Venous Wounds –

Continuing Clinical Challenges

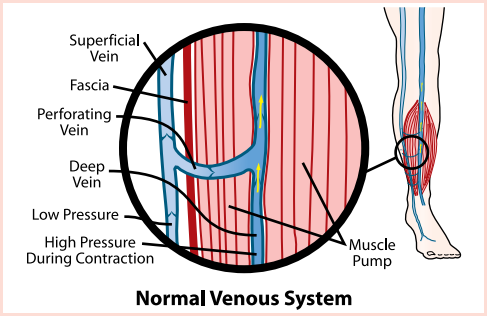
Up to 6 million people in the United States suffer from venous leg ulcers annually[1] including at least 2.5 percent of the long term care population.[2] In the UK, district nurses spend about 50 percent of their time treating leg ulcers.[3]

Venous Insufficiency Leads to Venous Wounds

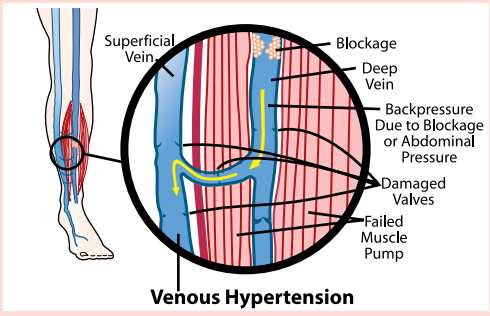
Patients are at risk for venous ulcers and venous dermatitis due to inflammation, hypoxia and edema caused by underlying venous hypertension (abnormally high venous pressure).[4,5] Venous hypertension is caused by chronic venous insufficiency (CVI).[4,5] CVI is the chronic inability to pump enough blood from the legs back to the heart.

CVI is the result of one or more of these pathologies:[6]

- Obstruction of the veins (usually thrombosis, but also increased abdominal pressure from obesity, pregnancy, etc.)
- Failure of the muscle pump related to inactivity, paralysis, decreased ankle range of motion or disease
- Incompetent one-way valves in the veins



Normal Venous System



Venous Hypertension

Signs and symptoms associated with late stage Venous Hypertension or CVI include:

- Venous leg ulcers:[7,8]
  - painful in 90 percent of all cases
  - recurrent in up to 72 percent of all patients
  - at least 50 percent take more than a year to close, with about 34 percent taking more than 5 years

- Lower leg dermatitis:[7,8]
  - itching, with scratching, leading to ulcer formation
  - dry scaling or weeping crusts
  - brown staining (hemosiderin deposits)
  - thickened skin with scales
  - fibrotic skin that causes the lower 1/3 of the lower leg to be thin, giving the appearance of an inverted champagne bottle (lipodermatosclerosis)
  - hypersensitivity to allergens, such as products initially used to decrease itching and dryness or to treat ulcers and infection

PolyMem® The ideal venous wound management tool.™

Built right into each PolyMem dressing, these four capabilities are ready when you need them – without incurring extra costs or gathering additional supplies.

CLEANSES Contains a mild nonionic, nontoxic, tissue friendly cleansing agent, activated by moisture, that is gradually released into the wound bed to promote effective autolytic debridement. The built-in continuous cleansing capabilities usually eliminate the need to cleanse the venous ulcer so you can avoid disrupting the growth of healthy new tissue, cooling the wound by rinsing or causing pain during the dressing change process.

FILLS Gently expands to fill and conform to the contours of the venous ulcer and the patient's body, which helps maintain a moist wound healing environment.

ABSORBS In order to accommodate the full range of exudate levels, PolyMem wicks up to ten times its weight in exudate from venous ulcers.

MOISTENS Keeps the wound bed moist and soothes traumatized tissues, helping to relieve wound pain and providing comfort at the often painful venous ulcer site. The moisturizer also helps keep the dressing pad from adhering to the wound so it removes with virtually no pain or trauma, improving caregiver-patient interaction and the overall care experience.

PolyMem® The perfect fit for your venous insufficiency patients.

Why PolyMem for Venous Ulcers and Venous Dermatitis?

- PolyMem helps promote healing of venous ulcers and venous dermatitis.[10,11]
- PolyMem contains a mild nonionic, nontoxic, tissue friendly cleansing agent, which helps to continuously remove the fibrous slough that is a hallmark of venous ulcers. This built in cleanser usually elminiates the need for painful and disruptive manual wound bed cleansing during dressing changes. [10,11]
- PolyMem helps decrease inflammation.[12] Prolonged local inflammation is a key underlying cause of both venous ulcers and venous dermatitis.[3,4,5] Inflammation is the single greatest cause of wound pain.[13,14]
- PolyMem contains a superabsorbent starch copolymer to lock moisture in the dressing and remove exudate from the wound. This can eliminate maceration.[10,11,15,16,17,22,23] PolyMem is available in multiple configurations which can be used to manage venous wounds that range from dry to heavily exudating.
- PolyMem helps relieve the often chronic and severe pain of venous ulcers.[10,15,16,17] PolyMem helps reduce wound pain by altering the actions of certain pain sensing nerve endings.[12]
- PolyMem contains glycerol which helps assure the dressing is non-adherent to the wound bed[18] and reduces the foul odors often associated with venous ulcers.[19]
- PolyMem helps relieve pruritis (itching),[10] which is common with venous dermatitis.[7]
- PolyMem may be used under compression and does not have a tendency to create pressure point injury due to its all around soft structure and conformability to the patient's body.[21]
- PolyMem Silver® contains small particle silver that helps kill absorbed microorganisms without leaching into the wound bed.[20]

PolyMem's formulation improves venous wound outcomes.

EXAMPLE OF ACTUAL CLINICAL RESULT - NON-HEALING VENOUS ULCER[23]

Granulation at first weekly dressing change of this highly exudating, venous ulcer; compressed with multi-layered wrap

Second weekly dressing change; decreased edema, closing quickly; multi-layered compression continued

Fourth and final visit, closed. Fitted for compression hosiery

EXAMPLE OF ACTUAL CLINICAL RESULT - VENOUS DERMATITIS[10]

Fibrin, slough-filled venous dermatitis wounds. Pain, initially 10 (on 0-10 scale), almost completely eliminated by day 5; compressed with multi-layered wrap

Almost closed at six weeks. Pruritis (itching) significantly diminished; multi-layered compression continued

Six months after patient's final wound care visit, skin remains intact

PolyMem is optimized for each compression type and exudate level.

Wound Condition	Compression Types				
	Elastic Compression		Inelastic Compression		No Compression
	Multi-layer Wraps	Compression Hosiery	Unna's Boot	Short Stretch Bandages	Stretch Gauze, Etc.
Heavily exudating venous ulcers	PolyMem Max;® or PolyMem Wic,® which allows exudate to wick away from skin into absorptive layers	PolyMem Max; add PolyMem Wic under PolyMem Max for extra absorbency			
Low or moderately exudating venous ulcers	PolyMem; or PolyMem Max when longer wear times are desired				
Venous dermatitis	PolyMem				

Configurations that include silver are ideal when antimicrobial activity is desired.

PolyMem and PolyMem Silver

PolyMem Max and PolyMem Silver Max

PolyMem Wic and PolyMem Silver Wic

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MKL-281,REV-5,0912