IMPROVING BIOBURDEN CONTROL AND MOISTURE MANAGEMENT:

A PROPECTIVE MULTI-CENTER CASE STUDY EVALUATING THE WOUND HEALING EFFECTIVENESS OF A NOVEL PHARAMCAEUTICAL OINTMENT

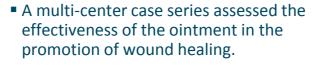
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Introduction

- Key Elements of wound bed preparation¹
 - -Reducing Bacterial Bioburden
 - -Maintaining a moist environment



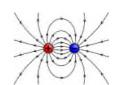






Bacterial Bioburden Reduction

- Basic Laws of Physics Opposites Attract
- The ointment is formulated with a multiple-valent complex with positively- charged ions.
- The outer membrane of bacteria is negatively-charged.





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Bacterial Bioburden Reduction

■The ointment facilitates a faster directed delivery of the active antiseptic, 0.29
Benzenthonium chloride

In-vitro studies have suggested it may be far more effective then silver products.

Activated Minerals Speed Delivery



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Moisture Control

- Ointment provides long-lasting moisturization without fear of maceration.
- •Moisture management achieved with but not limited to 2 key ingredients:
 - —Jojoba Seed Oil
 - —Organic Beeswax







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Methods

- •At 4 wound care centers across the US, 30 adult patients with chronic, non-healing wounds of various etiologies received the ointment daily, except wounds under compression therapy it was applied 1 to 3 times per week.
- Patients were followed for up to 12 weeks.





Methods

- Wound characteristics were collected including length, width, and depth measurements.
- •Most patients were able to self-administer the ointment.

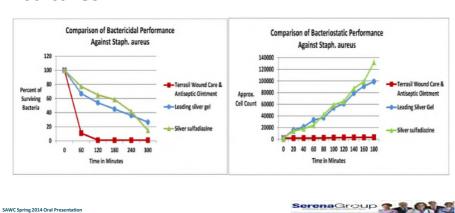


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Results

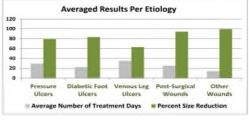
Bioburden control evidenced by visual observation and random quantitative cultures.



Results

- •All patients demonstrated a reduction in wound size
- An average of 84% surface area reduction noted within an average of 25

days of treatment



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Results





Day :

<u>Description</u>: Wagner I Diabetic Foot Ulcer 0.2 x 0.2 x 0.1 cm on Left Plantar Foot with 100% Red Granulation Tissue. Photo is post-debridement.

<u>Background</u>: The patient had the wound for 9 months before starting the Terrasil treatment. Previous treatment included silver alginate dressing and offloading.

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<u>Terrasil Treatment</u>: Patient self-applied ointment 1X/day.

Results: After 1 week wound was 100% closed.

<u>Concurrent Therapy</u>: Dry dressing and offloading.

<u>Clinician Comment</u>: Terrasil was around 4X faster than other treatment options.



Results





Description: VLU on left medial malleoli, 4.1 x 2.6 cm

 $\underline{\text{Background}} : \text{ The patient had the }$ wound for approximately 8 months before starting the Terrasil treatment. Previous therapy included 4 layer compression wraps, wound contact layer, mepilex foam, polymem.

Terrasil treatment: Patient applied the Terrasil ointment 1X/week at dressing

Results: After 63 days, wound was reduced in size by 100%.

Concurrent therapy: compression wrap, wound contact layer, telfa.

Clinician Comment: Terrasil was around 3X faster than other treatment options.

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Results





<u>Description</u>: Diabetic Foot Ulcer to the Plantar Region of the Right Great Toe with tendon exposed; 1.5 x 2.0 cm.

Background: The patient had the wound for 9 months before starting Concurrent therapy: Officading the Terrasil treatment. Previous therapies included medical honey, topical silvers and non-compliant offloading.

Terrasil treatment: Patient applied the Terrasil ointment once daily for 27 days. Results: After 27 days the wound measured 1.0 x 0.8 and was 73% closed, with the tendon no longer exposed.

attempted but patient was very non-

Clinician Comment: "Approximately 3 times faster, compared to offloading and other topical dressings."



Conclusion

- ■This new topical antimicrobial and moisturizing ointment may be employed to promote faster wound closure.
- ■This is achieved through reduction in bacterial bioburden and maintenance of a moist wound healing environment.



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Acknowledgements

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References

1. Schultz GS et al. Wound be preparation: a systematic approach to wound management. Wound Repair Regeneration 2003 Mar; 11 Supple 1:S1-28.



