



TODAY'S WOUND CARE TREATMENTS

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



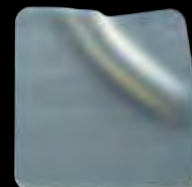
Exuderm OdorShield • Suresite • Stratasorb • Optiva Gentle • Maxorb Extra



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

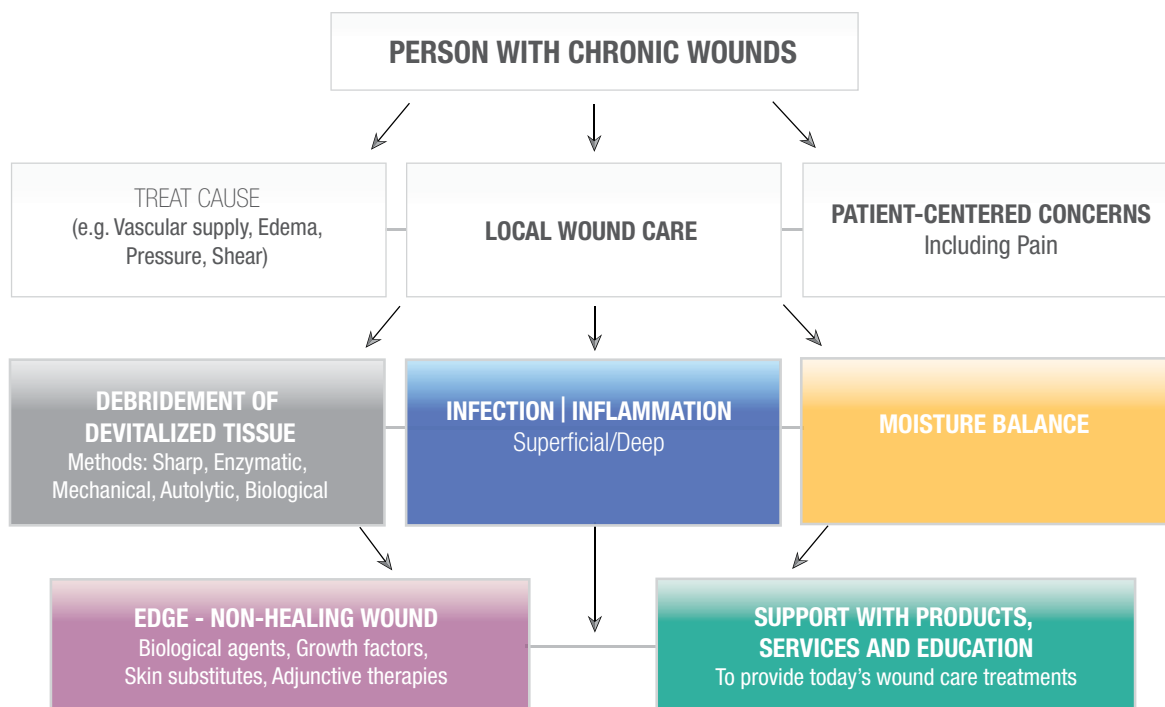
November 2013

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.

Wound Bed Preparation (WBP) Paradigm



©Sibbald, Woo and Ayello

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

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

Table of Contents	PRODUCTS	PAGE
DEBRIDEMENT (<i>Autolytic</i>)	• TenderWet® Active	4
The removal of nonviable tissue by creating an optimal moist wound environment.	• TheraHoney®	6
INFECTION / INFLAMMATION	• Arglaes®	8
Addressing bioburden and inflammation in the wound.	• Opticell® Ag ⁺	10
	• Maxorb® Extra Ag ⁺	12
	• Maxorb® ES Ag ⁺	14
	• Optifoam® Ag ⁺	16
	• Optifoam® Gentle Ag ⁺	18
	• Optifoam® Ag ⁺ Post-Op Strip	20
	• SilvaSorb®	22
MOISTURE BALANCE	• Derma-Gel®	24
Achieving and maintaining moisture balance in and around the wound.	• Exuderm OdorShield®	26
	• Opticell®	28
	• Maxorb® II	30
	• Maxorb® Extra	32
	• Maxorb® ES	34
	• Optifoam®	36
	• Optifoam® Heel	38
	• Optifoam® Gentle	40
	• Optiva® Gentle	42
	• Optiva® Border	44
	• OptiLock®	46
	• Skintegrity® Hydrogel	48
	• Suresite®	50
EDGE / ENVIRONMENT	• Puracol® Plus	54
Treating stalled wounds where epithelium fails to migrate.	• Puracol® Plus Ag ⁺	54
SUPPORTIVE PRODUCTS, SERVICES AND EDUCATION	• Bordered Gauze	64
Products that complement DIMES but do not fit into one of the above categories. Appropriate support promotes optimal outcomes.	• FourFlex®	56
	• Gentac®	62
	• Marathon®	67
	• Medfix®	63
	• Medigrip®	58
	• Skintegrity® Wound Cleanser	66
	• Stratasorb®	64
	• Sureprep®	68
	• Sureprep® No-Sting	68
	• ThreeFlex®	52
	• Unna-Z®	60
	• Versatel®	70
	• NE1® Wound Assessment Tool	72
SERVICES AND EDUCATION	• Classification of Tissue Destruction	75
	• Compass Wound Care Program	77
	• Educare® Hotline	78
	• Educare Seminars	78
	• Educational Packaging	76
	• Medline University®	79
	• Primary Dressing Product Selection Guide	74
	• Product Support	78
	• Wound and Skin Care Product Specialists	78

TENDERWET[®] ACTIVE

Polymer Gel Pad

Recommended Wound Conditions

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



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-effective^{4,6}
- 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*


Item Number	Description	HCPCS	Packaging
MSC8301	1.6" (4.1 cm) Round	A6242	7/bx, 6 bx/cs
MSC8302	2.2" (5.6 cm) Round	A6242	7/bx, 6 bx/cs
MSC8303	3" x 3" (7.6 cm x 7.6 cm) Square	A6242	7/bx, 6 bx/cs
MSC8305	4" x 5" (10.2 cm x 12.7 cm) Rectangle	A6243	7/bx, 6 bx/cs

TENDERWET ACTIVE CAVITY *Ideal for all wounds with necrotic tissue*


Item Number	Description	HCPCS	Packaging
MSC8401	1.6" (4.1 cm) Round	A6242	7/bx, 6 bx/cs
MSC8402	2.2" (5.6 cm) Round	A6242	7/bx, 6 bx/cs
MSC8403	3" x 3" (7.6 cm x 7.6 cm) Square	A6242	7/bx, 6 bx/cs
MSC8405	4" x 5" (10.2 cm x 12.7 cm) Rectangle	A6243	7/bx, 6 bx/cs
MSC8438	3" x 8" (7.6 cm x 20.3 cm) Rectangle	A6243	7/bx, 6 bx/cs

TenderWet provides a moist wound environment to help promote autolytic debridement of necrotic tissue⁶


References

1. Paustian C, Stegman MR. Preparing the wound for healing: the effect of activated polyacrylate dressing on debridement. *Ostomy/Wound Management*. 2003;49(9):34-42.
2. Bruggisser R. Bacterial and fungal absorption properties of a hydrogel dressing with a super absorbent polymer core. *Journal of Wound Care*. 2005;14(9):1-5.
3. Biocompatibility data on file.
4. Coyne N. Eliminating wet-to-dry treatments. *Remington Report*. 2003;8-11.
5. Mueller V, Doucette M, Jasper J, VandenBeld K. Reduction of Pain Through the Utilization of Polyacrylate Activated Dressings. Presented at SAWC, Orlando, FL. 2004.
6. Edwards J. Wound Care is Not What it Used to Be: Finding the Most Efficient Debridement Method for Chronic Wounds. Presented at SAWC, Orlando, FL. 2004.

THERAHONEY®

Medical Grade Honey

Recommended Wound Conditions

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

ABOUT THERAHONEY

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

DID YOU KNOW?

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



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

- TeraHoney 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

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*

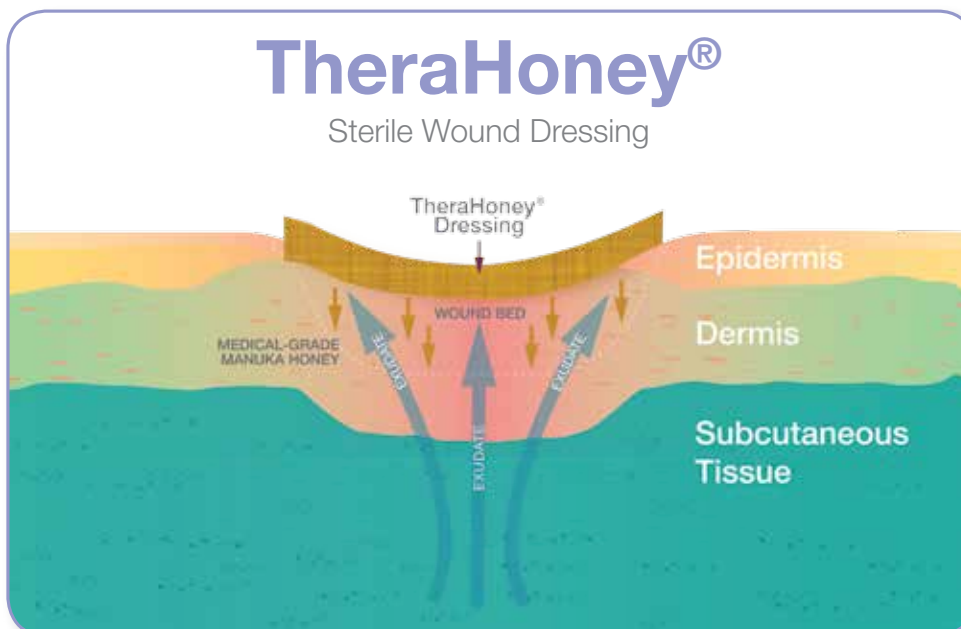

Item Number	Description	HCPCS	Packaging
MNK0005	0.5 oz Tube (14.2 g)	A6250	10/bx
MNK0015	1.5 oz Tube (42.5 g)	A6250	12/cs

THERAHONEY SHEET *Ideal for easy handling and application*

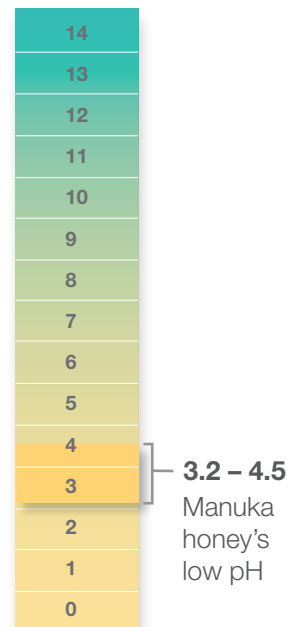

Item Number	Description	HCPCS	Packaging
MNK0077	4" x 5" Sheet (10.2 cm x 12.7 cm)	A6223	10/bx

THERAHONEY HD *200 percent more honey per sheet*

MNK0082	2" x 2" Sheet (5.1 cm x 53.1 cm)	Pending	10/bx
MNK0087	4" x 5" Sheet (10.2 cm x 12.7 cm)	Pending	10/bx
MNK0089	1" x 12" Ribbon (1.9 cm x 30.5 cm)	Pending	10/bx



pH Level



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

1. Data on file.
2. Cimolai, N. Sweet success? Honey as a topical wound dressing BCMJ. Vol. 49, No. 2, March 2007: 64-67.
3. Green AE. Wound healing properties of honey. Br J Surg 1988; 75(12): 1278.
4. Molan P. Debridement of Wounds with Honey, J Wound Technology 2009: 12-17.
5. Tovey FI. Honey and healing. J R Soc Med 1991; 84(7): 447.
6. Schultz, G; Gibson, D. "The Impact of Silver Impregnated Dressings and Wound Cleansers on the Osmotic Strength of 100% Manuka Honey Gel Dressing". Department of Obstetrics and Gynecology; Institute of Wound Research; University of Florida; Gainesville, FL. 2013.

ARGLAES®

Antimicrobial Silver Powder and Film

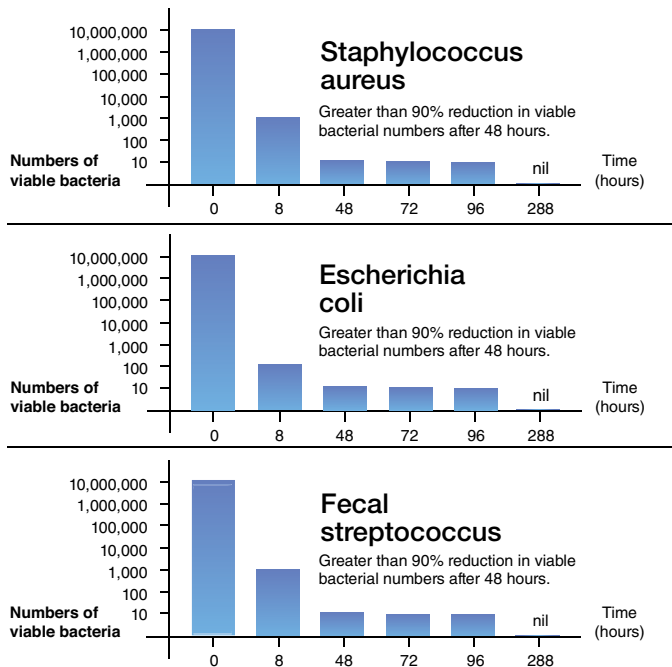
Recommended Wound Conditions

- Shallow ● Deep ● Primary dressing
 - Secondary dressing ● No/minimal drainage
 - Minimal/moderate drainage ● Moderate/heavy drainage
- Powder/Film ● Powder ● Film

ABOUT ARGLAES

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

Sustained-Release¹⁰



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



INDICATIONS

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

CONTRAINDICATIONS

- Third-degree burns
- Patients with a known sensitivity to silver
- As a surgical implant
- 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*

Item Number	Description	HCPCS	Packaging
MSC9202	2 g Bottle	A6262	5/bx, 4 bx/cs
MSC9205	5 g Bottle	A6262	5/bx, 4 bx/cs
MSC9210	10 g Bottle	A6262	5/bx, 4 bx/cs

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

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

Item Number	Description	HCPCS	Packaging
MSC9023	2.375" x 3.125" (6 cm x 8 cm)	A6257	10/bx, 10 bx/cs
MSC9045	4" x 4.75" (10.2 cm x 12.1 cm)	A6258	10/bx, 10 bx/cs
MSC9314	3.25" x 14" (8.3 cm x 35.6 cm)	A6258	10/bx, 5 bx/cs

ARGLAES ISLAND *Manages fluid and bioburden*

Item Number	Description	HCPCS	Packaging
MSC9123	2.375" x 3.125" (6 cm x 8 cm), 1" x 2" (2.5 cm x 5.1 cm) Pad	A6196	10/bx, 10 bx/cs
MSC9145	4" x 4.75" (10.2 cm x 12.1 cm), 2" x 2" (5.1 cm x 5.1 cm) Pad	A6196	10/bx, 10 bx/cs
MSC9169	4.75" x 10" (12.1 cm x 25.4 cm), 2.75" x 8" (7 cm x 20.3 cm) Pad	A6197	10/bx, 5 bx/cs

References

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

OPTICELL® AG+

Silver Gelling Fiber

Recommended Wound Conditions

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

ABOUT OPTICELL AG+

- Forzagel™ gelling fiber technology
- Broad spectrum antimicrobial ionic silver
- Highly conformable
- Versatile – can be used with all drainage levels
- Three times the wet strength of Aquacel® traditional gelling fiber¹
- No lateral wicking – limits maceration
- Highly absorbent¹
- Maintains a moist wound-healing environment
- Surface area memory (SAM) – retains its size
- Gentle removal from the wound

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 bacteria



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® Composite
- Optifoam® Adhesive
- Optifoam® Gentle
- Optiva® 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*

	Item Number	Description	HCPCS	Packaging
	MSC9822EP	Opticell Ag+, 2" x 2" (5.1 cm x 5.1 cm)	A6196	10/bx, 10 bx/cs
	MSC9845EP	Opticell Ag+, 4" x 5" (10.2 cm x 12.7 cm)	A6197	10/bx, 5 bx/cs
	MSC9866EP	Opticell Ag+, 6" x 6" (15.2 cm x 15.2 cm)	A6197	5/bx, 10 bx/cs
	MSC98812EP	Opticell Ag+, 8"x12" (20.32 cm x 15.2 cm)	A6198	5/bx, 10 bx/cs

OPTICELL AG+ GELLING FIBER RIBBON *For moderate to heavily draining wounds*



Item Number	Description	HCPCS	Packaging
MSC9818EP	Opticell Ag+, 0.75" x 18" (1.9 cm x 30.5cm)	A6199	5/bx, 10 bx/cs

MAXORB® EXTRA AG⁺

Antimicrobial Silver Alginate

Recommended Wound Conditions

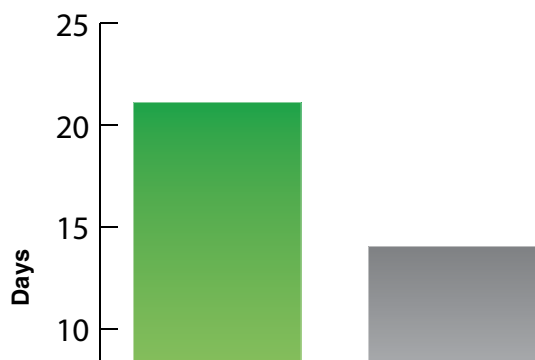
- ☒ Shallow ☐ No/minimal drainage ☒ Primary dressing
- ☒ Deep* ☒ Moderate/heavy drainage ☐ Secondary dressing

*Maxorb Extra Ag+ Rope is designed for deep wounds

ABOUT MAXORB AG⁺

- Helps manage bacterial burden^{1,2}
- Controlled-release ionic silver
- Cost-effective⁴
- Easy dressing changes
- Highly absorbent⁵
- Superior fluid handling⁵
- Reduces odor⁶
- Fluid will not wick laterally
- Up to 21-day antimicrobial protection^{1,3}

Modified ASEPSIS Index⁹



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



INDICATIONS

- Pressure ulcers^{6,7}
- Leg ulcers
- First- and second-degree burns⁸
- Moderate to heavily draining partial and full-thickness wounds
- Diabetic foot ulcers
- Surgical wounds
- Graft and donor sites
- Trauma wounds

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 days⁹
- Dressing change frequency will depend on amount of drainage

RECOMMENDED SECONDARY DRESSINGS

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

ORDERING INFORMATION

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

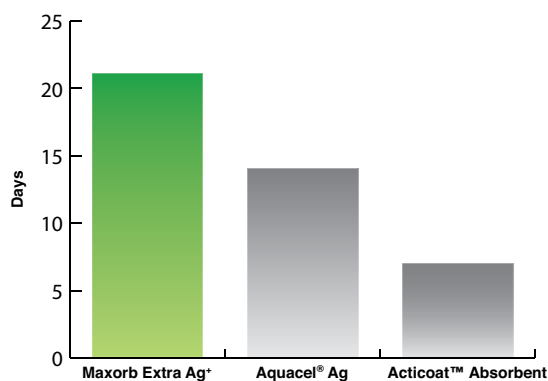
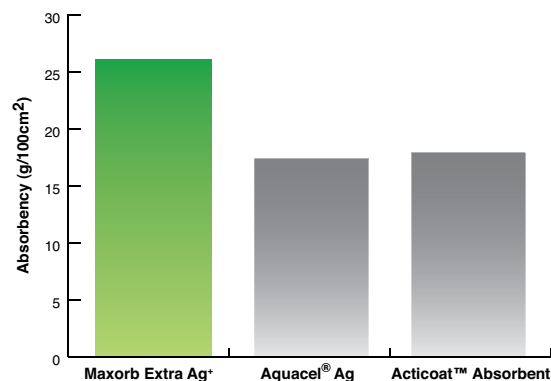
To order by the dressing, add "H" to the end of the item number.


MAXORB EXTRA AG⁺ *For moderate to heavily draining wounds*


Item Number	Description	HCPCS	Packaging
MSC9422EP	2" x 2" (5.1 cm x 5.1 cm)	A6196	10/bx, 10 bx/cs
MSC9445EP	4" x 4.75" (10.2 cm x 12.1 cm)	A6197	10/bx, 5 bx/cs
MSC9448EP	4" x 8" (10.2 cm x 20.3 cm)	A6197	5/bx, 10 bx/cs
MSC9466EP	6" x 6" (15.2 cm x 15.2 cm)	A6197	5/bx, 10 bx/cs
MSC94812	8" x 12" (20.3 cm x 30.5 cm)	A6198	5/bx, 10 bx/cs

MAXORB EXTRA AG⁺ RIBBON *For moderate to heavily draining wounds*


Item Number	Description	HCPCS	Packaging
MSC9412EP	1" x 12" (2.5 cm x 30.5 cm)	A6199	5/bx, 4 bx/cs

Maximum Wear Time

Absorbency Comparisons^{6,7}

References

1. Chakravarthy D, Falconio-West M. A comparison of the antimicrobial efficacy of two silver ion containing absorptive fiber dressings. Presented at SAWC. Las Vegas, NV. 2006.
2. Chakravarthy D, Fleck C, Falconio-West M. An evaluation of two polysaccharide-silver based high absorbency wound dressings. Presented at SAWC. Las Vegas, NV. 2006.
3. Freeman R, Bradford C. 21 day in vitro study of sustained antimicrobial activity of a new silver alginate dressing. Presented at Wounds UK. Harrogate. 2006.
4. DeLeon J, Nagel M, Hill D, Fudge M, Lucius A, Garcia B. Cost comparison of silver impregnated Hydrofiber® and alginate dressings. Presented at SAWC. Las Vegas, NV. 2006.
5. Data on file.
6. Chakravarthy D, Freeman R, Beele H, Meuleneire F, Nahuys M. Detailed clinical report: prospective randomized open label pilot study to evaluate a new silver alginate antimicrobial wound dressing on critically colonized chronic wounds. Internal report on file.
7. Freeman R, Beele H, Meuleneire F, Nahuys M. Results of a multicentre randomized prospective open label pilot study to evaluate a new silver alginate antimicrobial wound dressing on critically colonized chronic wounds. Presented at Wounds UK Conference. Harrogate. 2006.
8. Serena T, Chakravarthy D. Maxorb® Ag in the treatment of burn wounds. Symposium on Advanced Wound Care. Tampa, FL. 2007.
9. Bradford C, Freeman R, Percival SL. In vitro study of sustained antimicrobial activity of a new silver alginate dressing. The Journal of the American College of Certified Wound Specialists, Volume 1, Issue 4, Pages 117-120.

MAXORB® ES AG⁺

Silver Antimicrobial Ribbon

Recommended Wound Conditions

- ☒ Shallow ☐ No/minimal drainage ☒ Primary dressing
☒ Deep* ☒ Moderate/heavy drainage ☐ 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 absorbent⁵
- Superior fluid handling⁵
- Reduces odor⁶
- Fluid will not wick laterally
- Up to 21-day antimicrobial protection^{1,3}



INDICATIONS

- Pressure ulcers^{6,7}
- Leg ulcers
- First- and second-degree burns⁸
- Moderate to heavily draining partial and full-thickness wounds
- Diabetic foot ulcers
- Surgical wounds
- Graft and donor sites
- Trauma wounds

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 days⁹
- Dressing change frequency will depend on amount of drainage

RECOMMENDED SECONDARY DRESSINGS

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

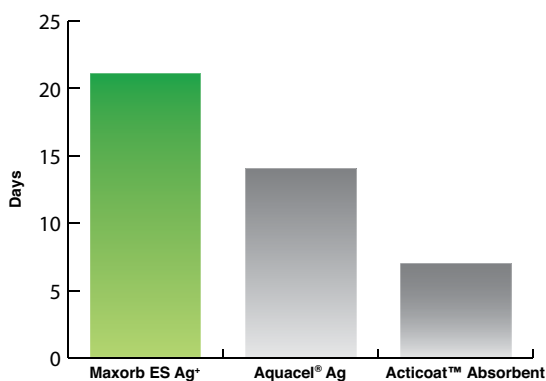
ORDERING INFORMATION

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

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


MAXORB ES AG⁺ RIBBON *For moderate to heavily draining wounds*


Item Number	Description	HCPSC	Packaging
MSC1918EP	.75" x 18" (1.9 cm x 45.7 cm)	A6199	5/bx, 10 bx/cs

Maximum Wear Time

References

1. Chakravarthy D, Falconio-West M. A comparison of the antimicrobial efficacy of two silver ion containing absorptive fiber dressings. Presented at SAWC. Las Vegas, NV. 2006.
2. Chakravarthy D, Fleck C, Falconio-West M. An evaluation of two polysaccharide-silver based high absorbency wound dressings. Presented at SAWC. Las Vegas, NV. 2006.
3. Freeman R, Bradford C. 21 day in vitro study of sustained antimicrobial activity of a new silver alginate dressing. Presented at Wounds UK. Harrogate. 2006.
4. DeLeon J, Nagel M, Hill D, Fudge M, Lucius A, Garcia B. Cost comparison of silver impregnated Hydrofiber[®] and alginate dressings. Presented at SAWC. Las Vegas, NV. 2006.
5. Data on file.
6. Chakravarthy D, Freeman R, Beele H, Meuleneire F, Nahuys M. Detailed clinical report: prospective randomized open label pilot study to evaluate a new silver alginate antimicrobial wound dressing on critically colonized chronic wounds. Internal report on file.
7. Freeman R, Beele H, Meuleneire F, Nahuys M. Results of a multicentre randomized prospective open label pilot study to evaluate a new silver alginate antimicrobial wound dressing on critically colonized chronic wounds. Presented at Wounds UK Conference. Harrogate. 2006.
8. Serena T, Chakravarthy D. Maxorb[®] Ag in the treatment of burn wounds. Symposium on Advanced Wound Care. Tampa, FL. 2007.
9. Bradford C, Freeman R, Percival SL. In vitro study of sustained antimicrobial activity of a new silver alginate dressing. The Journal of the American College of Certified Wound Specialists, Volume 1, Issue 4, Pages 117-120.

OPTIFOAM® AG+

Antimicrobial Silver Foam

Recommended Wound Conditions

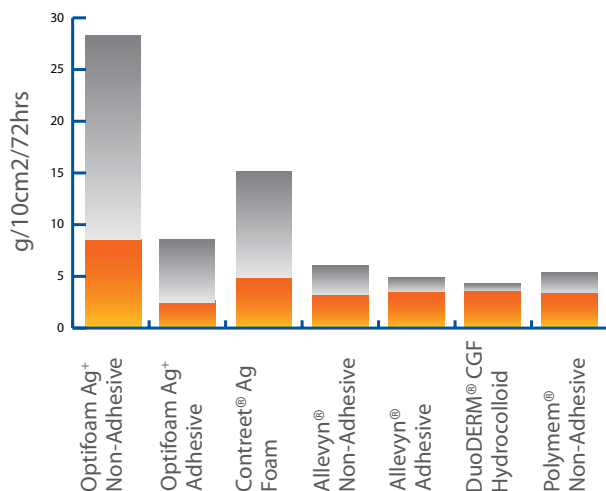
- Shallow ○ No/minimal drainage ● Primary dressing
- Deep ● Moderate/heavy drainage ○ Secondary dressing



ABOUT OPTIFOAM AG+

- Ionic silver provides an antimicrobial barrier¹
- Continuous antimicrobial protection¹
- Highly absorbent¹
- Conformable¹
- Can manage repeated bacteria introduction
- Non-staining
- Moisture vapor transmission rate (MVTR) adjusts to fluid level
- Helps create an ideal healing environment
- Waterproof outer layer
- Low friction and shear outer layer

Fluid Handling Comparative Study¹



Powerful ability to manage wound fluids.

References

1. Data on file.

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® Tape
- Gentac® Tape
- Elastic Net
- Medigrip® Tubular Bandage

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*


Item Number	Description	HCPCS	Packaging
MSC9604EP	4" x 4" (10.2 cm x 10.2 cm), 2.5" x 2.5" (6.4 cm x 6.4 cm) Pad	A6212	10/bx, 10 bx/cs

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

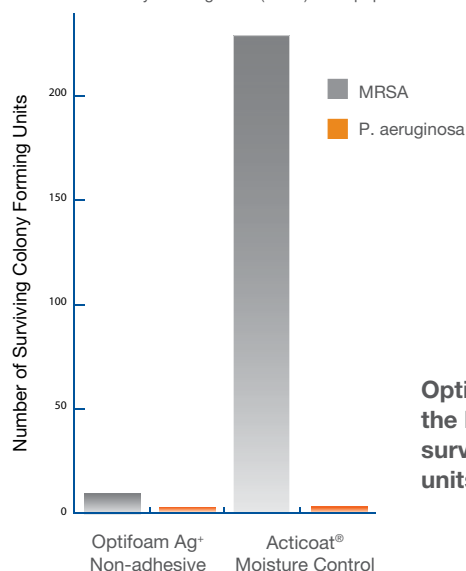

Item Number	Description	HCPCS	Packaging
MSC9606EP	6" x 5.5" (15.2 cm x 14.2 cm)	A6212	10/bx, 10 bx/cs

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


Item Number	Description	HCPCS	Packaging
MSC9614EP	4" x 4" (10.2 cm x 10.2 cm)	A6209	10/bx, 10 bx/cs

Comparative Antimicrobial Effect Study¹

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



Optifoam Ag⁺ 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
- No/minimal drainage
- Primary dressing
- Deep
- Moderate/heavy drainage
- Secondary dressing

ABOUT OPTIFOAM GENTLE AG+

- Silicone border provides gentle adhesion
- Highly conformable¹ border can be lifted and reapplied
- Moisture vapor transmission rate (MVTR) adjusts to fluid level
- Ionic silver provides an antimicrobial barrier¹
- Can manage repeated bacteria introduction
- Continuous antimicrobial protection¹
- Helps create an ideal healing environment
- Waterproof outer layer
- Highly absorbent¹
- 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

1. Data on file.

ORDERING INFORMATION

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



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



Item Number	Description	HCPCS	Packaging
MSC9744EP	4" x 4" (10.2 cm x 10.2 cm), 2.5" x 2.5" (6.4 cm x 6.4 cm) Pad	A6212	10/bx, 10bx/cs
MSC9766EP	6" x 6" (15.2 cm x 15.2 cm), 4.5" x 4.5" (11.4 cm x 11.4 cm) Pad	A6213	10/bx, 10bx/cs

OPTIFOAM® AG+ POST-OP STRIP

Antimicrobial Silver Post-Op Foam

Recommended Wound Conditions

- | | | |
|--|--|---|
| <input checked="" type="radio"/> Shallow | No/minimal drainage | <input checked="" type="radio"/> Primary dressing |
| <input type="radio"/> Deep | <input checked="" type="radio"/> Moderate/heavy drainage | <input checked="" type="radio"/> Secondary dressing |

ABOUT OPTIFOAM AG+ POST-OP STRIPS

- Ionic silver provides antimicrobial barrier¹ over incision sites
- Continuous antimicrobial protection¹
- Highly absorbent¹
- Thin, conformable 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
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⁺ POST-OP *An all-in-one dressing for post-operative wounds*

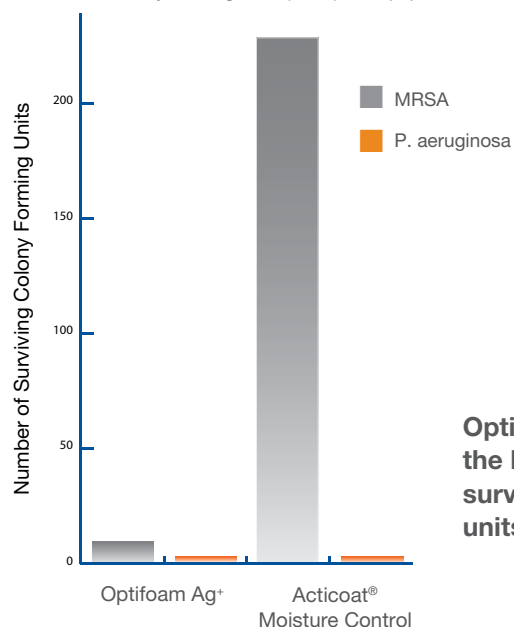

Item Number	Description	HCPCS	Packaging
MSC9636	3.5" x 6" (8.9 cm x 15.2 cm), 1.5" x 4" (3.8 cm x 10.2 cm) Pad	A6212	10/bx, 10 bx/cs
MSC96310	3.5" x 10" (8.9 cm x 25.4 cm), 1.5" x 8" (3.8 cm x 20.3 cm) Pad	A6212	10/bx, 10 bx/cs
MSC96314	3.5" x 14" (8.9 cm x 35.6 cm), 1.5" x 12" (3.8 cm x 30.5 cm) Pad	Pending	10/bx, 10 bx/cs

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


Item Number	Description	HCPCS	Packaging
MSC9736	3.5" x 6" (8.9 cm x 15.2 cm), 1.5" x 4" (3.8 cm x 10.2 cm) Pad	Pending	10/bx, 10 bx/cs
MSC97310	3.5" x 10" (8.9 cm x 25.4 cm), 1.5" x 8" (3.8 cm x 20.3 cm) Pad	Pending	10/bx, 10 bx/cs
MSC97314	3.5" x 14" (8.9 cm x 35.6 cm), 1.5" x 12" (3.8 cm x 30.5 cm) Pad	Pending	10/bx, 10 bx/cs

Comparative Antimicrobial Effect Study¹

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



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

SILVASORB®

Antimicrobial Silver Hydrogel and Hydrogel Sheet

Recommended Wound Conditions

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



ABOUT SILVASORB

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

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

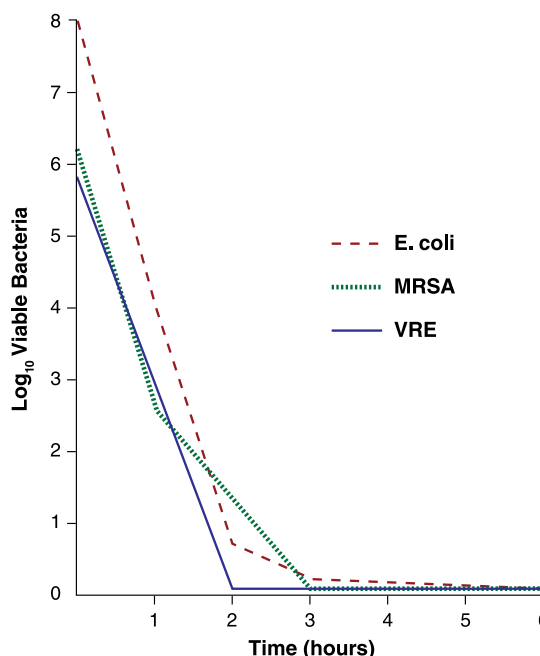
CHANGE FREQUENCY

- 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

Survival Curve with SilvaSorb¹



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

References

1. Data on file 2. Castellano JJ, Shafil SM, Ko F, Donate G, Wright TE, Mannari RJ, Payne WG, Smith DJ, Robson MC. Comparative evaluation of silver containing antimicrobial dressings and drugs. Int Wound Journal. 4: 114-122.
3. Nametka M. Silver antimicrobial hydrophilic dressing benefits management of recurrent non-healing wounds. Symposium on Advanced Wound Care. Baltimore. 2002.
4. Copty T, Kiran R, Glat P. Assessing the risk of skin irritation with the use of a silver based site dressing on pediatric patients. Symposium on Advanced Skin and Wound Care. Orlando, FL. 2007.
5. Nametka M. Antimicrobial silver polymer contact layer for treatment of venous leg ulcers. Symposium on Advanced Wound Care. Las Vegas. 2001.
6. Nametka M. A hydrophilic silver antimicrobial wound dressing for site preparation and maintenance of human skin equivalent grafts to venous leg ulcers: Technical and clinical considerations. Clinical Symposium on Advances in Skin & Wound Care, Nashville. 2000.
7. Nametka M. Silver antimicrobial absorbent wound dressing can contribute to cost control in home care. Annual Clinical Symposium on Advances in Skin and Wound Care. Dallas. 2002.
8. US Patent 6,605,751.

ORDERING INFORMATION

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*


Item Number	Description	HCPCS	Packaging
MSC93025EP	0.25 oz Tube	A6248	25/bx
MSC9301EP	1.5 oz Tube	A6248	12/cs
MSC9303EP	3 oz Tube		12/cs
MSC9308EP	8 oz Tube	A6248	6/cs
MSC9316EP	16 oz Net Weight Jar	A6248	8/cs

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*

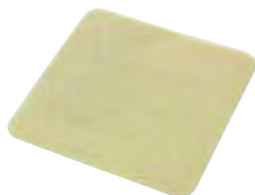

Item Number	Description	HCPCS	Packaging
MSC9310EP	1" (2.5 cm) Circular with Slit	A6242	30/cs
MSC9320EP	1.75" (4.5 cm) Circular with Slit	A6242	30/cs

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

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

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


Item Number	Description	HCPCS	Packaging
MSC9322EP	2" x 2" (5.1 cm x 5.1 cm)	A6242	5/bx, 5 bx/cs
MSC9344EP	4.25" x 4.25" (10.8 cm x 10.8 cm)	A6243	5/bx, 5 bx/cs
MSC9348EP	4" x 8" (10.2 cm x 20.3 cm)	A6243	5/bx, 5 bx/cs

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


Item Number	Description	HCPCS	Packaging
MSC9340EP	4.25" x 4.25" (10.8 cm x 10.8 cm)	A6243	5/bx, 5 bx/cs
MSC93410EP	4" x 10" (10.2 cm x 25.4 cm)	A6243	5/bx, 5 bx/cs

SILVASORB CAVITY *For cavity wounds with all drainage levels*


Item Number	Description	HCPCS	Packaging
MSC9360EP	6 g wound filler	A6262	5/bx, 5 bx/cs

DERMA-GEL®

Hydrogel Sheet

Recommended Wound Conditions

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



ABOUT DERMA-GEL

- Manages bacterial burden¹
- Highly absorbent²
- Contains 65% glycerine
- Cushions and protects wound³
- Helps create moist wound environment
- Easy to apply and remove

INDICATIONS

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

CONTRAINDICATIONS

- Patients with known hypersensitivity to glycerine

CHANGE FREQUENCY

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

DID YOU KNOW?

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



RECOMMENDED SECONDARY DRESSINGS

- Medfix® Tape
- Suresite® Film (*for waterproofing*)
- Elastic Net
- Medigrip® Tubular Bandage

References

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

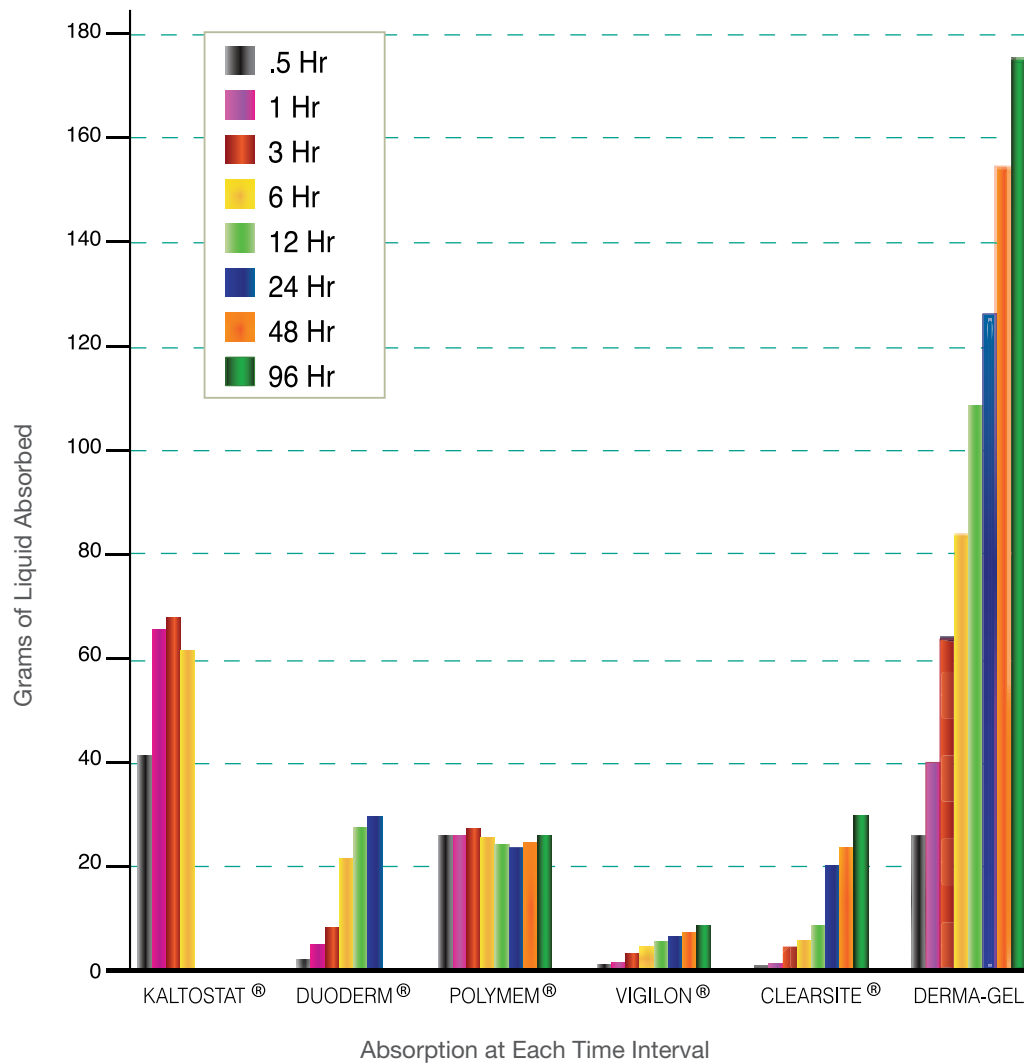
ORDERING INFORMATION

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*


Item Number	Description	HCPCS	Packaging
NON8000	4" x 4" (10.2 cm x 10.2 cm)	A6242	25/bx, 4 bx/cs

Absorption Comparison²

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 protein²
- Manages drainage³
- Longer wear time
- Low residue formula⁴
- Protective, occlusive barrier
- Satin finish backing



INDICATIONS

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

CONTRAINDICATIONS

- Third-degree burns

CHANGE FREQUENCY

- Exuderm OdorShield can 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 Exuderm® Odorshield. For more information about Sureprep No-Sting, see pg. 68.



References

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

ORDERING INFORMATION

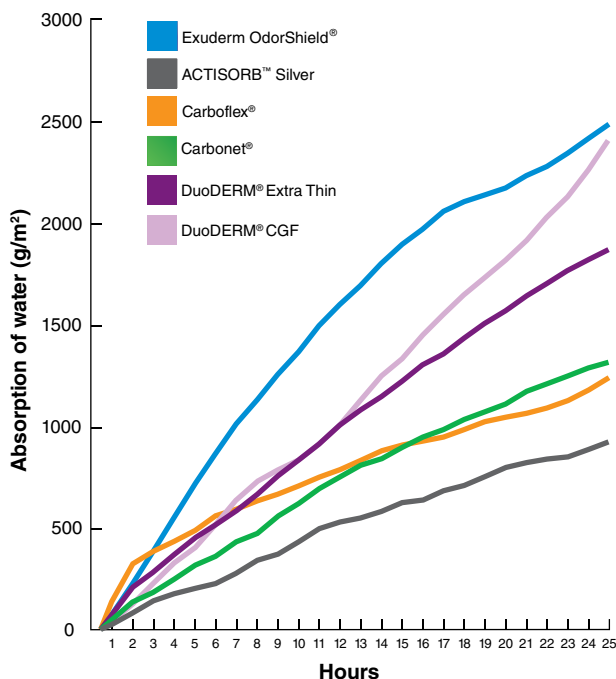
To order by the dressing, add "H" to the end of the item number.


EXUDERM ODORSHIELD *Ideal for shallow wounds with minimal drainage*

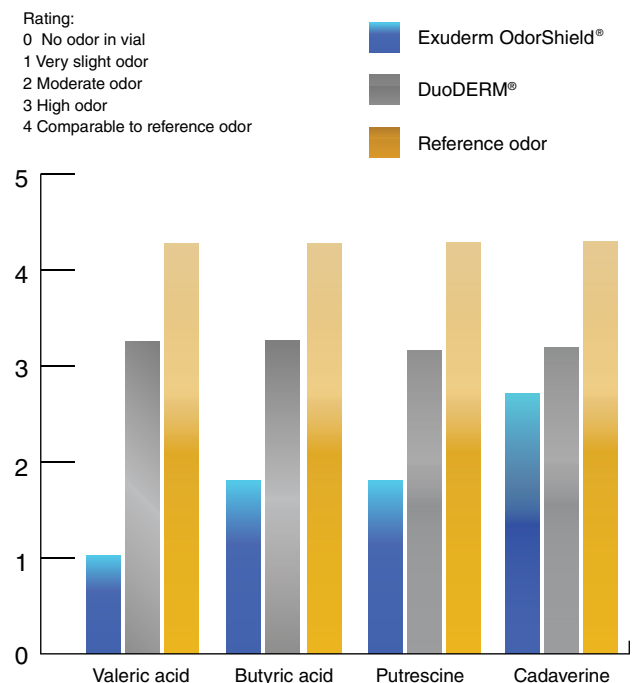

Item Number	Description	HCPSCS	Packaging
MSC5522	2" x 2" (5.1 cm x 5.1 cm)	A6234	10/bx
MSC5544	4" x 4" (10.2 cm x 10.2 cm)	A6234	10/bx
MSC5566	6" x 6" (15.2 cm x 15.2 cm)	A6235	5/bx
MSC5588	8" x 8" (20.3 cm x 20.3 cm)	A6236	5/bx

EXUDERM ODORSHIELD SACRAL *Ideal for shallow sacral wounds with minimal drainage*


Item Number	Description	HCPSCS	Packaging
MSC5570	4" x 3.6" (10.2 cm x 9.1 cm)	A6234	10/bx
MSC5575	6" x 6.5" (16.3 cm x 16.5 cm)	A6235	5/bx

Fluid Absorption⁴

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

Odor Test Results⁴

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

OPTICELL®

Gelling Fiber

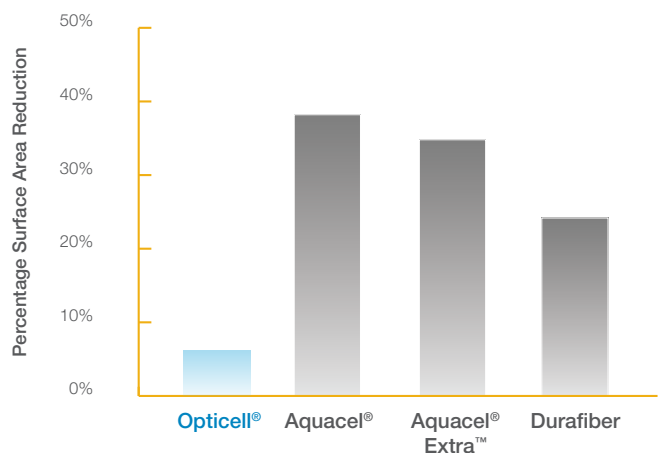
Recommended Wound Conditions

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

ABOUT OPTICELL

- Forzagel™ gelling fiber technology
- Highly conformable
- Versatile – can be used on all drainage levels
- Three times as strong as traditional Aquacel¹
- No lateral wicking – limits maceration
- Highly absorbent¹
- Maintains a moist wound-healing environment
- Surface area memory (SAM) – retains its size
- Gentle removal from the wound

Surface Area Memory (SAM) Results¹



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



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

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*



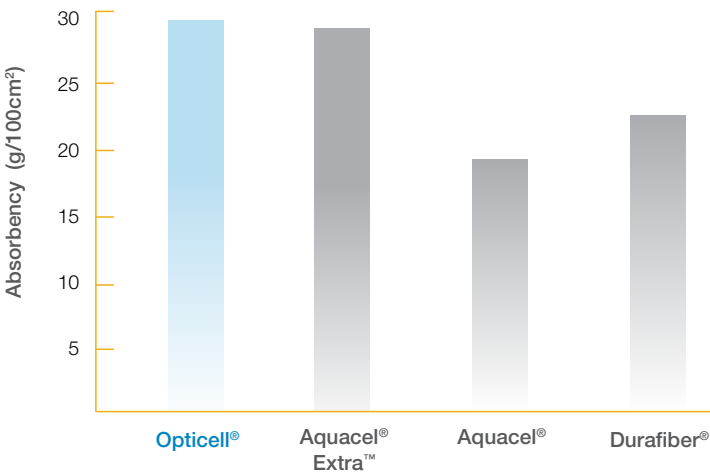
Item Number	Description	HCPCS	Packaging
MSC7822EP	2" x 2" (5.1 cm x 5.1 cm)	A6196	10/bx, 10 bx/cs
MSC7844EP	4.25" x 4.25" (10.8 cm x 10.8 cm)	A6197	10/bx, 5 bx/cs
MSC7866EP	6" x 6" (15.2 cm x 15.2 cm)	A6197	5/bx, 10 bx/cs

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



Item Number	Description	HCPCS	Packaging
MSC7818EP	0.75" x 18" (1.9 cm x 45.7 cm)	A6199	5/bx, 10 bx/cs

Absorption Study Results¹



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

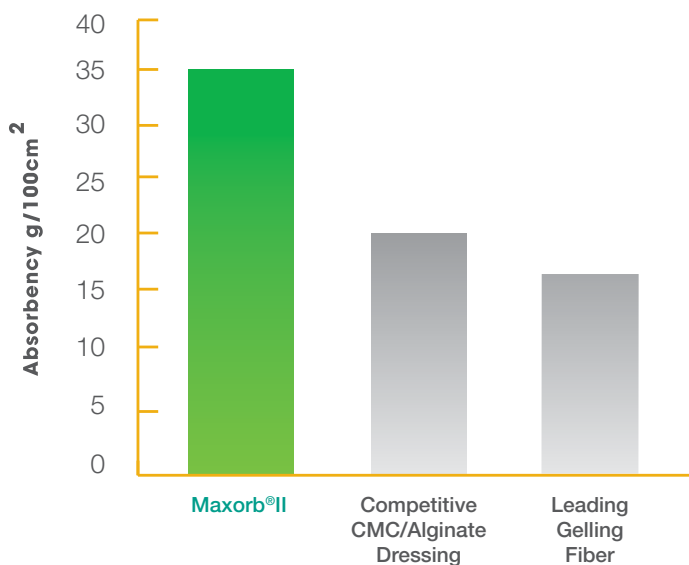
CHANGE FREQUENCY

- 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



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.

**MAXORB II SHEETS** *Ideal for moderate to heavily draining wounds*

Item Number	Description	HCPCS	Packaging
MSC7322EP	2" x 2" (5 cm x 5 cm)	A6196	10 bx, 10 bx/cs
MSC7344EP	4" x 4" (10 cm x 10 cm)	A6196	10 bx, 5 bx/cs
MSC7366EP*	6" x 6" (15.2 cm x 15.2 cm)	Pending	5/bx, 10bx/cs
MSC7348EP*	4" x 8" (10.2 cm x 20.3 cm)	Pending	5/bx, 10bx/cs

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

Item Number	Description	HCPCS	Packaging
MSC7312EP	1" x 12" (2.5 cm x 30.5 cm)	A6199	10/bx, 5 bx/cs
MSC7318EP*	1" x 18" (2.5 cm x 45.7 cm)	Pending	10/bx, 5bx/cs

* Available January 2014

MAXORB® EXTRA

CMC/Alginate

Recommended Wound Conditions

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

ABOUT MAXORB EXTRA

- Highly absorbent¹
- Superior fluid handling¹
- 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

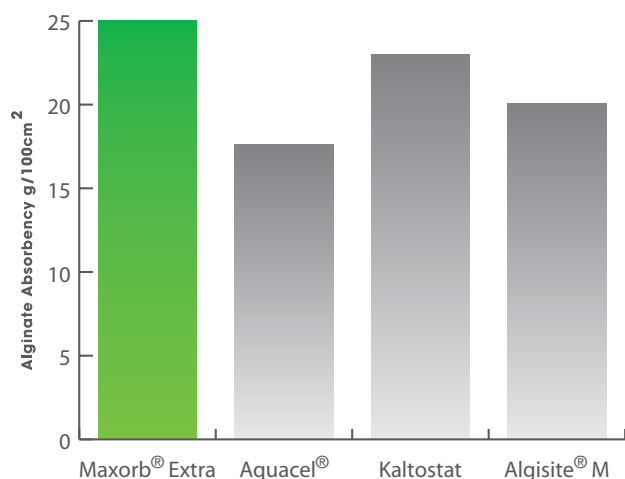
CHANGE FREQUENCY

- 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

Maxorb Extra Absorbency Comparison¹

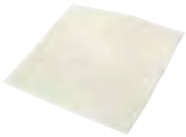


References
1. Data on file.

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.

**MAXORB EXTRA** *For moderate to heavily draining wounds*

Item Number	Description	HCPCS	Packaging
MSC7022EP	2" x 2" (5.1 cm x 5.1 cm)	A6196	10/bx, 10 bx/cs
MSC7044EP	4" x 4" (10.2 cm x 10.2 cm)	A6196	10/bx, 5 bx/cs
MSC7048EP	4" x 8" (10.2 cm x 20.3 cm)	A6197	5/bx, 10 bx/cs

MAXORB EXTRA ROPE *For moderate to heavily draining wounds*

Item Number	Description	HCPCS	Packaging
MSC7012EP	1" x 12" (2.5 cm x 30.5 cm) Rope	A6199	5/bx, 4 bx/cs

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

Item Number	Description	HCPCS	Packaging
MSC7112EP	1" x 12" (2.5 x 30.5)	A6199	5/bx, 4 bx/cs

MAXORB® ES

Reinforced CMC/Alginate

Recommended Wound Conditions

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

ABOUT MAXORB ES

- Highly absorbent¹
- Superior fluid handling¹
- Reinforced alginate ribbon
- 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

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.



MAXORB ES RIBBON *For moderate to heavily draining wounds*



Item Number	Description	HCPCS	Packaging
MSC7918EP	.75" x 18" (1.9 cm x 45.7)	A6199	5/bx, 10 bx/cs

OPTIFOAM®

Foam

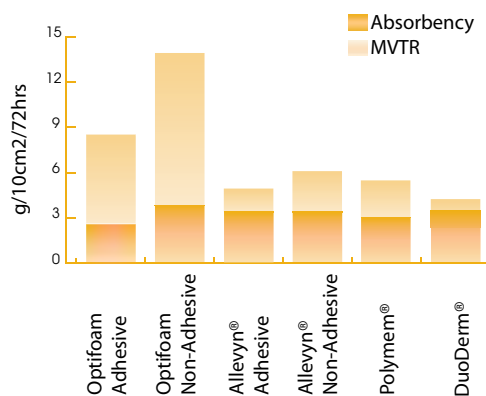
Recommended Wound Conditions

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

ABOUT OPTIFOAM

- Moisture vapor transmission rate (MVTR) adjusts to fluid level
- Highly absorbent¹
- Helps create an ideal healing environment
- Waterproof outer layer protects wound and keeps bacteria out (except Optifoam Basic)

Fluid Handling Comparative Study¹



Powerful ability to manage wound fluids due to MVTR.

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 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

ORDERING INFORMATION

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

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


OPTIFOAM ADHESIVE *An all-in-one dressing for fluid handling*


Item Number	Description	HCPCS	Packaging
MSC1044EP	4" x 4" (10.2 cm x 10.2 cm), 2.5" x 2.5" (6.4 cm x 6.4 cm) Pad	A6212	10/bx, 10 bx/cs
MSC1066EP	6" x 6" (15.2 cm x 15.2 cm), 4.5" x 4.5" (11.4 cm x 11.4 cm) Pad	A6213	10/bx, 10 bx/cs

OPTIFOAM SACRUM *Ideal for sacral wounds*


Item Number	Description	HCPCS	Packaging
MSC1065EP	6" x 5.5" (15.5 cm x 14.2 cm) Sacral	A6212	10/bx, 10 bx/cs

OPTIFOAM NON-ADHESIVE *Superb fluid handling with a variety of applications*


Item Number	Description	HCPCS	Packaging
MSC1244EP	4" x 4" (10.2 cm x 10.2 cm)	A6209	10/bx, 10 bx/cs
MSC1266EP	6" x 6" (15.2 cm x 15.2 cm)	A6210	10/bx, 10 bx/cs

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


Item Number	Description	HCPCS	Packaging
MSC1133	3" x 3" (7.6 cm x 7.6 cm)	A6209	10/bx, 10 bx/cs
MSC1133F	3" x 3" (7.6 cm x 7.6 cm) with Fenestration	A6209	10/bx, 10 bx/cs
MSC1145	4" x 5" (10.2 cm x 12.7 cm)	A6210	10/bx, 10 bx/cs

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


Item Number	Description	HCPCS	Packaging
MSC1104	4" (10.2 cm) Adhesive Dressing, 2" Pad	A6212	30/bag, 4 bags/cs
MSC1102	2" (5.1 cm) Non-Adhesive Pad	Pending	10/bx, 10 bx/cs

OPTIFOAM THIN *Highly conformable for increased patient comfort*


Item Number	Description	HCPCS	Packaging
MSC1523EP	2" x 3" (5.1 cm x 7.6 cm)	Pending	10/bx, 10 bx/cs
MSC1544EP	4" x 4" (10.2 cm x 10.2 cm)	Pending	10/bx, 10 bx/cs

OPTIFOAM® HEEL

Non-adhesive Foam

Recommended Wound Conditions

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

ABOUT OPTIFOAM HEEL

- Moisture vapor transmission rate (MVTR) adjusts to fluid level
- Highly absorbent¹
- Helps create an ideal healing environment
- Waterproof outer layer protects wound and keeps bacteria out



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.

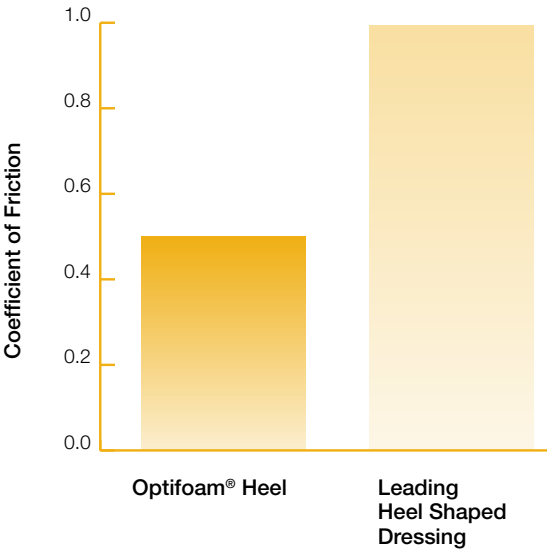


OPTIFOAM HEEL *Designed for heel wounds*



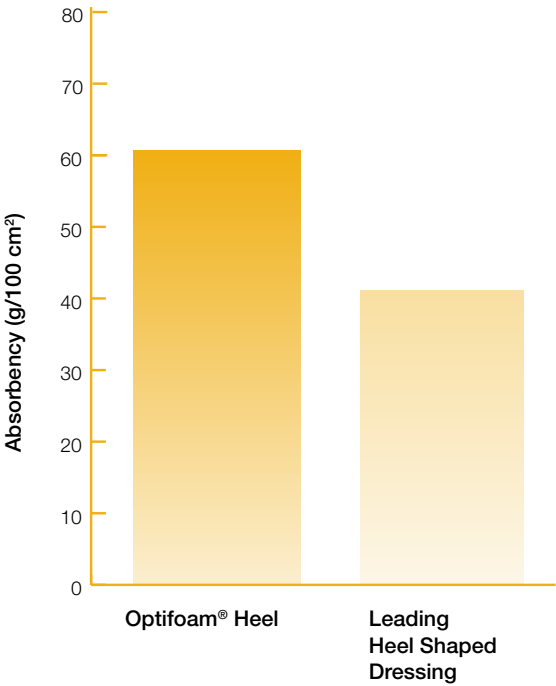
Item Number	Description	HCPCS	Packaging
MSC1200EP	Heel Shaped	A6210	5/bx, 8bx/cs

Coefficient of Friction of Film Backing¹



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

Absorption Capacity Under Compression¹



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

References
1. Data on file.

OPTIFOAM® GENTLE

Foam with Silicone Adhesive Border

Recommended Wound Conditions

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

ABOUT OPTIFOAM GENTLE

- Silicone border provides gentle adhesion
- Highly conformable¹ border can be lifted and reapplied
- Moisture vapor transmission rate (MVTR) adjusts to fluid level
- Highly absorbent¹
- Helps create ideal healing environment
- Waterproof outer layer protects wound and keeps bacteria out
- Low friction and shear outer layer

References

1. Data on file.



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*


Item Number	Description	HCPCS	Packaging
MSC2033EP	3" x 3" (7.6 cm x 7.6 cm) 1.5" x 1.5" (3.8 cm x 3.8 cm) Pad	A6212	10/bx, 10 bx/cs
MSC2044EP	4" x 4" (10.2 cm x 10.2 cm) 2.5" x 2.5" (6.4 cm x 6.4 cm) Pad	A6212	10/bx, 10 bx/cs
MSC2066EP	6" x 6" (15.2 cm x 15.2 cm) 4.5" x 4.5" (11.4 cm x 11.4 cm) Pad	A6213	10/bx, 10 bx/cs

OPTIFOAM GENTLE SACRUM *Ideal for sacral wounds*


Item Number	Description	HCPCS	Packaging
MSC2077EP	7" x 7" (17.8 cm x 17.8cm)	A6213	5/bx, 10 bx/cs
MSC20109EP	10" x 9" (25.4 cm x 22.9 cm)	A6213	5/bx, 10 bx/cs

OPTIVA® GENTLE

Foam with Super Absorbent Polymer and Silicone Adhesive Border

Recommended Wound Conditions

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

ABOUT OPTIVA GENTLE

- Super absorbent polymer locks in drainage
- Silitac™ silicone border provides gentle adhesion
- Border can be lifted and reapplied
- Two layers of foam help cushion the wound
- Low profile edges increase conformability
- Moisture vapor transmission rate (MVTR) adjusts to fluid level
- Helps create ideal healing environment
- Waterproof outer layer protects wound
- Low friction and shear outer layer



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.

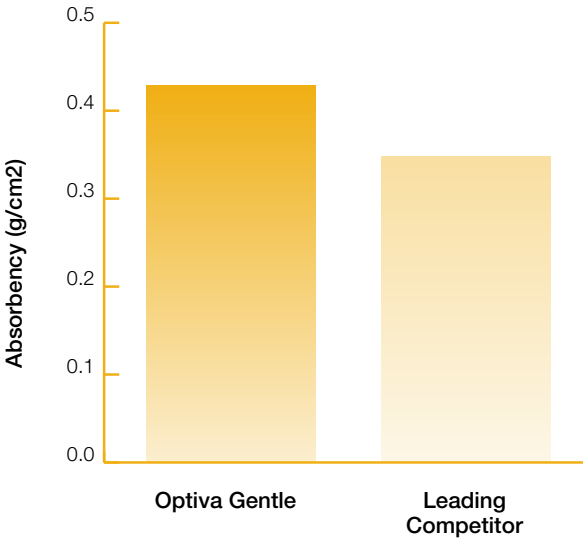


OPTIVA GENTLE *Super absorbent and gentle*



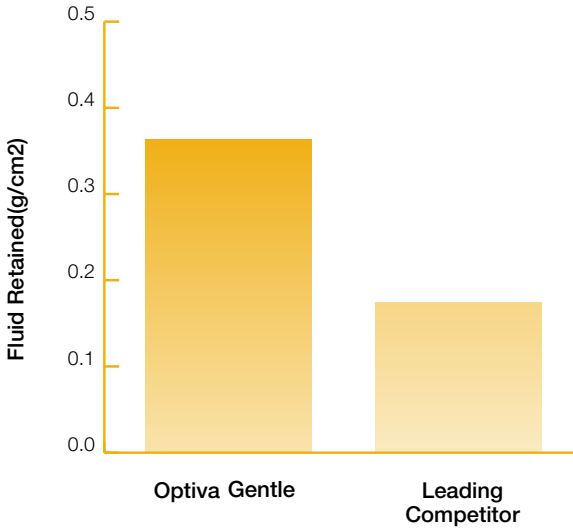
Item Number	Description	HCPCS	Packaging
MSC6633EP	3" x 3" (7.6 cm x 7.6 cm)	A6212	10/bx, 5 bx/cs
MSC6644EP	4" x 4" (10.2 cm x 10.2 cm)	A6212	10/bx, 5 bx/cs
MSC6666EP	6" x 6" (15.2 cm x 15.2 cm)	A6213	10/bx, 5 bx/cs
MSC6668EP	6" x 8" (15.2 cm x 20.32 cm)	A6213	5/bx, 5 bx/cs

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
1. Data on file. 2. Data on file.

OPTIVA® BORDER

Adhesive Foam with Super Absorbent Polymer and Adhesive Border

Recommended Wound Conditions

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

ABOUT OPTIVA

- Super absorbent polymer locks in drainage
- Adhesive facing aids in placement
- Varitac® pressure sensitive adhesive creates light adhesion on the foam facing and stronger adhesion on the border
- Two layers of foam help cushion the wound
- Low profile edges increase conformability
- Moisture vapor transmission rate (MVTR) adjusts to fluid level
- Helps create ideal healing environment
- Waterproof outer layer protects wound
- Low friction and shear outer layer



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.

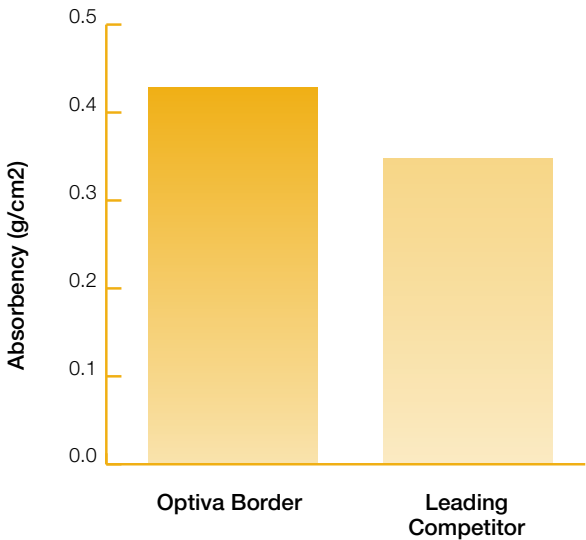


OPTIVA BORDER *Super absorbent*



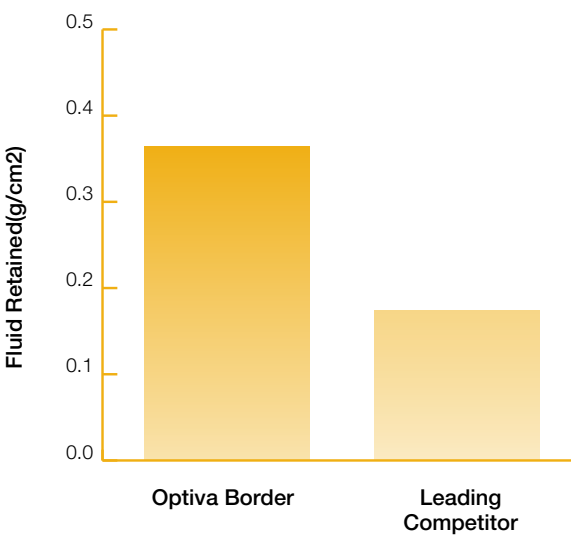
Item Number	Description	HCPCS	Packaging
MSC6733EP	3" x 3" (7.6 cm x 7.6 cm)	A6212	10/bx, 5 bx/cs
MSC6744EP	4" x 4" (10.2 cm x 10.2 cm)	A6212	10/bx, 5 bx/cs
MSC6755EP	5" x 5" (12.7 cm x 12.7 cm)	A6212	10/bx, 5 bx/cs
MSC6777EP	7" x 7" (17.8 cm x 17.8 cm)	A6213	5/bx, 5 bx/cs

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
1. Data on file. 2. Data on file.

OPTILOCK®

Super-Absorbent Polymer

Recommended Wound Conditions

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

ABOUT OPTILOCK

- Super-absorbent polymer core
- Locks in drainage under compression
- Adjusts absorption to the amount of drainage
- Protects skin from maceration
- Non-adherent wound contact layer



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.



OPTILOCK *Non-adherent and super absorbent*

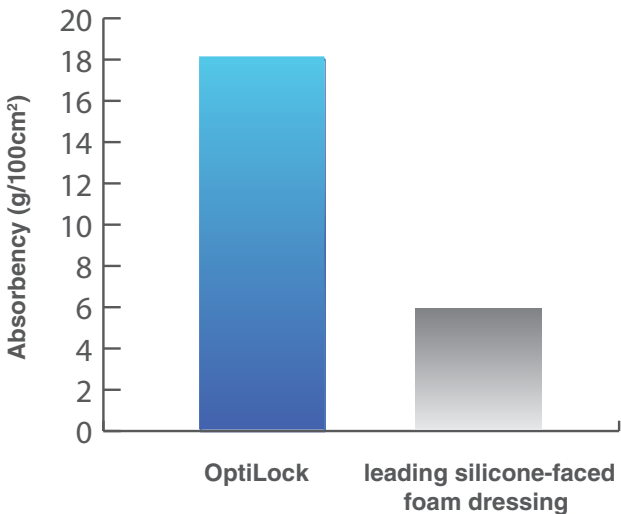


Item Number	Description	HCPCS	Packaging
MSC6433EP	3" x 3" (7.5 cm x 7.5 cm)	A6251	10/bx, 10 bx/cs
MSC6444EP	4" x 4" (10.2 cm x 10.2 cm)	A6251	10/bx, 10 bx/cs
MSC6455EP	5" x 5.5" (12.7 cm x 14 cm)	A6252	10/bx, 10 bx/cs
MSC64610EP	6.5" x 10" (16.5 cm x 25.4 cm)	A6253	10/bx, 5 bx/cs
MSC64812EP	8" x 12" (20.3 cm x 30.5 cm)	A6253	10/bx, 8 bx/cs

OptiLock Absorbs And Retains More Fluid

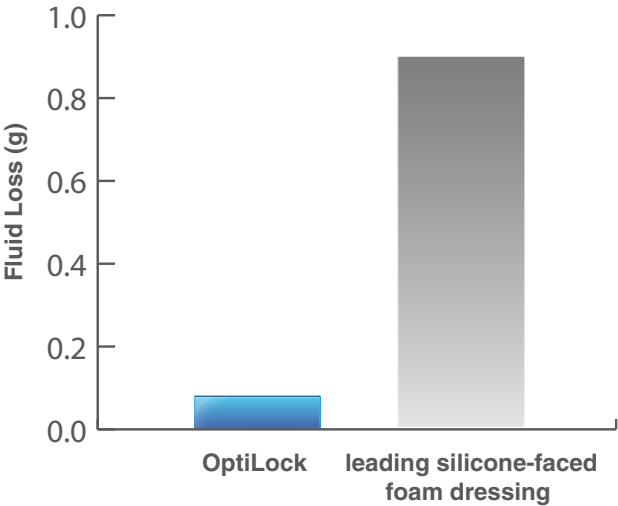
In manufacturer’s laboratory testing, Medline’s OptiLock dressings outperformed a leading silicone-faced foam dressing. OptiLock’s remarkable absorption and fluid retention capabilities raise the bar for gentle wound care.

Absorption Capacity Under Compression¹



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

Fluid Loss Under Compression¹



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

References
1. Data on file.

SKINTEGRITY®

Hydrogel and Hydrogel Impregnated Gauze

Recommended Wound Conditions

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

ABOUT SKINTEGRITY

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

Cytotoxicity Test For Skintegrity Hydrogel¹

Using Murine L929 Embryo Fibroblasts Agar Overlay Neutral Red Assay

Test Material	IDRCC #278 (Wound Gel)	Negative Control	Positive Control
Concentration % Exposure (Time)	100% 21 Hours	N/A 21 Hours	100% 21 Hours
Zone of Inhibition (mm)	0	0	0
Comments/ Observations (Grade and Reactivity)	0 / None	0 / None	Entire disk was clear/ cells dead

Skintegrity Hydrogel is not harmful to tissue.

References

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



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

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*


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

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

SKINTEGRITY HYDROGEL IMPREGNATED GAUZE *Ideal for cavity wounds*


Item Number	Description	HCPCS	Packaging
MSC6022	2" x 2" (5.1 cm x 5.1 cm), 12-Ply	A6231	1/pk, 50 pk/cs
MSC6044	4" x 4" (10.2 cm x 10.2 cm), 12-Ply	A6231	1/pk, 30 pk/cs
MSC6144	4" x 4" (10.2 cm x 10.2 cm), 12-Ply	A6231	2/pk, 30 pk/cs

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.



SURESITE®

Transparent Film

Recommended Wound Conditions

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

ABOUT SURESITE

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



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.



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*


Item Number	Description	HCPCS	Packaging
MSC2302	2.38" x 2.75" (6 cm x 7 cm)	A6257	100/bx
MSC2304	4" x 4.5" (10.2 cm x 11.4 cm)	A6257	50/bx

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*


Item Number	Description	HCPCS	Packaging
MSC2701	1.52" x 1.52" (3.9 cm x 3.9 cm)	A6257	100/bx, 4 bx/cs
MSC2703	2.4" x 2.8" (6.1 cm x 7.1 cm)	A6257	100/bx, 4 bx/cs
MSC2705	4" x 4.8" (10.2 cm x 12.2 cm)	A6257	50/bx, 4 bx/cs
MSC2706	6" x 8" (15.2 cm x 20.3 cm)	A6258	25/bx, 4 bx/cs
MSC2710	4" x 10" (10.2 cm x 25.4 cm)	A6258	25/bx, 4 bx/cs
MSC2712	8" x 12" (20.3 cm x 30.5 cm)	A6259	25/bx, 4 bx/cs

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


Item Number	Description	HCPCS	Packaging
MSC2603	2.4" x 2.8" (6.1 cm x 7.1 cm), 1.3" x 1.6" (3.3 cm x 4.1 cm) Pad	A6203	100/bx, 4 bx/cs
MSC2605	4" x 4.8" (10.2 cm x 12.2 cm), 2.4" x 3.2" (6.1 cm x 8.1 cm) Pad	A6203	50/bx, 4 bx/cs
MSC2610	3.5" x 10" (8.9 cm x 25.4 cm), 1.5" x 8" (3.8 cm x 20.3 cm) Pad	A6203	25/bx, 4 bx/cs

SURESITE® continued

Transparent Film

ORDERING INFORMATION



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



Item Number	Description	HCPCS	Packaging
MSC2402	2" x 11yd. (5.1 cm x 10 m)	Pending	1 roll/bx, 12 bx/cs
MSC2404	4" x 11yd. (10.2 cm x 10 m)	Pending	1 roll/bx, 12 bx/cs

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

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



Item Number	Description	HCPCS	Packaging
MSC2002	2" x 3" (5.1 cm x 7.6 cm)	A6257	100/bx

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



Item Number	Description	HCPCS	Packaging
MSC2502	2.37" x 2.75" (6 cm x 7 cm)	A6257	50/bx
MSC2504	4" x 4.5" (10.2 cm x 11.4 cm)	A6257	25/bx

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.



SURESITE MATRIX *Top layer allows you to trace wound margins*



Item Number	Description	HCPCS	Packaging
MSC2204	4" x 4.5" (10.2 cm x 11.4 cm)	A6258	50/bx
MSC2206	6" x 8" (15.2 cm x 20.3 cm)	A6258	10/bx, 10 bx/cs

SURESITE 2 HANDLE *Traditional delivery system*



Item Number	Description	HCPCS	Packaging
MSC2104	4" x 5" (10.2 cm x 13 cm)	A6258	50/bx

Easy Removal Instructions for Minimizing Adhesive Trauma

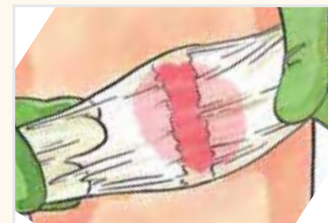
To reduce patient discomfort when removing transparent film dressings, follow these instructions:



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 integrity³
- Helps promote a natural wound environment conducive to wound healing
- Biodegradable
- Can be used in combination with negative pressure wound therapy (NPWT)⁴

ABOUT PURACOL PLUS AG+

In addition to all the benefits of Puracol Plus:

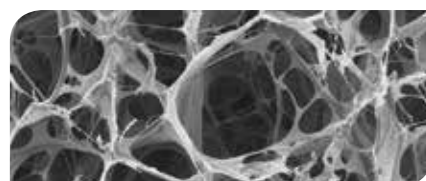
- Ionic silver provides antimicrobial barrier^{5, 6}
- Non-staining

Microscopic View¹



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.



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

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*

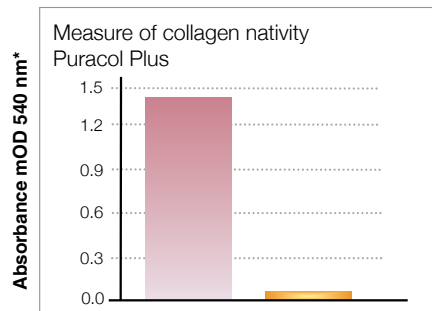


Item Number	Description	HCPCS	Packaging
MSC8622EP	2" x 2.25" (5.1 cm x 5.7 cm)	A6021	10/bx, 5 bx/cs
MSC8644EP	4.2" x 4.5" (10.8 cm x 11.4 cm)	A6022	10/bx, 5 bx/cs
MSC861X8EP	1" x 8" (2.5 cm x 20.3 cm) Rope	A6021	10/bx, 5 bx/cs

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

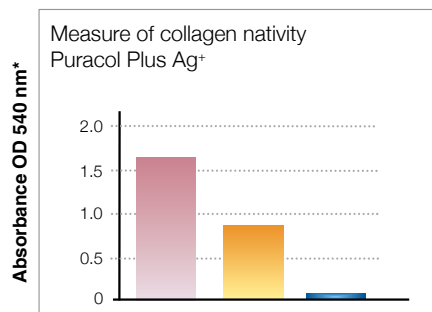


Item Number	Description	HCPCS	Packaging
MSC8722EP	2" x 2.25" (5.08 cm x 5.7 cm)	A6021	10/bx, 5 bx/cs
MSC8744EP	4.2" x 4.5" (10.8 cm x 11.43 cm)	A6022	10/bx, 5 bx/cs
MSC871X8EP	1" x 8" (2.5 cm x 20.3 cm) Rope	A6021	10/bx, 5 bx/cs



* Proportional to the extent of nativity, higher nativity is desirable.^{2,4}

■ Puracol Plus
■ Collagen/ORC



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

■ Puracol Plus Ag⁺
■ Collagen/ORC-Silver
■ Denatured Collagen-CMC-Alginate-Silver-EDTA

Reduction in bacteria levels with Puracol Plus Ag⁺

Test Organism	Log Reduction with Puracol Plus Ag ⁺
<i>Staphylococcus aureus</i> (MRSA)	5.20
<i>Enterobacter cloacae</i>	5.08
<i>Pseudomonas aeruginosa</i>	5.18
<i>Enterococcus faecalis</i> (VRE)	5.11
<i>Escherichia coli</i>	5.20
<i>Staphylococcus epidermidis</i> (coagulase-negative)	5.08

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

References

1. Data on file. 2. Picrosirius Assay to Determine Relative Nativity of Two Collagenous Dressings, internal report. 3. Comparative Physical Properties of Two Collagenous Dressings, Promogran and Puracol Plus, data on file. 4. Scott, R; Chakravarthy, D. "The use of a 100% native MicroScaffold™ Collagen in conjunction with NPWT therapy". LifeCare Hospitals of Plano; Plano, TX. Presented at SAWC Fall Course, Baltimore, MD, September 2012. 5. Sibbald RG et al, Increased bacterial burden and infection, the story of NERDS and STONES, *Advances in Skin and Wound Care* 19: 447-61, 2006. 6. The antimicrobial benefits of silver and the relevance of Microlattice® technology. *Ostomy/Wound Management*. 49 (2A), 4-7, 2003.

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

ABI Chart

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

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

Interpretation of the Ankle Brachial Index

Greater than 1.3	Abnormally high range (more studies are needed)
0.95 to 1.3	Normal range
0.80 to 0.95	Compression is considered safe at this level
0.50 to 0.80	Indicates mild to moderate arterial disease, compression should only be used under direct medical supervision
Below 0.5	Severe arterial insufficiency, compression is contraindicated



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

ORDERING INFORMATION

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


FOURFLEX *For the treatment of chronic venous insufficiency*

	Item Number	Description	HCPCS	Packaging
	MSC4400	FourFlex Kit		8 kits/cs
	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) Stretched	A6449	
	3) Compression	4" x 9.5 yd. (10 cm x 8.7 m) Stretched	A6452	
	4) Cohesive	4" x 6.9 yd. (10 cm x 6.3 m) Stretched	A6454	
	5) Medi-Strips			

THREEFLEX *For lighter compression or for mixed etiology*

	Item Number	Description	HCPCS	Packaging
	MSC4300	ThreeFlex Kit		8 kits/cs
	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) Stretched	A6449	
	3) Cohesive	4" x 6.9 yd. (10 cm x 6.3 m) Stretched	A6454	
	4) Medi-Strips			

MEDIGRIP®

Elastic Tubular Bandage

Recommended Uses

- Dressing Retention
- Light compression

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

Compression Testing of Bandages

Based on principles contained in BS 6612¹

Test Material	Test	Limb Circumference (cm)	Pressure (mm/Hg)
Medigrip	1	17.2	7.2
Tubigrip	1	17.2	5.8
Medigrip	2	18.7	7.0
Tubigrip	2	18.7	6.1

Summary:

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

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

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



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



ORDERING INFORMATION

MEDIGRIP 11 yards (10 meters) in length

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

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

MEDIGRIP 1 yard (0.91 meter) in length

Item Number	Size	Width	Application	HCPCS	Packaging
MSC9504YD	E	3.5" (8.75 cm)	Legs or small thighs	A6457	30/cs
MSC9505YD	F	4" wide (10 cm)	Large knees or thighs	A6457	30/cs
MSC9506YD	G	4.75" wide (12 cm)	Large thighs	A6457	30/cs

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

LIMB MEASUREMENT*		COMPRESSION**		
Inches	Centimeters	Low	Medium	High
4" – 5.3125"	10 cm – 13.5 cm		B	
5.3125" – 5.3125"	13.5 cm – 15 cm	C	B	
5.3125" – 9.625"	15 cm – 24.5 cm	D	C	B
9.625" – 14"	24.5 cm – 35.5 cm	E	D	C
14" – 17.6875"	35.5 cm – 45 cm	F	E	D
17.6875" – 19.875"	45 cm – 50.5 cm	G	F	E
19.875" – 23.875"	50.5 cm – 60.7 cm		G	F
23.875" – 27.6875"	60.7 cm – 70.3 cm			G

*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



Improved Knitted Design!

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.

ORDERING INFORMATION

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

**UNNA-Z**

Maintains a moist healing environment and provides light compression for venous leg ulcers



Item Number	Description	HCPCS	Packaging
NONUNNA13	3" x 10 yds (7.6 cm x 9.1 m)	A6456	12/cs
NONUNNA14	4" x 10 yds (10.2 cm x 9.1 m)	A6456	12/cs

UNNA-Z WITH CALAMINE

Maintains a moist healing environment and provides light compression for venous leg ulcers



Item Number	Description	HCPCS	Packaging
NONUNNA3	3" x 10 yds (7.6 cm x 9.1 m)	A6456	12/cs
NONUNNA4	4" x 10 yds (10.2 cm x 9.1 m)	A6456	12/cs

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.



GENTAC *Ideal for fixation on fragile skin*



Item Number	Description	HCPCS	Packaging
MSC1583	0.8" x 3.3 yd. (2 cm x 3 m)	A4452	12 rolls/bx
MSC1585	2" x 5 yd. (5.1 cm x 12.7 m)	A4452	6 rolls/bx

* Test data on file (independent lab).

MEDFIX®

Dressing Retention Tape

Recommended Use

- Dressing Retention



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*



Item Number	Description	HCPCS	Packaging
MSC4002	2" x 11 yd. (5.1 cm x 10 m)	A4452	1 roll/bx
MSC4004	4" x 11 yd. (10.2 cm x 10 m)	A4452	1 roll/bx
MSC4006	6" x 11 yd. (15.2 cm x 10 m)	A4452	1 roll/bx

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

MEDFIX EZ *Linerless with 2" perforations*



Item Number	Description	HCPCS	Packaging
MSC4102	2" x 11 yd. (5.1 cm x 10 m)	A4452	12 rolls/bx
MSC4104	4" x 11 yd. (10.2 cm x 10 m)	A4452	12 rolls/bx
MSC4106	6" x 11 yd. (15.2 cm x 10 m)	A4452	12 rolls/bx
MSC4124	4" x 2 yd. (10.2 cm x 1.8 m)	A4452	12 rolls/bx

Adhesive Island Wound Dressings

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

BORDERED GAUZE
ADHESIVE ISLAND WOUND DRESSING

Features:

- Cleans and Protects
- Absorbs Drainage
- Partial and Full Thickness Wounds

Change Frequency:

- Up to 7 Days*

Medline

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

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

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

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

- N/A

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*

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

STRATASORB COMPOSITE *Waterproof, convenient secondary dressing*

Item Number	Description	HCPCS	Packaging
MSC3044	4" x 4" (10.2 cm x 10.2 cm), 2.5" x 2" (6.4 cm x 5.1 cm) Pad	A6203	10/bx, 10 bx/cs
MSC3066	6" x 6" (15.2 cm x 15.2 cm), 4" x 4" (10.2 cm x 10.2 cm) Pad	A6203	10/bx, 10 bx/cs
MSC3068	6" x 7.5" (15.2 cm x 19.1 cm), 4" x 6" (10.2 cm x 15.2 cm) Pad	A6204	10/bx, 10 bx/cs
MSC30410	4" x 10" (10.2 cm x 25.4 cm), 2" x 8" (5.1 cm x 20.3 cm) Pad	A6203	10/bx, 10 bx/cs
MSC30414	4" x 14" (10.2 cm x 35.6 cm), 2" x 12" (5.1 cm x 30.5 cm) Pad	A6204	10/bx, 10 bx/cs

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*



Item Number	Description	Packaging
MSC6008	8 oz. (236 ml) Spray Bottle	6/cs
MSC6016	16 oz. (472 ml) Spray Bottle	6/cs

MARATHON®

Cyanoacrylate Skin Protectant

Recommended Uses

- Protection from adhesive trauma
- Protection from corrosive fluids
- Protection from friction



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



MARATHON LIQUID SKIN PROTECTANT *For powerful skin protection*



Item Number	Description	HCPSCS	Packaging
MSC093005	0.5 g ampule	A6250 (Protectant) A5120 (Skin prep)	10/bx
MSC093001	0.5 g ampule	A6250 (Protectant) A5120 (Skin prep)	5/bx

SUREPREP®

SUREPREP® NO-STING

Skin Protectants

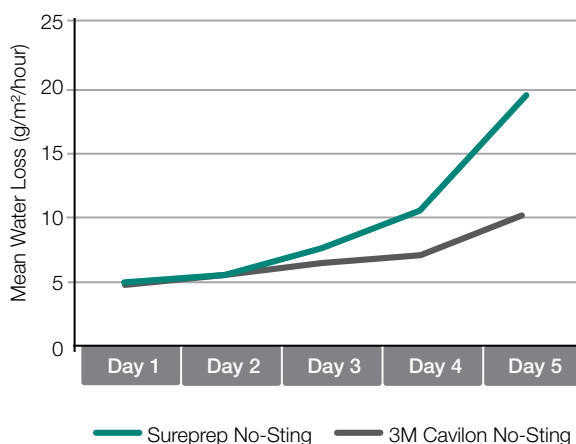
Recommended Uses

- Protection from adhesive trauma ● Protection from corrosive fluids

ABOUT SUREPREP AND SUREPREP NO-STING

- Protects from adhesive stripping^{1,2}
- Safe for delicate skin³
- Outperformed 3M Cavilon® in controlled study
- Fast drying⁵
- Vapor permeable
- Creates a waterproof barrier on periwound skin
- Protection from friction and body fluids
- Transparent

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



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 catheter sites and full- or partial-thickness wounds

CHANGE FREQUENCY

- With every dressing change

RECOMMENDED SECONDARY DRESSINGS

- N/A

References

1. Chakravarthy D, Falconio-West M. A Randomized, Controlled Trial of Two Sting Free Polymeric Skin Barrier Products, One Water Based, the Other Solvent Based. Presented at Clinical Symposium on Advances in Skin and Wound Care. Nashville, TN. 2007.
2. Test data on file (independent lab).
3. 510(k) K051082, WOVE, 2005.
4. Shannon RJ, Chakravarthy D. Effect of a water-based no-sting, protective barrier formulation and a solvent containing similar formulation on skin protection from medical adhesive trauma. Int Wound J. 2009 Feb;6(1):82-8.
5. Data on file.

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*

Item Number	Description	HCPCS	Packaging
MSC1505	No-Sting Protective Wipes	A5120, A6250	50/bx, 10 bx/cs

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

Item Number	Description	HCPCS	Packaging
MSC1510	No-Sting Wand Applicator, 1 ml	A5120, A6250	25/bx, 5 bx/cs
MSC1513	No-Sting Wand Applicator, 3 ml	A5120, A6250	25/bx, 4 bx/cs

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*

Item Number	Description	HCPCS	Packaging
MSC1528	Sureprep No-Sting Spray, 28 ml	A4369, A6250	12/cs

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*

Item Number	Description	HCPCS	Packaging
MSC1500	Skin Protective Wipes	A5120, A6250	50/bx, 20 bx/cs

ADHESIVE TAPE REMOVER PADS

Use to ease removal of adhesive tape and adhesive residue

Item Number	Description	Packaging
MDS090855	Adhesive Remover Pad	100/bx, 1000/cs

VERSATEL®

Silicone Contact Layer

Recommended Uses

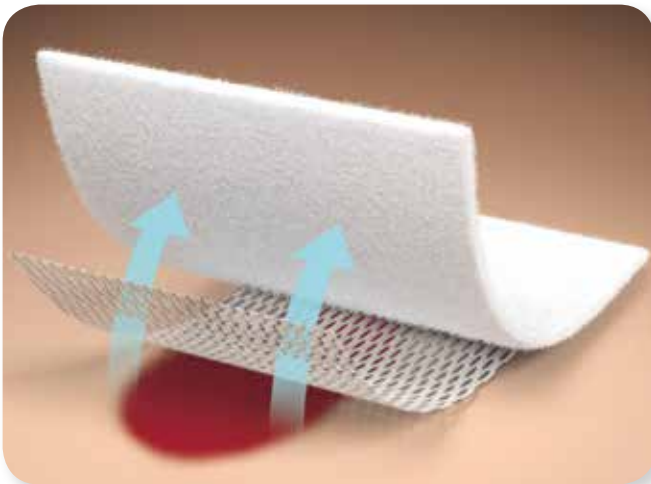
- To prevent secondary dressing adhesion to the wound

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

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



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

References

1. Independent laboratory testing. Test reports on file.
2. Mulder GD. Quantifying wound fluids for the clinician and researcher. *Ostomy Wound Manage.* 1994;40(8):66-69.
3. Independent laboratory testing. Test reports on file.

ORDERING INFORMATION

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



VERSATEL *Ideal for painful ulcers*



Item Number	Description	HCPCS	Packaging
MSC1723EP	2" x 3" (5.1 cm x 7.6 cm)	A6206	10/bx, 5 bx/cs
MSC1734EP	3" x 4" (7.6 cm x 10.2 cm)	A6206	10/bx, 5 bx/cs
MSC1747EP	4" x 7" (10.2 cm x 17.8 cm)	A6207	10/bx, 5 bx/cs
MSC17812EP	8" x 12" (20.3 cm x 30.5 cm)	A6208	5/bx, 5 bx/cs

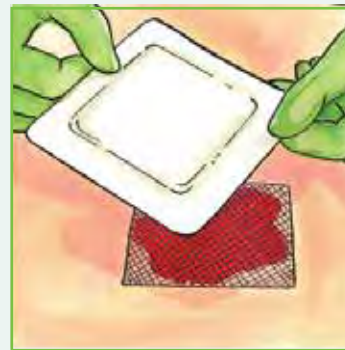
Easy Application Instructions



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

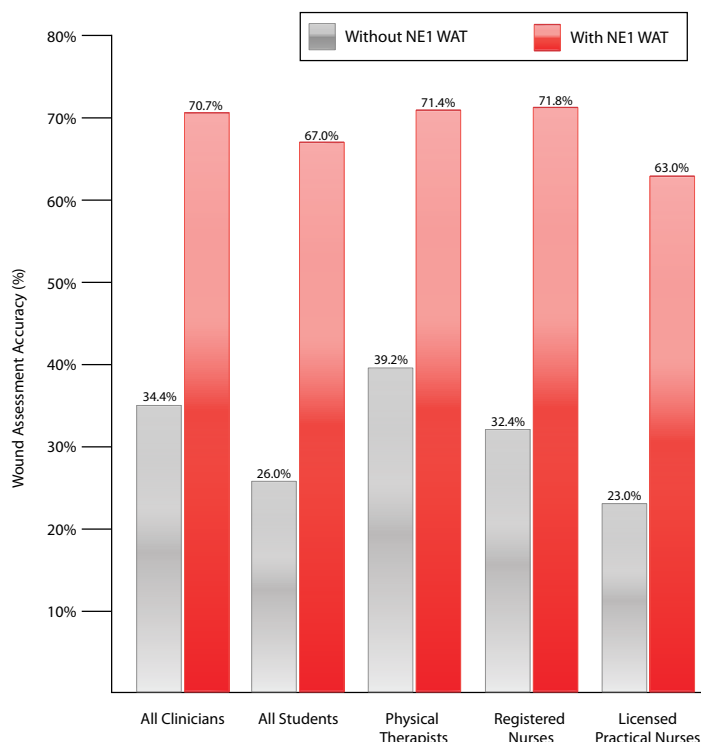
CONTRAINDICATIONS

- 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

1. Young DL, Estocado N, Landers MR, Black J. A Pilot Study Providing Evidence for the Validity of a New Tool to Improve Assignment of National Pressure Ulcer Advisory Panel Stage to Pressure Ulcers. *Advances in Skin & Wound Care*. April 2011; (24)4:168-75

ORDERING INFORMATION


NE1 WOUND ASSESSMENT TOOL *Accurate Identification, consistent documentation*


Item Number	Description	Packaging
MSCNE1TOOL	Wound Assessment Tool	100/bx
MSCNE1TOOLPK	Wound Assessment Tool	10/bx

NE1 Photographic Wound Documentation Guide

NE1™ PHOTOGRAPHIC WOUND DOCUMENTATION

LOCATION (ANATOMICAL SITE):

Mark Wound Location

Write on the Tool:

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

● Frame the NE1 Wound Assessment Tool around the wound (12 O'clock Position).

● Do not wrap tool around the body. Keep flat to maintain the tool's 90° angle.

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

● Print the picture.

● Delete pictures from the camera immediately after printing.

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

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

● Affix the photo in this box.

● Place this document in patient's Medical Record.

Nurse/PT Signature: _____ Date: _____ Time: _____

Present on Admission: ☐ YES ☐ NO

Date: _____ Time: _____

WORST TISSUE TYPE (WTT):

<input type="checkbox"/> Normal or Closed Skin (Epithelialized)	0	<input type="checkbox"/> Exposed Muscle/Tendon/Bone	4
<input type="checkbox"/> Red/Pink/Erythema (Intact skin)	1	<input type="checkbox"/> Purple/Maroon/Deep Blue (at least 10 or blood filled blister)	5
<input type="checkbox"/> Open/Exposed (Intact serum filled blister)	2	<input type="checkbox"/> Yellow (Slough)	6
<input type="checkbox"/> Red/Moist/Smooth/Shallow	2	<input type="checkbox"/> Black/Tan (Eschar)	7
<input type="checkbox"/> Red/Moist/Bumpy (Granulation)	3		

WOUND TYPE:

<input type="checkbox"/> Pressure Ulcer	<input type="checkbox"/> Suspected Deep Tissue Injury (at least III or IV)
<input type="checkbox"/> Closed	<input type="checkbox"/> Stage II
<input type="checkbox"/> Pre-Stage I	<input type="checkbox"/> Stage III
<input type="checkbox"/> Stage I	<input type="checkbox"/> Stage IV
<input type="checkbox"/> Other:	
<input type="checkbox"/> Closed	<input type="checkbox"/> Superficial
<input type="checkbox"/> Partial Thickness	<input type="checkbox"/> Full Thickness

PATIENT IDENTIFICATION

Physician Signature: _____ Date: _____ Time: _____

DETAILS:

Site (cm) (L x W): _____ Depth (cm): _____

Tunneling (cm): _____ Undermining (cm): _____

EXUDATE: ☐ Full Color: ☐ Y ☐ N

Type: ☐ None ☐ Serous ☐ Serosanguinous

Amount: ☐ None ☐ Small ☐ Moderate ☐ Large

HEALING PROGRESSION RATE (HPR): ☐ See reverse

Worst Tissue Type: 0-4

Surface Area Value (SAV): 0-400

Comments: _____

NE1™ HEALING PROGRESSION RATE (HPR)

NE1™ Healing Progression Rate uses two independent variables to provide an accurate status of the wound environment. The two variables are Worst Tissue Type (WTT) and Surface Area Value (SAV).

VARIABLE 1

Worst Tissue Type (WTT)

This is determined by the box checked on the front of this document in the section labeled Worst Tissue Type. Use the NE1 Wound Assessment tool to determine the Worst Tissue Type.

Note: Even if only a small portion of the wound is a "worse" color or score the whole wound will be scored based on this portion's tissue type.

Worst Tissue Type (WTT): _____

VARIABLE 2

Surface Area Value (SAV)

This table uses the surface area of the wound to determine the Surface Area Value (SAV). Calculate surface area by multiplying length x width of the wound bed. Then, use this table to determine value.

Value	Surface Area	Value	Surface Area
0	0.0 cm² (Normal/Closed)	11	20.1 cm² to 35.0 cm²
1	0 to 0.5 cm²	12	35.1 cm² to 50.0 cm²
2	0.6 cm² to 1.0 cm²	13	50.1 cm² to 75.0 cm²
3	1.1 cm² to 1.5 cm²	14	75.1 cm² to 100.0 cm²
4	1.6 cm² to 2.0 cm²	15	100.1 cm² to 125.0 cm²
5	2.1 cm² to 3.0 cm²	16	125.1 cm² to 150.0 cm²
6	3.1 cm² to 4.0 cm²	17	150.1 cm² to 175.0 cm²
7	4.1 cm² to 7.0 cm²	18	175.1 cm² to 200.0 cm²
8	7.1 cm² to 10.0 cm²	19	200.1 cm² to 225.0 cm²
9	10.1 cm² to 15.0 cm²	20	225.1 cm² to Over
10	15.1 cm² to 20.0 cm²		

Surface Area Value (SAV): _____

Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060

Medline United States
1-800-MEDLINE (633-6463)
www.medline.com | info@medline.com

Medline Canada
1-800-396-6996
www.medline.ca | info@medline.ca

Medline Mexico
01-800-831-0898
www.medline.mx | info@medline.mx

©2011 Medline Industries, Inc. Medline is a registered trademark of Medline Industries, Inc. NE1 is a trademark of Medline Industries, Inc. patent pending. M7211197 / L17366 / SAV / 2012 / 12

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

No Drainage	Light	Moderate	Heavy
TENDERWET ACTIVE			
THERAHONEY			
ARGLAES FILM			
	ARGLAES ISLAND		
		ARGLAES POWDER	
	SILVASORB SHEET		
	SILVASORB CAVITY		
SILVASORB GEL			
DERMA-GEL			
OPTICELL			
EXUDERM ODORSHIELD			
		MAXORB EXTRA	
		MAXORB II	
		OPTIFOAM	
		OPTIFOAM GENTLE	
		OPTIVA GENTLE/BORDER	
		OPTILOCK	
SKINTEGRITY HYDROGEL			
SURESITE			
PURACOL PLUS			
STRATASORB/BORDER GAUZE			

Note: Silver does not impact absorbcency

■ DEBRIDEMENT (AUTOLYTIC)	■ INFECTION / INFLAMMATION
■ MOISTURE BALANCE	■ EDGE / ENVIRONMENT
	■ SUPPORTIVE PRODUCTS

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:

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

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

STAGE III



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

Further description:

The depth of a stage III pressure

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

STAGE IV



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

Further description:

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

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

SUSPECTED Deep Tissue Injury (DTI)

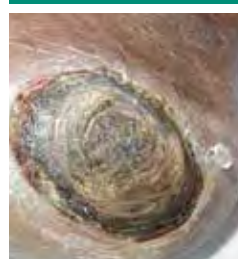


Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and/or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue.

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.

Educational Packaging

Many nurses find themselves in situations on a daily basis where valuable time is wasted searching for the right dressing. Often the wrong dressing is used or the dressing is not used properly. By listening to you, we found a way to improve this process and ensure that nurses have the information they need. It is called EP...

Educational Packaging. Products available in EP will now have an “EP” at the end of the item number.

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



Many times the outer box is thrown away and the product is distributed to the end user by the inner package. For that reason Medline provides an educational show-and-tell 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.



A Complete Compass Wound Care Program

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.



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



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 Pocket Guide

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

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

Education

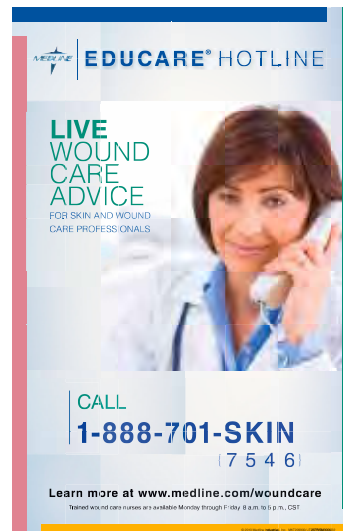
Educare® Seminars

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

Educare® Hotline Managed by Wound Care Nurse Specialists

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

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



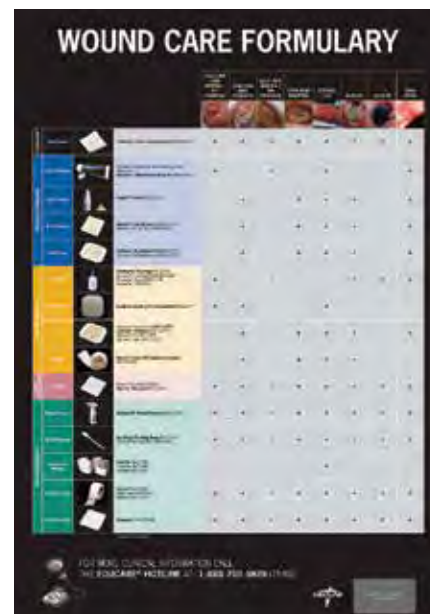
Educare® Hotline Posters available for your facility.

Product Support at www.medline.com/woundcare

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

More Than 70 Wound and Skin Care Product Specialists

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 in-servicing for your staff.



Custom Wound Care Formulary posters, for easy reference, available for your facility. Customization based on your Medline product choices.

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

Online Education

Medline University®

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



Professional healthcare education from Medline, now available on your iPhone® or iPad®.

Visit the Apple store (store.apple.com) to download the MU iPhone app and start accessing courses, newsfeeds, resources and much more – right from your iPhone or iPad!

Chart Your Progress

- Register
- Check course listings
- View your transcript

Build Your Knowledge

- Browse hundreds of articles and papers
- Watch expert presentations
- Read up-to-the-minute health news

And it's all absolutely FREE!

2-Minute Course on Wound Care is a trademark of Medline Industries, Inc.
 Acticoat is a registered trademark of T.J. Smith & Nephew Limited Corporation
 Actisorb is a trademark of Johnson & Johnson Corporation
 Algisite is a registered trademark of T.J. Smith & Nephew Limited Corporation
 Allewyn is a registered trademark of T.J. Smith & Nephew, Limited Corporation
 Arglas is a registered trademark of Giltech Limited Corporation
 Aquacel is a registered trademark of E.R. Squibb & Sons, LLC LTD Liab Co
 Bulkee is a registered trademark of Medline Industries, Inc.
 Carboflex is a registered trademark of E.R. Squibb & Sons, LLC LTD Liab Co
 Carbonet is a registered trademark of T.J. Smith & Nephew Limited Corporation
 Cavilon is a registered trademark of 3M Company
 Clearsite is a registered trademark of NDM, Inc.
 Contreet is a registered trademark of Coloplast A/S Corporation
 Derma-Gel is a registered trademark of Medline Industries, Inc.
 DuoDerm is a registered trademark of E.R. Squibb & Sons, Inc.
 Educare is a registered trademark of Medline Industries, Inc.
 EP is a trademark of Medline Industries, Inc.
 Exuderm OdorShield is a trademark of Medline Industries, Inc.
 Febreze is a registered trademark of The Procter & Gamble Company
 Forzagel is a trademark of Medline Industries, Inc.
 FourFlex is a registered trademark of Medline Industries, Inc.
 Gentac is a registered trademark of Medline Industries, Inc.
 Hydrofiber is a registered trademark of E.R. Squibb & Sons, L.L.C.
 Hydrogel is a registered trademark of Dow Pharmaceutical Sciences, Inc.
 iPhone and iPad are registered trademarks of Apple, Inc.
 Kaltostat is a registered trademark of E.R. Squibb & Sons, Inc.
 Marathon is a registered trademark of Medline Industries, Inc.

Maxorb is a registered trademark of Medline Industries, Inc.
 Medfix is a registered trademark of Medline Industries, Inc.
 Medline is a registered trademark of Medline Industries, Inc.
 Medline University is a registered trademark of Medline Industries, Inc.
 MicroScaffold is a registered trademark of Medline Industries, Inc.
 NE1 is a registered trademark of Medline Industries, Inc.
 Opticell is a registered trademark of Medline Industries, Inc.
 Optifoam is a registered trademark of Medline Industries, Inc.
 OptiLock is a registered trademark of Medline Industries, Inc.
 Optiva is a registered trademark of Medline Industries, Inc.
 Polymem is a registered trademark of Ferris Pharmaceuticals Inc.
 Promogran is a registered trademark of Johnson & Johnson Corporation
 Puracol is a registered trademark of Medline Industries, Inc.
 Puracol Plus is a trademark of Medline Industries, Inc.
 Restore is a registered trademark of Hollister Wound Care LLC LTD Liab Co
 SilvaSorb is a registered trademark of Kimberly Clark Corporation.
 Skintegrity is a registered trademark of Medline Industries, Inc.
 Stratasorb is a registered trademark of Medline Industries, Inc.
 Sureprep is a registered trademark of Medline Industries, Inc.
 Suresite is a registered trademark of Medline Industries, Inc.
 TheraHoney is a registered trademark of Medline Industries, Inc.
 TenderWet is a registered trademark of IVF Hartman AG Corporation
 ThreeFlex is a registered trademark of Medline Industries, Inc.
 Unna-Z is a registered trademark of Medline Industries, Inc.
 Versatel is a registered trademark of Medline Industries, Inc.
 Vigilon is a registered trademark of C.R. Bard, Inc.

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



SEE MEDLINE'S ADVANCED
WOUND CARE PRODUCTS ONLINE

<http://www.medline.com/wound-skin-care/>



Medline Industries, Inc.
One Medline Place
Mundelein, IL 60060

Medline United States
1-800-MEDLINE (633-5463)
www.medline.com
info@medline.com

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

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

Some products may not be available for sale in Mexico or Canada. Please contact your Account Representative for additional information. We reserve the right to correct any errors that may occur within this brochure. ©2013 Medline Industries, Inc. Medline is a registered trademark of Medline Industries, Inc. HCPCS DISCLAIMER: HCPCS codes and Home Health Consolidated Billing codes provided by Medline are intended as general guidelines only. Medline does not guarantee coverage or reimbursement of any products. You must address all coverage and reimbursement issues (including the correctness and accuracy of codes) with your individual payers. It is your responsibility to ensure the accuracy and appropriateness of each claim you submit, in accordance with all applicable payer requirements.

MKT1331864 / LIT049 / 10M / SG30