



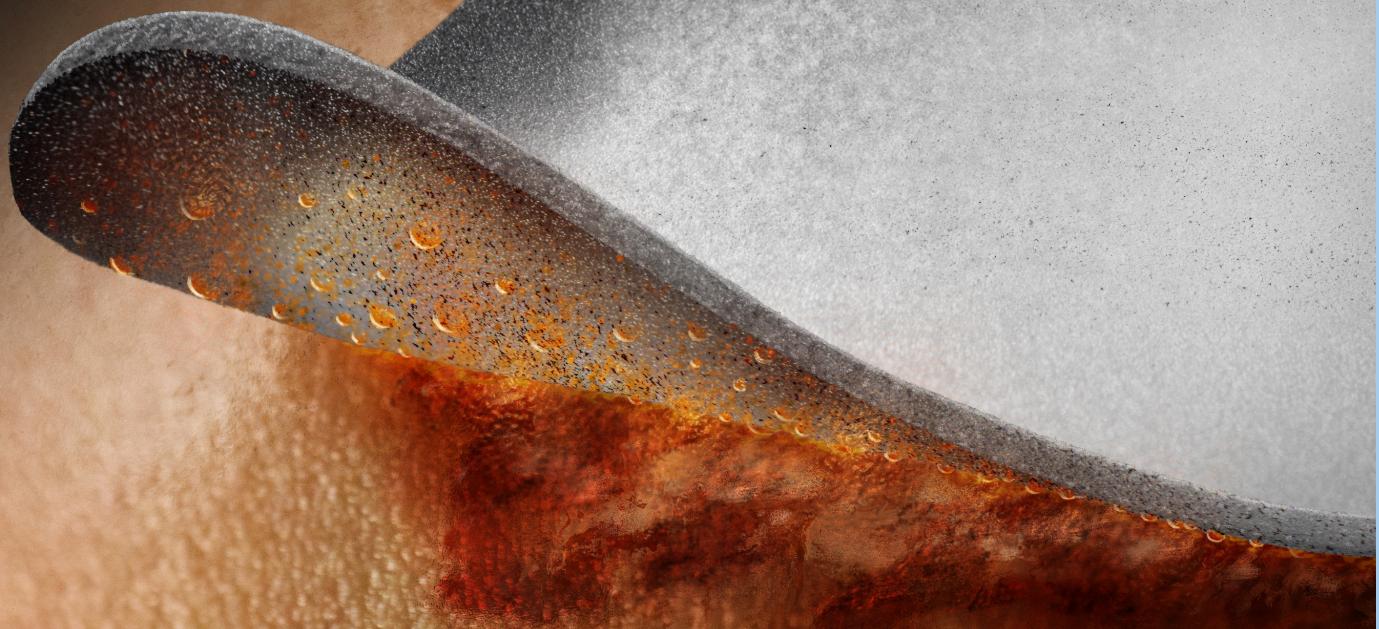
ADVANCED
WOUND CARE

IoPlex®

IODOPHOR FOAM DRESSING

ANTIBACTERIAL
IODINE

CONTROLLED
RELEASE
TECHNOLOGY



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™ 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.

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



Reduces bacterial burden within the wound dressing



Effectively removes exudate and debris



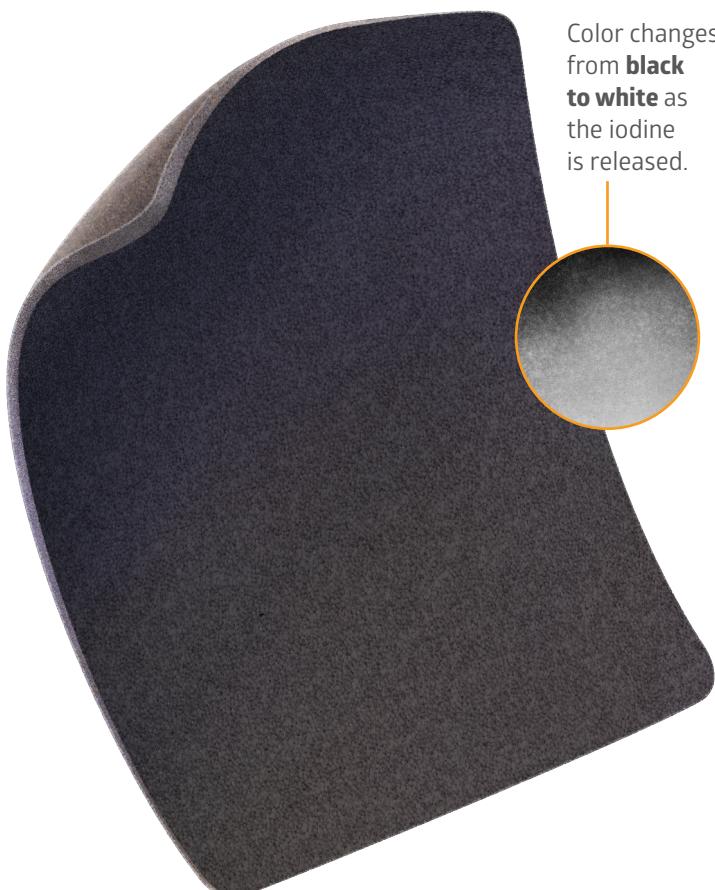
Sustained release over 24 to 72 hours



Can be cut to shape of wound and stacked

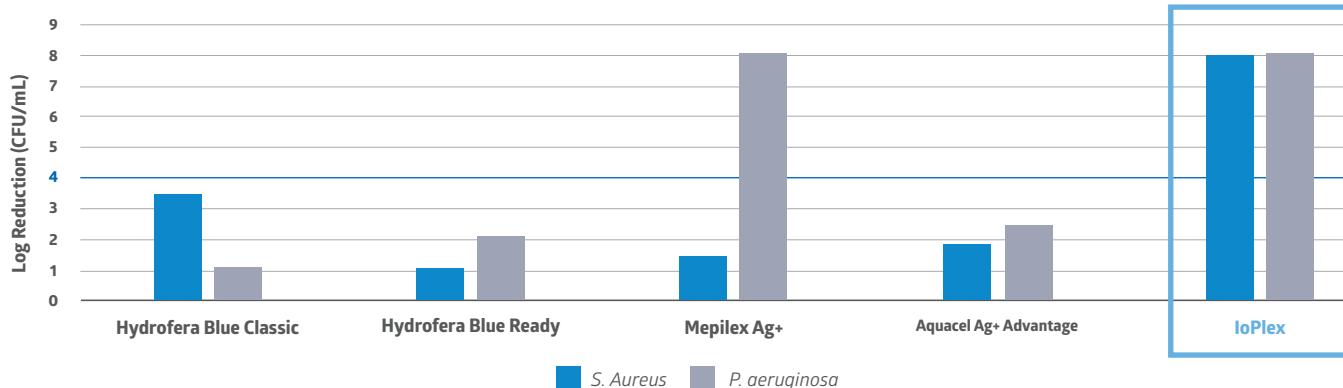


IoPlex demonstrated a 4 log or greater kill against MRSA in **5 min** and *P. aeruginosa* in **30 min**⁹



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.



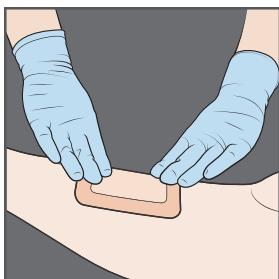
IoPlex® is a hydrophilic absorbent foam dressing complexed with slow release iodine for biofilm management.



1. Cleanse wound bed with sterile water or saline. Remove dressing from packaging.



2. Cut dressing to shape of the wound. Minimize overlap onto skin to prevent over drying. If placing under a compression wrap, three IoPlex layers may be stacked for appropriate control/fitting.



3. Cover with appropriate secondary dressing and monitor drainage. IoPlex should remain soft and moist, not wet.



Ordering information

Item No.	Description	Pkg.
MSC5345EP	4" x 5" Pad	8/bx, 40/cs

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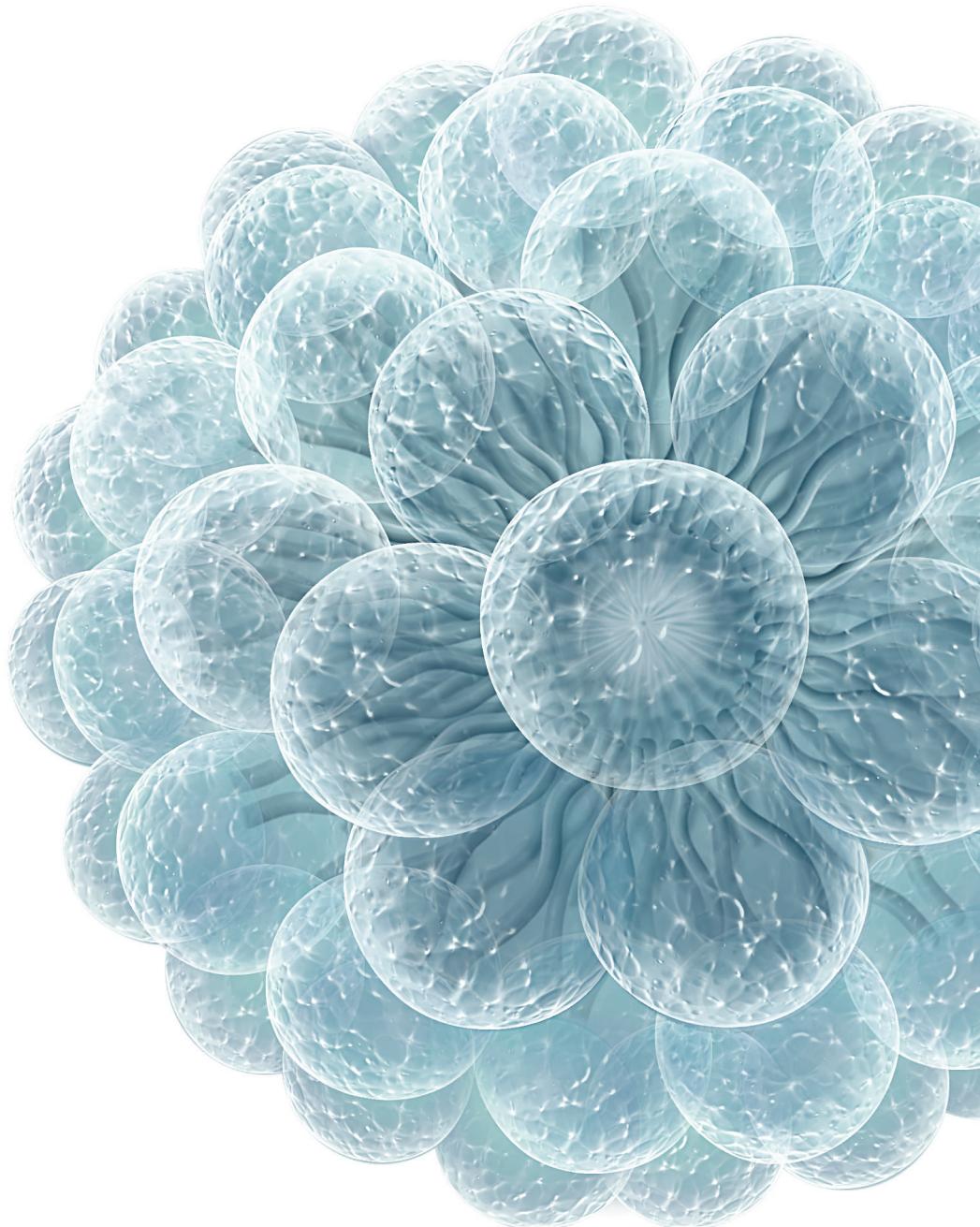
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Corius™
Tissue Regeneration



PluroGel®

Burn and Wound Dressing

Best Prep for Success™

The science and innovation behind wound management with PluroGel.

Power the healing process.

How Poloxamer 188 activates wound healing

- Shown in vitro to decrease inflammation and tissue damage^{4, 6}
- Improves capillary blood flow in the zone of stasis after burn injury⁷
- Blocks adhesion of certain proteins to prevent microbial adhesion⁸

P-188: 3 notable properties

Water Solubility

A non-ionic surfactant easily removed with water.

Inverse Thermodynamics

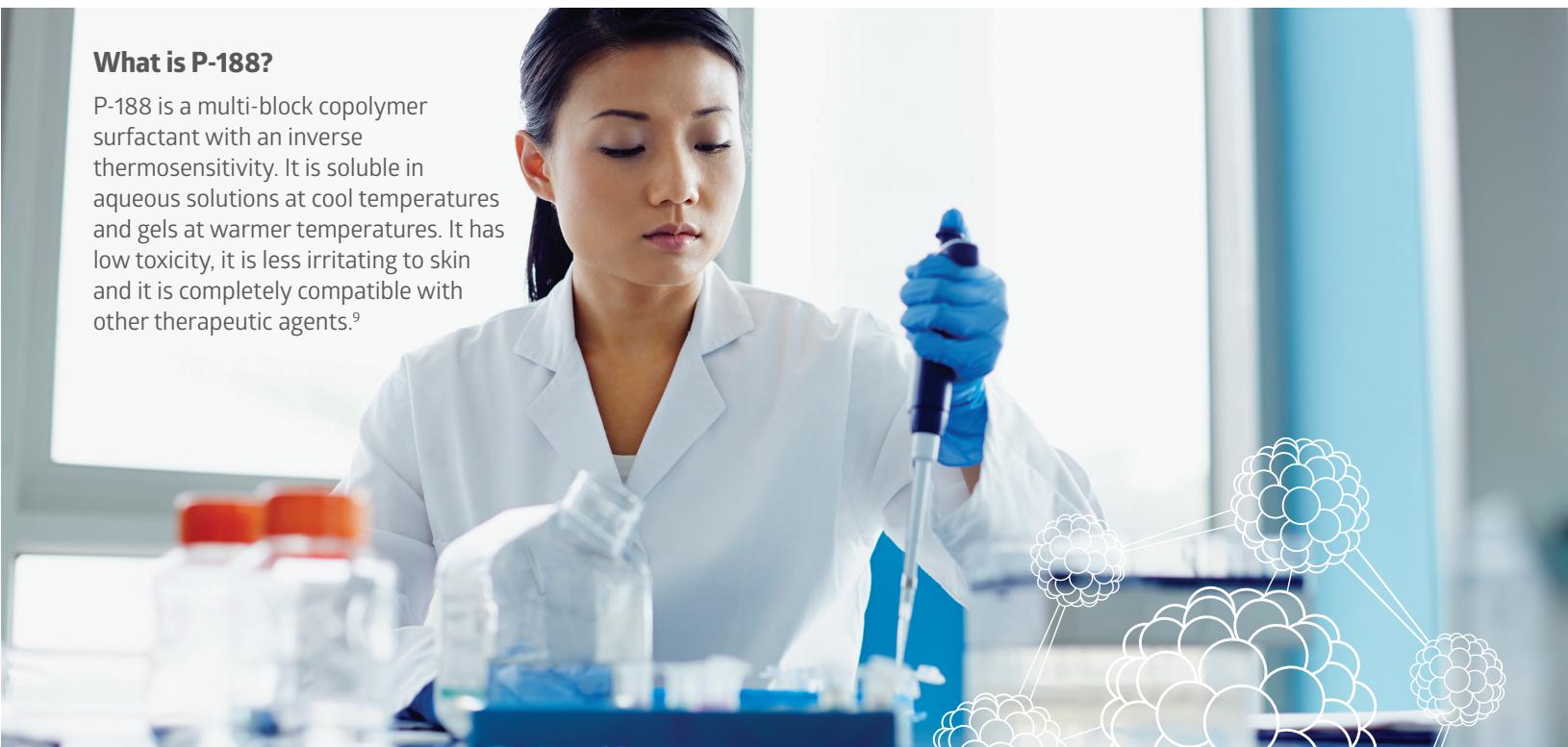
Micelles link to form a stable gel at high temperatures, allowing prolonged and intimate contact with wound debris.⁴

Low Toxicity

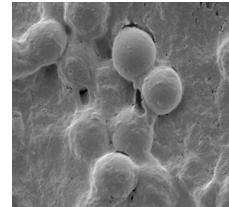
A well-studied safe excipient used in injectable, oral and cutaneous applications. Clinical tests for dermal irritation and sensitization are negative.⁵

What is P-188?

P-188 is a multi-block copolymer surfactant with an inverse thermosensitivity. It is soluble in aqueous solutions at cool temperatures and gels at warmer temperatures. It has low toxicity, it is less irritating to skin and it is completely compatible with other therapeutic agents.⁹



Biofilm—a major barrier to wound healing.



What you can't see can hurt you.

Biofilms—microscopic structures present in a high percentage of chronic wounds—impair healing. They stimulate inflammation, elevate levels of proteases and increase exudate and fibrin slough. It is believed slough may indicate the presence of biofilm.

Debridement is one of the most important treatment strategies against biofilms, but does not remove all biofilm, and therefore cannot be used alone.¹ **PluroGel has been shown to prevent and disrupt biofilm in vitro.**³

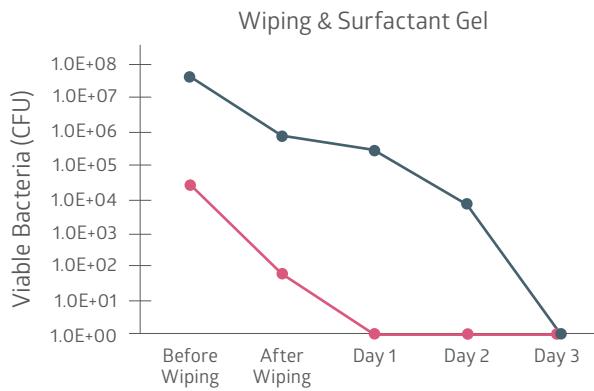


Microscopic biofilm still present in a diabetic foot ulcer after sharps debridement.² Photo above courtesy of Matt Malone, MSC, FPP, RCPS

Artist's representation

PluroGel's Impact on Biofilm³

● Total Bacteria ● Biofilm Bacteria



PluroGel's mechanism of action.

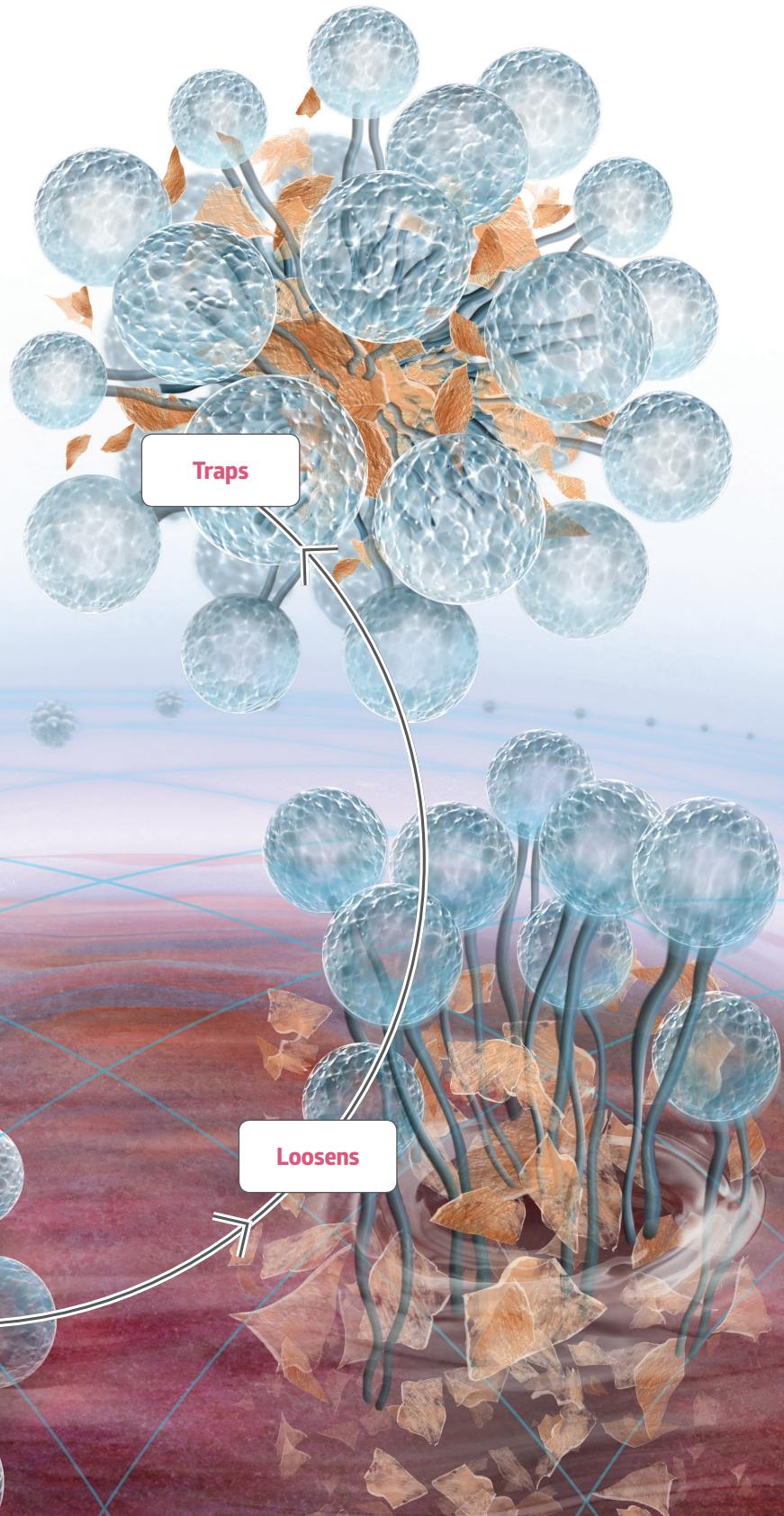
Micelle Matrix Technology

Surfactancy Effect

PluroGel is a concentrated surfactant that contains both a hydrophilic surface and hydrophobic core to donate moisture and solubilize exudate. Its unique matrix creates a rinsing effect on a molecular level. It softens, loosens and traps debris to de-slough the wound bed.

PluroGel at a glance

- Removes barriers to healing
- Maintains optimal moist wound healing environment
- Facilitates removal of necrotic tissue and slough
- Safe on granulating tissue



Well-established and well-documented.

The properties of P-188 surfactant technology and PluroGel are supported by a growing body of evidence.¹⁰

30 Research studies on P-188

7 Peer-reviewed publications on concentrated surfactant technology

21+ Pre-clinical and clinical studies on PluroGel

Patient case study

Partial thickness second degree burn

No skin grafting required*

29 year-old male experienced deep second degree burns to the hand secondary to a motorcycle accident. Patient applied PluroGel daily to wound and covered it with non-adherent dressing. Blister unroofed and epithelium reformed by Day 10.



Day 1



Day 10

Case study and photos courtesy of: Dr. Ariel Aballay¹¹

*Individual results will vary

Patient case study

Full-thickness dehisced surgical wound

89% reduction in wound size*

A 55-year-old female with a history of poorly controlled diabetes presented with a dehisced groin incision following a femoral endarterectomy. The wound bed was covered with yellow slough and draining copious amounts of clear fluid. Sharps debridement was performed, and then the wound was packed daily using concentrated surfactant-based gel (CSG) dressing, PluroGel.



Week 1

Wound measures 12 x 10 x 2 cm



Week 2

Wound measures 5 x 4 x 2 cm



Week 3

Wound measures 4.5 x 3 x 0.5 cm

From "Management of a Groin Wound Using a Concentrated Surfactant-Based Gel Dressing" by Catherine R. Ratliff, PhD, GNP-BC, CWOCN, CFCN¹²

*Individual results will vary.

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Order now.

PluroGel

Item No.	Description	Pkg.
PGL020	20 Gram (0.70 oz) 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

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



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