6259</td>
<td>25/bx, 4 bx/cs</td>
</tr>
</tbody>
</table>

### SURESITE 123+PAD  
*Easy delivery of an all-in-one cover dressing with absorption*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC2603</td>
<td>2.4&quot; x 2.8&quot; (6.1 cm x 7.1 cm), 1.3&quot; x 1.6&quot; (3.3 cm x 4.1 cm) Pad</td>
<td>A6203</td>
<td>100/bx, 4 bx/cs</td>
</tr>
<tr>
<td>MSC2605</td>
<td>4&quot; x 4.8&quot; (10.2 cm x 12.2 cm), 2.4&quot; x 3.2&quot; (6.1 cm x 8.1 cm) Pad</td>
<td>A6203</td>
<td>50/bx, 4 bx/cs</td>
</tr>
<tr>
<td>MSC2610</td>
<td>3.5&quot; x 10&quot; (8.9 cm x 25.4 cm), 1.5&quot; x 8&quot; (3.8 cm x 20.3 cm) Pad</td>
<td>A6203</td>
<td>25/bx, 4 bx/cs</td>
</tr>
</tbody>
</table>
**SURESITE**® continued

Transparent Film

**ORDERING INFORMATION**

---

**SURESITE ROLL**  
*Allows for customization of length of transparent film*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC2402</td>
<td>2&quot; x 11yd. (5.1 cm x 10 m)</td>
<td>Pending</td>
<td>1 roll/bx, 12 bx/cs</td>
</tr>
<tr>
<td>MSC2404</td>
<td>4&quot; x 11yd. (10.2 cm x 10 m)</td>
<td>Pending</td>
<td>1 roll/bx, 12 bx/cs</td>
</tr>
</tbody>
</table>

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

---

**SURESITE I.V.**  
*Convenient, sized for I.V. sites*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC2002</td>
<td>2&quot; x 3&quot; (5.1 cm x 7.6 cm)</td>
<td>A6257</td>
<td>100/bx</td>
</tr>
</tbody>
</table>

---

**SUREVIEW FILM FABRIC FRAME**  
*Easy to apply I.V. cover dressing*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC2502</td>
<td>2.37&quot; x 2.75&quot; (6 cm x 7 cm)</td>
<td>A6257</td>
<td>50/bx</td>
</tr>
<tr>
<td>MSC2504</td>
<td>4&quot; x 4.5&quot; (10.2 cm x 11.4 cm)</td>
<td>A6257</td>
<td>25/bx</td>
</tr>
</tbody>
</table>
ORDERING INFORMATION

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

<table>
<thead>
<tr>
<th>SURESITE MATRIX</th>
<th>Top layer allows you to trace wound margins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item Number</td>
<td>Description</td>
</tr>
<tr>
<td>MSC2204</td>
<td>4&quot; x 4.5&quot; (10.2 cm x 11.4 cm)</td>
</tr>
<tr>
<td>MSC2206</td>
<td>6&quot; x 8&quot; (15.2 cm x 20.3 cm)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SURESITE 2 HANDLE</th>
<th>Traditional delivery system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Item Number</td>
<td>Description</td>
</tr>
<tr>
<td>MSC2104</td>
<td>4&quot; x 5&quot; (10.2 cm x 13 cm)</td>
</tr>
</tbody>
</table>

Easy Removal Instructions for Minimizing Adhesive Trauma

To reduce patient discomfort when removing transparent film dressings, follow these instructions:

**Step 1:** Lift up two opposite sides of the transparent film

**Step 2:** Carefully stretch the dressing along the skin

**Step 3:** Continue this process until dressing is completely removed
**PURACOL® PLUS**
**PURACOL® PLUS AG+**

**Collagen**

**Recommended Wound Conditions**
- Shallow
- No/minimal drainage
- Primary dressing
- Deep
- Moderate/heavy drainage
- Secondary dressing

**ABOUT PURACOL PLUS**

- 100% collagen with a high degree of nativity\(^1,2\)
- High gel integrity\(^3\)
- Helps promote a natural wound environment conducive to wound healing
- Biodegradable
- Can be used in combination with negative pressure wound therapy (NPWT)\(^4\)

**ABOUT PURACOL PLUS AG+**

In addition to all the benefits of Puracol Plus:
- Ionic silver provides antimicrobial barrier\(^5,6\)
- Non-staining

**INDICATIONS**

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

**CONTRAINDICATIONS**

- Active vasculitis or patients with known sensitivity to collagen
- Puracol Plus Ag+ only: patients with known sensitivity to silver, third degree burns

**CHANGE FREQUENCY**

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

**RECOMMENDED SECONDARY DRESSINGS**

- Stratasorb® Composite
- Bordered Gauze
- Optifoam® Adhesive
- Suresite® 123+Pad

---

**Microscopic View\(^1\)**

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

**Puracol Plus MicroScaffold\(^1\)**

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

---

\(^1\) These are the microscopic view and Puracol Plus MicroScaffold images.
ORDERING INFORMATION

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

**PURACOL PLUS** Ideal for wounds that are chronic or stalled

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC8622EP</td>
<td>2&quot; x 2.25&quot; (5.1 cm x 5.7 cm)</td>
<td>A6021</td>
<td>10/bx, 5 bx/cs</td>
</tr>
<tr>
<td>MSC8644EP</td>
<td>4.2&quot; x 4.5&quot; (10.8 cm x 11.4 cm)</td>
<td>A6022</td>
<td>10/bx, 5 bx/cs</td>
</tr>
<tr>
<td>MSC861X8EP</td>
<td>1&quot; x 8&quot; (2.5 cm x 20.3 cm) Rope</td>
<td>A6021</td>
<td>10/bx, 5 bx/cs</td>
</tr>
</tbody>
</table>

**PURACOL PLUS AG** For stalled wounds when the antimicrobial properties of silver are desired

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC8722EP</td>
<td>2&quot; x 2.25&quot; (5.08 cm x 5.7 cm)</td>
<td>A6021</td>
<td>10/bx, 5 bx/cs</td>
</tr>
<tr>
<td>MSC8744EP</td>
<td>4.2&quot; x 4.5&quot; (10.8 cm x 11.43 cm)</td>
<td>A6022</td>
<td>10/bx, 5 bx/cs</td>
</tr>
<tr>
<td>MSC871X8EP</td>
<td>1&quot; x 8&quot; (2.5 cm x 20.3 cm) Rope</td>
<td>A6021</td>
<td>10/bx, 5 bx/cs</td>
</tr>
</tbody>
</table>

**Reduction in bacteria levels with Puracol Plus Ag**

<table>
<thead>
<tr>
<th>Test Organism</th>
<th>Log Reduction with Puracol Plus Ag</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Staphylococcus aureus</em> (MRSA)</td>
<td>5.20</td>
</tr>
<tr>
<td><em>Enterobacter cloacae</em></td>
<td>5.08</td>
</tr>
<tr>
<td><em>Pseudomonas aeruginosa</em></td>
<td>5.18</td>
</tr>
<tr>
<td><em>Enterococcus faecalis</em> (VRE)</td>
<td>5.11</td>
</tr>
<tr>
<td><em>Escherichia coli</em></td>
<td>5.20</td>
</tr>
<tr>
<td><em>Staphylococcus epidermidis</em> (coagulase-negative)</td>
<td>5.08</td>
</tr>
</tbody>
</table>

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

**References**

**FOURFLEX®**
**THREEFLEX®**
Multi-Layer Compression Bandage System

**Recommended Use**
- Venous Leg Ulcers

**ABOUT FOURFLEX AND THREEFLEX**
- Effective appropriate compression
- Extended wear time
- Absorbs drainage
- Efficient packaging

**INDICATIONS**
- To deliver compression to manage venous disease and associated edema

**CONTRAINDICATIONS**
- Patients with severe arterial disease

**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**
- No secondary dressing is required

---

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

\[
\frac{\text{Ankle Pressure}}{\text{Brachial Pressure}} = \text{ABI}
\]

**Interpretation of the Ankle Brachial Index**

<table>
<thead>
<tr>
<th>Range</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Greater than 1.3</td>
<td>Abnormally high range (more studies are needed)</td>
</tr>
<tr>
<td>0.95 to 1.3</td>
<td>Normal range</td>
</tr>
<tr>
<td>0.80 to 0.95</td>
<td>Compression is considered safe at this level</td>
</tr>
<tr>
<td>0.50 to 0.80</td>
<td>Indicates mild to moderate arterial disease, compression should only be used under direct medical supervision</td>
</tr>
<tr>
<td>Below 0.5</td>
<td>Severe arterial insufficiency, compression is contraindicated</td>
</tr>
</tbody>
</table>
### ORDERING INFORMATION

To order one kit, add “H” to the end of the item number.

#### FOURFLEX  For the treatment of chronic venous insufficiency

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC4400</td>
<td>FourFlex Kit</td>
<td></td>
<td>8 kits/cs</td>
</tr>
</tbody>
</table>

#### Component

1) Padding  
   - 4" x 4 yd. (10 cm x 3.6 m)  
   - A6441

2) Light Conforming  
   - 4" x 4.9 yd. (10 cm x 4.5 m)  
   - A6449

3) Compression  
   - 4" x 9.5 yd. (10 cm x 8.7 m)  
   - A6452

4) Cohesive  
   - 4" x 6.9 yd. (10 cm x 6.3 m)  
   - A6454

5) Medi-Strips

#### THREEFLEX  For lighter compression or for mixed etiology

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC4300</td>
<td>ThreeFlex Kit</td>
<td></td>
<td>8 kits/cs</td>
</tr>
</tbody>
</table>

#### Component

1) Padding  
   - 4" x 4 yd. (10 cm x 3.6 m)  
   - A6441

2) Light Conforming  
   - 4" x 4.9 yd. (10 cm x 4.5 m)  
   - A6449

3) Cohesive  
   - 4" x 6.9 yd. (10 cm x 6.3 m)  
   - A6454

4) Medi-Strips
MEDIGRIP®
Elastic Tubular Bandage

ABOUT MEDIGRIP

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

INDICATIONS

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

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

- N/A

Compression Testing of Bandages

Based on principles contained in BS 6612¹

<table>
<thead>
<tr>
<th>Test Material</th>
<th>Test</th>
<th>Limb Circumference (cm)</th>
<th>Pressure (mm/Hg)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medigrip</td>
<td>1</td>
<td>17.2</td>
<td>7.2</td>
</tr>
<tr>
<td>Tubigrip</td>
<td>1</td>
<td>17.2</td>
<td>5.8</td>
</tr>
<tr>
<td>Medigrip</td>
<td>2</td>
<td>18.7</td>
<td>7.0</td>
</tr>
<tr>
<td>Tubigrip</td>
<td>2</td>
<td>18.7</td>
<td>6.1</td>
</tr>
</tbody>
</table>

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

Independent study performed by SMTL, Bridgend, Wales

¹British Standards Institution, "Graduated Compression Hosiery", BS6612, (1985, 1993)

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

**MEDIGRIP 11 yards (10 meters) in length**

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Size</th>
<th>Width</th>
<th>Application</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC9500</td>
<td>A</td>
<td>1.75&quot; (4.5 cm)</td>
<td>Infant feet and arms</td>
<td>A6457</td>
<td>1 roll/bx</td>
</tr>
<tr>
<td>MSC9501</td>
<td>B</td>
<td>2.5&quot; (6.3 cm)</td>
<td>Small hands and limbs</td>
<td>A6457</td>
<td>1 roll/bx</td>
</tr>
<tr>
<td>MSC9502</td>
<td>C</td>
<td>2.625&quot; (6.8 cm)</td>
<td>Adult hands, arms or legs</td>
<td>A6457</td>
<td>1 roll/bx</td>
</tr>
<tr>
<td>MSC9503</td>
<td>D</td>
<td>3&quot; (7.5 cm)</td>
<td>Large arms or legs</td>
<td>A6457</td>
<td>1 roll/bx</td>
</tr>
<tr>
<td>MSC9504</td>
<td>E</td>
<td>3.5&quot; (8.75 cm)</td>
<td>Legs or small thighs</td>
<td>A6457</td>
<td>1 roll/bx</td>
</tr>
<tr>
<td>MSC9505</td>
<td>F</td>
<td>4&quot; (10 cm)</td>
<td>Large knees or thighs</td>
<td>A6457</td>
<td>1 roll/bx</td>
</tr>
<tr>
<td>MSC9506</td>
<td>G</td>
<td>4.75&quot; (12 cm)</td>
<td>Large thighs</td>
<td>A6457</td>
<td>1 roll/bx</td>
</tr>
</tbody>
</table>

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

**MEDIGRIP 1 yard (0.91 meter) in length**

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Size</th>
<th>Width</th>
<th>Application</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC9504YD</td>
<td>E</td>
<td>3.5&quot; (8.75 cm)</td>
<td>Legs or small thighs</td>
<td>A6457</td>
<td>30/cs</td>
</tr>
<tr>
<td>MSC9505YD</td>
<td>F</td>
<td>4&quot; wide (10 cm)</td>
<td>Large knees or thighs</td>
<td>A6457</td>
<td>30/cs</td>
</tr>
<tr>
<td>MSC9506YD</td>
<td>G</td>
<td>4.75&quot; wide (12 cm)</td>
<td>Large thighs</td>
<td>A6457</td>
<td>30/cs</td>
</tr>
</tbody>
</table>

**MEDIGRIP SIZING CHART** *(For compression, use a double layer of Medigrip)*

<table>
<thead>
<tr>
<th>LIMB MEASUREMENT*</th>
<th>COMPRESSION**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inches</td>
<td>Centimeters</td>
</tr>
<tr>
<td>4&quot; – 5.3125&quot;</td>
<td>10 cm – 13.5 cm</td>
</tr>
<tr>
<td>5.3125&quot; – 5.3125&quot;</td>
<td>13.5 cm – 15 cm</td>
</tr>
<tr>
<td>5.3125&quot; – 9.625&quot;</td>
<td>15 cm – 24.5 cm</td>
</tr>
<tr>
<td>9.625&quot; – 14&quot;</td>
<td>24.5 cm – 35.5 cm</td>
</tr>
<tr>
<td>14&quot; – 17.6875&quot;</td>
<td>35.5 cm – 45 cm</td>
</tr>
<tr>
<td>17.6875&quot; – 19.875&quot;</td>
<td>45 cm – 50.5 cm</td>
</tr>
<tr>
<td>19.875&quot; – 23.875&quot;</td>
<td>50.5 cm – 60.7 cm</td>
</tr>
<tr>
<td>23.875&quot; – 27.6875&quot;</td>
<td>60.7 cm – 70.3 cm</td>
</tr>
</tbody>
</table>

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

**Low = 5-10 mm Hg Mercury (for General edema) Medium = 10-20 mm Hg (for Varicose conditions/post burn scarring) High = 20-30 mm Hg (for Soft tissue injuries/joint effusions)
UNNA-Z®
Unna-Boot

Recommended Use
Venous Leg Ulcers

ABOUT UNNA-Z
- Improved knitted design
- Maintains a moist healing environment
- Impregnated with zinc oxide*
- Provides light compression
- Inner plastic core for easy application

INDICATIONS
- Venous leg ulcers

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

CHANGE FREQUENCY
- Unna-Z can be left in place for up to 7 days, depending on drainage

RECOMMENDED SECONDARY DRESSINGS
- Compression Coflex LF2 - MDS089004
- Bulkee® Gauze Wrap – NON25865

DID YOU KNOW?
Unna boots are usually covered with a cohesive bandage such as Coflex LF2.

*Items NONUNNA3 and NONUNNA4 contain calamine and zinc oxide.
**UNNA-Z**  
*Maintains a moist healing environment and provides light compression for venous leg ulcers*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONUNNA13</td>
<td>3&quot; x 10 yds (7.6 cm x 9.1 m)</td>
<td>A6456</td>
<td>12/cs</td>
</tr>
<tr>
<td>NONUNNA14</td>
<td>4&quot; x 10 yds (10.2 cm x 9.1 m)</td>
<td>A6456</td>
<td>12/cs</td>
</tr>
</tbody>
</table>

**UNNA-Z WITH CALAMINE**  
*Maintains a moist healing environment and provides light compression for venous leg ulcers*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONUNNA3</td>
<td>3&quot; x 10 yds (7.6 cm x 9.1 m)</td>
<td>A6456</td>
<td>12/cs</td>
</tr>
<tr>
<td>NONUNNA4</td>
<td>4&quot; x 10 yds (10.2 cm x 9.1 m)</td>
<td>A6456</td>
<td>12/cs</td>
</tr>
</tbody>
</table>

To order by the dressing, add “H” to the end of the item number.
GENTAC®
Silicone Fixation Tape

Recommended Use
- Dressing Retention

ABOUT GENTAC
- Silicone adhesive
- Gentle for patient
- Can be cut to size
- Easy to apply
- Waterproof

INDICATIONS
- To secure primary or secondary dressings
- To secure gastrostomy tubes and other feeding tubes

CONTRAINDICATIONS
- Contraindicated as a primary dressing

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

RECOMMENDED SECONDARY DRESSINGS
- N/A

ORDERING INFORMATION
To order by the roll, add “H” to the end of the item number.

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC1583</td>
<td>0.8” x 3.3 yd. (2 cm x 3 m)</td>
<td>A4452</td>
<td>12 rolls/bx</td>
</tr>
<tr>
<td>MSC1585</td>
<td>2” x 5 yd. (5.1 cm x 12.7 m)</td>
<td>A4452</td>
<td>6 rolls/ bx</td>
</tr>
</tbody>
</table>

* Test data on file (independent lab).
MEDFIX®
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
- N/A

ORDERING INFORMATION

**MEDFIX**  *For flexibility and customized sizing*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC4002</td>
<td>2” x 11 yd. (5.1 cm x 10 m)</td>
<td>A4452</td>
<td>1 roll/bx</td>
</tr>
<tr>
<td>MSC4004</td>
<td>4” x 11 yd. (10.2 cm x 10 m)</td>
<td>A4452</td>
<td>1 roll/bx</td>
</tr>
<tr>
<td>MSC4006</td>
<td>6” x 11 yd. (15.2 cm x 10 m)</td>
<td>A4452</td>
<td>1 roll/bx</td>
</tr>
</tbody>
</table>

**MEDFIX EZ**  *Linerless with 2” perforations*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC4102</td>
<td>2” x 11 yd. (5.1 cm x 10 m)</td>
<td>A4452</td>
<td>12 rolls/box</td>
</tr>
<tr>
<td>MSC4104</td>
<td>4” x 11 yd. (10.2 cm x 10 m)</td>
<td>A4452</td>
<td>12 rolls/box</td>
</tr>
<tr>
<td>MSC4106</td>
<td>6” x 11 yd. (15.2 cm x 10 m)</td>
<td>A4452</td>
<td>12 rolls/box</td>
</tr>
<tr>
<td>MSC4124</td>
<td>4” x 2 yd. (10.2 cm x 1.8 m)</td>
<td>A4452</td>
<td>12 rolls/box</td>
</tr>
</tbody>
</table>

To order by the roll, add “H” to the end of the item number.
BORDERED GAUZE STRATASORB® COMPOSITE

Adhesive Island Wound Dressings

**INDICATIONS**
- Pressure ulcers
- Partial and full-thickness wounds
- Incision sites

**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

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

**Recommended Wound Conditions**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Primary dressing</th>
<th>Secondary dressing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shallow</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deep*</td>
<td>Moderate/heavy drainage*</td>
<td></td>
</tr>
<tr>
<td>No/minimal drainage</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* As a secondary dressing

**DID YOU KNOW?**

Sureprep® No-Sting skin protectant ensures proper adhesion and removal of adhesive island wound dressings. For more information about Sureprep No-Sting, see pg. 68.
## ORDERING INFORMATION

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

### BORDERED GAUZE  
*Water resistant, easy-to-use secondary dressing*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC3222</td>
<td>2” x 2” (5.1 cm x 5.1 cm), 1” x 1” (2.5 cm x 2.5 cm) Pad</td>
<td>A6219</td>
<td>15/bx, 10 bx/cs</td>
</tr>
<tr>
<td>MSC3244</td>
<td>4” x 4” (10.2 cm x 10.2 cm), 2.5” x 2.5” (6.4 cm x 6.4 cm) Pad</td>
<td>A6219</td>
<td>15/bx, 10 bx/cs</td>
</tr>
<tr>
<td>MSC3245</td>
<td>4” x 5” (10.2 cm x 12.7 cm), 2” x 2.5” (5.1 cm x 6.4 cm) Pad</td>
<td>A6219</td>
<td>15/bx, 10 bx/cs</td>
</tr>
<tr>
<td>MSC3248</td>
<td>4” x 8” (10.2 cm x 20.3 cm), 2” x 6” (5.1 cm x 15.2 cm) Pad</td>
<td>A6219</td>
<td>15/bx, 10 bx/cs</td>
</tr>
<tr>
<td>MSC3266</td>
<td>6” x 6” (15.2 cm x 15.2 cm), 4” x 4” (10.2 cm x 10.2 cm) Pad</td>
<td>A6220</td>
<td>15/bx, 10 bx/cs</td>
</tr>
<tr>
<td>MSC32410</td>
<td>4” x 10” (10.2 cm x 25.4 cm), 2” x 8” (5.1 cm x 20.3 cm) Pad</td>
<td>A6219</td>
<td>15/bx, 10 bx/cs</td>
</tr>
<tr>
<td>MSC32414</td>
<td>4” x 14” (10.2 cm x 35.6 cm), 2” x 12” (5.1 cm x 30.5 cm) Pad</td>
<td>A6220</td>
<td>15/bx, 10 bx/cs</td>
</tr>
</tbody>
</table>

### STRATASORB COMPOSITE  
*Waterproof, convenient secondary dressing*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC3044</td>
<td>4” x 4” (10.2 cm x 10.2 cm), 2.5” x 2” (6.4 cm x 5.1 cm) Pad</td>
<td>A6203</td>
<td>10/bx, 10 bx/cs</td>
</tr>
<tr>
<td>MSC3066</td>
<td>6” x 6” (15.2 cm x 15.2 cm), 4” x 4” (10.2 cm x 10.2 cm) Pad</td>
<td>A6203</td>
<td>10/bx, 10 bx/cs</td>
</tr>
<tr>
<td>MSC3068</td>
<td>6” x 7.5” (15.2 cm x 19.1 cm), 4” x 6” (10.2 cm x 15.2 cm) Pad</td>
<td>A6204</td>
<td>10/bx, 10 bx/cs</td>
</tr>
<tr>
<td>MSC30410</td>
<td>4” x 10” (10.2 cm x 25.4 cm), 2” x 8” (5.1 cm x 20.3 cm) Pad</td>
<td>A6203</td>
<td>10/bx, 10 bx/cs</td>
</tr>
<tr>
<td>MSC30414</td>
<td>4” x 14” (10.2 cm x 35.6 cm), 2” x 12” (5.1 cm x 30.5 cm) Pad</td>
<td>A6204</td>
<td>10/bx, 10 bx/cs</td>
</tr>
</tbody>
</table>
SKINTEGRITY®
Wound Cleanser

Recommended Use
- Cleansing all types of wounds

ABOUT SKINTEGRITY WOUND CLEANSER
- Easy cleansing
- Adjustable trigger, PSI of 8.6 at 3"
- Within AHCPR guidelines

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

USE FREQUENCY
- With every dressing change

RECOMMENDED SECONDARY DRESSINGS
- N/A

DID YOU KNOW?
Skintegrity Wound Cleanser is specially formulated for use with Skintegrity Hydrogel. To learn more, see pg. 48.

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

SKINTEGRITY WOUND CLEANSER For wound cleansing

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC6008</td>
<td>8 oz. (236 ml) Spray Bottle</td>
<td>6/cs</td>
</tr>
<tr>
<td>MSC6016</td>
<td>16 oz. (472 ml) Spray Bottle</td>
<td>6/cs</td>
</tr>
</tbody>
</table>
MARATHON®
Cyanoacrylate Skin Protectant

ABOUT MARATHON
- Robust, flexible and long-lasting
- Non-stinging: contains no solvents or activators
- Protects from the effects of friction
- Protects from moisture (urine, exudate, sweat, and other bodily fluids) that can cause maceration
- Can be used on intact or damaged skin
- Fast drying
- Breathable

INDICATIONS
Protects intact or damaged skin from:
- Incontinence
- Moisture
- Bodily fluids
- Shear and adhesive stripping

CONTRAINDICATIONS
Do not apply directly to:
- Deep, open, bleeding, or chronic wounds
- Second or third-degree burns
- Infected areas

CHANGE FREQUENCY
- Up to 3 days, reapply as needed

RECOMMENDED SECONDARY DRESSINGS
- N/A

ORDERING INFORMATION

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC093005</td>
<td>0.5 g ampule</td>
<td>A6250 (Protectant)</td>
<td>10/bx</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A5120 (Skin prep)</td>
<td></td>
</tr>
<tr>
<td>MSC093001</td>
<td>0.5 g ampule</td>
<td>A6250 (Protectant)</td>
<td>5/bx</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A5120 (Skin prep)</td>
<td></td>
</tr>
</tbody>
</table>

MARATHON LIQUID SKIN PROTECTANT  For powerful skin protection

Recommended Uses
- Protection from adhesive trauma
- Protection from corrosive fluids
- Protection from friction
SUREPREP®
SUREPREP® NO-STING
Skin Protectants

Recommended Uses
- Protection from adhesive trauma
- Protection from corrosive fluids

ABOUT SUREPREP AND SUREPREP NO-STING
- Protects from adhesive stripping\(^1,2\)
- Safe for delicate skin\(^3\)
- Outperformed 3M Cavilon\(^\circledR\) in controlled study
- Fast drying\(^5\)
- Vapor permeable
- Creates a waterproof barrier on periwound skin
- Protection from friction and body fluids
- Transparent

INDICATIONS
To be applied to intact or damage skin in order to provide a primary barrier against:
- Bodily wastes
- Fluids
- Adhesives

CONTRAINDICATIONS
Not to be used:
- On infected areas of skin
- Near the eyes
- As the only covering in situations that require additional dressing protection from bacterial contamination/penetration, e.g. intravenous therapy cathether sites and full- or partial-thickness wounds

CHANGE FREQUENCY
- With every dressing change

RECOMMENDED SECONDARY DRESSINGS
- N/A

Transepidermal Water-Loss (TEWL)\(^4\)

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

References
### ORDERING INFORMATION

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

#### SUREPREP NO-STING
*Ideal for damaged or delicate skin, alcohol free*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC1505</td>
<td>No-Sting Protective Wipes</td>
<td>A5120, A6250</td>
<td>50/bx, 10 bx/cs</td>
</tr>
</tbody>
</table>

#### SUREPREP NO-STING WAND
*For damaged or delicate skin, alcohol free*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC1510</td>
<td>No-Sting Wand Applicator, 1 ml</td>
<td>A5120, A6250</td>
<td>25/bx, 5 bx/cs</td>
</tr>
<tr>
<td>MSC1513</td>
<td>No-Sting Wand Applicator, 3 ml</td>
<td>A5120, A6250</td>
<td>25/bx, 4 bx/cs</td>
</tr>
</tbody>
</table>

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

#### SUREPREP NO-STING SPRAY
*For damaged or delicate skin, alcohol free*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC1528</td>
<td>Sureprep No-Sting Spray, 28 ml</td>
<td>A4369, A6250</td>
<td>12/cs</td>
</tr>
</tbody>
</table>

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

#### SUREPREP
*Ideal for routine periwound skin protection, contains alcohol*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC1500</td>
<td>Skin Protective Wipes</td>
<td>A5120, A6250</td>
<td>50/bx, 20 bx/cs</td>
</tr>
</tbody>
</table>

#### ADHESIVE TAPE REMOVER PADS
*Use to ease removal of adhesive tape and adhesive residue*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MDS090855</td>
<td>Adhesive Remover Pad</td>
<td>100/bx, 1000/cs</td>
</tr>
</tbody>
</table>
VERSATEL®
Silicone Contact Layer

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

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

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

**RECOMMENDED SECONDARY DRESSINGS**
- Stratasorb® Composite
- Optifoam® Adhesive
- Maxorb® Extra

---

**Fluid Transferred Through Versatel**
Versatel is designed to allow wound fluid to easily transfer into a secondary dressing.¹

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

---

**ABOUT VERSATEL**
- Silicone-based atraumatic adhesive
- Flexible and pliable to conform to body contours and improve comfort
- Reduces potential trauma from secondary dressing wound adherence
- Minimizes pain during removal
- Channels allow fluid to easily transfer to an absorbent dressing
- Translucent for easy wound visualization

---

**Recommended Uses**
- To prevent secondary dressing adhesion to the wound

---

**References**
1. Independent laboratory testing. Test reports on file.
ORDERING INFORMATION

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

VERSATEL  *Ideal for painful ulcers*

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
<th>HCPCS</th>
<th>Packaging</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSC1723EP</td>
<td>2” x 3” (5.1 cm x 7.6 cm)</td>
<td>A6206</td>
<td>10/bx, 5 bx/cs</td>
</tr>
<tr>
<td>MSC1734EP</td>
<td>3” x 4” (7.6 cm x 10.2 cm)</td>
<td>A6206</td>
<td>10/bx, 5 bx/cs</td>
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Easy Application Instructions

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

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

**Step 3:** Remove second liner. Cover with an appropriate secondary absorbent dressing such as Stratasorb®. Versatel can be used under compression dressings.
NE1® WOUND ASSESSMENT TOOL
Measurement /Assessment Device

Recommended Use
- Measure and Assess all types of wounds

ABOUT NE1 WOUND ASSESSMENT TOOL
- Easy to use color matching technique
- Reduces errors and promotes accurate wound assessment
- Standardizes wound documentation
- Free online education

INDICATIONS
- Wound assessment to assist with wound evaluation

CONTRAINDICATIONS
- None

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

Improved Wound Assessment Accuracy

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

References
This comprehensive documentation form simplifies the assessment and documentation process. A PDF can be found at www.MedlineNE1.com
# Primary Dressing Selection Guide

Based on Fluid Handling

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<th>Light</th>
<th>Moderate</th>
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Note: Silver does not impact absorbency
Classification of Tissue Destruction in Pressure Ulcers

Wounds 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, a 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:**
Presentation 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 these 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 Deep Tissue Injury (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.
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 packaging and/or booklet of 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.
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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.

70 Patient/Family Education Brochures
A 2-Minute Course™ for patients and their family on how to care for their wounds.
- Pressure Ulcers
- Venous Ulcers
- Arterial Ulcers
- Neuropathic/Diabetic Ulcers
- Skin Tears

The Wound Care Handbook
For the wound care champion to help educate the staff.
- This book has it all—from the basics of wound care to industry guidelines

Wound Images CD
For staff education.
- Includes 225 images sorted by wound care stages and types of wounds

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For the clinician at the bedside who is treating wounds.
- More than 120 pages of concise wound care information in an easy-to-use format

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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.

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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.

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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.

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Receiving support from one of Medline's 70+ wound care product specialists has never been easier. In addition to our 1,000+ 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 inservicing for your staff.

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