





DRIVEN TO HEAL.

Effectively managing chronic wounds requires you to look at things differently and challenge the status quo. Medline's mission is to help you rise to the challenge by offering the broadest range of advanced wound care products in the industry and delivering a comprehensive package of educational resources. This approach ensures your facility has the tools and expertise to tackle difficult-to-heal chronic wounds.

Seeing Things Differently

Medline has a long history of rapid innovation in wound care with no intention of slowing down. The challenges you face in managing chronic wounds drive us to develop new solutions, positively affecting the quality and efficiency of care.

Medline's Latest Innovations

- » IoPlex® with I-Plexomer™ technology is the world's only controlled release iodine foam dressing
- » PluroGel® concentrated surfactant (Micelle Matrix™) technology
- » Optifoam® Gentle Post-op with Smart Stretch™ technology
- » Opticell® with Chytoform technology



EMPOWERING CLINICIANS THROUGH CUSTOMIZED SUPPORT.

Medline's clinical and educational resources provide you with support you need to raise the standard of care. As our valued customer, we invite you to review the resources available with your Medline representative to develop a unique support plan tailored to your needs.

» **Skin Health Product Specialists**

Medline product specialists are trained to help you optimally leverage the support Medline offers as you strive to enhance quality of care.

» **Educational Packaging**

Medline's award-winning educational packaging ensures that caregivers have complete step-by-step instructions for use at their fingertips.

» **Medline University**

Medline University empowers you to take, assign, and track progress on free online courses designed to enhance expertise.

» **Skin Health Hotline**

The Skin Health hotline allows access to a board-certified wound care nurse from 8am-5pm Central Standard Time Monday-Friday. **1-888-701-SKIN (7546)**

» **The NE1 Wound Assessment Tool**

This proprietary wound assessment tool is designed to dramatically increase accuracy, consistency and transparency in wound assessment.

» **Wound & Skin Care Guidelines**

Medline offers clinical support in helping you determine and communicate your treatment guidelines

» **Online Product Application Videos**

A complete library of instructional application videos helps train new staff on proper product application.

Visit: www.medline.com/awcvideos

» **Advanced Wound & Skin Care Pocket Reference Guide**

This compact booklet contains a wealth of clinical and product information. Designed to be used by caregivers as a reference tool.

DIMES – YOUR WOUND CARE NAVIGATOR

DIMES – FOR SUCCESSFUL CHRONIC WOUND CARE

Wound care professionals face diverse and complex challenges. That's why Medline offers a wide variety of products and programs that help clinicians deliver world-class care tailored to any given clinical context.

Throughout this catalogue, you'll find evidence-based products*, information and resources, all organized around the DIMES system of wound bed preparation and treatment.

*Contact Medline Industries, Inc. for data related to the products mentioned herein.

D

Debridement (Autolytic)

The removal of nonviable tissue by creating an optimal moist wound environment.

- 8 PluroGel®
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I

Infection/Inflammation

Addressing bioburden and inflammation in the wound.

- 16 IoPlex®
- 20 Opticell® Ag+
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- 26 Optifoam® Gentle Ag+
- 28 Optifoam® Ag+ Post Op
- 30 Optifoam® Ag+
- 32 Primaseal® Post Op Ag+
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Moisture Balance

Achieving and maintaining moisture balance in and around the wound.

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Treating stalled wounds where epithelium fails to migrate.

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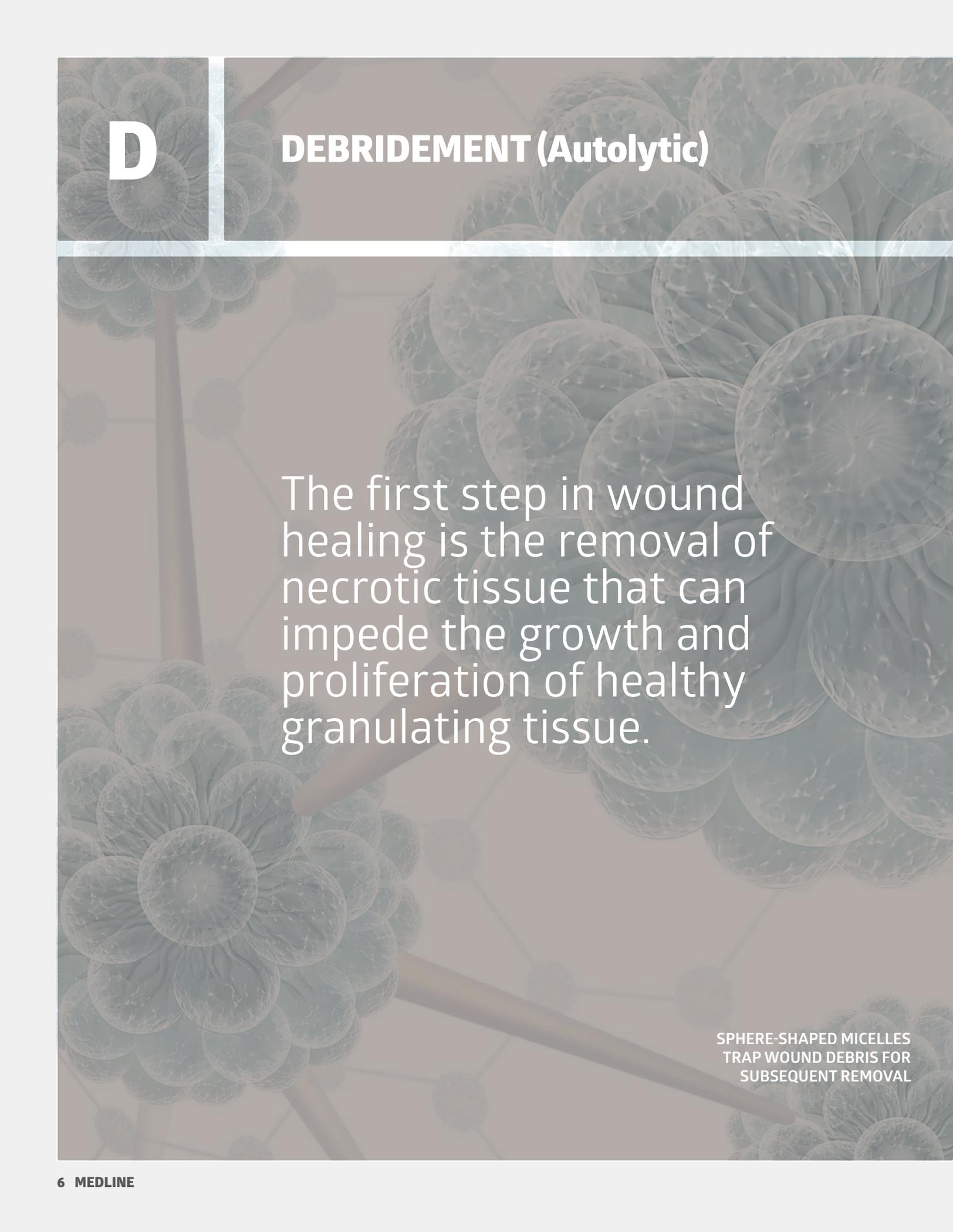
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Support Products, Services and Education

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The background features a complex illustration of sphere-shaped micelles, which are clusters of molecules with hydrophilic heads and hydrophobic tails. These micelles are shown in various sizes and orientations, some appearing to be attached to a network of interconnected nodes and lines, resembling a molecular or biological structure. The overall color palette is muted, with shades of grey, blue, and green.

D

DEBRIDEMENT (Autolytic)

The first step in wound healing is the removal of necrotic tissue that can impede the growth and proliferation of healthy granulating tissue.

SPHERE-SHAPED MICELLES
TRAP WOUND DEBRIS FOR
SUBSEQUENT REMOVAL

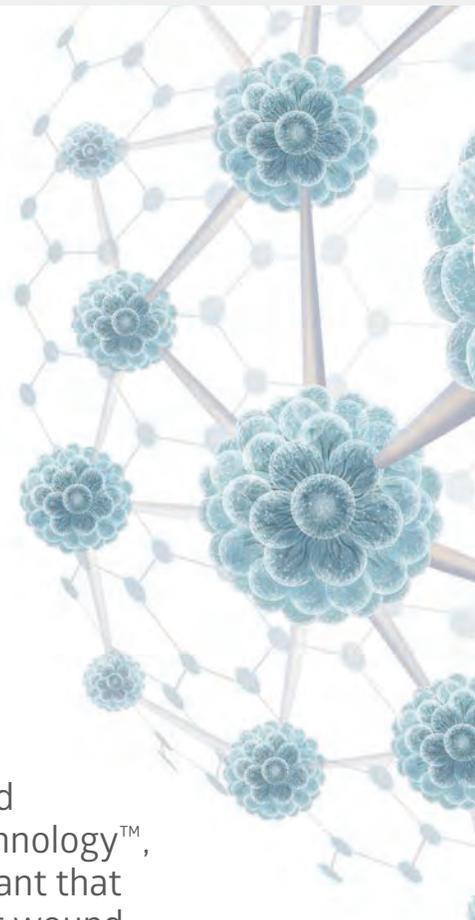
Look inside...

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PluroGel®

Burn and Wound Dressing

A Unique Approach to Wound Management.



PluroGel is a unique burn and wound dressing utilizing Micelle Matrix Technology™, a concentrated, cell-friendly surfactant that aids in maintaining an optimal moist wound healing environment. PluroGel helps to protect the wound and soften wound debris.

Promoting Patient Comfort

100% water soluble

PluroGel softens wound debris and allows it to easily rinse off at dressing change, creating a positive dressing change experience.

Gentle, non-irritating formula

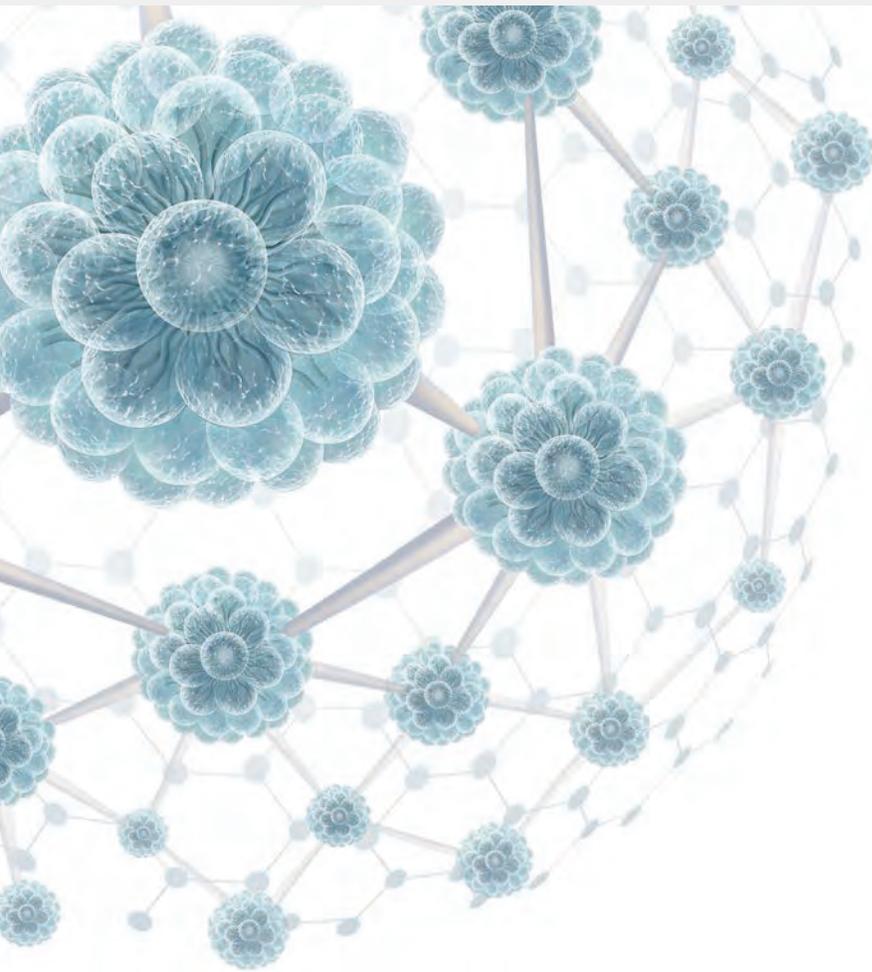
Allows for a gentle patient experience.

Better adherence to wounds

PluroGel maintains its consistency, enabling it to remain on the wound bed for better protection.



**MAINTAINS
CONSISTENCY**



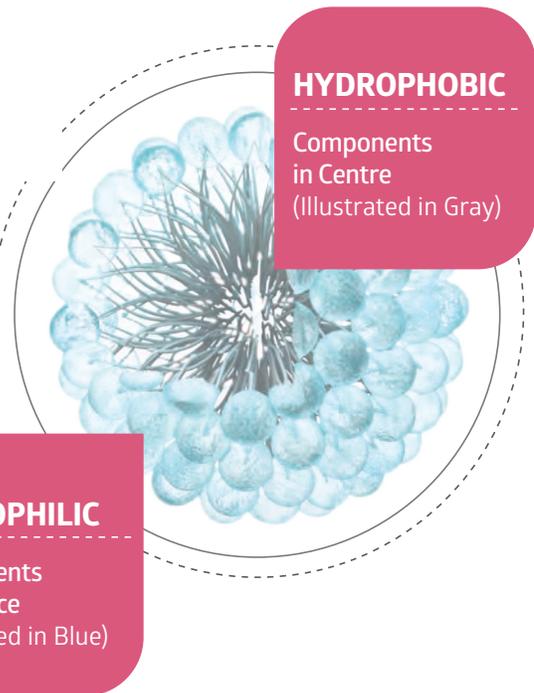
PluroGel Micelle Matrix

PluroGel's unique micelle gel matrix maintains moisture in the wound and helps control fluid loss, helping to protect the wound and to soften wound debris.

Anatomy of a Micelle

ILLUSTRATION OF A MICELLE

PluroGel's micelle matrix contains surfactant micelles. A micelle's hydrophilic surface bonds with water, facilitating movement in the wound environment. Exudate and wound debris is absorbed within the hydrophobic core, allowing for easy removal at dressing change.



HYDROPHOBIC

Components
in Centre
(Illustrated in Gray)

HYDROPHILIC

Components
on Surface
(Illustrated in Blue)

PLUROGEL®

Burn and Wound Dressing

RECOMMENDED USES

- » Partial and full-thickness wounds
- » First and second degree burns

RECOMMENDED SECONDARY DRESSINGS

- » Optifoam® Gentle
- » Stratasorb® Composite

INDICATIONS

- » Light to moderately draining wounds

CHANGE FREQUENCY

- » PluroGel should be changed daily or as needed or directed by a physician to keep wound moist.



ABOUT PLUROGEL

- » 100% water-soluble, bio-compatible, cell-friendly
- » Softer wound debris rinses off more easily at dressing change
- » Helps to create and maintain a moist microenvironment
- » Remains on the wound bed for better protection

ORDERING INFORMATION

PLUROGEL BURN & WOUND DRESSING

Item No.	Description	Pkg.
PGL020	20 Gram (0.7oz) Tube	35/cs
PGL050	50 Gram (1.75 oz) Jar	24/cs
PGL050TUBE	50 Gram (1.75 oz) Tube	12/cs
PGL400	400 Gram (14.1 oz) Jar	6/cs



Clinical Highlight

Full thickness right heel trauma wound



THERAHONEY®

100% Medical-Grade Manuka Honey

RECOMMENDED USE

- » All wound depths
- » All drainage levels
- » As a primary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Optifoam® Gentle
- » OptiLock®
- » Qwick™



INDICATIONS

- » Partial- and full-thickness wounds
- » Leg ulcers
- » Pressure injuries
- » First- and second-degree burns
- » Diabetic foot ulcers
- » Surgical and trauma wounds
- » Minor abrasions, lacerations, and cuts
- » Minor scalds and burns

CHANGE FREQUENCY

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

CONTRAINDICATIONS

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

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 odour^{2,4}
- » Creates a moist wound-healing environment⁴
- » Should be paired with an absorbent dressing⁵
- » Compatible with silver dressings and wound cleanser surfactants⁶

DID YOU KNOW?

TheraHoney draws fluid from the wound bed, encouraging autolytic debridement. Use Qwick in conjunction with TheraHoney for optimal absorbency. For more information on Qwick, see pg. 50.



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.

ORDERING INFORMATION

THERAHONEY® GEL

Ideal for partial- and full-thickness wounds with minimal drainage

Item No.	Description	Pkg.
MNK0005	0.5-oz. (14.2 g) Tube	10/bx
MNK0015	1.5-oz. (42.5 g) Tube	12/cs



THERAHONEY SHEET

Ideal for easy handling and application

Item No.	Description	Pkg.
MNK0077	4 x 5" (10.2 x 12.7 cm) Sheet	10/bx

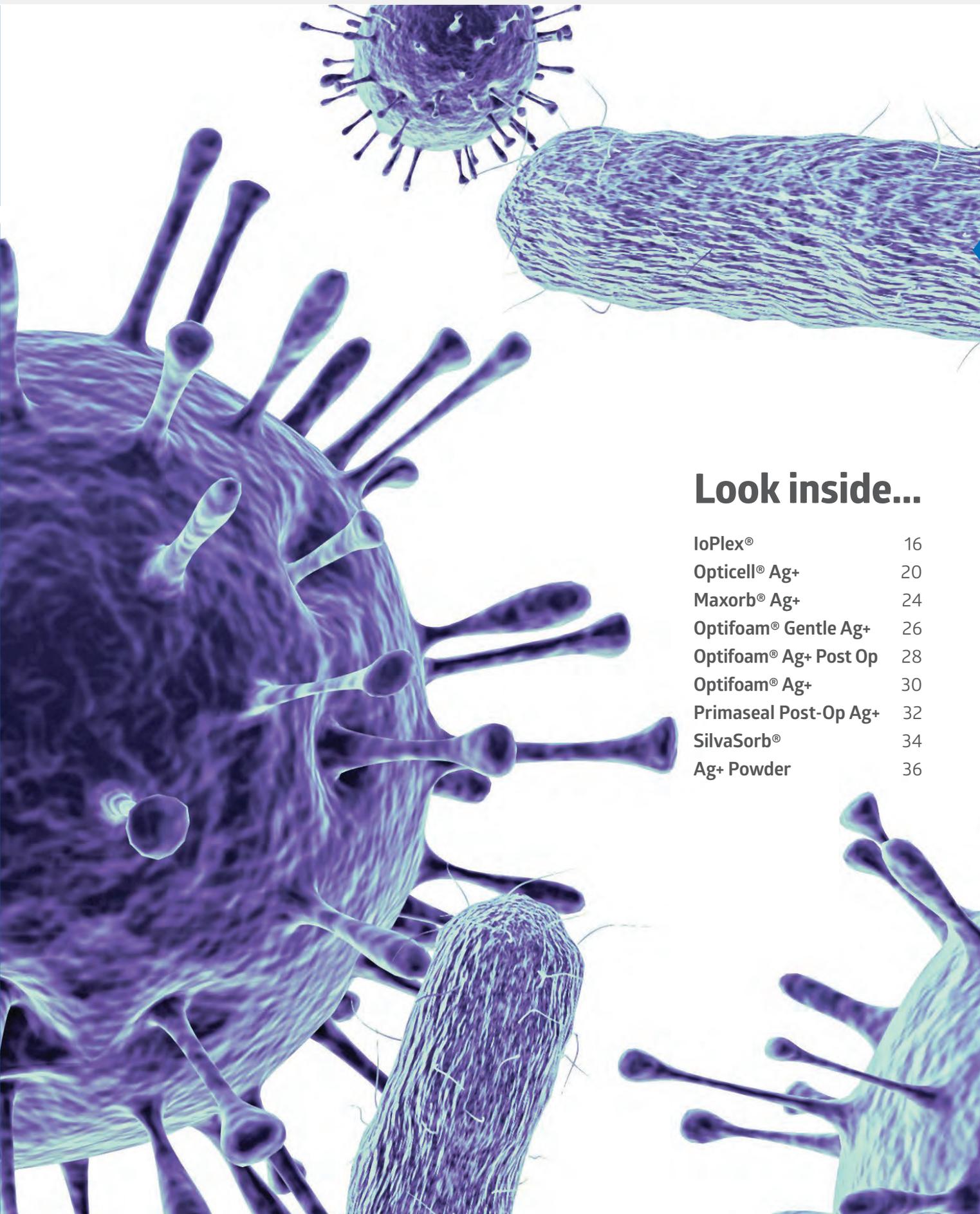


I

INFECTION/INFLAMMATION

Potentially harmful microorganisms contaminate nearly all wounds. Actively managing bioburden and infection risk is key to effective wound management.

ANTIMICROBIAL SILVER DRESSINGS
MANAGE BIOBURDEN TO HELP
PREVENT DELAYED HEALING
DUE TO INFECTION.



Look inside...

IoPlex®	16
Opticell® Ag+	20
Maxorb® Ag+	24
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Optifoam® Ag+	30
Primaseal Post-Op Ag+	32
SilvaSorb®	34
Ag+ Powder	36

IOPLEX[®]

Iodophor Foam Dressing

LET IODINE TAKE BIOFILM TO TASK.

More than 90% of chronic wounds contain biofilm, which stalls wound healing and contributes to chronicity. Biofilm is very difficult to remove because it firmly adheres to surrounding tissue and it is highly tolerant to antibiotics. Not even debridement adequately manages biofilm.¹

Enter iodine. Long known as a powerful antiseptic, numerous in-vitro studies demonstrate its superiority to other antibacterial agents—including silver—at controlling biofilm.^{2,3,4,5}



What is biofilm?

Biofilms are bacterial structures physically attached to a surface and characterized by significant tolerance to antibiotics and biocides. Their existence is argued as the single most important cause of delayed wound healing.⁶



Why iodine?

Iodine has been used in wound care since the American Civil War. Although quite cytotoxic in its native state, the iodine of today is bonded to a carrier molecule for a gentler release that maintains efficacy against microorganisms.⁷

UNLOCK HEALING POTENTIAL WITH IOPLEX.

IoPlex with I-Plexomer™ technology is the world's only controlled release iodine foam dressing.

A proprietary controlled-release system allows for regulated and sustained infection management through the slow release of iodine within the wound dressing.



IoPlex demonstrated a 4 log or greater kill against MRSA in **5 min** and *P. aeruginosa* in **30 min**⁸

Highly absorbent, gentle and stackable.
Easy to apply and remove.



Reduces bacterial burden within the wound dressing



Effectively removes exudate and debris



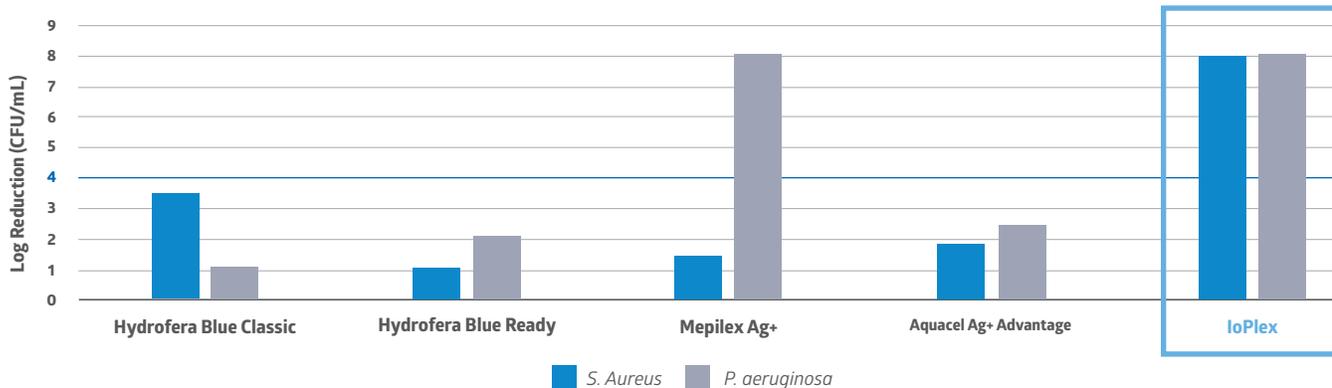
Sustained release over 24 to 72 hours



Can be cut to shape of wound and stacked

IoPlex Manages Biofilm In-Vitro

In-vitro testing showed that IoPlex had a greater than 4 log reduction against *S. aureus* and *P. aeruginosa* biofilm strains.⁸ Clinical significance of these findings have not been determined.



References: 1. Attinger C and Wolcott R. Clinically addressing biofilm in chronic wounds. *Advances in Wound Care*. 2012;1(3):127-132. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3839004/>. Accessed September 16, 2019. 2. Phillips PL, Yang Q, Sampson E, Schultz G. Effects of antimicrobial agents on an in vitro biofilm model of skin wounds. *Advances in Wound Care*. 2010; 1:299-304. 3. Hill KE, Malic S, McKee R, Rennison T, Harding KG, et al. An in vitro model of chronic wound biofilms to test wound dressings and assess antimicrobial susceptibilities. *Journal of Antimicrobial Chemotherapy*. 2010; 65(6):195-206. 4. Thorn RMS, Austin AJ, Greenman J, Wilkins JPG, Davis PJ. In vitro comparison of antimicrobial activity of iodine and silver dressings against biofilms. *Journal of Wound Care*. 2009;18(8):343-346. 5. Phillips PL, Yang Q, Davis S, Sampson EM, Azeke JI, et al. Antimicrobial dressing efficacy against mature *Pseudomonas aeruginosa* biofilm on porcine skin explants. *International Wound Journal*. 2015; 12(4):469-483. 6. Schultz G, Bjarnsholt T, James GA, Leaper DJ, McBain AJ, Malone M, et al. Consensus guidelines for the identification and treatment of biofilms in chronic nonhealing wounds. *Wound Repair and Regeneration*. 2017;25(5):744-757. Available at: <https://onlinelibrary.wiley.com/doi/pdf/10.1111/wrr.12590>. Accessed September 16, 2019. 7. Sibbald RG, Leaper DJ, Queen D. Iodine made easy. *Wounds International*. 2011;2(2). Available at: <https://www.woundsinternational.com/resources/details/iodine-made-easy>. Accessed September 16, 2019. 8. Data on file.

IOPLEX®

RECOMMENDED USE

- » All wound depths
- » All drainage levels
- » As a primary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Optifoam® Gentle
- » Bordered gauze
- » Stratasorb® Composite



INDICATIONS

- » Cleaning wet ulcers and wounds, including diabetic ulcers, pressure ulcers, arterial ulcers, and venous stasis ulcers
- » Infected traumatic wounds
- » Infected surgical wounds
- » Infected burns

CHANGE FREQUENCY

- » Should be changed three times a week or when at least half of the IOPLEX has changed in colour from black to yellow/off white

CONTRAINDICATIONS

- » Individuals with a history of Grave's disease, Hashimoto's thyroiditis, or goiter
- » Pregnant or lactating woman

ABOUT IOPLEX

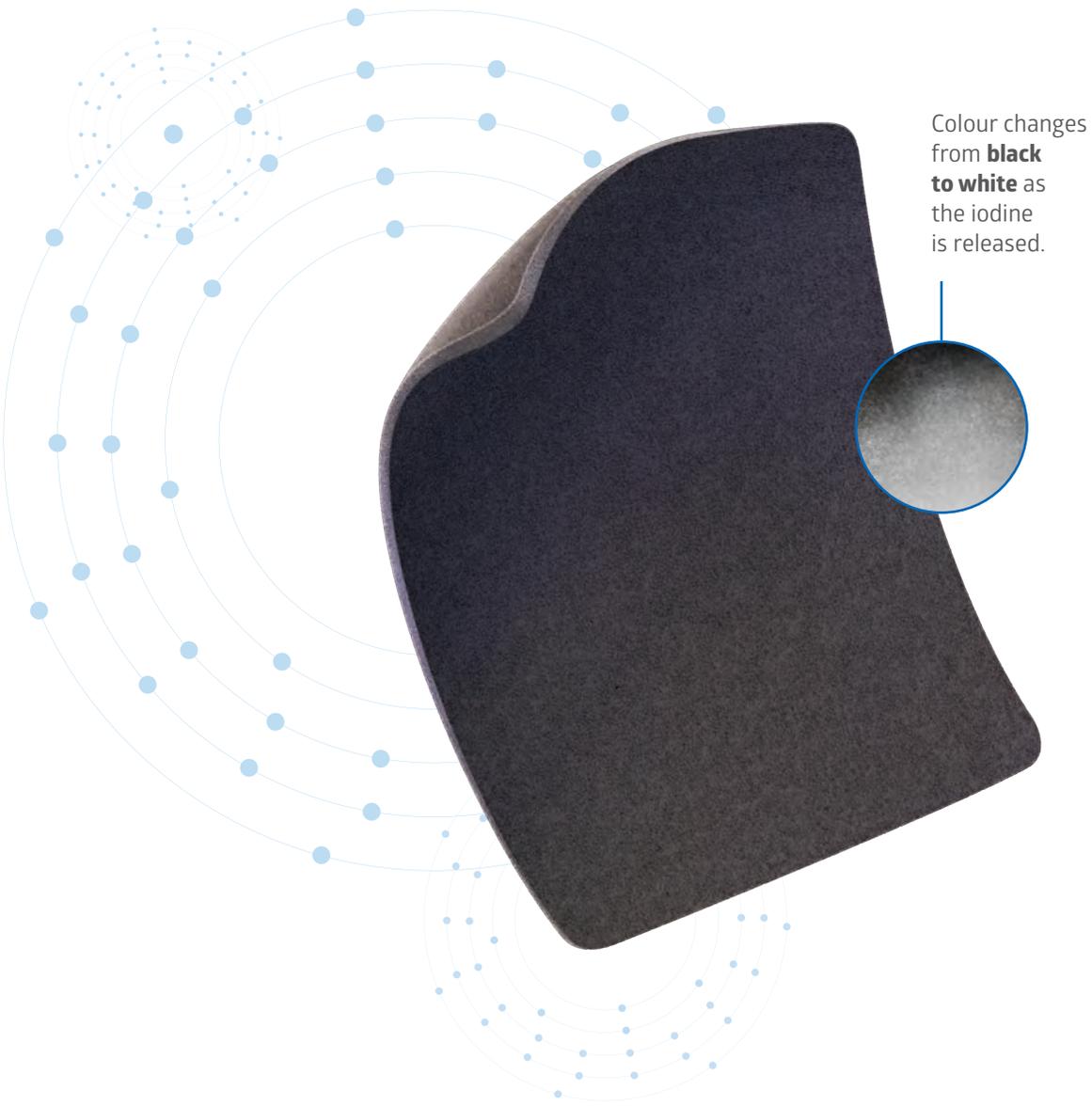
- » Proprietary I-Plexomer® technology delivers controlled-release of iodine
- » Regulated and sustained infection management
- » Iodophor foam dressing
- » Changes colour
- » Highly conformable, gentle, and stackable

ORDERING INFORMATION

IOPLEX

Iodophor Foam Dressing

Item No.	Description	Pkg.
MSC5322EP	2 x 2" (5.1 x 5.1 cm)	10/bx, 60/cs
MSC5345EP	4 x 5" (10.2 x 12.5 cm)	8/bx, 40/cs
MSC5369EP	6 x 9" (15 x 22 cm)	5/bx, 30/cs



OPTICELL® Ag+

Antibacterial Chitosan-Based Gelling Fibre

EXPECT MORE FROM YOUR GELLING FIBRE.

Opticell Ag+ utilizes Chytoform™, Medline's chitosan-based gelling fibre technology, to deliver excellent benefits to wounds. Opticell Ag+ is highly absorbent and can be moistened to address dry or lightly draining wounds.



Opticell Ag+ delivers broad spectrum antimicrobial efficacy within the dressing without harming skin cells (noncytotoxic).



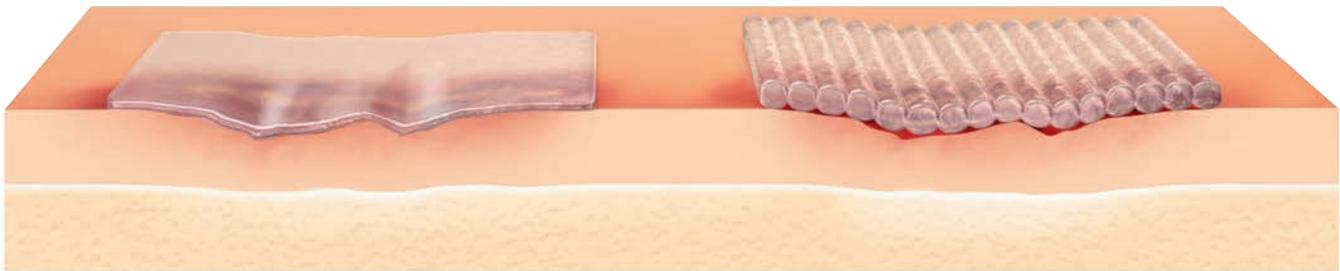
AN OPTIMAL HEALING ENVIRONMENT.

Opticell Ag+ is highly conformable and retains its shape and size in the wound better than other gelling fibres. This quality ensures that Opticell Ag+ remains in optimal and complete contact with the wound even as it absorbs moisture.



Opticell with Chytoform technology

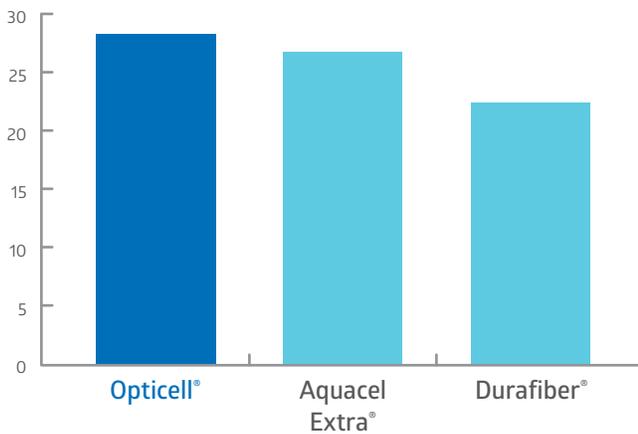
Competition (Stitched Gelling Fibre)



The smooth, thin and conformable profile provides for intimate contact with the wound.

The ridges in the dressing may lead to an uneven wound contact surface.

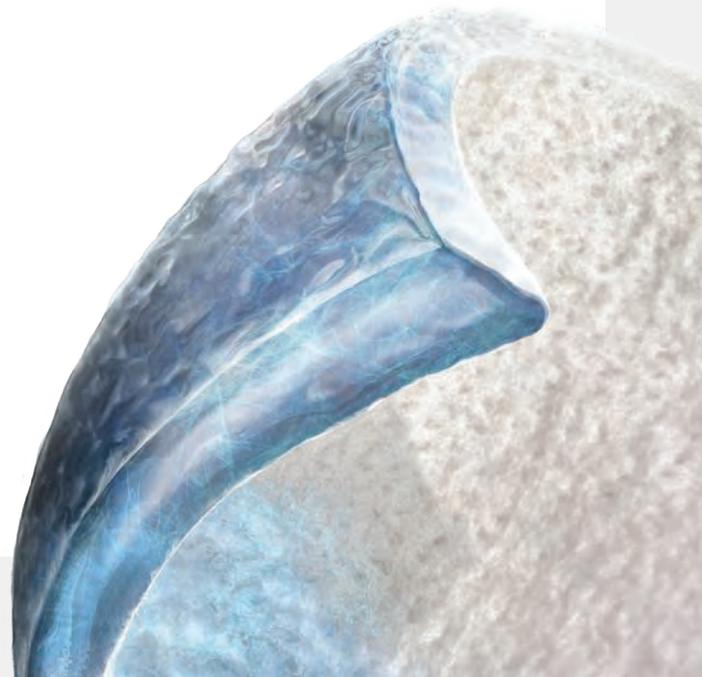
ABSORPTION STUDY RESULTS¹



Average Fluid Absorbed (g/100cm²)

Based on in vitro testing, Opticell had the highest average absorbency of the three dressings tested

Opticell's exceptional absorption capacity helps reduce dressing change frequency and limit maceration.



References
1. Data on file.

OPTICELL® Ag+

Antibacterial Chitosan-Based Gelling Fibre

RECOMMENDED USE

- » All wound depths
- » All drainage levels
- » As a primary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Optifoam® Gentle
- » Bordered gauze
- » Stratasorb® Composite

INDICATIONS

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

CHANGE FREQUENCY

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

CONTRAINDICATIONS

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



ABOUT OPTICELL Ag+

- » Chytoform™ gelling fibre technology
- » Broad spectrum antibacterial ionic silver
- » Highly conformable
- » No lateral wicking – limits maceration
- » Highly absorbent¹
- » Maintains a moist wound-healing environment
- » Surface area memory (SAM) – retains its size
- » Designed to minimize pain during removal

Clinical Highlight

***In vitro* antibacterial efficacy of Opticell Ag+**

Opticell Ag+ has been shown to effectively kill microorganisms within the dressing for up to 7 days, including:¹

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

1. Data on file.

ORDERING INFORMATION

OPTICELL Ag+ GELLING FIBRE SHEETS

Versatile antibacterial chitosan-based gelling fibre

Item No.	Description	Pkg.
MSC9822EP	2 x 2" (5.1 x 5.1 cm)	10/bx, 10 bx/cs
MSC9845EP	4 x 5" (10.2 x 12.7 cm)	10/bx, 5 bx/cs
MSC9866EP	6 x 6" (15.2 x 15.2 cm)	5/bx, 10 bx/cs
MSC98812EP	8 x 12" (20.3 x 30.5 cm)	5/bx, 10 bx/cs



OPTICELL Ag+ GELLING FIBRE RIBBON

Versatile antibacterial chitosan-based gelling ribbon, reinforced for extra strength

Item No.	Description	Pkg.
MSC9818R	0.75 x 18" (1.9 x 30.5 cm)	5/bx, 10 bx/cs



MANAGE PATIENT COMFORT AT THE DONOR SITE

When moistened with fluid and exudate, the absorbent fibres transform into a gel.

After harvesting the donor skin, Opticell is placed over the donor site.

The gelling action enables effective management of drainage and removal of dead tissue.



What's Inside?

Chytoform is the chitosan-based gelling fibre technology inside Opticell. Chitosan is derived from shellfish, bringing the science of the ocean to wound care.

MAXORB® II Ag+

Antimicrobial Calcium Alginate Dressings

RECOMMENDED USE

- » All wound depths
- » Moderate to heavy drainage levels
- » As a primary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Optifoam® Gentle
- » Stratasorb® Composite
- » Bordered gauze



INDICATIONS

- » Pressure injuries^{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

CHANGE FREQUENCY

- » Maxorb II Ag+ may be left in place for up to 7 days⁹
- » Dressing change frequency will depend on amount of drainage

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

ABOUT MAXORB Ag+

- » Helps manage bacterial burden^{1,2}
- » Controlled-release ionic silver
- » Easy dressing changes
- » Highly absorbent⁵
- » Reduces odour⁶
- » Reinforced silver ribbon
- » Ribbon is ideal for tunneling or undermining wounds
- » Cost-effective⁴

ORDERING INFORMATION

MAXORB II Ag+

100% Calcium Alginate Antibacterial dressing

Item No.	Description	Pkg.
MSC9922EP	2 x 2" (5.1 x 5.1 cm)	10/bx, 10 bx/cs
MSC9945EP	4 x 4.75" (10.2 x 12.1 cm)	10/bx, 5 bx/cs
MSC9948EP	4 x 8" (10.2 x 20.3 cm)	5/bx, 10 bx/cs
MSC9966EP	6 x 6" (15.2 x 15.2 cm)	5/bx, 10 bx/cs
MSC99812EP	8 x 12" (20.3 x 30.5 cm)	5/bx, 10 bx/cs
MSC9912EP	1 x 12" (2.5 x 30.5 cm)	10/bx, 5 bx/cs
MSC9918EP	1 x 18" (2.5 x 45.7 cm)	10/bx, 5 bx/cs



MAXORB ES Ag+ RIBBON

CMC/Calcium Alginate ribbon dressings, Maxorb

ES is reinforced for easy removal

Item No.	Description	Pkg.
MSC1918EP	0.75 x 18" (1.9 x 45.7 cm) ES	5/bx, 10 bx/cs



References

1. Chakravarthy D, Falconio-West M. A comparison of the antimicrobial efficacy of two silver ion containing absorptive fibre 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.
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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® GENTLE Ag+

Antimicrobial Silicone Foam Dressings

RECOMMENDED USE

- » All wound depths*
- » All wound drainage levels
- » As a primary or secondary dressing

RECOMMENDED SECONDARY DRESSINGS**

- » Gentac™ tape
- » Elastic net
- » Medigrip™ Tubular Bandage

*May be used as a secondary dressing for deep wounds

**Only non-bordered dressings require a secondary dressing



INDICATIONS

- » Pressure injuries
- » Partial- and shallow full-thickness wounds
- » Surgical wounds
- » Leg ulcers
- » Diabetic foot ulcers
- » Donor sites
- » Lacerations and abrasions
- » Skin tears
- » First- and second-degree burns

CHANGE FREQUENCY

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

CONTRAINDICATIONS

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

ABOUT OPTIFOAM GENTLE Ag+

- » Silicone dressing provides gentle adhesion
- » Highly conformable¹
- » Moisture vapour transmission rate (MVTR) adjusts to fluid level
- » Ionic silver provides an antimicrobial barrier¹
- » Continuous antimicrobial barrier protection¹
- » Helps maintain a moist wound-healing environment
- » Waterproof outer layer
- » Highly absorbent¹
- » Non-staining
- » Low friction and shear outer layer

References
1. Data on file.

ORDERING INFORMATION

OPTIFOAM GENTLE Ag+ SILICONE FACED AND BORDERED FOAM

Antimicrobial foam dressing with Superabsorbent core

Item No.	Description	Pkg.
MSC9644EP	4 x 4" (10.2 x 10.2 cm) 2.5 x 2.5" (6.4 x 6.4 cm) Pad	10/bx, 10 bx/cs
MSC9666EP	6 x 6" (15.2 x 15.2 cm) 4.5 x 4.5" (11.4 x 11.4 cm) Pad	10/bx, 10 bx/cs



OPTIFOAM GENTLE Ag+ NON BORDERED SILICONE FACED FOAM

Antimicrobial non bordered silicone faced foam dressing

Item No.	Description	Pkg.
MSC9544EP	4 x 4" (10.2 x 10.2 cm)	10/bx, 10 bx/cs
MSC9566EP	6 x 6" (15.2 x 15.2 cm)	10/bx, 10 bx/cs
MSC9588EP	8 x 8" (20.3 x 20.3 cm)	10/bx, 10 bx/cs



OPTIFOAM® Ag+ and OPTIFOAM® GENTLE Ag+ POST-OP

Antimicrobial Foam Post-Op Dressing

RECOMMENDED USE

- » Incision sites
- » All wound drainage levels
- » As a primary or secondary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Not Applicable



INDICATIONS

- » Post-operative wounds

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

CONTRAINDICATIONS

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

ABOUT OPTIFOAM Ag+ POST-OP

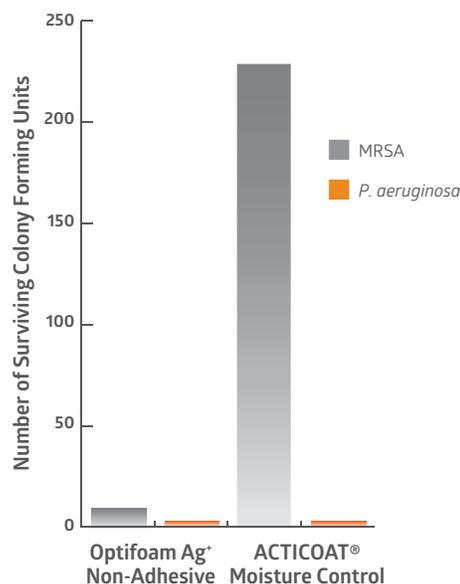
- » Ionic silver provides antimicrobial barrier¹ over incision sites
- » Continuous antimicrobial protection¹
- » Thin, conformable adhesive border
- » Can manage repeated bacteria introduction
- » Non-staining
- » Silicone adhesive border (only for Optifoam Gentle Ag+ Post-Op)

Clinical Highlight

Comparative Antimicrobial Effect Study¹

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

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



References
1. Data on file.

ORDERING INFORMATION

OPTIFOAM GENTLE Ag+ SUPERABSORBENT POST-OP

Antimicrobial silicone bordered and faced post operative foam dressing with superabsorbent core and flexible design

Item No.	Description	Pkg.
MSC9746	4 x 6" (10.2 x 15.2 cm), 2 x 3" (5.1 x 7.6 cm) Pad	10/bx, 10 bx/cs
MSC9748	4 x 8" (10.2 x 20.3 cm), 2 x 6" (5.1 x 15.2 cm) Pad	10/bx, 10 bx/cs
MSC97410	4 x 10" (10.2 x 25.4 cm), 2 x 8" (5.1 x 20.3 cm) Pad	10/bx, 10 bx/cs
MSC97412	4 x 12" (10.2 x 30.5 cm), 2 x 10" (5.1 x 25.4 cm) Pad	10/bx, 10 bx/cs
MSC97414	4 x 14" (10.2 x 35.6 cm), 2 x 12" (5.1 x 30.5 cm) Pad	10/bx, 10 bx/cs



OPTIFOAM GENTLE Ag+ POST-OP

Antimicrobial silver foam post-operative dressing with a silicone border

Item No.	Description	Pkg.
MSC9736	3.5 x 6" (8.9 x 15.2 cm), 1.5 x 4" (3.8 x 10.2 cm) Pad	10/bx, 10 bx/cs
MSC97310	3.5 x 10" (8.9 x 25.4 cm), 1.5 x 8" (3.8 x 20.3 cm) Pad	10/bx, 10 bx/cs
MSC97314	3.5 x 14" (8.9 x 35.6 cm), 1.5 x 12" (3.8 x 30.5 cm) Pad	10/bx, 10 bx/cs



OPTIFOAM Ag+ POST-OP

Antimicrobial silver foam post-operative dressing with an acrylic border

Item No.	Description	Pkg.
MSC9636	3.5 x 6" (8.9 x 15.2 cm), 1.5 x 4" (3.8 x 10.2 cm) Pad	10/bx, 10 bx/cs
MSC96310	3.5 x 10" (8.9 x 25.4 cm), 1.5 x 8" (3.8 x 20.3 cm) Pad	10/bx, 10 bx/cs
MSC96314	3.5 x 14" (8.9 x 35.6 cm), 1.5 x 12" (3.8 x 30.5 cm) Pad	10/bx, 10 bx/cs



OPTIFOAM® Ag+

Antimicrobial Foam Dressings

RECOMMENDED USE

- » All wound depths*
- » All wound drainage levels
- » Primary or secondary dressing

*May be used as a secondary dressing for deep wounds

**Only non-bordered dressings require a secondary dressing

RECOMMENDED SECONDARY DRESSINGS**

- » Medfix™ Tape
- » Gentac™ Tape
- » Medigrip™ Tubular Bandage



INDICATIONS

- » Pressure injuries
- » Partial- and full-thickness wounds
- » Surgical wounds
- » Wounds with colonization
- » Ideal for managing bioburden in post-operative wounds.
- » Leg ulcers
- » Diabetic foot ulcers
- » Donor sites
- » Lacerations and abrasions
- » Skin tears
- » First- and second-degree burns
- » Under compression bandages

CHANGE FREQUENCY

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

CONTRAINDICATIONS

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

ABOUT OPTIFOAM Ag+

- » Ionic silver provides an antimicrobial barrier¹
- » Continuous antimicrobial protection¹
- » Absorbent¹
- » Conformable¹
- » Can manage repeated bacteria introduction
- » Non-staining
- » Moisture vapour transmission rate (MVTR) adjusts to fluid level
- » Helps create an ideal healing environment
- » Waterproof outer layer
- » Low friction and shear outer layer

ORDERING INFORMATION

OPTIFOAM Ag+ ADHESIVE

Antimicrobial silver bordered foam

Item No.	Description	Pkg.
MSC9604EP	4 x 4" (10.2 x 10.2 cm), 2.5 x 2.5" (6.4 x 6.4 cm) Pad	10/bx, 10 bx/cs
MSC9606EP	Sacrum: 6 x 5.5" (15.2 x 14.2 cm)	10/bx, 10 bx/cs



OPTIFOAM Ag+ NON-ADHESIVE

Antimicrobial non-bordered foam

Item No.	Description	Pkg.
MSC9614EP	4 x 4" (10.2 x 10.2 cm)	10/bx, 10 bx/cs

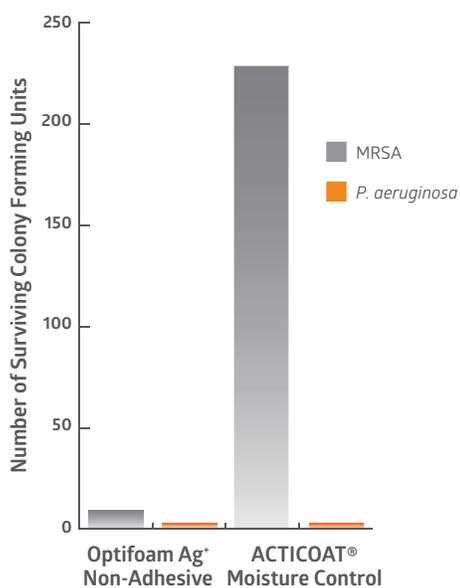


Clinical Highlight

Comparative Antimicrobial Effect Study¹

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

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



References
1. Data on file.

PRIMASEAL® POST-OP Ag+

Hydrocolloid border dressing with antibacterial silver

RECOMMENDED USE

- » Incision sites
- » All wound drainage levels
- » As a primary or secondary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Not Applicable



INDICATIONS

- » Post-operative wounds

CHANGE FREQUENCY

- » PrimaSeal Post-Op Ag+ may be left in place for up to 7 days
- » Dressing change frequency will depend on amount of drainage

CONTRAINDICATIONS

- » Individuals with a known sensitivity to dressing components

ABOUT PRIMASEAL POST-OP Ag+

- » Ionic silver provides antibacterial barrier¹ over incision sites
- » Continuous antibacterial protection¹
- » Can manage repeated bacteria introduction¹
- » Non-staining
- » Hydrocolloid adhesive border
- » Highly breathable film to help maintain moisture balance within incision site

Clinical Highlight

Comparative Antibacterial Effect Study¹

PrimaSeal Post-Op Ag+ achieves a faster 4 log kill than a competitive surgical dressing

Numbers of hours required to achieve 4 log kill within first 6 hours of microbe exposure¹

	Pseudomonas aeruginosa	E. Coli	Klebsiella pneumoniae
Competitive Surgical Dressing	4 hours	Not seen	6 hours
PrimaSeal	2 hours	4 hours	2 hours

References
1. Data on file.

ORDERING INFORMATION

PRIMASEAL POST-OP Ag+

Hydrocolloid border dressing with antibacterial silver

Item No.	Description	Pkg.
MSCPS34	3.5 x 4" (9 x 10 cm), 2 x 2" (5.5 x 6.3) Pad	10/bx, 10 bx/cs
MSCPS36	3.5 x 6" (9 x 15 cm), 2 x 4.4" (5.5 x 11 cm) Pad	10/bx, 10 bx/cs
MSCPS310	3.5 x 10" (9 x 25 cm), 2 x 8.4" (5.5 x 21 cm) Pad	10/bx, 10 bx/cs
MSCPS312	3.5 x 12" (9 x 30 cm), 2 x 10" (5.5 x 26 cm) Pad	10/bx, 10 bx/cs
MSCPS314	3.5 x 14" (9 x 35 cm), 2 x 12" (5.5 x 30 cm) Pad	10/bx, 10 bx/cs
MSCPS615	6 x 15" (TKR Design)	5/box, 10 bx/case



SILVASORB®

Antimicrobial Hydrogel Dressings

RECOMMENDED USE

- » All wound depths
- » Lightly draining wounds
- » As a primary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Stratasorb® Composite
- » Bordered gauze
- » Optifoam® Gentle

INDICATIONS

- » Pressure injuries
- » 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

CHANGE FREQUENCY

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

CONTRAINDICATIONS

- » Individuals with a known sensitivity to silver



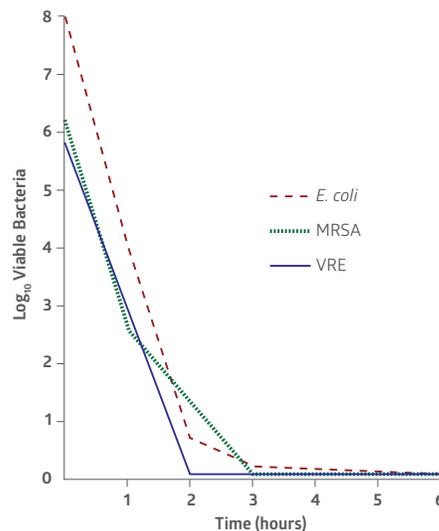
ABOUT SILVASORB

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

Clinical Highlight

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. Coptly T, Kiran R, Glat P. Assessing the risk of skin irritation with the use of a silver based site dressing on pediatric patients. Symposium on Advanced Skin and Wound Care. Orlando, FL. 2007. 5. Nametka M. Antimicrobial silver polymer contact layer for treatment of venous leg ulcers. Symposium on Advanced Wound Care. Las Vegas. 2001. 6. Nametka M. A hydrophilic silver antimicrobial wound dressing for site preparation and maintenance of human skin equivalent grafts to venous leg ulcers: Technical and clinical considerations. Clinical Symposium on Advances in Skin & Wound Care. Nashville. 2000. 7. Nametka M. Silver antimicrobial absorbent wound dressing can contribute to cost control in home care. Annual Clinical Symposium on Advances in Skin and Wound Care. Dallas. 2002. 8. US Patent 6,605,751

ORDERING INFORMATION

SILVASORB GEL

Antimicrobial silver hydrogel

Item No.	Description	Pkg.
MSC93025EP	0.25-oz Tube	25/bx
MSC9301EP	1.5-oz Tube	12/cs
MSC9303EP	3-oz Tube	12/cs
MSC9308EP	8-oz Tube	6/cs



SILVASORB SITE

Antimicrobial silver site dressing

Item No.	Description	Pkg.
MSC9310EP	1" (2.5 cm) Circular with Slit	30/cs



SILVASORB SHEET

Antimicrobial silver hydrogel sheet dressing

Item No.	Description	Pkg.
MSC9344EP	4 x 4" (10.2 x 10.2 cm)	25/cs



Clinical Highlight

Pressure Ulcer Case Study

A 93 year-old wheelchair-bound male with no significant nutritional deficits developed a chronic trochanteric pressure ulcer. The ulcer was treated with various wound care therapies for four months without progress. The wound bed was friable and therefore presumptive for high bioburden. It was elected to start an antimicrobial dressing in conjunction with off-loading the affected hip. Closure was attained within four weeks.



Before



After 4 weeks

Source: Mary Nametka, RN, MSN, CS, CWS, CWCN, Adventist Medical Centre, Portland OR, Study Site Avamere LTC Facility, Portland OR. Presented at the Annual Symposium on Advanced Wound Care, April 27-29, 2002

AG+ POWDER

Antimicrobial Powder

RECOMMENDED USE

- » All wound depths
- » Light to heavily draining wounds
- » As a primary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Stratasorb® Composite
- » Bordered gauze
- » Suresite® 123+Pad



INDICATIONS

- » Pressure injuries
- » Diabetic foot ulcers²
- » Partial- and full-thickness wounds
- » Leg ulcers
- » Grafted wounds
- » Donor sites
- » Lacerations and abrasions
- » First- and second-degree burns

CHANGE FREQUENCY

- » Ag+ Powder may be left in place for up to 5 days
- » Dressing change frequency will depend upon the amount of drainage

CONTRAINDICATIONS

- » Third-degree burns
- » Patients with a known sensitivity to silver
- » As a surgical implant
- » Do not use topical antibiotics in conjunction with Ag+ Powder

ABOUT AG+ POWDER

- » Manages bacterial burden¹
- » Continuous antimicrobial protection¹
- » Extended wear time¹
- » Non-staining
- » An ideal complement when used with other wound dressings

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. Independent study performed by Wickham Laboratories Limited, Hampshire, England.

ORDERING INFORMATION

AG+ POWDER

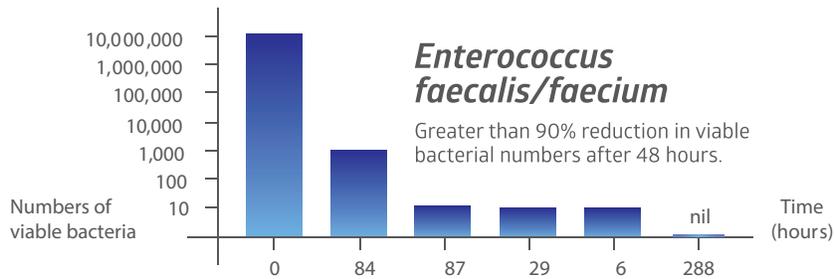
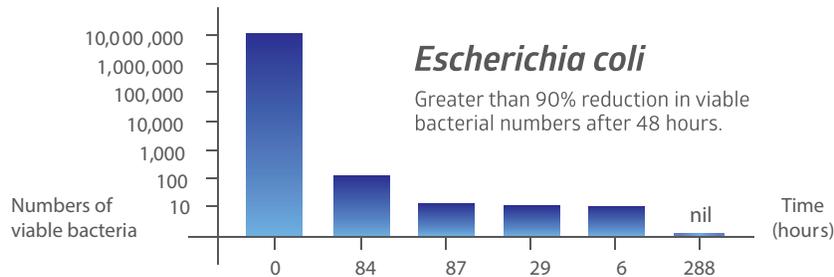
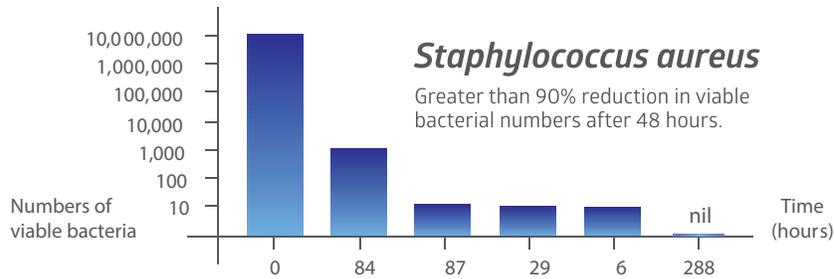
Antimicrobial silver powder dressing

Item No.	Description	Pkg.
MSC9405	5 g Bottle	5 ea/bx
MSC9410	10 g Bottle	5 ea/bx



Clinical Highlight

Sustained-release³



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

Independent study performed by Wickham Laboratories Limited, Hampshire, England

M

MOISTURE BALANCE

Achieving the right moisture balance can be a challenge. Too much moisture can lead to periwound maceration and skin breakdown, while too little moisture can impede cellular activities and promote eschar formation, resulting in poor wound healing.

ABSORBENT AND MOISTURE-DONATING PRODUCTS HELP ENSURE AN OPTIMAL WOUND-HEALING ENVIRONMENT.



Look inside...

Optifoam® Gentle	40
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OPTIFOAM® GENTLE

Absorbent Foam Dressings With Silicone Adhesive

TREAT AND PREVENT WITH OPTIFOAM GENTLE

Optifoam Gentle helps ease the discomfort and trauma of dressing changes. Featuring a specially-formulated silicone adhesive that helps keep it in place, Optifoam's superabsorbent core absorbs and retains fluid, protects against infection*, and helps protect against shear and friction.



- » Waterproof film keeps dirt and germs out
- » Foam and superabsorbent core absorb and retain exudate
- » Silicone adhesive minimizes trauma and reduces discomfort upon wear or removal

*available on Ag dressings only



ABSORBENCY & RETENTION

Light
Moderate
Heavy
Extra Heavy

LOCATION OF SILICONE

Face
Border
Face & Border

CUSTOMIZABLE

Non-border dressings
can be cut for
conformability

ANTIMICROBIAL

Ag+ version only

SHAPE

Sacral
Square
Rectangle

**MORE CHOICES.
MORE GENTLE CARE.**

FOAM DRESSINGS CAN BE USED AS PART OF A PRESSURE INJURY PREVENTION PROTOCOL

Studies in the evaluation of the use of a foam dressing with silicone border on patients at risk for hospital acquired pressure injuries (HAPI) resulted in a significant reduction in pressure ulcers over a 3-month period with lower monthly incidence and enhanced prevention.¹

1. Source: Butcher M., Thompson G. Can the use of dressing materials actually prevent pressure ulcers; presenting the evidence. Wounds UK. 2010; 6(1): 119-125.

OPTIFOAM® GENTLE

Foam Dressings

RECOMMENDED USE

- » All wound depths*
- » All wound drainage levels
- » As a primary or secondary dressing

*May be used as a secondary dressing for deep wounds

RECOMMENDED SECONDARY DRESSINGS†

- » Gentac Tape
- » Elastic net
- » Medigrip Tubular Bandage

†Applies to Optifoam Silicone Faced Foam only

INDICATIONS

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

CHANGE FREQUENCY

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

CONTRAINDICATIONS

- » Third-degree burns



ABOUT OPTIFOAM GENTLE

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

References
1. Data on file.

ORDERING INFORMATION

OPTIFOAM GENTLE LIQUITRAP™

Silicone faced foam and border dressing with Liquitrap core

Item No.	Description	Pkg.
MSC2333EP	3 x 3" (7.6 x 7.6 cm) 1.75 x 1.75" (4.4 x 4.4 cm) Pad	10/bx, 10 bx/cs
MSC2344EP	4 x 4" (10.2 x 10.2 cm) 2.5 x 2.5" (6.4 x 6.4 cm) Pad	10/bx, 10 bx/cs
MSC2366EP	6 x 6" (15.2 x 15.2 cm) 4.5 x 4.5" (11.4 x 11.4 cm) Pad	10/bx, 10 bx/cs
MSC2377EP	Sacrum: 7 x 7" (17.8 x 17.8 cm)	5/bx, 8 bx/cs
MSC2399EP	Sacrum: 9 x 9" (22.8 x 22.8 cm)	5/bx, 5 bx/cs



OPTIFOAM GENTLE SA

Silicone faced foam and border dressing with superabsorbent core

Item No.	Description	Pkg.
MSC2133EP	3 x 3" (7.6 x 7.6 cm) 1.75 x 1.75" (4.4 x 4.4 cm) Pad	10/bx, 10 bx/cs
MSC2144EP	4 x 4" (10.2 x 10.2 cm) 2.5 x 2.5" (6.4 x 6.4 cm) Pad	10/bx, 10 bx/cs
MSC2166EP	6 x 6" (15.2 x 15.2 cm) 4.5 x 4.5" (11.4 x 11.4 cm) Pad	10/bx, 10 bx/cs
MSC2177EP	Sacrum: 7 x 7" (17.8 x 17.8 cm)	5/bx, 8 bx/cs
MSC2199EP	Sacrum: 9 x 9" (22.8 x 22.8 cm)	5/bx, 5 bx/cs
MSC1200B	9 x 9" (22.8 x 22.8 cm) Bordered Heel	50/cs



OPTIFOAM GENTLE EX

Silicone faced foam and border dressing with superabsorbent core

Item No.	Description	Pkg.
MSCEX33EP	3 x 3" (7.6 x 7.6 cm)	10/bx, 100/cs
MSCEX44EP	4 x 4" (10.2 x 10.2 cm)	10/bx, 100/cs
MSCEX55EP	5 x 5" (12.5 x 12.5 cm)	10/bx, 100/cs
MSCEX66EP	6 x 6" (15.2 x 15.2 cm)	10/bx, 100/cs
MSCEX77EP	Sacrum: 7 x 7" (17.8 x 17.8 cm)	5/bx, 40/cs
MSCEX99EP	Sacrum: 9 x 9" (22.8 x 22.8 cm)	5/bx, 25/cs



ABSORBENCY SCALE

↑
HEAVY

EXTRA HEAVY

↑
MODERATE

ORDERING INFORMATION

OPTIFOAM GENTLE POST-OP

Silicone faced and bordered post operative foam dressing with superabsorbent core and flexible design

Item No.	Description	Pkg.
MSC2148	4 x 8" (10.2 x 20.3 cm) 2 x 6" (5.1 x 15.2 cm) Pad	10/bx, 10 bx/cs
MSC21410	4 x 10" (10.2 x 25.4 cm) 2 x 8" (5.1 x 20.3 cm) Pad	10/bx, 10 bx/cs
MSC21412	4 x 12" (10.2 x 30.5 cm) 2 x 10" (5.1 x 25.4 cm) Pad	10/bx, 10 bx/cs



OPTIFOAM GENTLE NON-BORDERED

Non-bordered silicone faced foam dressing

Item No.	Description	Pkg.
MSC2244EP	4 x 4" (10.2 x 10.2 cm)	10/bx, 10 bx/cs
MSC2266EP	6 x 6" (15.2 x 15.2 cm)	10/bx, 10 bx/cs
MSC2288EP	8 x 8" (20.3 x 20.3 cm)	5/bx, 10 bx/cs



ABSORBENCY SCALE

↑
HEAVY

↑
MODERATE

OPTIFOAM GENTLE LITE

Lite silicone faced and bordered foam dressing

Item No.	Description	Pkg.
MSC28162B	1.6 x 2" (4 x 5 cm)	10/bx, 10 bx/cs
MSC2833B	3 x 3" (7.6 x 7.6 cm)	10/bx, 10 bx/cs
MSC2844B	4 x 4" (10.2 x 10.2 cm)	10/bx, 10 bx/cs
MSC2866B	6 x 6" (15.2 x 15.2 cm)	10/bx, 10 bx/cs



OPTIFOAM GENTLE LITE NON-BORDERED

Lite non-bordered silicone faced foam dressing

Item No.	Description	Pkg.
MSC2944NB	4 x 4" (10.2 x 10.2 cm)	10/bx, 10 bx/cs
MSC2966NB	6 x 6" (15.2 x 15.2 cm)	10/bx, 10 bx/cs



OPTIFOAM®

Foam Dressings

RECOMMENDED USE

- » All wound depths*
- » All wound drainage levels
- » As a primary or secondary dressing

* May be used as a secondary dressing for deep wounds

RECOMMENDED SECONDARY DRESSINGS**

- » Medfix™ Tape
- » Gentac™ Tape
- » Medigrip™ Tubular Bandage

**Applies only to Optifoam Non-Adhesive, Optifoam Basic and Optifoam Heel



INDICATIONS

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

CHANGE FREQUENCY

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

CONTRAINDICATIONS

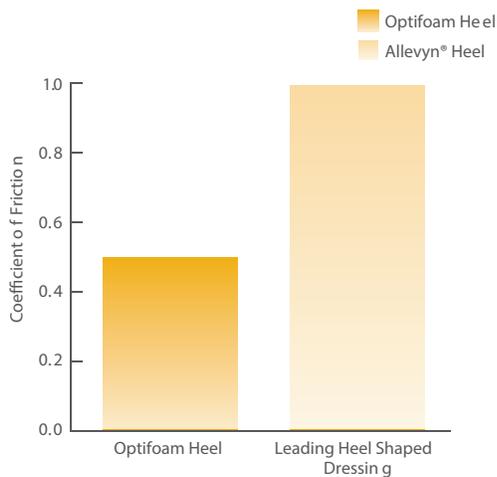
- » Third-degree burns
- » Lesions with active vasculitis

ABOUT OPTIFOAM

- » Moisture vapour transmission rate (MVTR) adjusts to fluid level
- » Absorbent
- » Helps create an ideal healing environment
- » Waterproof outer layer protects wound and keeps bacteria out (except Optifoam Basic)
- » Optifoam Heel is specifically designed for use on the heel

Clinical Highlight

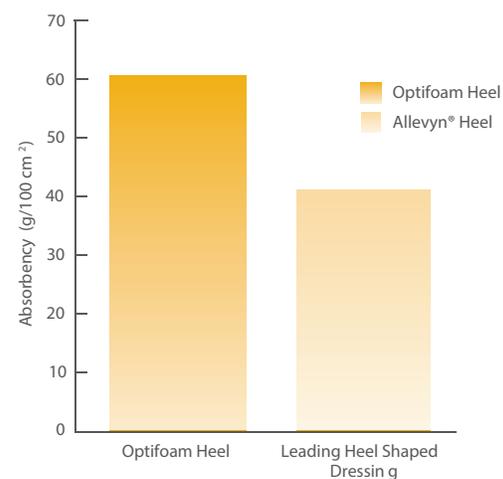
Coefficient of Friction of Film Backing¹



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

1. Data on file.

Absorption Capacity Under Compression¹



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

ORDERING INFORMATION

OPTIFOAM ADHESIVE

Adhesive bordered foam dressing

Item No.	Description	Pkg.
MSC1044EP	4 x 4" (10.2 x 10.2 cm), 2.5 x 2.5" (6.4 x 6.4 cm) Pad	10/bx, 10 bx/cs
MSC1066EP	6 x 6" (15.2 x 15.2 cm), 4.5 x 4.5" (11.4 x 11.4 cm) Pad	10/bx, 10 bx/cs
MSC1065EP	Sacrum: 6 x 5.5" (15.5 x 14.2 cm)	10/bx, 10 bx/cs



OPTIFOAM NON-ADHESIVE

Non-bordered foam dressing

Item No.	Description	Pkg.
MSC1244EP	4 x 4" (10.2 x 10.2 cm)	10/bx, 10 bx/cs
MSC1266EP	6 x 6" (15.2 x 15.2 cm)	10/bx, 10 bx/cs



OPTIFOAM HEEL

Heel-shaped non-adhesive foam dressing

Item No.	Description	Pkg.
MSC1200EP	Heel Shaped	5/bx, 8bx/cs



OPTIFOAM BASIC

Foam dressing without polyurethane layer

Item No.	Description	Pkg.
MSC1133	3 x 3" (7.6 x 7.6 cm)	10/bx, 10 bx/cs
MSC1133F	3 x 3" (7.6 x 7.6 cm) with Fenestration	10/bx, 10 bx/cs
MSC1145	4 x 5" (10.2 x 12.7 cm)	10/bx, 10 bx/cs



OPTIFOAM SITE

Circular site dressing with radial slit and starburst opening

Item No.	Description	Pkg.
MSC1104	4" (10.2 cm) Adhesive Dressing, 2" Pad	30/bag, 4 bags/cs



OPTIFOAM THIN

Thin adhesive faced dressing

Item No.	Description	Pkg.
MSC1523EP	2 x 3" (5.1 x 7.6 cm)	10/bx, 10 bx/cs
MSC1544EP	4 x 4" (10.2 x 10.2 cm)	10/bx, 10 bx/cs



OPTICELL®

Chitosan-Based Gelling Fibre

RECOMMENDED USE

- » All wound depths
- » All drainage levels
- » As a primary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Optifoam® Gentle
- » Bordered gauze
- » Stratasorb® Composite

INDICATIONS

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

CHANGE FREQUENCY

- » Opticell® may be left in place for up to 7 days
- » Opticell may remain in place up to 14 days in the context of burn treatment
- » Dressing change frequency will depend on the amount of drainage

CONTRAINDICATIONS

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



ABOUT OPTICELL

- » Chytoform™ gelling fibre technology
- » Controls minor bleeding
- » Highly conformable
- » 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
- » Designed to minimize pain upon removal



Chitosan-based Conformable Gelling Fibre Technology

ORDERING INFORMATION

OPTICELL GELLING FIBRE SHEETS

Versatile chitosan-based gelling fibre dressing

Item No.	Description	Pkg.
MSC7822EP	2 x 2" (5.1 x 5.1 cm)	10/bx, 10 bx/cs
MSC7844EP	4.25 x 4.25" (10.8 x 10.8 cm)	10/bx, 5 bx/cs
MSC7866EP	6 x 6" (15.2 x 15.2 cm)	5/bx, 10 bx/cs



OPTICELL GELLING FIBRE RIBBON

Chitosan-based gelling fibre ribbon dressing reinforced for extra strength

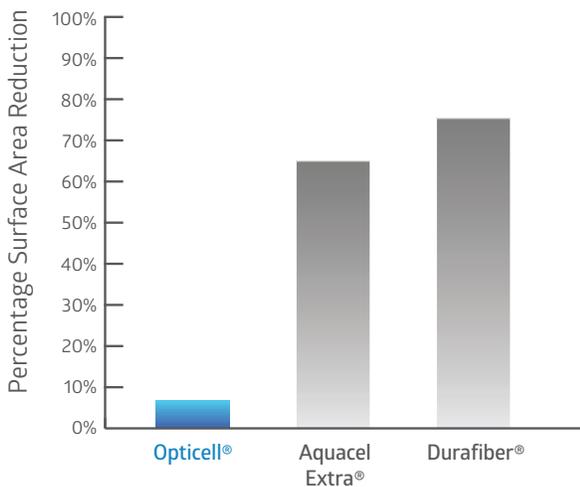
Item No.	Description	Pkg.
MSC7818R	0.75 x 18" (1.9 x 45.7 cm)	5/bx, 10 bx/cs



Clinical Highlight

Surface Area Memory (SAM) Results¹

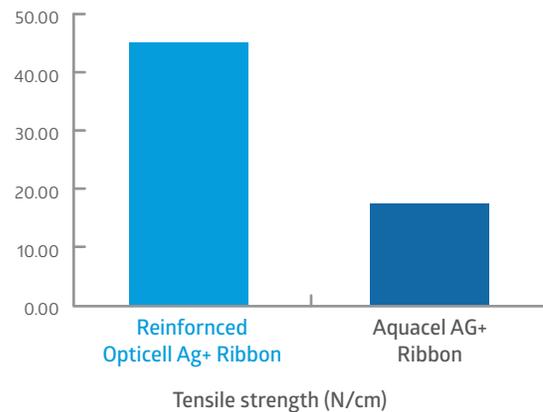
Retains its shape and size to maintain complete wound coverage.¹



References

1. Lab testing data on file. 2. Data on file.

Wet Tensile Strength²



QWICK™

Superabsorbent Dressings

RECOMMENDED USE

- » All wound depths
- » Moderate to heavy drainage
- » As a primary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Bordered gauze
- » Optifoam Gentle
- » Elastic net



INDICATIONS

- » Pressure injuries
- » Partial- and full-thickness wounds
- » Leg ulcers
- » Lacerations and abrasions
- » Wounds under compression

ABOUT QWICK

- » Multilayer construction wicks and retains fluid to help protect the skin from maceration
- » Can be cut to fit
- » Flexible
- » Superabsorbent
- » Wicking
- » Featuring Aquaconductive™ Technology

CHANGE FREQUENCY

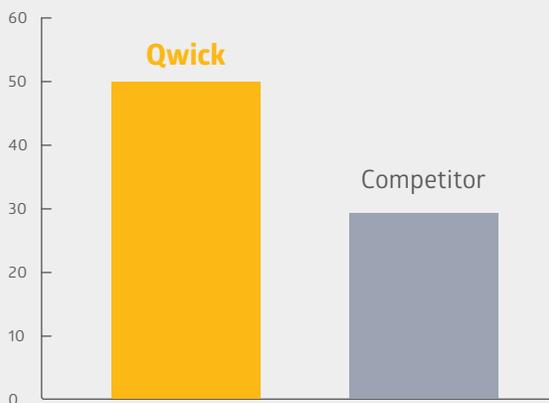
- » Qwick may be left in place for up to 7 days
- » Dressing change frequency will depend on the amount of drainage

CONTRAINDICATIONS

- » Third-degree burns

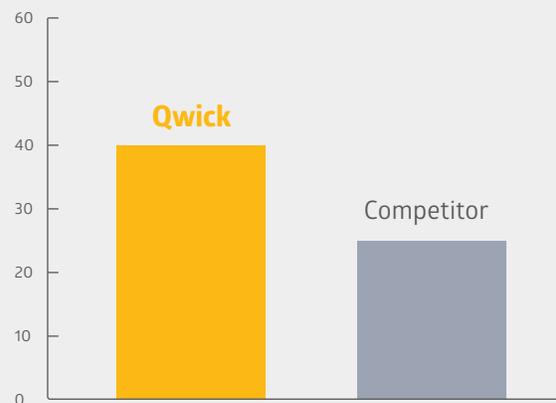
Qwick outperforms competitive product*

Average Absorbency (g/100 cm²)



Qwick dressing is nearly twice as absorbent as the competitor's dressing.

Average Fluid Retention Under Compression (g/100 cm²)



Qwick can retain nearly 60% more fluid than the competitor's dressing under pressure.

*Data on file.

ORDERING INFORMATION

QWICK SUPERABSORBENT AQUACONDUCTIVE™ DRESSING

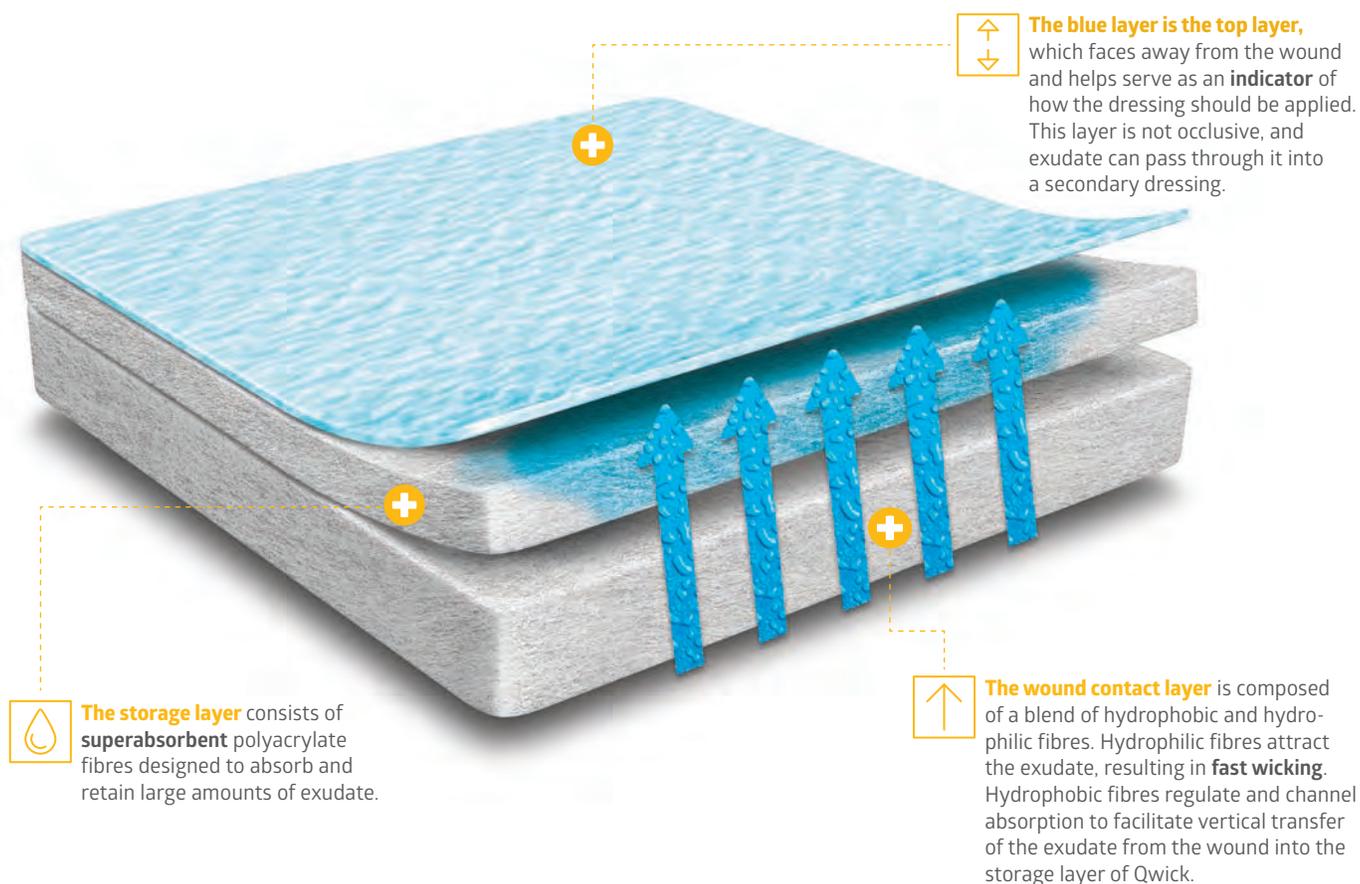
Superabsorbent conformable dressing with Aquaconductive™ technology

Item No.	Description	Pkg.
MSC5822	2 x 2" (5.1 x 5.1 cm)	10/bx, 5 bx/cs
MSC5844	4.25 x 4" (10.8 x 10.2 cm)	10/bx, 5 bx/cs
MSC5868	6.125 x 8" (15.56 x 20.321 cm)	10/bx, 5 bx/cs



Aquaconductive Technology

Aquaconductive Technology is the mechanism by which the three layers of Qwick wound dressing pull exudate away from or out of the wound to help create an optimal moist wound-healing environment.



OPTILOCK®

Superabsorbent Dressings

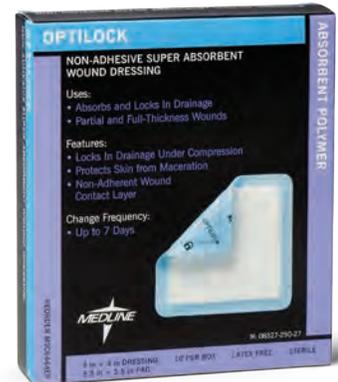
RECOMMENDED USE

- » All wound depths*
- » Moderate to heavy drainage
- » As a primary dressing

*As a secondary dressing for deep wounds

RECOMMENDED SECONDARY DRESSINGS

- » Medfix™ Tape
- » Elastic net
- » Gentac® Tape
- » CoFlex® TLC Two Layer Compression System



INDICATIONS

- » Pressure injuries
- » Partial- and full-thickness wounds
- » Leg ulcers
- » Lacerations and abrasions
- » Wounds under compression

ABOUT OPTILOCK

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

CHANGE FREQUENCY

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

CONTRAINDICATIONS

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

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 AccuWrap compression bandage system. To learn more, see pg. 74.



ORDERING INFORMATION

OPTILOCK SUPERABSORBENT DRESSING

Non-adherent and superabsorbent dressing

Item No.	Description	Pkg.
MSC6433EP	3 x 3" (7.5 x 7.5 cm)	10/bx, 10 bx/cs
MSC6444EP	4 x 4" (10.2 x 10.2 cm)	10/bx, 10 bx/cs
MSC6455EP	5 x 5.5" (12.7 x 14 cm)	10/bx, 10 bx/cs
MSC64610EP	6.5 x 10" (16.5 x 25.4 cm)	10/bx, 5 bx/cs
MSC64812EP	8 x 12" (20.3 x 30.5 cm)	10/bx, 8 bx/cs

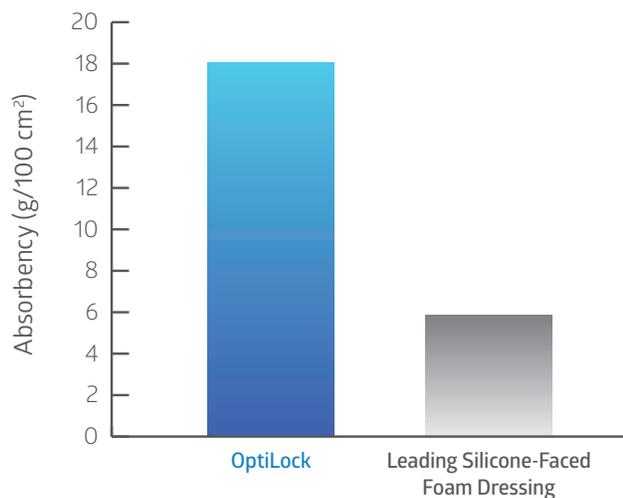


Clinical Highlight

OptiLock Absorbs and Retains More Fluid

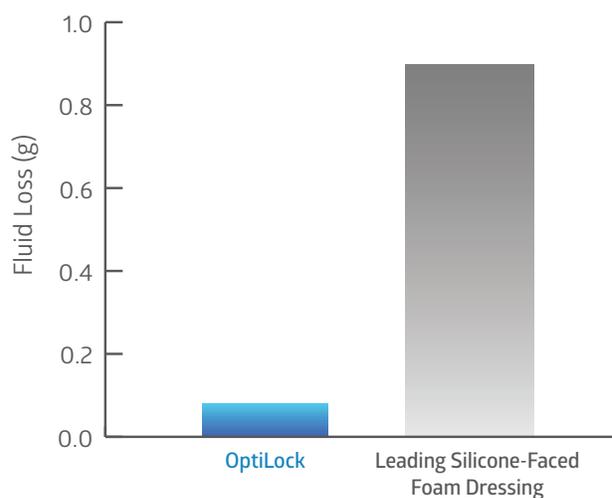
In manufacturer's laboratory testing, Medline's OptiLock dressings outperformed a leading silicone-faced foam dressing. OptiLock's remarkable absorption and fluid retention capabilities raise the bar for gentle wound care.

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.

MAXORB® II

Calcium Alginates

RECOMMENDED USE

- » All wound depths
- » Moderate/heavy drainage
- » As a primary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Optifoam® Gentle
- » Bordered gauze
- » Stratatorb® Composite



INDICATIONS

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

CHANGE FREQUENCY

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

CONTRAINDICATIONS

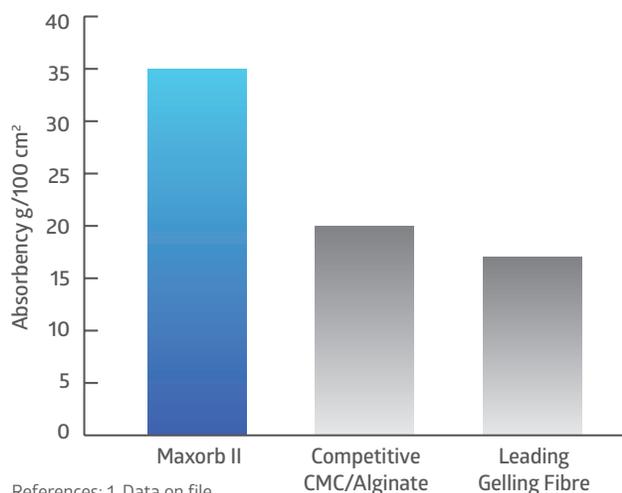
- » Individuals with a known sensitivity to alginates
- » Third-degree burns
- » To control heavy bleeding
- » As a surgical sponge
- » Dry or lightly draining wounds

ABOUT MAXORB

- » Maxorb II is a 100% calcium alginate dressing
- » Maxorb Extra is a blend of CMC and calcium alginate fibres
- » Maxorb ES is reinforced for easy removal from tunneling wounds
- » Superior fluid handling¹
- » High wet strength—removes in one piece
- » Fluid does not wick laterally
- » Improved gelling capability

Clinical Highlight

Maxorb II Absorbency Comparison¹



References: 1. Data on file.

ORDERING INFORMATION

MAXORB® II (100% ALGINATE) SHEET

Calcium alginate dressing

Item No.	Description	Pkg.
MSC7322EP	2 x 2" (5 x 5 cm)	10 bx, 10 bx/cs
MSC7344EP	4 x 4" (10 x 10 cm)	10 bx, 5 bx/cs
MSC7366EP	6 x 6" (15.2 x 15.2 cm)	5/bx, 10 bx/cs
MSC7348EP	4 x 8" (10.2 x 20.3 cm)	5/bx, 10 bx/cs



MAXORB II (100% ALGINATE) RIBBON

Calcium alginate rope dressing

Item No.	Description	Pkg.
MSC7312EP	1 x 12" (2.5 x 30.5 cm)	10 bx, 5 bx/cs
MSC7318EP	1 x 18" (2.5 x 45.7 cm)	10 bx, 5 bx/cs



MAXORB ES (CMC/ALGINATE) RIBBON

Reinforced CMC/Alginate ribbon dressing

Item No.	Description	Pkg.
MSC7918EP	0.75 x 18" (1.9 x 45.7 cm), ES	5/bx, 10 bx/cs



EXUDERM®

Hydrocolloid Dressings

RECOMMENDED USE

- » All wound depths*
- » All drainage levels
- » As a primary dressing

*As a secondary dressing for deep wounds

RECOMMENDED SECONDARY DRESSINGS

- » Not Applicable

INDICATIONS

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

CHANGE FREQUENCY

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

CONTRAINDICATIONS

- » Third-degree burns



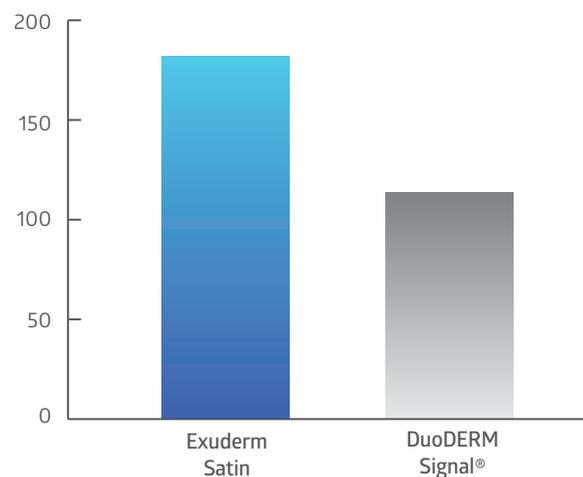
ABOUT EXUDERM

- » Manages drainage¹ to help maintain a moist wound healing environment
- » Longer wear time
- » Protective, occlusive barrier
- » Satin-finish backing is low friction for longer wear time

Clinical Highlight

Water Absorption¹

Percent of absorption at 24 hours



References: 1. Data on file.

ORDERING INFORMATION

EXUDERM SATIN HYDROCOLLOID

Hydrocolloid wound dressing with satin-finish backing

Item No.	Description	Pkg.
MSC5422	2 x 2" (5.1 x 5.1 cm)	20/bx
MSC5444	4 x 4" (10.2 x 10.2 cm)	10/bx
MSC5466	6 x 6" (15.2 x 15.2 cm)	5/bx
MSC5488	8 x 8" (20.3 x 20.3 cm)	5/bx
MSC5470	Sacrum: 4 x 3.6" (10.2 x 9.1 cm)	10/bx
MSC5475	Sacrum: 6 x 6.5" (16.3 x 16.5 cm)	5/bx



EXUDERM ODORSHIELD® HYDROCOLLOID

Hydrocolloid wound dressing with odour control

Item No.	Description	Pkg.
MSC5522	2 x 2" (5.1 x 5.1 cm)	10/bx
MSC5544	4 x 4" (10.2 x 10.2 cm)	10/bx
MSC5566	6 x 6" (15.2 x 15.2 cm)	5/bx
MSC5588	8 x 8" (20.3 x 20.3 cm)	5/bx
MSC5570	Sacrum: 4 x 3.6" (10.2 x 9.1 cm)	10/bx
MSC5575	Sacrum: 6 x 6.5" (16.3 x 16.5 cm)	5/bx



EXUDERM LP LOW PROFILE HYDROCOLLOID

Thin hydrocolloid dressing

Item No.	Description	Pkg.
MSC5100	4 x 4" (10.2 x 10.2 cm)	10/bx
MSC5125	6 x 6" (15.2 x 15.2 cm)	5/bx



EXUDERM RCD TRADITIONAL HYDROCOLLOID

Hydrocolloid wound dressing with foam backing

Item No.	Description	Pkg.
MSC5200	4 x 4" (10.2 x 10.2 cm)	5/bx
MSC5225	6 x 6" (15.2 x 15.2 cm)	5/bx



HYDROGEL DRESSINGS

Hydrogels, Hydrogel Impregnated Gauzes, and Hydrogel Sheets

RECOMMENDED USES

- » All wound depths
- » No/minimal drainage
- » As a primary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Stratascorb® Composite
- » Bordered gauze
- » Suresite® 123+Pad



INDICATIONS

- » Pressure injuries
- » Partial- and full-thickness wounds
- » Leg ulcers
- » Surgical wounds
- » Lacerations, abrasions and skin tears
- » First- and second-degree burns

CHANGE FREQUENCY

- » Skintegrity may be left in place for up to 3 days
- » Derma-Gel may be left in place for up to 5 days
- » Dressing change frequency will depend on amount of drainage

CONTRAINDICATIONS

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

ABOUT HYDROGELS

- » Donate moisture
- » Rinse easily from the wound
- » Skintegrity 1-oz. bellows bottle reduces waste and eases application
- » Skintegrity Hydrogel Impregnated Gauze combines gauze with hydrogel for easy delivery to wounds that require packing
- » Carrasyn Hydrogel available in an 8-oz. spray bottle

Clinical Highlight

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

ORDERING INFORMATION

HYDROGEL

Item No.	Description	Pkg.
MSC6102	Skintegrity®, Bellows Bottle: 1-oz. (29.5 mL)	30/cs
MSC6104	Skintegrity, Tube: 4-oz. (118 mL)	12/cs
CRR101080	Carrasyn, Spray: 8-oz. (236 mL)	6/cs



HYDROGEL IMPREGNATED GAUZE

Item No.	Description	Pkg.
MSC6022	Skintegrity Woven, 12-Ply: 2 x 2" (5.1 x 5.1 cm)	1/pk, 50 pk/cs
MSC6044	Skintegrity Woven, 12-Ply: 4 x 4" (10.2 x 10.2 cm)	1/pk, 30 pk/cs
MSC6144	Skintegrity Woven, 12-Ply: 4 x 4" (10.2 x 10.2 cm)	2/pk, 30 pk/cs



CARRADRES AND RADIADRES HYDROGEL SHEETS

Water-based hydrogel sheet

Item No.	Description	Pkg.
CRR101052	RadiaDres: 4 x 4" (10.2 x 10.2 cm)	10/bx, 6 bx/cs



E

EDGE/ENVIRONMENT

If the wound edge is not migrating after appropriate wound bed preparation (debridement, infection/inflammation, moisture balance) and healing is stalled, then advanced therapies should be considered.

BIOLOGICALLY-DERIVED
PRODUCTS FEATURE A
SCAFFOLD WHERE NATIVE
CELLS CAN PROLIFERATE AND
ULTIMATELY REBUILD TISSUE.

Look inside...

Puracol® Plus

62

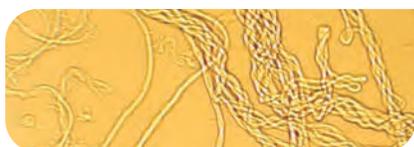
PURACOL® PLUS

Collagen Wound Dressing

PROMOTE NATURAL HEALING IN STALLED WOUNDS.

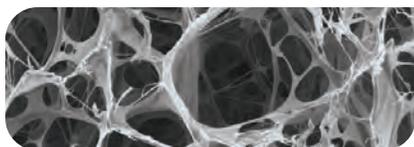
Our Puracol Plus wound dressing promotes natural healing with type I 100% native collagen. Our exclusive, gentle manufacturing technology preserves the collagen's natural structure, resulting in dressings that provide more collagen to a wound for a longer period of time.

MICROSCOPIC VIEW¹



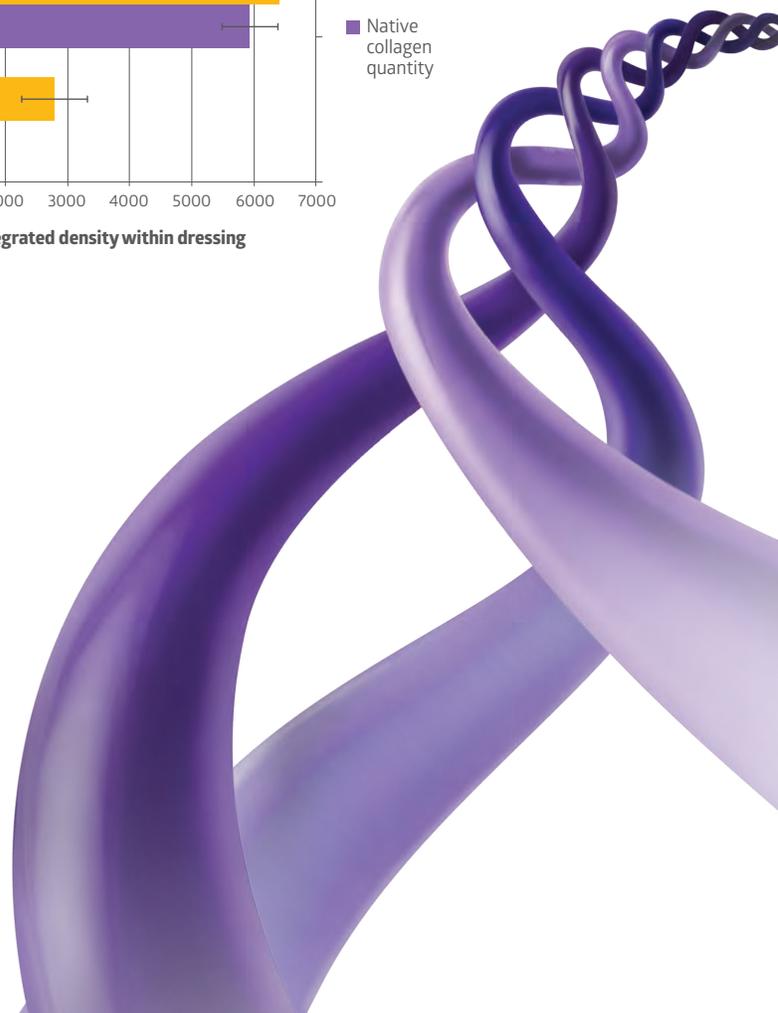
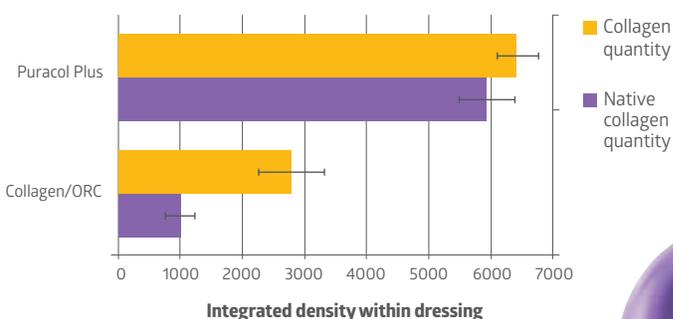
The intact superstructure provides strong evidence that the nativity of the collagen triple helix is preserved.

PURACOL PLUS MICROSCAFFOLD™¹



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

Collagen with a higher level of nativity



WELL-ESTABLISHED. WELL-DOCUMENTED.

Collagen is the main structural protein that supports the cells and tissues of the human body. Because of this, collagen is the most abundant protein found in humans and mammals. Therefore, it is not uncommon to see collagen used throughout various medical fields including wound care. All commercially available collagen wound dressings, however, are not the same.

Made of 100% native bovine collagen, Puracol Plus harnesses its gentle manufacturing process to preserve collagen's native triple helix structure. In maintaining the integrity of the collagen protein, Puracol Plus has been shown to inhibit broad spectrum MMP's in vitro. Our highly native collagen dressing also acts as a three-dimensional MicroScaffold enabling the body's own cells to live, thrive and rebuild tissue.



Evaluation of a **Bovine 100% Native Collagen** for the Treatment of Chronic Wounds¹

Shishir V. Shah, DO, CWS and Debashish Chakravarthy, PhD

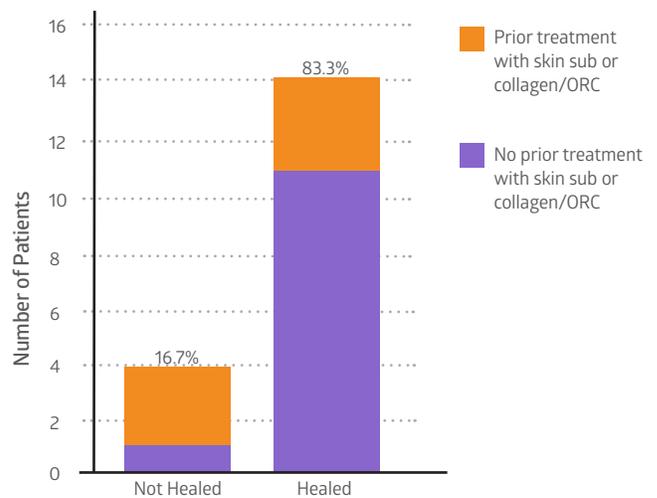
Summary

This case series included 20 patients with 21 chronic wounds ranging from 0.6 to 101.4 cm² that had been recalcitrant to prior treatment. The total duration of treatment with the bovine-derived 100% native collagen was up to 12 weeks.

Complete wound healing was achieved for 15 of the patients in this series; wound healing times varied from 13 to 68 days.

After managing the wounds with a bovine-derived, 100% native, type I collagen, **83% achieved wound closure within 90 days. (15 out of 18 patients)**

Wound Closure within 90 Days Using Bovine-Derived Native Collagen Dressing



References: 1. Shah SS, Chakravarthy D. Evaluation of a bovine 100% native collagen for the treatment of chronic wounds. J Wound Ostomy Continence Nursing. 2015;42(3):226-234.

PURACOL® PLUS

Collagen Dressing

RECOMMENDED WOUND CONDITIONS

- » All wound depths
- » All drainage levels
- » As a primary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Optifoam® Gentle
- » Stratasorb® Composite
- » Bordered gauze
- » Optifoam® Adhesive

INDICATIONS

- » Pressure, venous, diabetic ulcers
- » Ulcers caused by mixed vascular etiologies

CHANGE FREQUENCY

- » Puracol Plus may be left in place for up to 7 days or replaced at the discretion of a healthcare professional
- » Dressing change frequency will depend on amount of drainage

CONTRAINDICATIONS

- » Active vasculitis or patients with known sensitivity to collagen
- » Third-degree burns



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

ORDERING INFORMATION

PURACOL PLUS COLLAGEN

100% native collagen

Item No.	Description	Pkg.
MSCCA8622	5.1 x 5.7 cm (2 x 2.25")	10/bx, 5 bx/cs



CASE STUDY

PURACOL PLUS ON A STALLED WOUND



6-12-07



7-06-07



8-10-07

Patient history

- » 65-year old female with congestive heart failure, GERD, venous disease, lupus and Raynaud's disease
- » Open wound for seven weeks on lower leg due to traumatic injury
- » **Daily medication included:** Prednisone, Imuran, Fosomax, folic acid and Protonic

Treatment: Puracol Plus and 4 layer compression system

Result: Wound closure achieved in roughly 8 weeks

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.

S

SUPPORT PRODUCTS

Compression systems, skin protectants, cover dressings, tapes, and wound cleansers often play a critical role in the context of chronic wound care.

COMPRESSION PRODUCTS
SUPPORT HEALTHY VENOUS BLOOD
FLOW TO REDUCE EDEMA AND
PROMOTE HEALING.

Look inside...

Marathon®	68
Sureprep®	72
AccuWrap	74
FourFlex® and ThreeFlex®	76
Medigrip™ and Medigrip LF	78
Unna-Z Stretch	80
Versatel® and Versatel One	82
Cover Dressings	84
Dressing Retention Tape	86
Wound Cleansers	88
NE1®	90

MARATHON[®]

No-Sting Cyanoacrylate Skin Protectant

INNOVATING SKIN PROTECTION WITH CYANOACRYLATE TECHNOLOGY

Marathon No-Sting Cyanoacrylate Skin Protectant provides a long-lasting, robust barrier that defends damaged or intact skin from breakdown caused by moisture, friction, shear, and adhesive stripping.

This technology bonds to the skin through the polymerization process, becoming an additional layer of skin that will wear off as the epidermis naturally renews.



NO-STING



**LONG
LASTING**



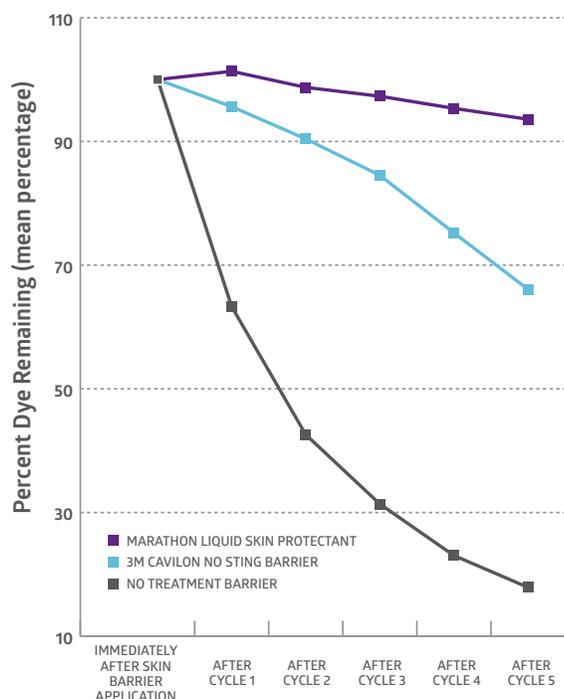
**BREATHABLE
SKIN
PROTECTION**

TESTED AND PROVEN.

An independent study tested 12 subjects ages 60+ and compared how bare skin, skin with an application of Marathon, and skin with an application of Cavilon® resisted exposure to a corrosive fluid (synthetic urine).

RESULTS:

Areas where Marathon was applied showed better resistance after each of the five urine and wash-off cycles compared to the areas where Cavilon or no product at all were applied.



Percentage of retained dye after all five urine and wash-off cycles (mean percentage)¹

Comparison	Percentage
Marathon	94%
Cavilon	66%
Skin with No Treatment	18%

Comparison	P value
Cavilon vs Marathon	<0.05
Cavilon vs No Treatment	>0.05
Marathon vs No Treatment	<0.001

1. Study to Compare the Wash-off Resistance of Two Barrier Films Exposed to Synthetic Urine. Data on file.

“Today was a teary moment when Marathon worked for my patient that uses duct tape. She no longer needs duct tape for her ostomy. Marathon is holding strong, and she is elated.”

—Carrie Dean RN, CWCN

MARATHON® AND MARATHON XL

No-Sting Cyanoacrylate Skin Protectant

RECOMMENDED USES

- » Protection from moisture-associated skin damage
- » Protection from friction and shear
- » Protection from adhesive trauma

RECOMMENDED SECONDARY DRESSINGS

- » Not Applicable



INDICATIONS

Protects intact or damaged skin from:

- » Body fluids
- » Moisture
- » Friction and shear
- » Adhesive stripping

ABOUT MARATHON

- » Robust, flexible and long-lasting
- » Non-stinging; contains no solvents or activators
- » Protects from the effects of friction and shear
- » Protects from moisture-associated skin damage caused by urine, exudate, perspiration, and other body fluids
- » Can be used on intact or damaged skin
- » Fast drying
- » Breathable

CHANGE FREQUENCY

- » Up to 3 days, reapply as needed

CONTRAINDICATIONS

Do not apply directly to:

- » Deep, open, bleeding, or chronic wounds
- » Second- or third-degree burns
- » Infected areas
- » Do not use on individuals with a known sensitivity to cyanoacrylates or formaldehyde

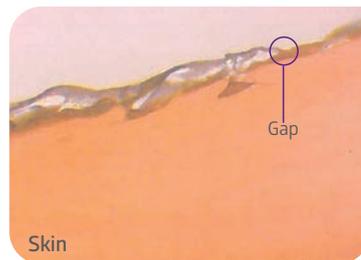
Clinical Highlight

Cyanoacrylate-based Barrier



A >20 μm layer of cyanoacrylate-based barrier can be clearly seen at x200 magnification. There are NO visible gaps between the skin and Marathon, since it bonded directly to the skin.³

Solvent-based barrier



The approximate <5 μm layer of a solvent-based barrier at x200 magnification is seen in this image. The gap between the skin and the solvent-based barrier is visible.³

ORDERING INFORMATION

MARATHON NO-STING CYANOACRYLATE SKIN PROTECTANT

Cyanoacrylate-based skin protectant

Item No.	Description	Pkg.
MSC093001	Marathon Cyanoacrylate Skin Protectant 0.5g vial	5/bx
MSC093005	Marathon Cyanoacrylate Skin Protectant 0.5g vial	10/bx
MSC093001XL	Marathon XL Cyanoacrylate Skin Protectant 1.5g vial	5/bx

MARATHON

Convenient size
for smaller areas



MARATHON XL

3x more product
per applicator than
traditional Marathon¹



Wide sponge tip

One application covers
an area **greater than**
8 x 10 inches¹



MSC093005

MSC093001XL

MSC093001

DID YOU KNOW?

Marathon provides robust, breathable protection. Use Marathon in conjunction with Opticell Ag+ to treat or prevent maceration of the periwound. To learn more, see pg. 20.



References: 1. Vlahovic TC, Hinton EA, Chakravarthy D, Fleck CA. A review of cyanoacrylate liquid skin protectant and its efficacy on pedal fissures. J Am Col Certif Wound Spec. 2010 Dec;2(4):79-85.

SUREPREP®

Skin Protectants

RECOMMENDED USES

- » Protection from moisture associated skin damage
- » Protection from corrosive fluids
- » Protection from adhesive trauma

RECOMMENDED SECONDARY DRESSINGS

- » Not Applicable



INDICATIONS

To be applied to intact or damaged skin in order to provide a primary barrier against:

- » Bodily fluids
- » Adhesive stripping

CHANGE FREQUENCY

- » Up to 72 hours or with every dressing change

CONTRAINDICATIONS

- » 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

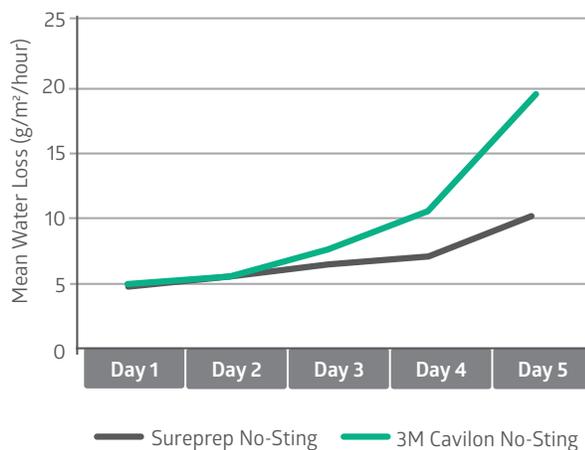
ABOUT SUREPREP

- » Protects from adhesive stripping^{1,2}
- » Safe for delicate skin³
- » Outperformed 3M Cavilon® in controlled study⁴
- » Fast drying⁵
- » Vapour permeable
- » Creates a waterproof barrier on periwound skin
- » Protection from friction and body fluids
- » Transparent

Clinical Highlight

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



ORDERING INFORMATION

SUREPREP RAPID DRY

Fast-drying no-sting skin protectant

Item No.	Description	Pkg.
MSC1605	Rapid Dry Protective Wipes	25/ bx, 4 bx/cs
MSC1610	Rapid Dry Wand Applicator, 1 mL	25/ bx, 4 bx/cs
MSC1613	Rapid Dry Wand Applicator, 3 mL	25/ bx, 4 bx/cs
MSC1528	Rapid Dry Spray, 28 mL	12/cs



SUREPREP NO-STING

Water-based no-sting skin protectant

Item No.	Description	Pkg.
MSC1505	No-Sting Protective Wipes	50/bx, 10 bx/cs
MSC1506	No-Sting Foam Wipes	50/bx, 10 bx/cs
MSC1510	No-Sting Wand Applicator, 1 mL	25/bx, 5 bx/cs
MSC1513	No-Sting Wand Applicator, 3 mL	25/bx, 4 bx/cs



SUREPREP

Skin protectant for intact skin; contains alcohol

Item No.	Description	Pkg.
MSC1500	Skin Protective Wipes	50/bx, 20 bx/cs



DID YOU KNOW?

TheraHoney gel promotes autolytic debridement, which can increase drainage. To protect the periwound from maceration use Sureprep Rapid dry. To learn more, see pg. 12.



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.

ACCUWRAP™

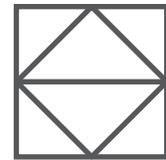
Two-Layer Compression Bandage System



With Accuracy Indicator



Layer 2 indicator should be stretched to the size of this image.



RECOMMENDED USES

- » Venous leg ulcers

RECOMMENDED PRIMARY DRESSINGS

- » Qwick
- » Opticell Ag+
- » OptiLock

INDICATIONS

- » To deliver therapeutic compression to manage venous disease, lymphedema and associated edema

CHANGE FREQUENCY

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

CONTRAINDICATIONS

- » Patients with severe arterial disease
- » ABI of less than 0.5

ABOUT ACCUWRAP

- » Low-profile system easily fits under clothing and footwear
- » Absorbent padding bandage designed to wick away moisture and control odour
- » Stocking included to ease movement
- » Extra-long kit available for larger legs
- » Easy and consistent application method

ORDERING INFORMATION

ACCUWRAP TWO-LAYER COMPRESSION SYSTEM

For therapeutic venous compression.

Item No.	Description	Compression Levels	Pkg.
AccuWrap Kit			
MSC7800	1) Absorbent Padding: 4" x 3.4 yd. (10 cm x 3.1 m)	Delivers 30–40 mmHg of Compression	8 kits/cs
	2) Short-Stretch Cohesive: 4" x 5.1 yd. (10 cm x 4.7 m) Stretched		

AccuWrap XL Kit

MSC7800XL	1) Absorbent Padding: 4" x 5.4 yd. (10 cm x 4.9 m)	Delivers 30–40 mmHg of Compression	8 kits/cs
	2) Short-Stretch Cohesive: 4" x 7 yd. (10 cm x 6.3 m) Stretched		

AccuWrap Lite Kit

MSC7802	1) Absorbent Padding: 4" x 3.4 yd. (10 cm x 3.1 m)	Delivers 20–30 mmHg of Compression	8 kits/cs
	2) Short-Stretch Cohesive: 4" x 5.1 yd. (10 cm x 4.7 m)		



ACCUWRAP PROMOTES PATIENT EDUCATION

Research shows that when patients understand why they are receiving compression therapy they are more likely to be compliant**

**Finlayson K, Edwards K, et al. (2010). The Impact of psychosocial factors on adherence to compression therapy to prevent recurrence of venous leg ulcers. *J. Clin Nurs.* 19(9-10): 1289-97



FOURFLEX® AND THREEFLEX®

Multilayer Compression Bandage System

RECOMMENDED USE

- » Venous leg ulcers

RECOMMENDED PRIMARY DRESSINGS

- » Qwick
- » Opticell Ag+
- » OptiLock



INDICATIONS

- » To deliver therapeutic compression to manage venous disease and associated edema

CHANGE FREQUENCY

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

CONTRAINDICATIONS

- » Patients with severe arterial disease
- » ABI of less than 0.6

ABOUT FOURFLEX AND THREEFLEX

- » Effective therapeutic compression
- » Extended wear time
- » Absorbs drainage
- » Educational packaging
- » FourFlex XL is 25% longer for larger legs
- » FourFlex and FourFlex XL delivers 30–40 mmHg of compression
- » ThreeFlex delivers 20–30 mmHg of compression

Clinical Highlight

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)
0.8 to 1.3	Normal range
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

ORDERING INFORMATION

THREEFLEX THREE-LAYER COMPRESSION SYSTEM

For lighter compression or for mixed etiology

Item No.	Description	Pkg.
ThreeFlex Kit		
MSC4300	1) Padding 4" x 4 yd. (10 cm x 3.6 m)	8 kits/cs
	2) Light Conforming 4" x 4.9 yd. (10 cm x 4.5 m) Stretched	
	3) Cohesive 4" x 6.9 yd. (10 cm x 6.3 m) Stretched	



FOURFLEX FOUR-LAYER COMPRESSION SYSTEM

For the treatment of chronic venous insufficiency

Item No.	Description	Pkg.
FourFlex Kit		
MSC4400	1) Padding 4" x 4 yd. (10 cm x 3.6 m)	8 kits/cs
	2) Light Conforming 4" x 4.9 yd. (10 cm x 4.5 m) Stretched	
	3) Compression 4" x 9.5 yd. (10 cm x 8.7 m) Stretched	
	4) Cohesive 4" x 6.9 yd. (10 cm x 6.3 m) Stretched	



FourFlex XL Kit		
MSC4400XL	1) Padding 4" x 5 yd. (10 cm x 4.6 m) 25% Longer	8 kits/cs
	2) Conforming 4" x 6.3 yd. (10 cm x 5.7 m) Stretched. 29% Longer	
	3) Compression 4" x 12.3 yd. (10 cm x 11.2 m) Stretched. 29% Longer	
	4) Cohesive 4" x 8.9 yd. (10 cm x 8.1 m) Stretched. 29% Longer	

MEDIGRIP™ AND MEDIGRIP™ LF

Elasticated Tubular Bandages

RECOMMENDED USES

- » Dressing retention
- » Light compression

PRIMARY DRESSINGS

- » Qwick
- » Opticell Ag+
- » OptiLock

RECOMMENDED

INDICATIONS

- » Edema
- » Treatment of chronic venous insufficiency
- » Dislocations
- » Sprains
- » As a retention dressing



CHANGE FREQUENCY

- » Medigrip may be left in place for up to 7 days
- » Dressing change frequency will

depend on amount of drainage

CONTRAINDICATIONS

- » None*

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
- » Also comes in latex free version

Clinical Highlight

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:

Medigrip delivers consistent therapeutic compression levels similar to Tubigrip®.

1. British Standards Institution, "Graduated Compression Hosiery", BS6612, (1985, 1993)
Independent study performed by SMTL, Bridgend, Wales

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

ORDERING INFORMATION

MEDIGRIP™ TUBULAR BANDAGE

11 yards (10 metres) in length.

Item numbers with "LF" at the end are not made with natural rubber latex.

Item No.	Size	Width	Application	Pkg.
MSC9500	A	1.75" (4.5 cm)	Very small feet and arms	1 roll/bx
MSC9500LF	A	1.75" (4.5 cm)	Very small feet and arms	1 roll/bx
MSC9501	B	2.5" (6.3 cm)	Small hands and limbs	1 roll/bx
MSC9501LF	B	2.5" (6.3 cm)	Small hands and limbs	1 roll/bx
MSC9502	C	2.625" (6.8 cm)	Adult hands, arms or legs	1 roll/bx
MSC9502LF	C	2.625" (6.8 cm)	Adult hands, arms or legs	1 roll/bx
MSC9503	D	3" (7.5 cm)	Large arms or legs	1 roll/bx
MSC9503LF	D	3" (7.5 cm)	Large arms or legs	1 roll/bx
MSC9504	E	3.5" (8.75 cm)	Legs or small thighs	1 roll/bx
MSC9504LF	E	3.5" (8.75 cm)	Legs or small thighs	1 roll/bx
MSC9505	F	4" (10 cm)	Large knees or thighs	1 roll/bx
MSC9505LF	F	4" (10 cm)	Large knees or thighs	1 roll/bx
MSC9506	G	4.75" (12 cm)	Large thighs	1 roll/bx
MSC9506LF	G	4.75" (12 cm)	Large thighs	1 roll/bx
MSC9507	J	6.75" (17.1 cm)	Small trunks	1 roll/bx
MSC9507LF	J	6.75" (17.1 cm)	Small trunks	1 roll/bx
MSC9508	K	8.25" (20.1 cm)	Medium trunks	1 roll/bx
MSC9508LF	K	8.25" (20.1 cm)	Medium trunks	1 roll/bx



MEDIGRIP TUBULAR BANDAGE 1.1 yard (1 metre) in length.

Item No.	Size	Width	Application	Pkg.
MSC9504YD	E	3.5" (8.75 cm)	Legs or small thighs	30/cs
MSC9505YD	F	4" (10 cm)	Large knees or thighs	30/cs
MSC9506YD	G	4.75" (12 cm)	Large thighs	30/cs

MEDIGRIP STANDARD SIZING CHART

Limb Measurement				Compression Level for Double Layer		
Min Inches	Max Inches	Min Cm	Max Cm	Low (5-10 mmHg)	Medium (10-20 mmHg)	High (20-30 mmHg)
5	6	13	15	B	-	-
6	7	15	18	B	-	-
7	8	18	20	C	B	-
8	9	20	23	D	B	-
9	10	23	25	E	C	-
10	12	25	30	E	D	-
12	15	30	38	F	E	B
15	18	38	46	G	E	C
18	23	46	58	G	E	D
23	28	58	71	J	F	E
28	38	71	97	K	G	-

MEDIGRIP LF SIZING CHART

Limb Measurement				Compression Level for Double Layer		
Min Inches	Max Inches	Min Cm	Max Cm	Low (5-10 mmHg)	Medium (10-20 mmHg)	High (20-30 mmHg)
5	5.5	13	14	A	-	-
5.5	6	14	15	B	A	-
6	7	15	18	C	B	A
7	8	18	20	D	B	A
8	9	20	23	E	C	B
9	10	23	25	F	D	B
10	12	25	30	F	E	C
12	15	30	38	G	F	D
15	18	38	46	G	F	E
18	23	46	58	J	G	F
23	28	58	71	J	G	-
28	28	71	97	K	J	-

UNNA-Z™ STRETCH

Unna Boot Bandages

RECOMMENDED USE

- » Venous leg ulcers

RECOMMENDED PRIMARY DRESSINGS

- » Qwick
- » Opticell Ag+
- » OptiLock

RECOMMENDED COVERING WRAP

- » Compression CoFlex LF2
- » Bulkee® Gauze Wrap



INDICATIONS

- » Venous leg ulcers

CHANGE FREQUENCY

- » Unna-Z may be left in place for up to 7 days, depending on drainage

CONTRAINDICATIONS

- » Patients with a known sensitivity to components (zinc)

ABOUT UNNA-Z

- » Maintains a moist and soothing skin environment
- » Provides semi-rigid support for conditions requiring mild compression
- » Impregnated with zinc oxide paste
- » Improved knitted design
- » Inner plastic core for easier application
- » Unna-Z Stretch provides greater elasticity

ORDERING INFORMATION

UNNA-Z STRETCH

Elastic zinc impregnated bandage

Item No.	Description	Pkg.
NONUNNAS130	3" x 10 yds stretched (7.6 cm x 9.1 m), elastic	12/cs
NONUNNAS140	4" x 10 yds stretched (10.2 cm x 9.1 m), elastic	12/cs



DID YOU KNOW?

Unna-Z Stretch features elasticity for enhanced conformability and easier application.



VERSATEL® AND VERSATEL ONE

Contact Layer Dressings

RECOMMENDED USES

- » To prevent secondary dressing adhesion to the wound

RECOMMENDED SECONDARY DRESSINGS

- » OptiLock®
- » Qwick®
- » Maxorb® II



INDICATIONS

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

CHANGE FREQUENCY

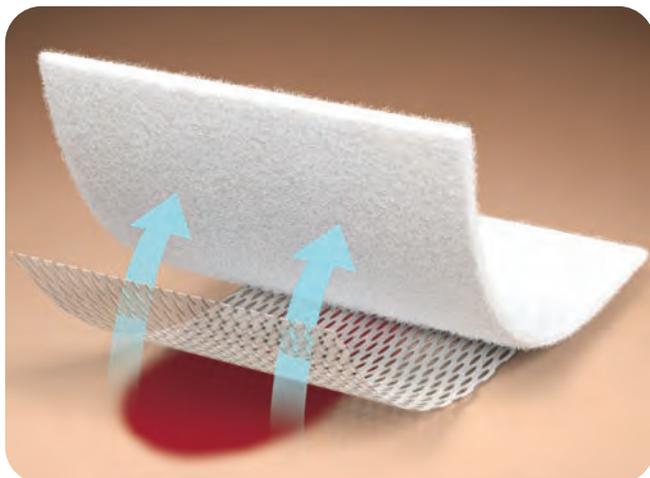
- » Versatel may be left in place for up to 7 days
- » Dressing change frequency will depend on amount of drainage

CONTRAINDICATIONS

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

Fluid Transferred Through Versatel

Versatel is designed to allow wound fluid to easily transfer into a secondary dressing.¹



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

ABOUT VERSATEL

- » Silicone-based atraumatic adhesive
- » Flexible and pliable to conform to body contours and improve comfort
- » Versatel One features one-sided silicone contact for easy handling
- » 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

References

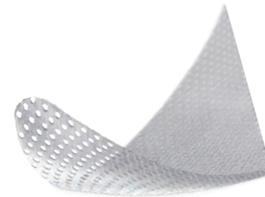
1. Independent laboratory testing. Test reports on file. 2. Mulder GD. Quantifying wound fluids for the clinician and researcher. *Ostomy Wound Manage.* 1994;40(8):66-69. 3. Independent laboratory testing. Test reports on file.

ORDERING INFORMATION

VERSATEL ONE

One-sided silicone contact layer dressing for easier handling

Item No.	Description	Pkg.
MSC1823EP	2 x 3" (5.1 x 7.6 cm)	10/bx, 5 bx/cs
MSC1834EP	3 x 4" (7.6 x 10.2 cm)	10/bx, 5 bx/cs
MSC1845EP	4 x 5" (10.2 x 12.7 cm)	10/bx, 5 bx/cs
MSC1847EP	4 x 7" (10.2 x 17.8 cm)	10/bx, 5 bx/cs
MSC18812EP	8 x 12" (20.3 x 30.5 cm)	5/bx, 5 bx/cs



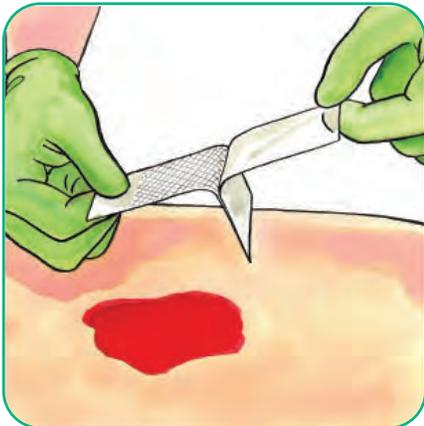
VERSATEL

Two-sided silicone contact layer dressing

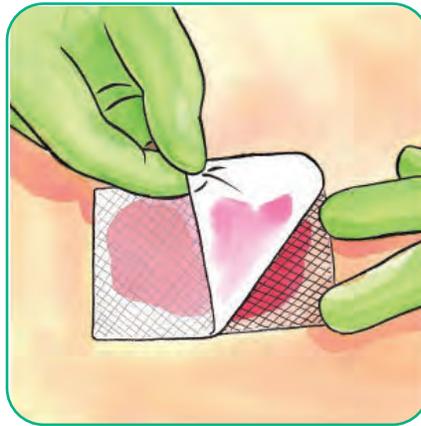
Item No.	Description	Pkg.
MSC1723EP	2 x 3" (5.1 x 7.6 cm)	10/bx, 5 bx/cs
MSC1734EP	3 x 4" (7.6 x 10.2 cm)	10/bx, 5 bx/cs
MSC1747EP	4 x 7" (10.2 x 17.8 cm)	10/bx, 5 bx/cs
MSC17812EP	8 x 12" (20.3 x 30.5 cm)	5/bx, 5 bx/cs



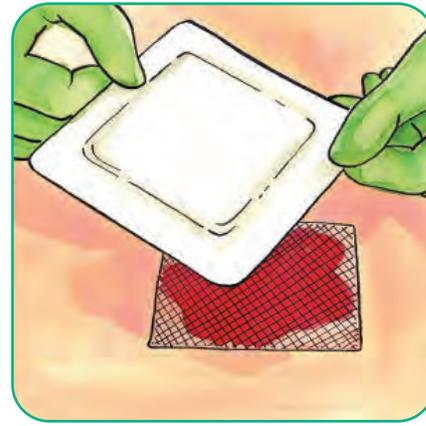
Easy Application Instructions



Step 1: Clean and dry wound and 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 if applicable (Versatel only). Cover with an appropriate secondary absorbent dressing such as Qwick. Versatel can be used under compression dressings.

COVER DRESSINGS

Adhesive Island Wound Dressing

RECOMMENDED WOUND CONDITIONS

- » All wound depths
- » All drainage levels
- » Primary dressing
- » Secondary dressing

RECOMMENDED SECONDARY DRESSINGS

- » Not Applicable

INDICATIONS

- » Partial- and full-thickness wounds
- » Incision sites

CHANGE FREQUENCY

- » Can be left in place for up to 7 days
- » Change the dressing as indicated by the amount of drainage or as frequently as the primary dressing indicates

CONTRAINDICATIONS

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



ABOUT COVER DRESSINGS

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

ORDERING INFORMATION

STRATASORB COMPOSITE COVER DRESSING

Waterproof, convenient primary or secondary dressing

Item No.	Description	Pkg.
MSC3044	4 x 4" (10.2 x 10.2 cm), 2.5 x 2" (6.4 x 5.1 cm) Pad	10/bx, 10 bx/cs
MSC3066	6 x 6" (15.2 x 15.2 cm), 4 x 4" (10.2 x 10.2 cm) Pad	10/bx, 10 bx/cs
MSC3068	6 x 7.5" (15.2 x 19.1 cm), 4 x 6" (10.2 x 15.2 cm) Pad	10/bx, 10 bx/cs
MSC30410	4 x 10" (10.2 x 25.4 cm), 2 x 8" (5.1 x 20.3 cm) Pad	10/bx, 10 bx/cs
MSC30414	4 x 14" (10.2 x 35.6 cm), 2 x 12" (5.1 x 30.5 cm) Pad	10/bx, 10 bx/cs



BORDERED GAUZE COVER DRESSING

Water-resistant, easy-to-use primary or secondary dressing

Item No.	Description	Pkg.
MSC3222	2 x 2" (5.1 x 5.1 cm), 1 x 1" (2.5 x 2.5 cm) Pad	15/bx, 10 bx/cs
MSC3244	4 x 4" (10.2 x 10.2 cm), 2.5 x 2.5" (6.4 x 6.4 cm) Pad	15/bx, 10 bx/cs
MSC3245	4 x 5" (10.2 x 12.7 cm), 2 x 2.5" (5.1 x 6.4 cm) Pad	15/bx, 10 bx/cs
MSC3248	4 x 8" (10.2 x 20.3 cm), 2 x 6" (5.1 x 15.2 cm) Pad	15/bx, 10 bx/cs
MSC3266	6 x 6" (15.2 x 15.2 cm), 4 x 4" (10.2 x 10.2 cm) Pad	15/bx, 10 bx/cs
MSC32410	4 x 10" (10.2 x 25.4 cm), 2 x 8" (5.1 x 20.3 cm) Pad	15/bx, 10 bx/cs
MSC32414	4 x 14" (10.2 x 35.6 cm), 2 x 12" (5.1 x 30.5 cm) Pad	15/bx, 10 bx/cs
MSC3236	3 x 6" (7.6 x 15.2 cm), 1 x 4" (2.5 x 10.2 cm) Pad	15/bx, 10 bx/cs



DRESSING RETENTION TAPE

Non-Woven, Silicone and Zinc Oxide Tape

RECOMMENDED USE

- » Dressing retention

RECOMMENDED SECONDARY DRESSINGS

- » Not Applicable

INDICATIONS

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

CHANGE FREQUENCY

- » Dressing change frequency will depend on the primary dressing and amount of drainage

CONTRAINDICATIONS

- » Contraindicated as a primary dressing



ABOUT TAPE

- » MedFix has a printed s-curve release liner
- » MedFix EZ is linerless and perforated
- » MedFix tapes are water resistant
- » Gentac is transparent
- » Gentac uses gentle and repositionable silicone adhesive
- » Gentac tape is waterproof
- » Pinc Tape is zinc based and adheres well even in moist conditions

PRODUCT SPOTLIGHT

Pinc™ Tape

- » Pinc utilizes a zinc oxide adhesive
- » Pinc tape is waterproof
- » Pinc tape adheres well in moist environments



ORDERING INFORMATION

MEDFIX TAPE

Non-woven tape with S-curve liner

Item No.	Description	Pkg.
MSC4002	2" x 11 yd. (5.1 cm x 10 m)	1 roll/bx
MSC4004	4" x 11 yd. (10.2 cm x 10 m)	1 roll/bx
MSC4006	6" x 11 yd. (15.2 cm x 10 m)	1 roll/bx



MEDFIX EZ TAPE

Linerless non-woven tape with 2" perforations

Item No.	Description	Pkg.
MSC4102	2" x 11 yd. (5.1 cm x 10 m)	12 rolls/bx
MSC4104	4" x 11 yd. (10.2 cm x 10 m)	12 rolls/bx
MSC4106	6" x 11 yd. (15.2 cm x 10 m)	12 rolls/bx
MSC4124	4" x 2 yd. (10.2 cm x 1.8 m)	12 rolls/bx



GENTAC SILICONE TAPE

Transparent silicone tape

Item No.	Description	Pkg.
MSC1583	0.8" x 3.3 yd. (2 cm x 3 m)	12 rolls/cs
MSC1585	2" x 5 yd. (5.1 cm x 12.7 m)	6 rolls/cs



PINC™ TAPE

Zinc oxide adhesive tape

Item No.	Description	Pkg.
OMAM55CS	1/2" x 5 yd. (1.3 cm x 4.57 m)	1/bx, 36 bx/cs
OMAM111CS	1" x 5 yd. (2.54 cm x 4.57 m)	1/bx, 36 bx/cs
OMAM222CS	2" x 5 yd. (5.1 cm x 4.57 m)	1/bx, 36 bx/cs

*To order Pinc Tape by the roll, remove the letters "CS" from the item code



WOUND CLEANSERS

RECOMMENDED USES

- » Cleansing all types of wounds

RECOMMENDED SECONDARY DRESSINGS

- » Not Applicable

INDICATIONS

To clean a wide variety of wounds including:

- » Pressure injuries
- » Partial- and full-thickness wounds
- » Infected and non-infected wounds

CHANGE FREQUENCY

- » With every dressing change

CONTRAINDICATIONS

- » Patients with a known sensitivity to ingredients in the wound cleanser



ABOUT WOUND CLEANSERS

- » Easy cleansing
- » Adjustable trigger, PSI of 8.6 at 3" (7.62 cm)
- » Within AHCPH guidelines
- » Prophase contains PHMB as a preservative

PRODUCT SPOTLIGHT

Prophase™ Wound Cleanser

- » Contains PHMB as a preservative
- » Low pH formulation
- » Available in convenient 2-oz. (0.057 kg) squeeze bottle



ORDERING INFORMATION

SKINTEGRITY WOUND CLEANSER

Wound cleanser with spray and stream nozzle

Item No.	Description	Pkg.
MSC6001	Squeeze Bottle, 1-oz. (30 mL)	30/cs
MSC6008	Spray Bottle, 8-oz. (236 mL)	6/cs
MSC6016	Spray Bottle, 16-oz. (472 mL)	6/cs



PROPHASE WOUND CLEANSER

PHMB preserved wound cleanser

Item No.	Description	Pkg.
MSC8002	Squeeze Bottle, 2-oz. (59 mL)	12/cs
MSC8008	Spray Bottle, 8-oz. (236 mL)	6/cs





Wound Assessment

RECOMMENDED USES

- » Measure and assess all types of wounds

INDICATIONS

- » Wound assessment to assist with wound evaluation

CHANGE FREQUENCY

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

CONTRAINDICATIONS

- » None

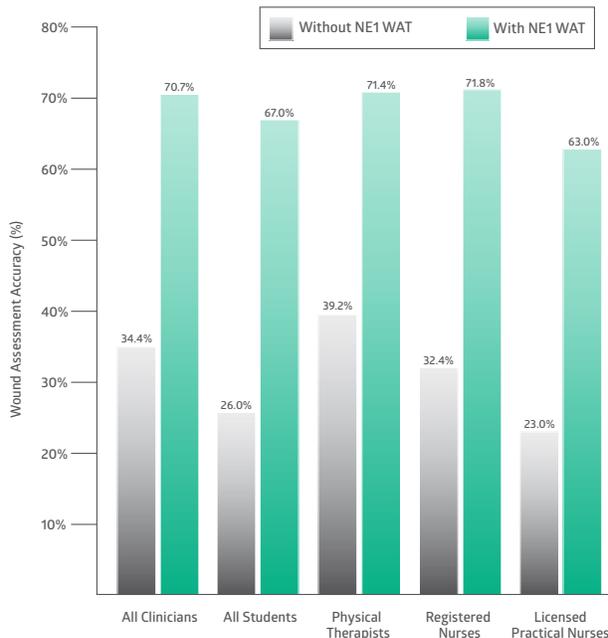


ABOUT NE1

- » Easy-to-use colour-matching technique
- » Reduces errors and promotes accurate wound assessment
- » Standardizes wound documentation
- » Free online education

Clinical Highlight

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 No.	Description	Pkg.
MSCNE1TOOL	Wound Assessment Tool	100/bx
MSCNE1TOOLPK	Wound Assessment Tool	10/pk



NE1 Photographic Wound Documentation Guide

NE1 PHOTOGRAPHIC WOUND DOCUMENTATION

History of the Wound

ANATOMICAL SITE (BODY PART): _____

Mark Wound Location

Hospital/Admit Photo
 Follow-up Photo
 Discharge Photo

Problem Present on Admission: Yes No

For: _____

Write on the Tool

- 1. Site
- 2. Patient Initials
- 3. Date
- 4. Room #/Location
- 5. Wound Location
- 6. Clinician Signature

1. Tissue (Worst Type) Use NE1 Tool as a Guide

<input type="checkbox"/> Normal or Clean/Slav (Ecthrashed or Scar) <input type="checkbox"/> Red/Pink/Erythema (React Slud) <input type="checkbox"/> Open <input type="checkbox"/> Under/Slough (Fibrin Slud) <input type="checkbox"/> Red/Pink/Meat/Devitalized <input type="checkbox"/> Necrotic/Brown/Black/White <input type="checkbox"/> Slough/Slud (Dead Slud Edge) <input type="checkbox"/> Slough/Slud (Slud) <input type="checkbox"/> Open/Slud/Epithel	<input type="checkbox"/> Exposed Muscle/Tendon/ Some Cartilage/Fabric <input type="checkbox"/> Purple/Black/White/Red of Red (Bleed/Fibrin Slud) <input type="checkbox"/> Black/Tan (Eschar) <input type="checkbox"/> Black/Tan (Dried Slud Edge) <input type="checkbox"/> Black/Tan (Slud)
---	---

2. Wound Characteristics

Pressure Injury/ ulcer:
 Closed Pre-Stage 1 (Blanchable Erythema)
 Stage 1 Stage 2 Stage 3 Stage 4
 Suspected Open Tissue Pressure Injury/ulcer Unstageable
 MIMII (Abscess)

Other: Closed Superficial Partial Thickness Full Thickness

3. Size Details: Diameter Yes No

Calculate the Surface Area:
Size from (L x W) Tunneling/Undermining: Yes No

4. Eschar: Full Outer Yes No

Type: None Sludgy Serious Serosanguinous
 Firm Hard Smooth/Red/White
 Brittle Moist Tendon Cartilage Fibrin
 Empty/Red/Grey Blood Fibrin Slud
 Epithel Slud

Amount: None Small Moderate Large

Are there any open areas? Yes No

Comment: _____

Nurse/PT Signature: _____
Other Signatures: _____

3. Treated/Viewed Skin/Wound Compared to Normal Adjacent Tissue

Temperature: Cool Normal Warm

Wound Characteristics

Intact Skin Sludgy Soft Normal Firm
 Non-Intact Firm Hard Smooth/Red/White
 Brittle Moist Tendon Cartilage Fibrin
 Empty/Red/Grey Blood Fibrin Slud
 Epithel Slud

Black Tent (Capillary Refill of Intact Skin)
 Blanchable Non-Blanchable

Special Conditions:
 Pressure Injury/ulcer (PH) History of a Stage 4
 Pressure Injury/ulcer (PH) History of a Stage 3
 Pressure Injury/ulcer (PH) Wound Base Covered with Slud
 Unable to Determine Wound Classification
 Non-Healable Dressing/Device

Repeat Identification: _____

4. Size Details: Diameter Yes No

Calculate the Surface Area:
Size from (L x W) Tunneling/Undermining: Yes No

5. Eschar: Full Outer Yes No

Type: None Sludgy Serious Serosanguinous
 Firm Hard Smooth/Red/White
 Brittle Moist Tendon Cartilage Fibrin
 Empty/Red/Grey Blood Fibrin Slud
 Epithel Slud

Amount: None Small Moderate Large

Are there any open areas? Yes No

Comment: _____

Nurse/PT Signature: _____
Other Signatures: _____

4. Size Details: Diameter Yes No

Calculate the Surface Area:
Size from (L x W) Tunneling/Undermining: Yes No

5. Eschar: Full Outer Yes No

Type: None Sludgy Serious Serosanguinous
 Firm Hard Smooth/Red/White
 Brittle Moist Tendon Cartilage Fibrin
 Empty/Red/Grey Blood Fibrin Slud
 Epithel Slud

Amount: None Small Moderate Large

Are there any open areas? Yes No

Comment: _____

Nurse/PT Signature: _____
Other Signatures: _____

6. Surface Area Value (SAV): 0 Best 20 Worst

6. Surface Area Value (SAV): 0 Best 20 Worst

7. Intact Value (IV): 0 Best 0 Worst

Are there any open areas? Yes ~ 0.5 No = 0

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

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

Medline Canada
1-800-395-8996
medline.ca | info@medline.com

Medline Mexico
01-800-831-0896
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NE1 HEALING PROGRESSION RATE (HPR)

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

VARIABLE 1

Worst Tissue Type (WTT)

This is determined by the box checked in section 1 of the NE1 Wound Documentation Form. 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, the wound will be scored based on this portion's tissue type. Always score the highest number.

Worst Tissue Type (WTT): 0 Best 7 Worst

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.

Note: Take the L x W Measurements directly from the wound photo using the NE1 right angled ruler. Measure wound tissue edge to wound tissue edge. Include angry, inflamed periwound that is directly related to the wound being measured. Do not include pink resurfaced or repaired scar tissue in your measurements. Always use the same method each time the wound is measured.

- Length is measured 12 to 6
- Width is measured 3 to 9

Value	Surface Area	Value	Surface Area	Value	Surface Area
0	0.0 cm ² (Normal/Slud)	7	4.4 cm ² to 7.0 cm ²	14	7.5 cm ² to 10.0 cm ²
1	0 to 0.5 cm ²	8	7.1 cm ² to 10.0 cm ²	15	10.3 cm ² to 12.0 cm ²
2	0.6 cm ² to 1.0 cm ²	9	10.3 cm ² to 15.0 cm ²	16	12.5 cm ² to 17.0 cm ²
3	1.1 cm ² to 1.5 cm ²	10	15.1 cm ² to 20.0 cm ²	17	15.0 cm ² to 17.0 cm ²
4	1.6 cm ² to 2.0 cm ²	11	20.1 cm ² to 25.0 cm ²	18	17.5 cm ² to 20.0 cm ²
5	2.1 cm ² to 3.0 cm ²	12	25.1 cm ² to 30.0 cm ²	19	20.0 cm ² to 25.0 cm ²
6	3.1 cm ² to 4.0 cm ²	13	30.1 cm ² to 35.0 cm ²	20	25.1 cm ² Over

Surface Area Value (SAV): 0 Best 20 Worst

VARIABLE 3

Intact Value (IV)

Are there any open areas? Yes ~ 0.5 No = 0

This comprehensive documentation form simplifies the assessment and documentation process. A PDF can be found at www.MedlineNE1.com

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THERAPEUTIC SUPPORT SURFACES

RECOMMENDED USES

- » Pressure redistribution
- » Friction reduction
- » Shear reduction
- » Heat distribution

ABOUT THERAPEUTIC SUPPORT SURFACES

- » To provide solutions for the entire continuum of care, Medline offers a full line of pressure redistribution products for acute, long-term, and home care use.

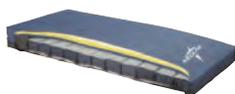
ACUTE CARE



THERATECH MATTRESS

Prevention through Treatment of Stage 2 Wounds

Resilient load-bearing cells independently conform to the body to redistribute pressure and reduce shear, while air channels reduce heat and moisture



EQUALIZEAIRE MATTRESS

Prevention through Treatment of Stage 4 Wounds

Dynamic, self-adjusting non-powered mattress



ADVANTAGE O.R. TABLE PAD

Prevention through Treatment of Stage 2 Wounds

Advanced surfaces optimize pressure redistribution during surgery on the O.R. table



STRETCHER PADS

Prevention through Treatment of Stage 2 Wounds

Advanced surfaces optimize pressure redistribution during transportation to and from the operating room



HEEL PROTECTION

Prevention through Treatment of Stage 4 Wounds

Innovative devices elevate the heels and significantly reduce pressure, friction and shear

LONG-TERM CARE



ADVANTAGE CONTOUR MATTRESSES

Prevention through Treatment of Stage 2 Wounds

The unique contour shape of the high-resiliency foam helps it to completely conform to the resident's body and cradle high-risk areas and provide support



WHEELCHAIR CUSHIONS

Prevention through Treatment of Stage 4 Wounds

Wide selection of Medline-brand and popular name-brand cushions are specifically designed to meet the needs of residents



HEEL PROTECTION DEVICES

Prevention through Treatment of Stage 4 Wounds

Medline's top-quality heel protection devices elevate heels and significantly reduce pressure, friction, and shear

HME DEALER



GROUP I TREATMENT PRODUCTS

Prevention through Treatment of Stage 2 Wounds

A variety of prevention products are specifically tailored to HME Dealers, including static air overlays, alternating-pressure overlays, gel overlays and therapeutic homecare mattresses



WHEELCHAIR CUSHIONS/BEDSIDE SAFETY/ACCESSORIES

Prevention through Treatment of Stage 4 Wounds

A wide selection of Medline-brand and popular name-brand cushions are specifically designed to meet the needs of today's HME Dealer

Classification of Tissue Destruction in Pressure Injury

A pressure injury is localized damage to the skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. The injury can present as intact skin or an open ulcer and may be painful. The injury occurs as a result of intense and/or prolonged pressure or pressure in combination with shear. The tolerance of soft tissue for pressure and shear may also be affected by microclimate, nutrition, perfusion, co-morbidities and condition of the soft tissue. NPUAP, 2016

STAGE 1

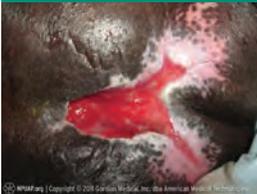


Stage 1 Pressure Injury: Non-blanchable erythema of intact skin Intact skin with a localized area of non-blanchable erythema, which may appear differently in darkly pigmented skin. Presence of blanchable erythema or changes in sensation, temperature, or firmness may precede visual changes. Colour changes do not include purple or maroon discoloration; these may indicate deep tissue pressure injury.

STAGE 2



Stage 2 Pressure Injury: Partial-thickness skin loss with exposed dermis The wound bed is viable, pink or red, moist, and may also present as an intact or ruptured serum-filled blister. Adipose (fat) is not visible and deeper tissues are not visible. Granulation tissue, slough and eschar are not present. These injuries commonly result from adverse microclimate and shear in the skin over the pelvis and shear in the heel. This stage should not be used to describe moisture associated skin damage (MASD) including incontinence associated dermatitis (IAD), intertriginous dermatitis (ITD), medical adhesive related skin injury (MARS), or traumatic wounds (skin tears, burns, abrasions).



Stage 3 Pressure Injury: Full-thickness skin loss Full-thickness loss of skin, in which adipose (fat) is visible in the ulcer and granulation tissue and epibole (rolled wound edges) are often present. Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

Slough and/or eschar may be visible. The depth of tissue damage varies by anatomical location; areas of significant adiposity can develop deep wounds. Undermining and tunneling may occur. Fascia, muscle, tendon, ligament, cartilage and/or bone are not exposed. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

STAGE 4



Stage 4 Pressure Injury: Full-thickness skin and tissue loss Full-thickness skin and tissue loss with exposed or directly palpable fascia, muscle, tendon, ligament, cartilage or bone in the ulcer.

Slough and/or eschar may be visible. Epibole (rolled edges), undermining and/or tunneling often occur. Depth varies by anatomical location. If slough or eschar obscures the extent of tissue loss this is an Unstageable Pressure Injury.

DEEP TISSUE PRESSURE INJURY (DTPI)



Deep Tissue Pressure Injury: Persistent non-blanchable deep red, maroon or purple discoloration Intact or non-intact skin with localized area of persistent non-blanchable deep

red, maroon, purple discoloration or epidermal separation revealing a dark wound bed or blood-filled blister. Pain and temperature change often precede skin colour changes. Discolouration may appear differently in darkly pigmented skin. This injury results from intense and/or prolonged pressure and shear forces at the bone-muscle interface. The wound may evolve rapidly to reveal the actual extent of tissue injury, or may resolve without tissue loss. If necrotic tissue, subcutaneous tissue, granulation tissue, fascia, muscle or other underlying structures are visible, this indicates a full-thickness pressure injury (Unstageable, Stage 3 or Stage 4). Do not use DTPI to describe vascular, traumatic, neuropathic, or dermatologic conditions.

UNSTAGEABLE



Unstageable Pressure Injury: Obscured full-thickness skin and tissue loss Full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because it is obscured by slough or eschar.

If slough or eschar is removed, a Stage 3 or Stage 4 pressure injury will be revealed. Stable eschar (i.e. dry, adherent, intact without erythema or fluctuance) on an ischemic limb or the heel(s) should not be removed.

EDUCATION

SKIN HEALTH HOTLINE MANAGED BY WOUND CARE NURSE SPECIALIST

An important number to remember is **1-888-701-SKIN (7546)** because it reaches our Skin Health Hotline, managed by board-certified wound care nurses. The nurses are available to answer questions about product usage such as application and appropriateness of a dressing for a particular wound condition.

The Skin Health Hotline is staffed Monday through Friday from 8 am to 5 pm Central Time.

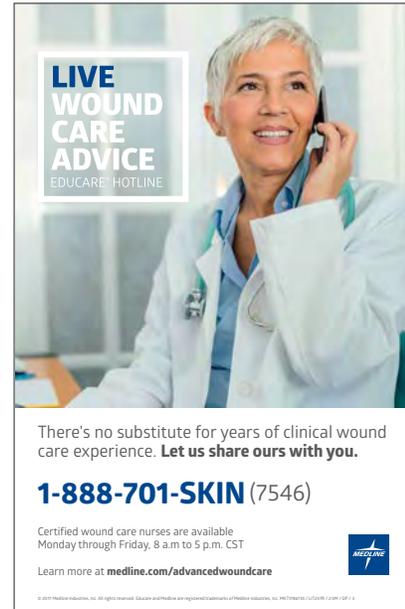
PRODUCT SUPPORT AT www.medline.com/advancedwoundcare

Medline's website is another way to get up-to-date product information. You will find application videos for all of our advanced wound care products at www.medline.com/awcvideos. The interactive product selector can also help you choose the best product based upon the wound conditions.

WOUND AND SKIN CARE PRODUCT SPECIALISTS

Receiving support from one of Medline's wound care product specialists has never been easier. 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.

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



There's no substitute for years of clinical wound care experience. **Let us share ours with you.**

1-888-701-SKIN (7546)

Certified wound care nurses are available Monday through Friday, 8 a.m to 5 p.m. CST

Learn more at medline.com/advancedwoundcare

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Skin Health Hotline Posters available for your facility.

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, Medline has found a way to improve this process and ensure that nurses have the information they need. It is called Educational Packaging. The package focuses on patient safety and correct product application. Each package serves as a 2-Minute Course on Wound Care™.



Often, a dressing's box and product insert never leaves a supply room or closet. For that reason, Medline leverages Educational Packaging to provide bedside support to the nurse, the patient, and the family.

Education is essential for clinicians as well as for their patients and their families. Ensuring that patients and caregivers are taught the expected outcomes and the plan to achieve them is vital for successful wound treatment.

Name of Product - Points to the product name 'OPTICELL Ag' on the packaging.

Category - Giving a more detailed breakdown of the product.

Key Information - Clarifies appropriate use.

Product Photo - A clear-as-day picture of the dressing.

Basic Info - Brief technical detailing of product attributes: size, number, etc.

Additional Info - Application instructions, indications and contraindications are on the opposite side of the packaging.

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.

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And it's all absolutely **FREE!**

AWC MEDLINE UNIVERSITY COURSES

- » Management and Treatment of Lower Extremity Wound
- » 2016 NPIAP* Pressure Injury Staging System
- » MASDA: Moisture Associated Skin Damage Awareness

*Formerly NPUAP



ONLINE TRAINING & MANAGEMENT MADE EASY

Medline Canada, in partnership with Surge Learning has released a series of skin health and wound management e-learning courses to support registered and non-registered care providers. Surge Learning was developed to help Canadian healthcare professionals continue to provide exceptional care. We make navigating industry changes, legislation updates, education requirements and managing team success, worryfree and straightforward. Contact your Medline representative today to learn more.

2-Minute Course on Wound Care, Aquaconductive, Chytoform, Liquitrap, Qwick, MicroScaffold, Pinc, Medigrip, Prophase and Unna-Z are trademarks; and Bulkee, Derma-Gel, Educare, Exuderm, Exuderm OdorShield, FourFlex, Gentac, Marathon, Maxorb, Medfix, Medline, Medline University, NE1, Opticell, Optifoam, OptiLock, Puracol, Skintegrity, Stratasorb, Sureprep, Suresite, TheraHoney, ThreeFlex and Versatel are registered trademarks of Medline Industries, Inc. Cavilon is a registered trademark of 3M Company. CoFlex is a registered trademark of Andover Healthcare, Inc. DuoDerm Signal and Kaltostat are registered trademarks of Convatec Inc. SilvaSorb is a registered trademark of Acrymed, Inc. Acticoat, Allevyn and Durafiber are registered trademarks of T.J. Smith & Nephew Limited Corporation. WoundRounds is a registered trademark of Telemedicine Solutions LLC.

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Available 8am – 5pm Central Time
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**Together,
improving lives**
Ensemble,
améliorons des vies

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