

DIABETIC FOOT ULCERS

Using Microcyn60™ as Part of Comprehensive Therapy

Patients with diabetic foot ulcers receive application of Microcyn60™ during debridement and at every dressing change. Microcyn60™ has been shown to be both safe and efficient as a wound care product that moistens, lubricates, cleanses and debrides wounds. Microcyn60™ should be used as a part of a comprehensive therapy regimen that may include: metabolic control, revascularization procedures; infection control; use of off-load pressure boots and adjuvant therapies.

For debridement:

Microcyn60™ is applied onto the wound in sufficient quantities to wash the wound bed clean of debris. This procedure helps reduce bad odor and the amount of secretion. The wound is best allowed to air dry (approximately 2 minutes) before applying the dressing. In special cases, fistulas can be thoroughly irrigated with Microcyn60™ using a syringe. An ulcer can also be soaked in Microcyn60™ for approximately 5 to 10 minutes before the first debridement if there is an advanced necrobiotic process.

The number of times a day that a lesion is cleaned with Microcyn60™ will depend on the severity of the necrobiosis and infection. Yet, it is recommended to reduce the number of cleaning procedures to once a day when: 1) there is not purulent secretion; 2) the granulation tissue is uniform across the wound and; 3) a fibrinous-like white tissue appears on top of the granulation tissue. In these conditions a single cleaning procedure per day is sufficient and skin graft procedures can be performed.

For dressing change:

Spray or rinse Microcyn60™ to clean the lesion up to three times a day. The wound should remain moistened with Microcyn60™ for 5-10 minutes either by repeatedly rinsing it with the solution, or by covering it with a gauze soaked in the solution. During the first week the ulcer can also be soaked daily in Microcyn60™ (or every other day) for approximately 5-10 minutes. No further rinsing with saline solution or sterile water is required.

Microcyn60™ has been shown to be compatible with most dressings including those containing silver.. Alternatively, gauze saturated with Microcyn60™ (moist wound dressing, not supersaturated with Microcyn60™) can be applied to the wound in quantities sufficient to fill (but not pack) the remaining volume of the ulcer. The wound can then be covered with dry gauze and tape.

Note: Microcyn60™ can be safely applied in various devices, including suction assisted lavage systems, hydrosurgery machines, negative pressure wound therapy, and ultrasound systems.

BURNS

Using Microcyn60™ as Part of Comprehensive Therapy

The most important steps in treating burn patients is to ensure permeability of airways, and to prevent pain and dehydration. The burned area must be cooled and cleaned, and the patient treated to prevent infection.

Microcyn60™ is administered during cleaning and debriding partial- and full-thickness burns. In severe burns, debriding can be conducted at the beginning of treatment with the use of a positive-pressure irrigation system (e.g. Jetox™) to help remove detritus and secretions. The lesions are left moistened with Microcyn60™ for 5-10 minutes. Following this period, burns may be treated open or closed depending on the presence of exudate. In the latter case, a dressing will be necessary to control exudate, and maintain a moist wound-healing environment. The wound should be cleaned at least once a day with change of dressings depending on the severity of the wound. Microcyn60™ may be administered one to three times a day every 8 hours. At each administration, lesions must be left moistened with the product for 5-10 minutes either by repeated rinsing of the area, or by using a gauze soaked in the solution. Debridement with positive-pressure devices, however, is recommended only in the first week of treatment and in the presence of persistent purulent-fibrinous material. If there is a uniform granulation tissue with the presence of eschars and without signs of local infection, it is better not to apply Microcyn60™ with these systems. Irrigation will be sufficient. The eschars are also better left behind if they are not infected. Skin substitutes and grafts are applied as necessary. In case reports, Microcyn60™ has been safely used with most types of skin substitutes, grafts and dressings.

VENOUS STASIS ULCERS

Using Microcyn60™ as Part of Comprehensive Therapy

The program for treating venous stasis leg ulcers is a comprehensive outpatient treatment undertaken by a professional health team that includes outpatient nurses and physicians. A compressive bandage must be applied in all cases. Sclerotherapy or saphenectomy are performed on a case-by-case basis.

Wounds are gently cleaned and debrided with Microcyn60™. The wound is kept moistened with Microcyn60™ for 5-10 minutes and, without further rinsing, the wound is covered with a gel and dressing. The wound can be kept moistened by frequently reapplying Microcyn60™ or by covering it with Microcyn60™-soaked gauze. It is usually necessary to repeat this procedure once a day for the first 3-5 days of treatment. Thereafter, it is only necessary to repeat once every 3-4 days, according to the clinical evaluation. The use of compressive therapy is mandatory. Patients are encouraged to attend follow-up hospital visits once a month for period of at least 12 weeks.