

MEET THE TEAM



Burn Portfolio

 **smith&nephew**
ACTICOAT[®]
Silver-Coated
Antimicrobial Barrier



Introduction

Burn wound infection and treatment

Burn wound infection

Patients with open burn-related surgical wound infections (SWI) often require increased surgery, grafting and increased length of hospitalization. In addition, SWI may be a risk factor for development of nosocomial infection (hospital-acquired infection).¹ A significant feature of all burn wounds is the pathological occurrence.² Burn wound infection, usually occurring in the acute period following injury, is a serious problem because the infection causes a delay in epidermal maturation and leads to additional scar tissue formation.³

Because burn wounds induce metabolic and inflammatory alterations that predispose the patient to various complications, infections are the most common cause of morbidity and mortality in this population, in which approximately 61% of deaths are caused by infection.⁴

Methicillin-resistant *Staphylococcus aureus*: a potential source of cross-infection in open burn wounds

The hospital-acquired infection (HAI) methicillin-resistant *Staphylococcus aureus* (MRSA) is a major problem within the health care environment. Wounds infected with MRSA are known to aid in the spread of MRSA. In the United States, two strains of MRSA dominate the health care environment and are referred to as epidemic: EMRSA-15 and EMRSA-16. Additional strains of MRSA with reduced susceptibility to vancomycin continue to develop.⁵ If the bacterial burden in the infected wound is reduced, problems associated with delayed wound closure, associated nursing care and overall costs associated with infected burn wounds may be minimized.⁵

ACTICOAT[◇] with Nanocrystalline Silver

ACTICOAT contains patented Nanocrystalline Silver technology to provide clinicians with a revolutionary class of antimicrobial barrier dressings, ideal for the management of infection in burns.

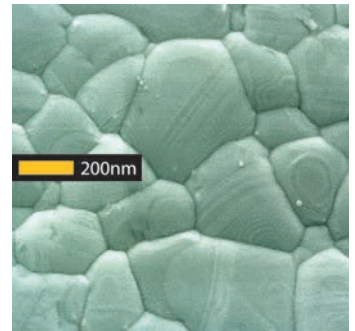
Revolutionary dressings

Silver is a well-known, effective antimicrobial agent that over the last century has been exploited clinically. At the correct concentration, silver ions are effective against a broad spectrum of microorganisms.

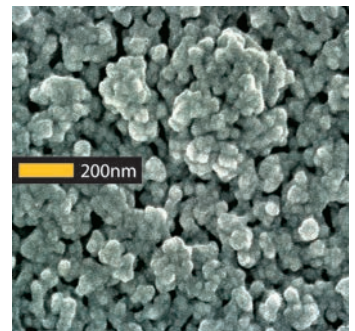
In burns particularly, where the consequences of not controlling infection can be serious, silver has become a well-recognized treatment. The challenge, however, of rapidly delivering available silver within the dressing over a sustained period had remained – that was until the arrival of ACTICOAT Dressings.

ACTICOAT was designed with a sophisticated silver coating, utilizing state of the art Nanocrystalline Silver technology. This creates a huge surface area of silver nanocrystals ready to kill bacteria in the dressing.

The layers of Nanocrystalline Silver atoms contained in ACTICOAT are organized in columnar structures giving rise to a reservoir of ionic silver that can be gradually released within the dressing over a sustained period.



Silver metal surface



Nanocrystalline Silver



Revolutionary results

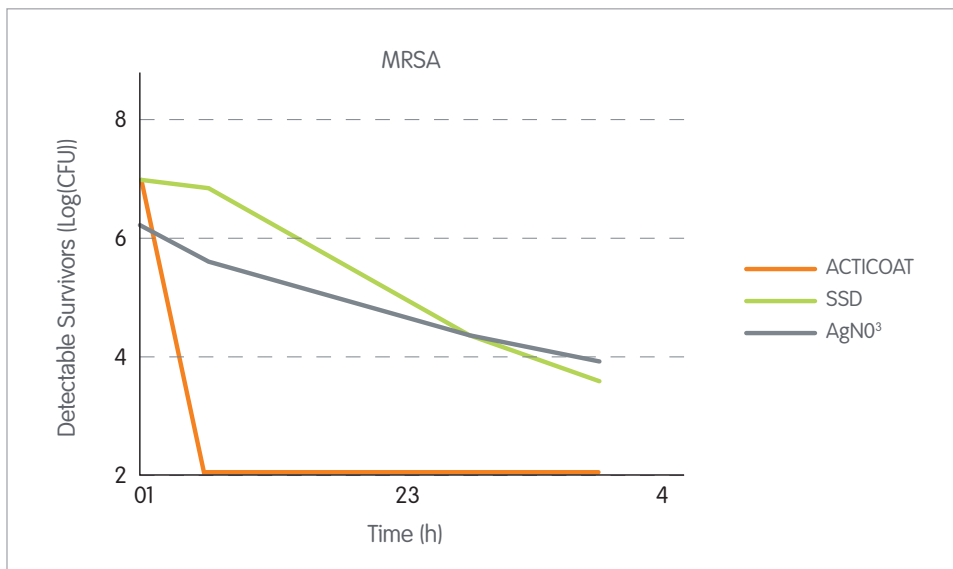
ACTICOAT[®] is a Nanocrystalline Silver antimicrobial barrier dressing that has addressed many of the limitations of traditional silver-containing dressings for burn wound care.⁶ There are a number of reasons to use the ACTICOAT range of dressings over existing therapies:

ACTICOAT is effective in as little as 30 minutes* (*in vitro*) ^{7,8,9,10}

ACTICOAT is proven to have a faster onset of antimicrobial action than traditional silver therapies with a sustained release within the dressing of unique, non-toxic concentrations (70 to 100 ppm) of bactericidal silver ions for 3 to 7 days (*in vitro*).^{8,9}

ACTICOAT Dressings with Nanocrystalline Silver have been shown to be effective (*in vitro*) against a broad spectrum of gram positive and gram negative bacteria and fungal wound pathogens, including MRSA.¹¹⁻¹³

This rapid action, combined with ACTICOAT Dressings' antimicrobial barrier properties,^{14,15,16} may help to treat complex burn patients.



* ACTICOAT Moisture Control is effective in as little as 2 hours (*in vitro*)

Dressing changes are less painful to remove than SSD (Silver Sulphadiazine) preparations ¹⁷

ACTICOAT Dressings release silver within the dressing over 3 or 7 days, meaning dressing changes may be reduced. ACTICOAT Dressing changes are less painful and easier compared to using traditional silver therapies like SSD preparations.¹⁷

A conformable and versatile range of dressings

The ACTICOAT® Dressings are easy to use and can be used on extensive body area wounds.⁹

Fewer dressing changes may improve patient quality of life ^{6,18,19-21}

ACTICOAT Dressings effectively protect burn wounds and limit the growth of bacteria in the dressing. Because the application of ACTICOAT does not require frequent changing of the dressing, discomfort to patients is limited.^{6,18,19-21}



References

1. Posluszny JA Jr, Conrad P, Halerz M, Shankar R, Gamelli RL. Surgical burn wound infections and their clinical implications. *J Burn Care Res.* 2011;32(2):324–333.
2. Wound management worldwide, forecast to 2024. MedMarket Diligence Web site. <http://blog.mediligence.com/2015/11/30/wound-management-worldwide-forecast-to-2024/>. Accessed April 19, 2016.
3. Church D, Elsayed S, Reid O, Winston B, Lindsay R. Burn wound infections. *Clin Microbiol Rev.* 2006;19(2):403–434.
4. Gomez R, Murray CK, Hospenthal DR, et al. Causes of mortality by autopsy findings of combat casualties and civilian patients admitted to a burn unit. *J Am Coll Surg.* 2009;208(3):348–354.
5. Edwards-Jones V. Antimicrobial and barrier effects of silver against methicillin-resistant *Staphylococcus aureus*. *J Wound Care.* 2006;15(7):285–290.
6. Khundkar R, Malic C, Burge T. Use of Acticoat® dressings in burns: What is the evidence? *Burns.* 2010;36(6):751–758.
7. Wright et al, 'Wound Management in an era of increasing bacterial antibiotic resistance: A role for topical silver treatment', *American Journal of Infection Control* 1998; 26(6): 572-577.
8. Wright et al, 'Efficacy of topical silver against fungal burn wound pathogens', *American Journal of Infection Control* 1999; 27(4): 344-350.
9. Wright et al, 'The Comparative Efficacy of Two Antimicrobial Barrier Dressings: In-Vitro Examination of Two Controlled Release of Silver Dressings', *WOUNDS* 1998; 10(6): 179-188.
10. Yin et al, 'Comparative Evaluation of the Antimicrobial Activity of ACTICOAT Antimicrobial Barrier Dressing', *Journal of Burn Care & Rehabilitation* 1999; 20(3): 195-200.
11. Driffield K. Antimicrobial activity of ACTICOAT Flex 7[®] against a broad spectrum of wound pathogens. DOF: 0810012.
12. Driffield K. Antimicrobial activity of ACTICOAT Flex 7 dressings in a 7 day repeat challenge test. DOF: 0810013.
13. DOF: 0107010. A comparative in vitro evaluation of ACTICOAT* (with nanocrystalline silver)† against antibiotic-resistant bacteria, 2001.
14. Burrell et al, 'Efficacy of Silver-Coated Dressings as Bacterial Barriers in a Rodent Burn Sepsis Model', *WOUNDS* 1999; 11(4): 64-71.
15. Tredget et al, 'A Matched-Pair, Randomized Study Evaluating the Efficacy and Safety of ACTICOAT Silver-Coated Dressing for the Treatment of Burn Wounds', *Journal of Burn Care & Rehabilitation* 1998; 19(6): 531-537.
16. Stephens R, Silverstein P, Meites H, Jett M, Brou J, 'An Evaluation of ACTICOAT dressings with regard to cost and control of infection'.
17. Myers, D; ACTICOAT Dressings: Wound Bed Preparation and Wound Trauma.
18. Huang Y, Li X, Liao Z, et al. A randomized comparative trial between Acticoat and SD-Ag in the treatment of residual burn wounds, including safety analysis. *Burns.* 2007;33(2):161–166.
19. Gago M, Garcia F, Gaztelu V, Verdu J, Lopez P, Nolasco A. A comparison of three silver-containing dressings in the treatment of infected, chronic wounds. *Wounds.* 2008;20(10):273–278.
20. Muangman P, Chuntrasakul C, Silthram S, et al. Comparison of efficacy of 1% silver sulfadiazine and ACTICOAT for treatment of partial-thickness burn wounds. *J Med Assoc Thai.* 2006;89(7):953–958.
21. Dalli R, Kumar R, Kennedy P, Maitz P, Lee S, Johnson R. Toxic epidermal necrolysis/Stevens-Johnson Syndrome: Current trends in management. *ANZ J Surg.* 2007;77(8):671–676.



The ACTICOAT[◇] Dressings range

Antimicrobial studies show that ACTICOAT Dressings offer broad spectrum antimicrobial activity (*in vitro*) and are proven effective against a broad spectrum of gram positive and gram negative bacteria and fungal wound pathogens including MRSA and VRE (*in vitro*).^{1,2,3}

ACTICOAT Dressings effectively protect burn wounds and limit the growth of bacteria in the dressing while offering a wide range of sizes and shapes that suits most types of burn.



ACTICOAT[◇] Flex 3

The ACTICOAT Flex 3 Dressing consists of a flexible, low adherent polyester layer coated with Nanocrystalline Silver. ACTICOAT Flex 3 is a highly conformable dressing that follows the body contours to maintain contact with the wound surface. The dressing is low adherent, which helps to minimize wound trauma at dressing changes. Nanocrystalline Silver provides an effective barrier to microbial contamination. When tested (*in vitro*), ACTICOAT Flex 3 was demonstrated to have effective antimicrobial barrier properties for up to 3 days against a broad spectrum of wound pathogens including MRSA.

Ordering information

Product code	Product size	Pcs/pkg	Order unit
66800402	2" x 2"	5	20
66800406	4" x 4"	12	4
66800417	4" x 8"	12	4
66800418	8" x 16"	6	4
66800433	16" x 16"	6	2
66800434	4" x 48"	6	2

ACTICOAT[◇] Flex 7



The ACTICOAT Flex 7 Dressing consists of a flexible, low adherent polyester layer coated with Nanocrystalline Silver.

ACTICOAT Flex 7 is a highly conformable dressing that follows the body contours to maintain contact with the wound surface.

The dressing is low adherent, which helps to minimize wound trauma at dressing changes. Nanocrystalline Silver provides an effective barrier to microbial contamination. When tested (*in vitro*), ACTICOAT Flex 7 was demonstrated to have effective antimicrobial barrier properties for up to 7 days against a broad spectrum of wound pathogens including MRSA.

Ordering information

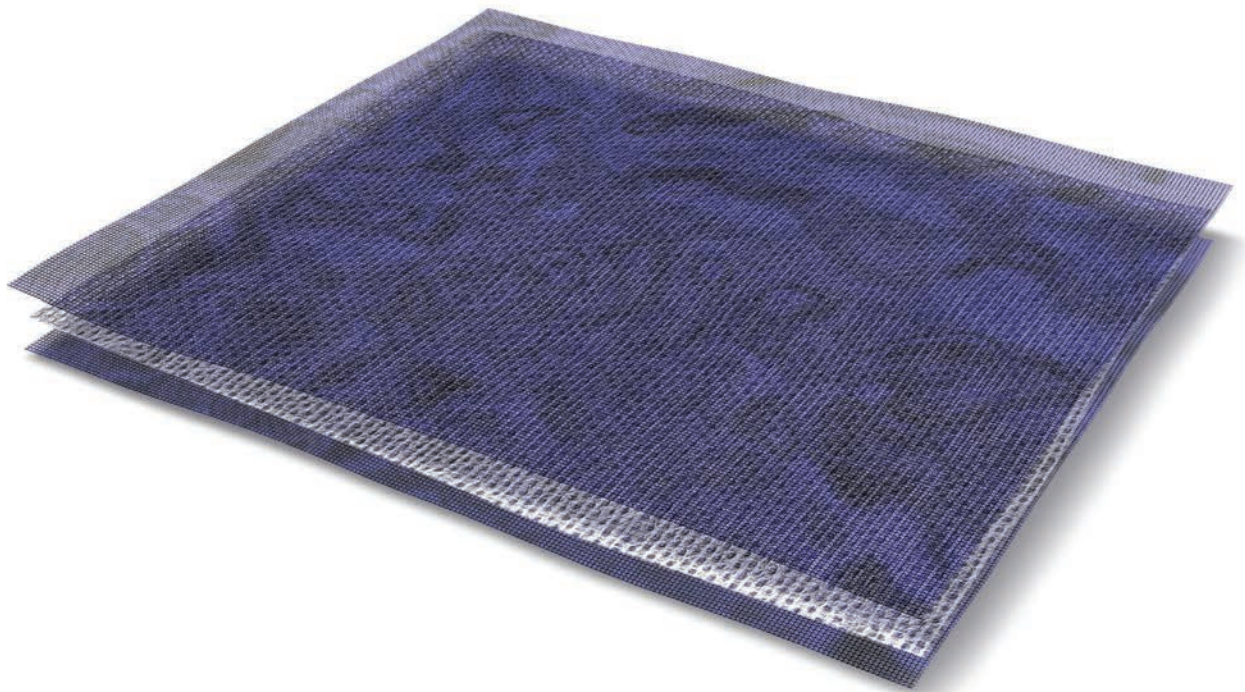
Product code	Product size	Pcs/pkg	Order unit
66800403	2" x 2"	5	20
66800405	4" x 5"	5	6
66800427	6" x 6"	5	4
66800407	8" x 16"	6	4
66800408	16" x 16"	6	2
66800544	1" x 24"	5	10

ACTICOAT[◇]

ACTICOAT is a three-layer dressing, consisting of an inner rayon/polyethylene absorbent core between two layers of Nanocrystalline Silver coated mesh. ACTICOAT must be kept moist to maintain effective bactericidal activity, which lasts 3 days.

Ordering information

Product code	Product size	Pcs/pkg	Order unit
20101	4" x 4"	12	4
20201	4" x 8"	12	4
20301	8" x 16"	6	4
20401	16" x 16"	6	2
20501	4" x 48"	6	2
20601	2" x 2"	5	20
20151	5" x 5"	5	5

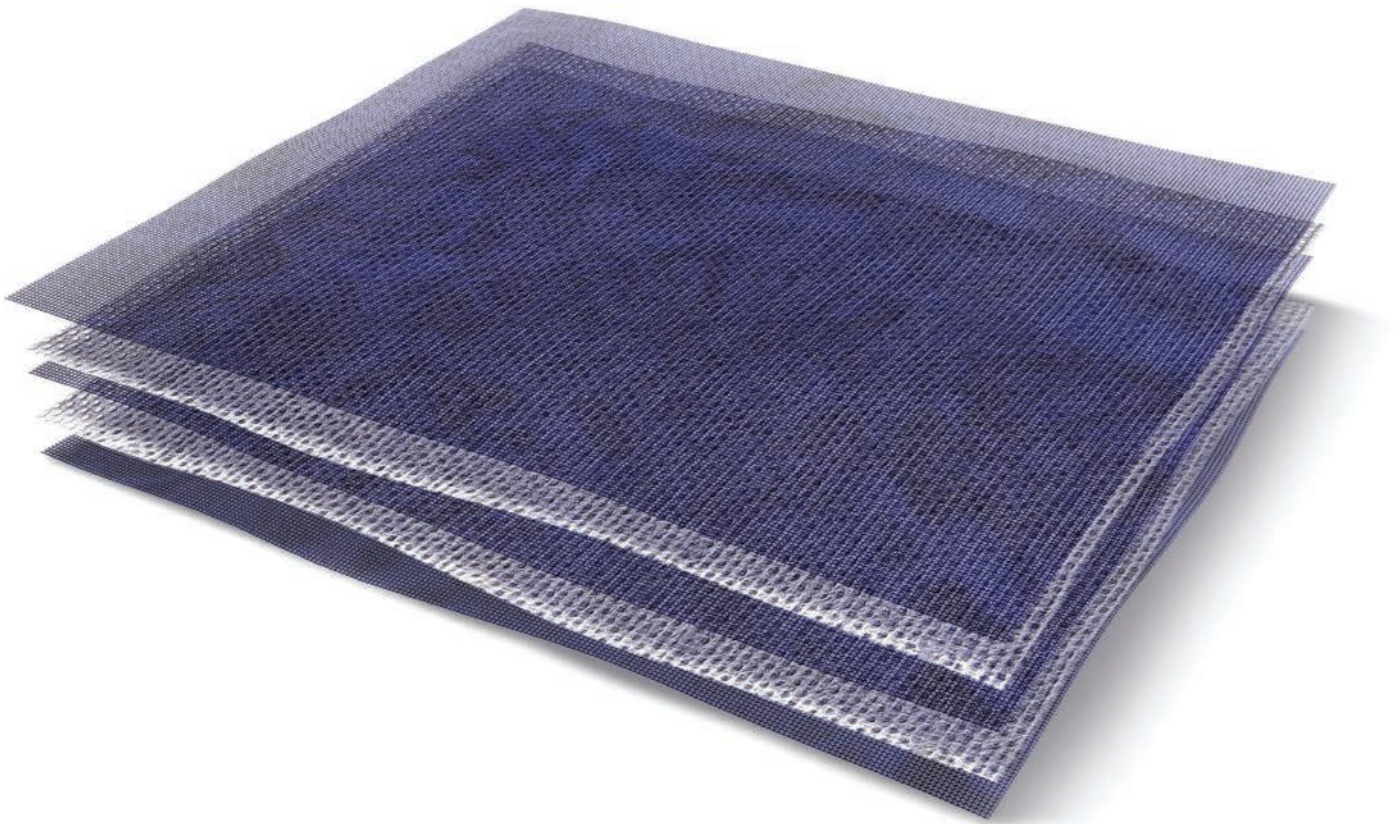


ACTICOAT[◇] 7

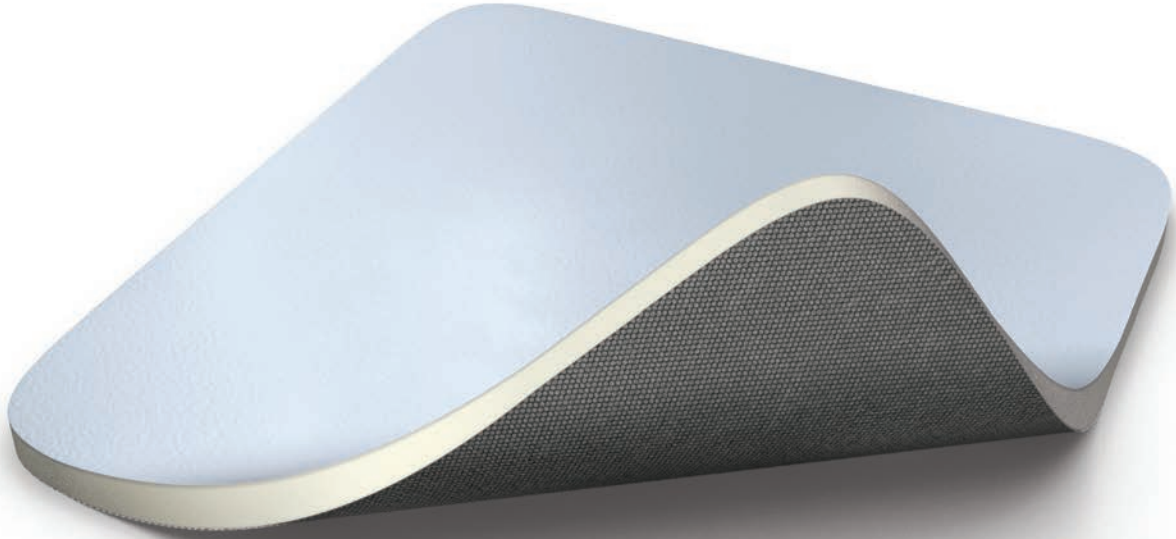
ACTICOAT 7 is a five-layer dressing containing an extra inner rayon/polyester layer and an extra silver-coated mesh layer. Like ACTICOAT, ACTICOAT 7 must be kept moist to maintain its antimicrobial properties. ACTICOAT 7 will remain effective for up to 7 days.

Ordering information

Product code	Product size	Pcs/pkg	Order unit
20341	2" x 2"	5	20
20141	4" x 5"	5	6
20241	6" x 6"	5	4



ACTICOAT[◇] Moisture Control



ACTICOAT Moisture Control is a single wound dressing capable of managing exudate, creating a moist wound environment and providing an antimicrobial barrier. A superb innovation that combines the 7 day efficacy of ACTICOAT 7 with a highly absorbent secondary foam dressing in one. The product is a trillaminar dressing consisting of Nanocrystalline Silver coated directly onto the polyurethane wound contact layer, a foam core, and a waterproof blue top film. ACTICOAT Moisture Control should be used on low to moderately exuding burns.

Ordering information

Product code	Product size	Pcs/pkg	Order unit
20111	2" x 2"	10	1
20311	4" x 4"	10	1
20411	4" x 8"	10	1



**Other Smith & Nephew
products for burns**

Meet the team





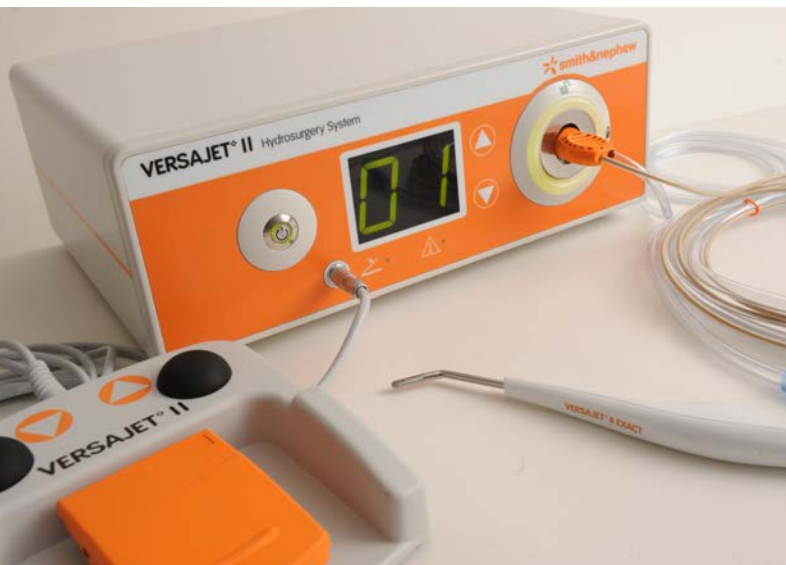
VERSAJET[®] II

Introduction

The VERSAJET II Hydrosurgery System is intended for wound debridement, (acute and chronic wounds, burns), soft tissue debridement, and cleansing of the surgical site in applications that, in the physician's judgment, require sharp debridement and pulsed lavage irrigation. The VERSAJET II Advanced Hydrosurgical system uses a high-pressure stream of saline to optimize surgical debridement.

Key Benefits

- Enables precision selection, excisement and evacuation of non-viable tissue, bacteria and contaminants using a tissue-sparing technique ¹
- Preserves viable tissue and reduces debridement procedures ^{1,2}
- Creates a smooth wound bed to enhance graft take and closure³
- Removes bacteria to help reduce the risk of infection ^{1,2}
- Reduces time to closure, which may shorten hospital stay ^{3,4}



References

1. Granick MS, Posnett J, Jacoby M, et al. Efficacy and cost-effectiveness of a high-powered parallel waterjet for wound debridement. *Wound Repair Regen* 2006;14:394-397.
2. Granick M, et al. Toward a common language: surgical wound bed preparation and debridement. *Wound Repair Regen* 2006;14:S1-S10.
3. Cubison TC, et al. Dermal preservation using the Versajet hydrosurgery system for debridement of paediatric burns. *Burns* 2006;32:714-720.
4. Mosti G, Maltalano V. The debridement of chronic leg ulcers by means of a new, fluidjet-based device. *Wounds* 2006;18:227-237.



ALLEVYN[◇]

ALLEVYN LIFE is a hydrocellular foam dressing with a unique 5 layer construction designed to absorb fluids and redistribute pressure, making it the ideal all-in-one option for wound management and pressure injury prevention.*

ALLEVYN Dressing range provide the right environment for wound closure. For a dressing to effectively balance the moisture in a wound it must efficiently manage fluid while maintaining an effective barrier function.

ALLEVYN Dressings manage wound fluid through controlled absorption and evaporation – providing a moist wound interface while removing excess fluid. They provide an effective barrier function too, which means they keep bacteria and other contaminants away from the wound while remaining securely in place to constantly provide the right climate for the wound.

*The use of ALLEVYN LIFE as part of a prophylactic pressure ulcer prevention therapy, does not preclude the need to continue to develop and follow a comprehensive pressure ulcer prevention protocol (eg. regular turning, appropriate mattress and skin care).

ALLEVYN LIFE

Pressure injury prevention* and treatment

ALLEVYN LIFE innovative pressure-relieving technology: Multi-purpose/ multi-layered silicone adhesive dressing. Ideal for pressure injury prevention and/ or chronic wound management.



ALLEVYN LIFE

ALLEVYN LIFE Sacrum

ALLEVYN LIFE Heel



ALLEVYN Gentle Border
Versatile silicone adhesive and ability to cut

ALLEVYN Gentle Border Lite
Versatile silicone adhesive, low levels of exudate



ALLEVYN Adhesive
Secure adhesive for highly active mobile patients

ALLEVYN Ag
Effective against a broad spectrum of bacteria



ALLEVYN Gentle
Low tack adhesive for fragile skin

ALLEVYN Non-Adhesive
Non-adhesive for fragile skin





EXU-DRY[◇]

Introduction

EXU-DRY with its unique anti-shear layer provides extra absorbent comfort for your patients. Its unique one-piece, multi-layered construction means you don't have to apply a series of separate layers, therefore may help reduce valuable nursing time.¹

Key benefits

- Low adherent wound contact layer ^{1,2,3}
 - May reduce pain experienced during dressing changes ^{1,2,3}
- Highly absorbent inner layers ^{1,2,3}
 - EXU-DRY is 7 times more absorbent than gauze and almost twice as absorbent as ABD pads able to helping reduce dressing changes ^{1,3,4}
 - Helps reduce the risk of maceration and irritation to the wound and surrounding tissue ^{1,2,5,6}
- Unique patented anti-shear layer
 - Reduces friction and shearing during patient movement ^{3,4,7}
- Easy to apply ^{1,3}
 - EXU-DRY reduces time for dressing changes ^{1,3}
- Semi-permeable non-occlusive outer layer
 - Non-occlusive material allows vapor and moisture exchange
- Soft and pliable
 - Ensures effective, intimate contact with the wound
- One piece, multi-layered
 - EXU-DRY incorporates 4 layers in one dressing that simply requires fixation

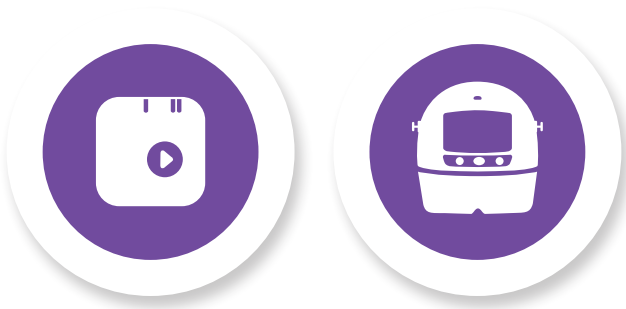
References

1. Lorenzini et al. An open evaluation of a new dressing for the burn wound. Smith & Nephew poster presentation.
2. Hempphill V, et al. Clinical Evaluation of EXU-DRY Burn/Trauma Dressings pg 25-44. BayState Medical Center, Springfield, MA pg 12-24.
3. Edwards, J (2001) Use of Exu-Dry in the management of a variety of exuding wounds. British Journal of Nursing, 2001 Vol 10, No 12.
4. Brown-Etris M, Smith JA, Pasceri P et al (1994) Case studies: considering dressing options. Ostomy/Wound Management 40(5): 46-52.
5. ExuDry: Report No. T1251-800. ISO Acute Intracutaneous Reactivity (rabbit).
6. ExuDry: Report Nos. T1261-300 & 301. ISO Sensitization Study (guinea pig).
7. Bolinger B (1995) Burn care in the home. J Wound Contenance Nurs 22(3): 122-7.



EXU-DRY Range

- EXU-DRY Dressing
- EXU-DRY Sheet
- EXU-DRY Garments
- EXU-DRY Wound Veil
- EXU-DRY Pad



NPWT | PICO[◇] and RENASYS[◇]

Smith & Nephew prides itself in delivering an innovative and comprehensive NPWT product portfolio that offers flexibility and clinical excellence. Our extensive selection of pumps, canisters, kits and accessories are designed in order to conform to the unique complexities of your patients' wounds. The RENASYS and PICO NPWT solutions can help improve patients' experiences by promoting wound closure throughout the entire continuum of care.

Key benefits

PICO treatment for open wounds with low to moderate output	RENASYS treatment for open wounds with high output	PICO prevention in closed incisions
<ul style="list-style-type: none"> • Easy to use and patient friendly ¹ • May help reduce therapy costs compared to traditional NPWT ¹ • Increased patient satisfaction compared to traditional NPWT ¹ • May simplify the discharge process by reducing discharge delays and shortening lengths of stay ^{1,2} • Suitable for use in both the hospital or home care setting 	<ul style="list-style-type: none"> • Powerful device to manage high volumes of exudate • Flexible choice of gauze and foam • Simple and intuitive design • RENASYS Soft Port cushioned channel can reduce the risk of pressure-related injuries and ease patient discomfort 	<ul style="list-style-type: none"> • May help reduce surgical site complications ^{3,4} • May help reduce readmissions ^{3,5} • Simple application

References

1. Hurd T, Trueman P, Rossington A. Use of portable, single use negative pressure wound therapy device in home care patients with low to moderately exuding wounds: a case series. OWM. 2014; 60(3):30-36.
2. Hurd T. Evaluating the Costs and Benefits of Innovations in Chronic Wound Care Products and Practices. OWM. 2013 (June); Sup: 1-16.
3. Hickson E, Harris J, Brett D. A Journey to Zero: Reduction of Post-Operative Cesarean Surgical Site Infections over a Five-Year Period. Surg Infect. 2015; 16(2):174-7.
4. Galiano R, Mustoe T, Liu J, Piserchia KA, Djohan R, Riha M, et al. A prospective, randomized, intra-patient, comparative, open, multi-center study to evaluate the efficacy of a single use negative pressure wound therapy (NPWT) system on the prevention of post-surgical incision healing complications in patients undergoing bilateral breast reduction surgery. Poster presentation, SAWC, 2014.
5. Bullough L, Wilkinson D, Burns S, Wan L. Changing wound care protocols to reduce postoperative caesarean section infection and readmission. Wounds UK. 2014 ;30(1): 72-76.



INTRASITE[◇]

Introduction

INTRASITE is specifically designed and clinically proven to address the necrotic burden in chronic wounds, encourages autolytic debridement and desloughing while caring for delicate granulation tissue and surrounding skin.^{1,2,4}

Key benefits

- Creates and maintains a moist wound environment by increasing moisture content at the wound interface^{1,2,3,4}
- Facilitates re-epithelialisation and leads to reduced scarring when healed^{3,4}
 - Powerfully debrides necrotic wounds by rehydrating devitalized tissue^{1,2,3,4}
- Effective desloughing^{1,2,4}
 - Rehydrates and absorbs slough^{1,2,4}
- Allows wound closure to occur from the base of the wound upwards for rapid granulation and re-epithelialisation^{4,5,6}
- Unique cross-linked polymer with propylene glycol
- Easy to apply and remove producing no pain on application and minimal pain during treatment making it very comfortable for the patient^{4,7,8,9}

References

1. Colin, D ; Kurring, P ; Quinlan, D ; Yvon, C: The clinical investigation of an amorphous hydrogel compared with a dextranomer paste dressing in the management of sloughy pressure ulcers. Proceedings of the 5th European conference on advances in wound management, Harrogate, UK, November 1995.
2. Flanagan, M: The efficacy of a hydrogel in the treatment of wounds with Non-viable tissue. Journal of wound care, 1995 Vol 4(6), 264-267.
3. Thomas, S; Rowe, HN; et al: A new approach to the management of extravasation injury in neonates. The Pharmaceutical Journal (1987) Nov: 584 - 585.
4. Regan, M: The use of INTRASITE Gel in healing open sternal wounds. Ostomy/Wound management, Journal for Extended Patient Care Management, Volume 38, No. 3, April 1992.
5. Young T, Williams C, Benbow M et al. A study of two hydrogels used in the management of pressure sores. 103-106.
6. Milward P, Boucher-Payne S. Amputation or plastic surgery? The conservation management of an extensively ulcerated leg: a case study in the home care environment. [Poster] 1992.
7. Westerhof, W; Mekkes, JR: A pilot study comparing INTRASITE Gel with saline soaked gauze for debridement, Ref CTR90/08 by D Myers.
8. Todd, M: The use of an amorphous hydrogel in the management of granulating wounds. Poster at Woundcare Society Meeting, Harrogate, UK, November 1994.
9. Ricci E, Cassino R, Secreto P. Treatment of necrotic tissue with INTRASITE gel.

INTRASITE Range

- INTRASITE Gel
- INTRASITE Conformable





SOLOSITE[◊]

Introduction

SOLOSITE is a hydrogel based wound dressing with preservatives. It can donate moisture to rehydrate non-viable tissue. It absorbs exudate while retaining its structure in the wound.^{1,2}

Key benefits

- SOLOSITE is used to create a moist wound environment for the treatment of minor conditions such as:
 - Minor burns
 - Superficial lacerations
 - Cuts and abrasions (partial thickness wounds)
 - Skin tears
- Creates a moist environment
- Non-cytotoxic
- The moist wound environment maintained by SOLOSITE supports autolysis, granulation and epithelialization¹
- Non-irritating, non-sensitizing, gentle to fragile granulation tissue
- Water “swellable” polymer remains gel-like until saturated, so it stays in the wound longer and requires fewer dressing changes²
- Preservatives are added to product to assist in preventing bacterial growth with the package

SOLOSITE Range

- SOLOSITE Wound Gel
- SOLOSITE Conformable Wound Gel Dressing



References

1. SOLOSITE Gel Premarket Notification Submission K932263.
2. SOLOSITE Gel Formulation (F-44).



CUTICERIN[◊]

Introduction

CUTICERIN is made of a smooth acetate fabric with a defined mesh size and a hydrophobic coating which is based on petrolatum, paraffin and wool wax alcohol. CUTICERIN is indicated for the management of superficial, exuding wounds such as burns, abrasions, split-thickness skin graft donor sites and radiation injuries.

Key benefits ¹

- CUTICERIN is an excellent all-purpose, low-adherent surgical dressing made of smooth acetate gauze impregnated with CUTICERIN Ointment
- CUTICERIN lifts off easily without trauma, so is particularly suited to sites which require frequent dressing changes
- The low adherent nature of the dressing may reduce pain at dressing change providing comfort for the patient
- CUTICERIN is an impregnated gauze dressing which allows air and exudate to pass freely through the dressing



CONFORMANT[◊] 2

Introduction

CONFORMANT 2 is a sterile, air permeable, transparent, polyethylene wound contact layer designed to act as a non-adherent interface between the wound and a secondary dressing like ACTICOAT[◊] Flex.

Key benefits

- CONFORMANT 2 is a non-adherent, permeable and flexible dressing. CONFORMANT 2 can be used over most wound sites under an absorbent outer dressing
- Because CONFORMANT 2 is made entirely from high-density polyethylene, it tears easily and uniformly in the direction of the grain for dressing customization
- CONFORMANT 2 is compatible with most topical agents, liquids and creams. Covers the wound and allows removal with less disturbance to granulation tissue
- Transparency allows easy monitoring of a wound or graft

References

1. Extracted from CUTICERIN Instructions For Use (IFU).



CICA-CARE[◇]

Introduction

CICA-CARE Silicone Gel Sheet is a soft, naturally self-adhesive, occlusive silicone sheet made from medical grade silicone, reinforced with a silicone membrane backing.

CICA-CARE is designed for use in the management of both existing and new hypertrophic and keloid scars and as a prophylactic therapy on closed wounds to help prevent hypertrophic and keloid scarring.^{1,2}



Key benefits

- Self-adhesive^{1,3,4}
 - The patented material technology of CICA-CARE allows the inherently adhesive skin contact side to be placed onto the scar while the upper surface, the thin silicone backing support, does not adhere to clothing
- Durable^{1,3,4}
 - The silicone membrane and gel sheet combination provides excellent support, making CICA-CARE more durable and less likely to crumble in comparison to other silicone gel sheets^{1,2}
- Conformable^{1,4,5}
 - Very flexible and thus conformable silicone gel sheet that can be used in many anatomical locations
- Re-usable^{1,4,5}
 - One piece of CICA-CARE can be easily washed and re-used. One gel sheet can last for up to 28 days
- Effective^{6,7}
 - Effective scar management for scars up to 20 years old

References

1. Carney et al (1994) CICA-CARE Gel sheeting in the management of hypertrophic scarring. Burns, 20 (20, 163-167).
2. Mercer, N.S.G (1989), Silicone Gel in the treatment of keloid scars. British Journal of Plastic Surgery 42 (1), 83-87.
3. Donald (1994) Comparison of 2 types of silicone gel sheets. ANZBA bulletin 16 (10-11). Held by the Regulatory Affairs Department.
4. Stability Study QA3324, CICA-CARE Dressings – Results of 12 Weeks Stability Testing, 29 March 1994.
5. Wash/Wear QA/3298, CICA-CARE Adhesive Elastomer Sheet – Simulated Use/Wash Trial Study dated 2nd March 1994.
6. Quinn et al (1985). Non-pressure treatment of hypertrophic scars. Burns (1985), 12, 102-108.
7. Quinn, Karen J. (1987), Silicone Gel in scar treatment. Burns (Supplement), 13, S33-S40.



For detailed product information, including indications for use, contraindications, precautions and warnings, please consult each product's Instructions for Use (IFU) prior to use.

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