

CASE STUDY

***PolyMem*[®] DRESSING ON LEG ULCERS**

Ferris Mfg. Corp., Burr Ridge, IL

A ninety five year old female suffered an accidental skin abrasion and conventional wound care treatment was applied unsuccessfully for forty-eight days in a home care environment. During this time the ulcer had grown to a full-depth ulcer approximately 2 inches in diameter. During the fifth week infection set in and required about a week to control. At this stage traditional wound care treatments were abandoned and PolyMem Wound Dressings were applied, which led to complete healing of the dermal ulcer.

RESULTS:

Complete wound healing was achieved in the home setting using PolyMem dressings. The wound healing chart is a plot of wound area versus time and shows the rate of change in wound area. The healing rate is substantial in the first twenty days, healing about 50%, followed by 75% at 40 days, 80% at 50 days, and 100% or complete healing at 100 days.

WOUND DRESSING DESCRIPTION & MODE OF ACTION:

PolyMem dressings consist of a polyurethane membrane matrix on a semipermeable thin film backing which provides a microenvironment for maximum healing at wound site. PolyMem dressings achieve optimal healing by providing a warm, moist wound environment promoting formation of granulation tissue, thus stimulating reepithelialization. Moreover, the PolyMem membrane formulation contains a cleanser (F68 surfactant) and a moisturizer (glycerin), along with a superabsorbent starch copolymer. The cleanser keeps the wound bed clean continuously while the moisturizer softens and removes slough and necrotic tissue. The superabsorbent starch copolymer draws exudate out of the wound bed into the membrane.

PolyMem Wound Dressings absorb up to ten times their weight in fluids, hence providing a wicking action preventing pooling of fluid and maceration of tissue. A semipermeable backing provides a bacterial barrier and allows gas and vapor exchange, as well as allowing visual determination of need for a dressing change.

CONCLUSIONS:

- Complete healing of leg ulcers
- Faster rate of wound closure
- Ease of application and removal
- Absorbs wound exudate while providing moist and warm microenvironment, thus concentrating wound healing agents at the wound site.

REFERENCES:

Witkowski, J.A. & Parish, L.C. (1986). "Cutaneous Ulcer Therapy." *Int J. Derm* 25,420-426.

Carr, R. & Lalagos, D.E. (1990). "Clinical Evaluation of a Polymeric Membrane Dressing in the Treatment of Pressure Ulcers." *Decubitus* Vol. 3, No. 3.



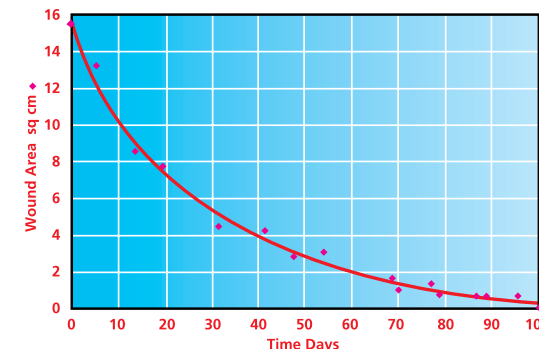
DAY 1



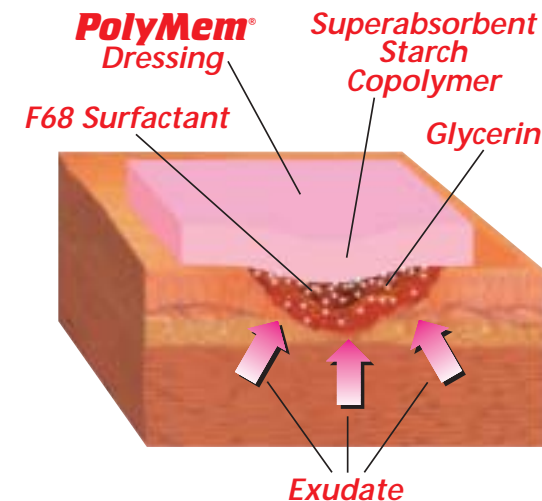
DAY 2



DAY 100



WOUND HEALING



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