Industry-leading Product Solutions

Backed by science and clinical data, 360 Advanced Wound Care offers you the right product at the right time for the right clinical need.

**PREPARE**

**MEDIHONEY**
Wound and Burn Dressing
Versatile and effective wound bed preparation

**TREAT**

**AmnioExcel**
Amniotic Allograft Membrane
Providing key components found in the human amnion to repair, reconstruct, and replace wound tissue

**AmnioMatrix**
Amniotic Allograft Suspension
Cryopreserved suspension allograft derived from the amniotic membrane and components of the amniotic fluid

**DuFore**
Four-layer Bandaging System
Designed to sustain effective levels of graduated compression

**Omnigraft**
Dermal Regeneration Matrix
The ONLY FDA-approved product to regenerate native dermal tissue for the treatment of DFUs

**PriMatrix/PriMatrix Ag**
Dermal Repair Scaffold
Novel acellular dermal repair scaffold that supports cellular repopulation and revascularization

**SUPPORTIVE DRESSINGS**

**Xtrasorb**
Wound Dressing
Novel portfolio of dressings that maximizes absorption and fluid handling

**Bioguard**
Barrier Dressing
Barrier protection against a broad spectrum of pathogens including MRSA

**Algicell**
Wound Dressing
Providing the power, performance and protection of silver for your wound management needs
It has been estimated that approximately 2.5 M people suffer from Chronic Venous Insufficiency (CVI) in the US, and of those, 20% develop venous ulcers. The direct cost of treating VLUs in the United States has been estimated to be $2,500 per patient per month.¹

If there is less than 40% reduction in wound size by week 4, it is unlikely that complete wound closure will be achieved at 24 weeks.²
Compression should always be initiated once adequate arterial perfusion and venous pathology has been documented. In general, greater amounts of compression are better than less. The amount and type of compression can be tailored to the patient, based upon the reason for their venous insufficiency (determined by history, comorbidities and duplex ultrasound of the venous system); and the general guidelines as seen below:

Super-absorbent dressings can be used under compression if the product effectively contains exudate to prevent maceration. They should not be used over compression, as sub-bandage materials. Bandages soaked in exudate could result in further damage of surrounding tissues.4

### SCENARIO | COMPRESSION HOSE | ADJUSTABLE WRAPS | COMPRESSION BANDAGES
--- | --- | --- | ---
Normal leg shape | ✓ | ✓ | ✓
Low to moderate exudate | ✓ | ✓ | ✓
Self-care patient | ✓ | ✓ | ✗
Care giver involvement | ✓ | ✓ | ✗
Distortion due to edema | ✗ | ✓ | ✓
High exudate | ✗ | ✓ | ✓
Deep skin-folds | ✗ | ✗ | ✓

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

#### CASE STUDY
Margarita Simon, APRN, BC, CWCN
Use of Active Leptospermum Honey (MediHoney® Wound and Burn Dressing) to Promote Autolytic Debridement and Wound Healing in Challenging Chronic Wounds

**Patient Profile:** 89 year old frail female presented with chronic ulcers of the lower extremity for greater than 1 year duration. Patient’s biopsy results revealed positive for **Acroangiodermatitis**. Past medical treatment included skin grafting to the area, oral antibiotics, cadexomer iodine dressings, and compression with elastic tube bandage.

**PATIENT OUTCOME: WOUND CLOSED 100% IN 14 DAYS**

**DAY 0** First application of MediHoney Paste, non-adherent dressing and compression bandage.

**DAY 8** Visible significant reduction in wound size.

**DAY 14** Wound closure.
Innovative Tissue Technology Solutions

CASE STUDY
Dimitrios Lintzeris, DO, CWS
Case Series Demonstrating The Impact of Dehydrated Human Amniotic Membrane Allograft (AmnioExcel® Amniotic Allograft Membrane) on Wound Closure in Acute and Chronic Wounds

Patient Profile: A 64 year old male with a history of long-standing venous insufficiency and 5-6 years of ulcerations. Patient is a smoker with diabetes (HgB A1C = 8.4%), hypertension, chronic venous insufficiency and PAD. After a lack of recent progression following advanced treatments, AmnioExcel was applied every 2 weeks.

PATIENT OUTCOME: WOUND CLOSED 6 WEEKS

WEEK 1
Wound size 3.8 cm x 1.5 cm x 0.2 cm at presentation. The wound had slight periwound erythema and tenderness to palpation. First application of AmnioExcel occurred.

WEEK 2
Within two weeks, marked improvement was noted.

WEEK 6
Following a total of 3 applications, the wound closed 6 weeks after initiating AmnioExcel.

CASE STUDY
John C. Lantis II, MD, FACS
Representative Case from “Managing Real World Venous Leg Ulcers with Fetal Bovine Acellular Dermal Matrix: A Single Centre Restrospective Experience.”

Patient Profile: 64 year old female, morbidly obese, with hypertension and not diabetic. Her left ankle ulcer was present for 19 months prior to the first PriMatrix® Dermal Repair Scaffold application. She has severe reflux in the deep venous system, with no evidence of previous thrombosis.

PATIENT OUTCOME: WOUND CLOSED 100% IN 8 WEEKS

WEEK 1
Wound bed was sharply debrided; PriMatrix was applied, non-stick contact layer, foam dressing and multilayer wrap were applied. The foam and multilayer wrap were changed weekly.

WEEK 5
PriMatrix is being incorporated into the wound, reepithelization visible around the wound edges. Absorbent foam and multilayer wrap continue to be applied.

WEEK 8
Wound completely closed after one application of PriMatrix. Patient is transitioned to 40mmHg graded compression stockings.
PriMatrix® is intended for the management of wounds that include:

- Partial and full thickness wounds
- Pressure, diabetic, and venous ulcers
- Second-degree burns
- Surgical wounds - donor sites/grafts, post-Moh's surgery, post-laser surgery, podiatric, wound dehiscence
- Trauma wounds - abrasions, lacerations and skin tears
- Tunneled/undermined wounds
- Draining wounds

Integra® Reimbursement Hotline Services

For assistance with the following:

- Insurance benefits verification
- Prior authorizations
- Predeterminations
- Claims review
- Navigating the approval process

Disclaimer: Integra intends to use reasonable efforts to provide insurance coding advice, but this advice should not be construed as providing clinical advice, dictating reimbursement policy or substituting for the judgment of a practitioner. It is always the provider’s responsibility to determine and submit appropriate codes, charges, and modifiers for services that are rendered. Provider is responsible for verifying coverage with the patient’s insurance carrier. Integra LifeSciences Corporation assumes no responsibility for the timeliness, accuracy and completeness of the information contained herein. Since reimbursement laws, regulations, and policies change frequently, it is recommended that providers consult with their payers, coding specialists and/or legal counsel regarding coverage, coding, and payment issues.

References:

For more information or to place an order, please contact: United States, Canada, Asia, Pacific, Latin America  
USA 877-444-1122 • 888-980-7742 fax  
International +1 609-936-5400 • +1 609-750-4259 fax  
integralife.com

AmnioExcel and AmnioMatrix are regulated as Human Cellular and Tissue-Based Products (HCT/P) under Section 361 of the Public Health Service Act and as such are governed by the FDA Center for Biologics Evaluation and Research (CBER).