Diabetic Foot Ulcer Solutions

Taking revolutionary steps in Diabetic Foot Ulcer treatment strategies
A Diabetic Foot Ulcer (DFU) and the challenges that patients with diabetes face can be devastating.

In fact, 45% of people with diabetes who have had a lower extremity amputation pass away within 5 years.¹ Derma Sciences is committed to providing effective solutions that help clinicians overcome some of the most common barriers to effective wound healing.
Enhanced Wound Bed Preparation

**COMMON BARRIER TO HEALING:**
Presence of necrotic/non-viable tissue

**SOLUTION:**
MEDIHONEY® helps prepare the wound for healing by inciting an outflow of wound fluid which encourages autolytic debridement and the removal of necrotic tissue contains factors that can delay wound healing. Additionally, the use of MEDIHONEY® has been associated with lower wound pH levels, which have been shown to have wound healing benefits.9

MEDIHONEY® is a global leading, trusted line of medical-grade honey products for the management of acute and chronic wounds, and burns. MEDIHONEY® is supported by over 200 pieces of evidence. A prospective, randomized, controlled study (n=63) found that DFUs healed faster with MEDIHONEY® compared with conventional dressings (31 vs. 43 days, p<0.05).3

**Case Study: Comparing Efficacy of Active Leptospermum Honey**

Cecilia Gray, RN, MSN, CNS, CWON and Fatima Ishii, RN, BS, CWON
Los Angeles County + University of Southern California Medical Center, Los Angeles, CA

- 54 year old with history of coronary arterial disease, peripheral arterial disease, diabetes, hypertension, congestive heart failure and left atrium deviation.
- On Day 0 DFU measured 3 x 3 cm with 100% necrotic tissue. MEDIHONEY® was started on Day 7.
- After 2 more applications of MEDIHONEY®, on Day 23 the wound measured 2.5 x 2.0 cm and had 20% yellow stringy slough with 80% granulation tissue.

MEDIHONEY®'s high osmotic potential draws fluid to the wound surface, aiding the body’s natural processes to cleanse debris and necrotic tissue from the wound.4 The application of MEDIHONEY® is associated with a lower wound pH, which has been shown to have wound healing benefits.5-8
**COMMON BARRIER TO HEALING:**
Pressure and shear forces

**SOLUTION:**
The TCC-EZ® Healing Chamber™ promotes the healing process with an innovative total contact casting solution designed to effectively off-load plantar surface pressure while reducing shear effects on the wound during ambulation.

**Improved Efficiency and Application Speed**
The one piece roll on design requires minimal training and offers an intuitive 3 step application process to improve efficiency and reproducibility.

**Lightweight and Breathable Design**
Single layer cast with woven breathable mesh is designed to improve patient comfort while reducing the overall weight of the system.

**Enhanced Stability and Control**
Boot and cast combination provides construct stability and protection during ambulation while minimizing shear forces by reducing the patients stride length.

**Proven Clinical Results**
Significantly fewer infections were observed with TCC-EZ® when compared to traditional TCC.14

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**Case Study: Total Contact Cast – Use it Early and Often15**
Lynn Bosse, RN, WCC, Program Director, Restorix Health, Taunton, MA

- 62 year old with diabetes and multiple co-morbidities presented to clinic with left plantar DFU measuring 1.0 x 1.0 x 1.0 cm.
- Treatment with oral antibiotics and daily dressing changes initiated due to refusal of off-loading options.
- TCC-EZ® was initiated 1 month later when the wound size had not changed, measuring 1.0 x 1.0 x 0.6 cm.
- The wound edges and base were debrided at each TCC-EZ® application, along with silver alginate and foam dressing. The wound was healed in 4 weeks after implementation of TCC-EZ®.

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TCC-EZ®
TOTAL CONTACT CAST SYSTEM

Total Contact Casting is recognized as the **Gold Standard of Care** for off-loading DFUs.10-16 TCC-EZ® provides a solution that is easy to apply and enforces greater patient compliance to help halt the cycle of non-healing ulcers that can eventually lead to limb loss.
AMNIOEXCEL® is a dehydrated human amnion-derived tissue allograft with intact ECM. It easily integrates into the wound and helps provide an environment conducive to the repair, reconstruction and replacement of wound tissue.

**Clinical Evidence**

AMNIOEXCEL® is one of the only dehydrated amniotic allografts to have RCT evidence supporting its use on DFU’s.\(^{16}\)

**DRYflex™ Processing**

Preserves the inherent ECM, growth factors, and cytokines while providing an easy to apply tissue that conforms intimately with the wound surface.

**A Cost Saving Alternative**

- Comes in 11 different sizes to reduce waste
- At least 7 sizes are available for under $1,000
- Evidence shows a cost savings of 50% vs. other leading allografts on a per membrane basis (based on both cost and size availability)\(^{17}\)

**Case Study: A Prospective, Randomized, Multicenter and Controlled Evaluation of the Use of Dehydrated Amniotic Membrane Allograft Compared to Standard of Care for the Closure of Chronic Diabetic Foot Ulcers**\(^{16}\)

Snyder RJ, et al

- Patient was part of the AMNIOEXCEL® randomized controlled trial (RCT)
- Wound > 6 weeks in duration, including <30% closure rate within 2 weeks of the RCT starting
- Wound closed in 6 weeks after initial application of AMNIOEXCEL®, with only 4 applications needed
Pathway to Wound Closure
Prepare. Promote. Protect.

Using the right treatment strategy to effectively remove respective barriers associated with delayed healing in DFUs, and to break the wound management cycle, can prevent serious complications and limb loss.

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