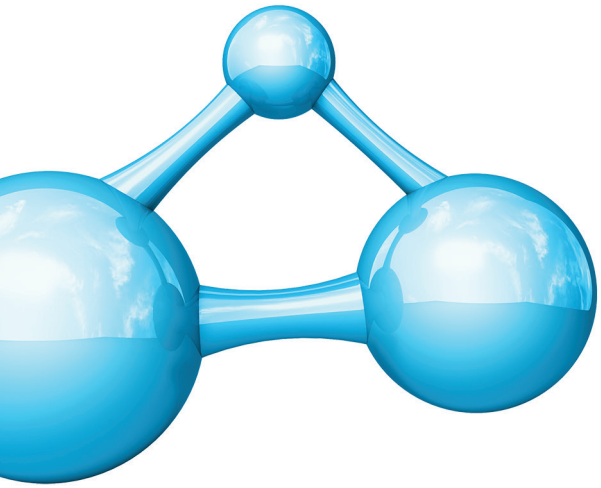
anasep®

Antimicrobial Skin and Wound Care Products



Highly regarded, FDA-cleared, broad-spectrum, antimicrobials. Effective against the antibiotic resistant strains such as Methicillin Resistant *Staphylococcus aureus* (MRSA), Vancomycin Resistant *Enterococci* (VRE), Carbapenem Resistant *Escherichia coli* (CRE), as well as fungicidal, sporicidal and virucidal properties.

anasept®

Antimicrobial Skin & Wound Cleanser

An extremely safe and gentle skin and wound cleanser with exceptionally rapid bactericidal, fungicidal, sporicidal and virucidal properties through the action of 0.057% broad spectrum antimicrobial sodium hypochlorite.

Anasept® Antimicrobial Skin and Wound Cleanser helps in the mechanical removal of the debris and foreign material from the wound or application site while delivering 0.057% antimicrobial sodium hypochorite. Anasept is a very pure, completely colorless, isotonic, tissue compatible solution. Anasept is stable for 18 months to 2 years when stored at normal room temperature up to 25°C (77°F) and is free of necrotizing chemicals such as sodium hydroxide.

INDICATIONS FOR USE

OTC USE:

Anasept is intended for OTC use for mechanical cleansing and removal of dirt, debris and foreign material from skin abrasions, lacerations, minor irritations, cuts, exit sites and intact skin.

PROFESSIONAL USE:

Anasept is intended for use under the supervision of a healthcare professional for cleansing of foreign materials, including microorganisms from wounds such as stage I-IV pressure ulcers, diabetic foot ulcers, post-surgical wounds, first and second degree burns, grafted and donor sites.

RAPID ACTION:

Most pathogenic organisms are killed within 2 minutes or less following application. There is no known microbial resistance to Anasept.

CLINICALLY TESTED:

Anasept is clinically proven to reduce wound Bioburden levels and improve the rate of healing.*

SAFETY:

Anasept has been subjected to rigorous safety testing at an independent laboratory and shown to meet the criteria for safe use.

- Modified Primary Skin Irritation (FHSA method – 7 day exposure with repeated insult to intact and abraded skin)
- Cytotoxicity (IS0 Agarose Overlay method)
- Systemic toxicity (ISO Acute Systemic Toxicity)
- ISO Sensitization Study

*J. Lindfors, *A Comparison of an Antimicrobial Wound Cleanser to Normal Saline in Reduction of Bioburden and Its Effect on Wound Healing*. Ostomy/Wound Management. 2004; 50 (8): 28-41.

In the time kill studies below, extrememly high concentrations of pathogenic microorganisms were exposed to Anasept over the course of precisely timed intervals in the presence of an interfering substance that simulated the organic load condition of the wound environment and is known to inhibit the action of antimicrobial agents.

TIME KILL STUDIES for Anasept Antimicrobial Skin and Wound Cleanser

Table of Microbial Activity				
Test Organisms:	Initial Microorganism Count/ML	Exposure time / % Kill		
Pathogenic Bacteria		30 seconds	1 minute	5 minutes
Acinetobacter baumannii	10^7	-	99.089%	99.98%
Carbapenem Resistant *E. coli (CRE)*	10^6	99.999%	99.999%	99.999%
Clostridium difficile	10^5	100%	100%	100%
Escherichia coli	10^7	100%	100%	100%
Methicillin Resistant *Staphylococcus aureus (MRSA)*	10^7	100%	100%	100%
Proteus mirabilis	10^8	99.998%	100%	100%
Pseudomonas aeruginosa	10^7	100%	100%	100%
Serratia marcescens	10^7	100%	100%	100%
Staphylococcus aureus	10^7	100%	100%	100%
Vancomycin Resistant *Enterococcus faecalis* (VRE)	10^7	100%	100%	100%
Pathogenic Fungi				
Aspergillus niger	10^7	99.99%	99.9999%	100%
Candida albicans	10^7	99.1%	99.9%	100%

Table of Sporicidal Activity				
Test Spore	Initial Spore Count/ML	Exposure Time	Percent Reduction	Log Reduction
Clostridium difficile - spore	10^6	15 minutes	99.999%	>5.7

Table of Virucidal Activity				
Test Virus	Initial Virus Count/ML	Exposure Time	Percent Reduction	Log Reduction
HIV-Type 1 (Human Immuno Deficiency Virus)	10^6	5 minutes	99.997%	≥4.5

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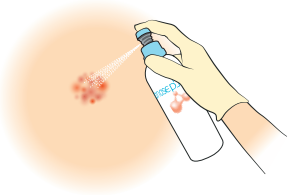
Antimicrobial Skin & Wound Cleanser

GENERAL DIRECTIONS FOR USE

SKIN CLEANSING:

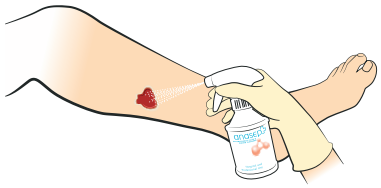
1) Spray intended area or saturate sterile gauze and apply to site.



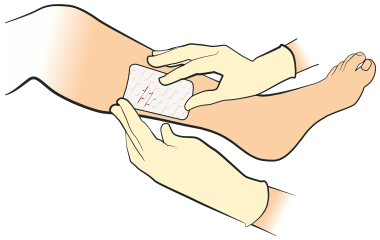
2) Air dry for 2 minutes or maintain as a wet dressing.

WOUND CLEANSING:

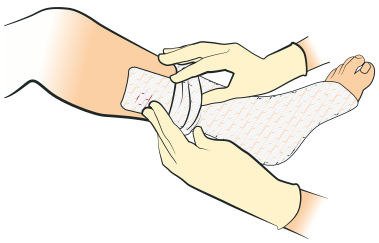
1) Debride wound, if necessary.
2) Spray Anasept onto entire wound bed, including the wound margin. Avoid pooling.
   Alternate: Saturate sterile gauze pad with Anasept and apply to wound site.



3) Cover wound site with a sterile gauze or other appropriate wound dressing.



4) Tape in place along dressing border.
   Alternate: for less tape caused skin trauma, secure in place with Staytex™ Elastic Tubular Dressing or similar dressing.
5) Repeat procedure once a day. Ensure that wound bed remains moist between dressing changes.



CATEGORIES FOR USE:

Dialysis*:

Preparation of site for Graft-Fistula Cannulation
Exit Site Dressing change for Peritoneal Dialysis
Central Line Site Preparation.

* Detailed site preparation procedures are available upon request.
Compatible with catheters used in dialysis procedures.

ENVIRONMENTALLY FRIENDLY:

Anasept does not leave any toxic residues or by-products. Anasept chemically breaks down into salt and water and is completely safe for disposal in the public sewer system.

WARNINGS: For External Use Only.
Not for Ophthalmic use.

- RAPID KILL
- NO KNOWN MICROBIAL RESISTANCE
- SPORICIDAL
- VIRUCIDAL
- SAFE AND TISSUE COMPATIBLE
- AIDS IN THE DEBRIDEMENT OF NECROTIC SLOUGH AND DEBRIS
- OUTSTANDING ODOR CONTROL
- HELPS REDUCE THE RISK OF INFECTION
- LATEX FREE

Ordering Information

Anasept® Antimicrobial Skin & Wound Cleanser				
CATALOG NO.		NDC NUMBER	SIZE	CASE QUANTITY
4004C	(Dispensing Cap)	67180-400-04	4 oz	24
4008C	(Dispensing Cap)	67180-400-08	8 oz	12
4004SC	(Sprayer)	67180-400-44	4 oz	12
4008SC	(Sprayer)	67180-400-88	8 oz	12
4008TC	(Trigger Sprayer)	67180-408-88	8 oz	12
4012SC	(Trigger Sprayer)	67180-400-12	12 oz	12
4016C	(Dispensing Cap)	67180-400-16	15 oz	12

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Antimicrobial Skin & Wound Gel

product description:

Anasept Antimicrobial Skin and Wound Gel is an extremely safe, FDA-cleared, topical hydrogel with exceptionally rapid broad spectrum bactericidal, including the antibiotic resistant strains CRE, MRSA & VRE, fungicidal, virucidal and sporicidal properties through the action of sodium hypochlorite. There is no known microbial resistance to Anasept Antimicrobial Skin & Wound Gel.

Anasept Antimicrobial Skin and Wound Gel is pure, completely colorless, isotonic, non-cytotoxic, tissue compatible viscous hydrogel. Anasept Antimicrobial Skin & Wound Gel has an 18 months to 2 year shelf-life when stored at normal room temperature up to 25° C (77° F).

Exceptional Benefits:

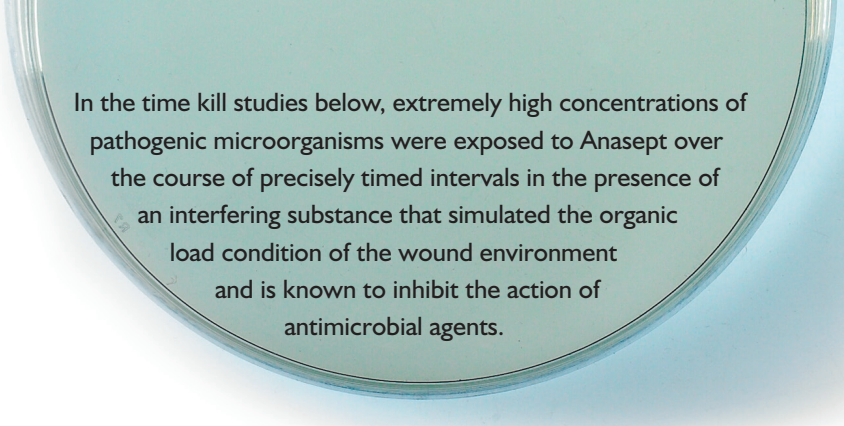
Promotes quick and effective autolytic debridement.

Helps to eliminate biofilm that inhibits wound healing.

Unmatched control of wound odor.

Cost Effective.

Medicare Reimbursement HCPCS Code # A6248



In the time kill studies below, extremely high concentrations of pathogenic microorganisms were exposed to Anasept over the course of precisely timed intervals in the presence of an interfering substance that simulated the organic load condition of the wound environment and is known to inhibit the action of antimicrobial agents.

TIME KILL STUDIES for Anasept Antimicrobial Skin and Wound Gel

Table of Microbial Activity

Test Organisms:	Initial Organism	Exposure Time/% Kill			
Pathogenic Bacteria:	Count	1 min.	3 min.	5 min.	10 min.
Acinetobacter baumannii	10^7	98.56%	99.99%	99.998%	99.9999%
Carbapenem Resistant *E. coli* (CRE)	10^6	99.999%	99.999%	99.999%	99.999%
Clostridium difficile	10^5	100%	100%	100%	100%
Escherichia coli	10^7	99.25%	99.986%	99.9995%	100%
Methicillin Resistant *Staphylococcus aureus* (MRSA)	10^7	100%	100%	100%	100%
Proteus mirabilis	10^7	99.888%	99.998%	99.9998%	100%
Pseudomonas aeruginosa	10^7	99.996%	100%	100%	100%
Serratia marcescens	10^7	100%	100%	100%	100%
Staphylococcus aureus	10^7	100%	100%	100%	100%
Vancomycin Resistant *Enterococcus faecalis* (VRE)	10^7	100%	100%	100%	100%
Pathogenic Fungi:					
Aspergillus niger	10^6	100%	100%	100%	100%
Candida albicans	10^6	100%	100%	100%	100%

Table of Sporicidal Activity

Test Spore	Initial Microrganism Count/ML	Exposure Time	Percent Reduction	Log Reduction
Clostridium difficile - spore	10^6	15 minutes	99.99%	>4.0

Table of Virucidal Activity

Test Virus	Initial Virus Count/ML	Exposure Time	Percent Reduction	Log Reduction
HIV-Type 1 (Human Immuno Deficiency Virus)	10^6	5 minutes	99.97%	≥3.5

TIME KILL STUDIES-24 HOUR CHALLENGE Table of Antimicrobial Activity

Test Organisms:	Initial Organism Ct. /	Exposure time after re-challenge		
Pathogenic Bacteria:	Re-challenge Organism Ct	at 24 hours / % Kill		
		5 min.	10 min.	15 min.
Acinetobacter baumannii	10^7 / 10^7	13.64%	85.27%	99.25%
Escherichia coli	10^7 / 10^7	71.25%	96.63%	99.49%
Methicillin Resistant *Staphylococcus aureus* (MRSA)	10^7 / 10^7	95.69%	99.38%	99.78%
Proteus mirabilis	10^7 / 10^7	67.14%	97.71%	99.74%
Pseudomonas aeruginosa	10^7 / 10^7	84.35%	98%	99.88%
Serratia marcescens	10^7 / 10^7	96%	99.36%	99.94%
Staphylococcus aureus	10^7 / 10^7	95.91%	96.45%	99.16%
Vancomycin Resistant *Enterococcus faecalis* (VRE)	10^7 / 10^7	92.8%	96.9%	99.61%
Pathogenic Fungi:				
Candida albicans	10^6 / 10^6	98.89%	99.99%	99.9996%
Mix of all above including Candida albicans	10^7 / 10^7	88.75%	97.31%	99.8%

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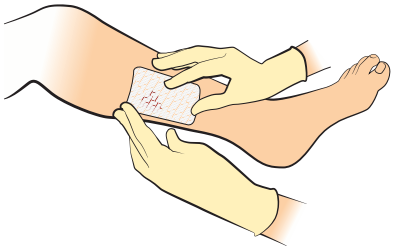
Antimicrobial Skin & Wound Gel

DIRECTIONS FOR USE:

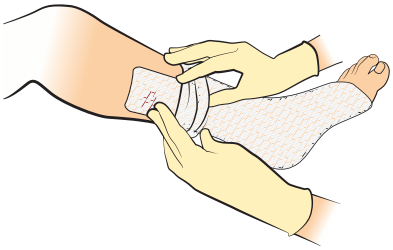
WOUND CARE:

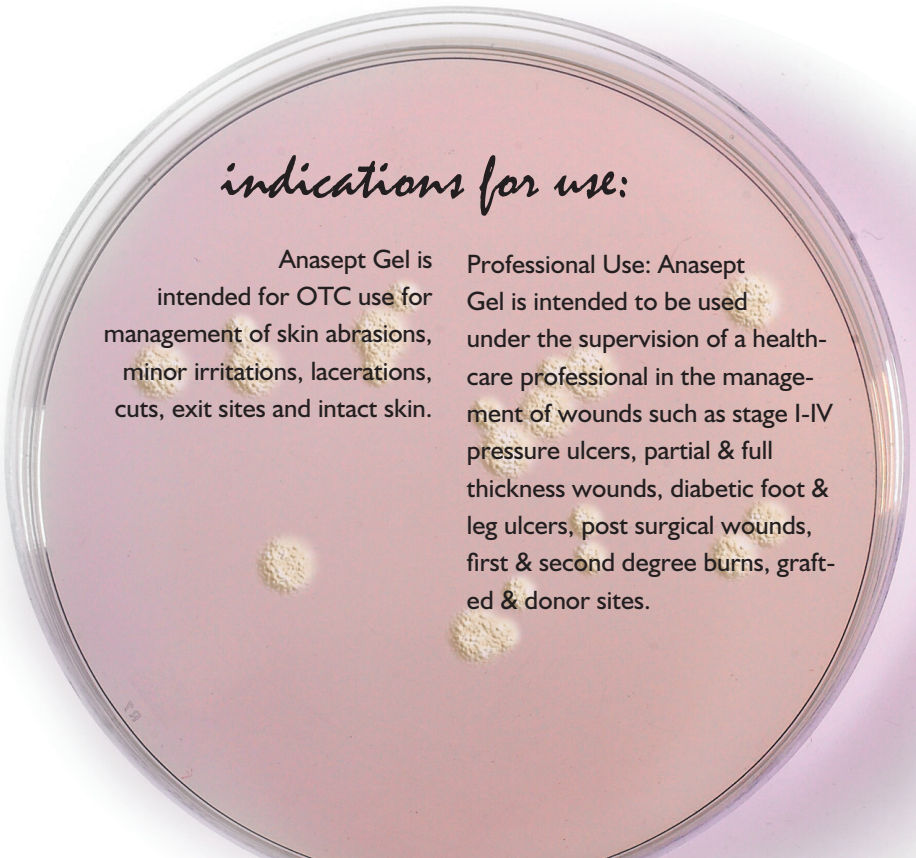
1) Debride wound, if necessary or cleanse wound with a wound cleanser such as Anasept® Antimicrobial Skin and Wound Cleanser.
2) Apply a generous amount (1/4 " to 1/2 "thick) of Anasept Antimicrobial Skin and Wound Gel to entire wound bed, including areas of undermining.

3) Apply a thin coating to peri-wound skin area and allow to dry.
4) Cover with appropriate wound dressing or covering (avoid silver and other wound dressings containing heavy metals).



5) Tape in place along dressing border. **Alternate**: for less tape caused skin trauma, secure in place with Staytex™ Elastic Tubular Dressing or similar dressing.
6) Change dressing once a day. Maintain a moist wound environment between dressing changes.





indications for use:

Anasept Gel is intended for OTC use for management of skin abrasions, minor irritations, lacerations, cuts, exit sites and intact skin.

Professional Use: Anasept Gel is intended to be used under the supervision of a health-care professional in the management of wounds such as stage I-IV pressure ulcers, partial & full thickness wounds, diabetic foot & leg ulcers, post surgical wounds, first & second degree burns, grafted & donor sites.

NOTE: Anasept products contain sodium chloride which is not compatible with wound care products that contain silver. Silver in the presence of sodium chloride will be converted to insoluble silver chloride and become inactive.

INDWELLING VASCULAR CATHETERS:

1) Apply sufficient quantity of Anasept Antimicrobial Skin & Wound Gel to completely cover skin area around the indwelling vascular catheter.
2) Cover with appropriate site dressing.

OSTOMY:

1) Apply a thin coating of Anasept Antimicrobial Skin & Wound Gel to peristomal area.
2) Allow to dry.
3) Apply Ostomy appliance.

SKIN CARE:

1) Cleanse affected area with appropriate skin cleanser such as Anasept Antimicrobial Skin & Wound Cleanser.
2) Allow to dry.
3) Apply a thin coating of Anasept Antimicrobial Skin & Wound Gel.
4) Reapply as necessary.

WARNINGS: For External Use Only.
Not for Ophthalmic use.

latex *FREE*

safety

Anasept Antimicrobial Skin and Wound Gel has been subjected to rigorous safety and toxicological evaluations to comply with FDA regulations at an independent FDA registered testing facility and shown to meet all criteria for safe use.

- Modified Skin Irritation Study (FSHA method 7 day exposure with repeated insult to intact and abraded skin)
- Cytotoxicity (USP method)
- Systemic Toxicity (USP method)
- ISO Sensitization Study.
- ISO Vaginal Irritation Study

clinically tested:

Anasept® Antimicrobial Skin & Wound Cleanser, the liquid version of Anasept Antimicrobial Skin & Wound Gel is clinically proven to reduce wound bioburden levels and improve the rate of healing.*

*J. Lindfors, *A Comparison of an Antimicrobial Wound Cleanser to Normal Saline in Reduction of Bioburden and Its Effect on Wound Healing*. Ostomy/Wound Management. 2004; 50 (8): 28-41.

Ordering Information

Anasept® Antimicrobial Skin and Wound Gel				
CATALOG NO.		NDC NUMBER	SIZE	CASE QUANTITY
5015G	(Tube)	67180-500-15	1.5 oz	12
5003G	(Tube)	67180-500-03	3 oz	12

Medicare Reimbursement HCPCS code # A6248

anasep®

Antimicrobial Wound Irrigation Solution

Easy to use spikeable container with an integrated hanger

Anasept® Antimicrobial Wound Irrigation Solution is a breakthrough in wound care. Based on Anacapa's FDA-cleared, highly regarded Anasept® Antimicrobial Skin and Wound Cleanser, this antimicrobial irrigation solution provides a new dimension in antimicrobial wound care and Negative Pressure Wound Therapy Systems (NPWT)

PRODUCT DESCRIPTION:

Anasept Antimicrobial Wound Irrigation Solution is a clear, isotonic liquid that helps in the mechanical removal of the debris from the application site while delivering 0.057% broad-spectrum antimicrobial sodium hypochlorite via a Negative Pressure Wound Therapy System.

Anasept Antimicrobial Wound Irrigation Solution inhibits the growth of bacteria such as: *Acinetobacter baumanni, Clostridium difficile, Escherichia coli, Pseudomonas aeruginosa, Proteus mirablis, Staphylococcus aureus, Serratia marcencens*, Carbapenem Resistant *Escherichia coli* (CRE), Methicillin Resistant *Staphylococcus aureus* (MRSA), Vancomycin Resistant *Enterococcus faecalis* (VRE), as well as fungi such as: *Candida albicans* and *Aspergillus niger* that are commonly found in the wound bed.

Easy to use spikeable container with an integrated hanger that can be quickly attached to an I.V. Pole or Negative Pressure Wound Therapy Systems and can be used with most NPWT Systems that are available with instillation or infusion capability.

SAFETY:

Anasept has been subjected to rigorous safety testing, at an independent laboratory and shown to meet all criteria for safe use.

Clinically Tested: Anasept is clinically proven to reduce bioburden levels and improve the rate of healing*

Non-Flammable; Can safely be used in Hyperbaric Chambers and procedures.

Stable for 2 years when maintained at normal room temperature up to 25°C (77°F).

*J. Lindfors, *A Comparison of an Antimicrobial Wound Cleanser to Normal Saline in Reduction of Bioburden and Its Effect on Wound Healing*. Ostomy/Wound Management. 2004; 50 (8): 28-41.

In the time kill studies below, extrememly high concentrations of pathogenic microorganisms were exposed to Anasept over the course of precisely timed intervals in the presence of an interfering substance that simulated the organic load condition of the wound environment and is known to inhibit the action of antimicrobial agents.

TIME KILL STUDIES for Anasept Antimicrobial Wound Irrigation Solution

Table of Microbial Activity				
Test Organisms:	Initial Microorganism Count/ML	Exposure time / % Kill		
Pathogenic Bacteria		30 seconds	1 minute	5 minutes
Acinetobacter baumannii	10^7	-	99.089%	99.98%
Carbapenem Resistant *E. coli (CRE)*	10^6	99.999%	99.999%	99.999%
Clostridium difficile	10^5	100%	100%	100%
Escherichia coli	10^7	100%	100%	100%
Methicillin Resistant *Staphylococcus aureus (MRSA)*	10^7	100%	100%	100%
Proteus mirabilis	10^8	99.998%	100%	100%
Pseudomonas aeruginosa	10^7	100%	100%	100%
Serratia marcescens	10^7	100%	100%	100%
Staphylococcus aureus	10^7	100%	100%	100%
Vancomycin Resistant *Enterococcus faecalis* (VRE)	10^7	100%	100%	100%
Pathogenic Fungi				
Aspergillus niger	10^7	99.99%	99.9999%	100%
Candida albicans	10^7	99.1%	99.9%	100%

Table of Sporicidal Activity				
Test Spore	Initial Spore Count/ML	Exposure Time	Percent Reduction	Log Reduction
Clostridium difficile - spore	10^6	15 minutes	99.999%	>5.7

Table of Virucidal Activity				
Test Virus	Initial Virus Count/ML	Exposure Time	Percent Reduction	Log Reduction
HIV-Type 1 (Human Immuno Deficiency Virus)	10^6	5 minutes	99.997%	≥4.5

INDICATIONS FOR USE:

Anasept Antimicrobial Wound Irrigation Solution is intended for use under the supervision of a healthcare professional for cleansing of foreign materials including microorganisms from wounds such as: stage I-IV pressure ulcers, diabetic foot ulcers, post-surgical wounds, first and second degree burns, grafted and donor sites.

WARNINGS: For External Use Only. Not for Ophthalmic use.

Ordering Information

Anasept® Antimicrobial Wound Irrigation Solution			
CATALOG NO.	NDC NUMBER	SIZE	CASE QUANTITY
4160IC (Spikeable cap)	67180-416-16	16 oz	12

anasep®

Clinical Case Study - Venous Stasis Dermatitis And Weeping Ulcers

by: Martin Winkler, MD, FACS
Creighton University Department of Surgery
(Contributed Service), Omaha, NE
University of Nebraska Department of Surgery (Contibuted Service), Omaha, NE
Laura Wesnieski, RN, CWS
Bergan Mercy Wound Care Clinic, Omaha, Nebraska
Sara M. Winkler
Dept. of Biomedical Engineering,
Stanford University, Palo Alto, CA

THE PROBLEM:

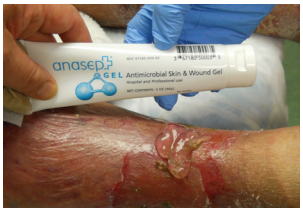
- Painful venous stasis dermatitis
- Multiple weeping venous leg ulcers
- Comorbid CHF, COPD, PVD
- Sleeps sitting up

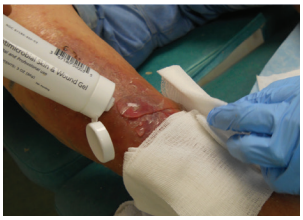
Navy veteran, sleeps sitting up, uses prednisone for COPD, and has mild peripheral vascular disease (PVD). Stasis dermatitis, present for months, now has multiple ulcers weeping serum. Weeping serum dries to form adherent crusts and plaques that crack and create new skin ulcers. Mechanical debridement of dry plaques injures friable skin and caused bleeding and pain.

TREATMENT:

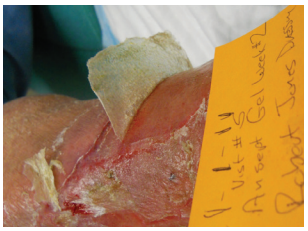
- Hypochlorite gel* for debridement and biofilm control
- Layered compression dressings

Na Hypochlorite gel has the advantage that reactive oxygen species are released from hydro gel slowly for up to 3 days. In addition to killing biofilm bacteria, reactive oxygen species break bonds between proteins. Anecdotal experience suggested that the reactive oxygen species in hypochlorite gel was clinically effective to debride wound eschar.

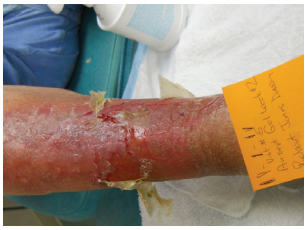




Hypochlorite gel is liberally applied to wound before Robert Jones dressing is applied at weekly clinic visits. This science poster is, to our knowledge, a first human use report to use hypochlorite, in a concentrated slow release gel form, to break down protein and debride wound eschar. It has been long understood that reactive oxygen breaks chemical bonds between proteins. This study suggests that this sodium hypochlorite protein break down effect, which is similar to how HCl digests protein in the stomach, is effective for debridement.



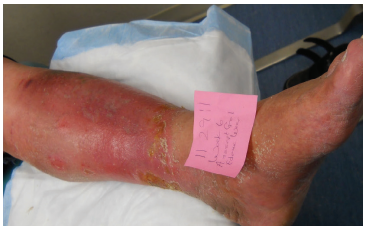
14 days of hypochlorite gel and elastic compression treatment has softened dry skin and plaques of dried serum enabling debridement, without injury to the thin underlying at-risk skin.



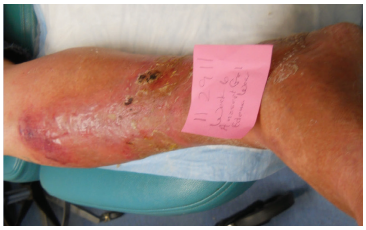
After two weeks of hypochlorite gel and Robert Jones dressing elastic compression, photos show eschar separation without injury to at-risk skin. Skin remains exquisitely painful due to dermatitis.

OUTCOMES:

- Sodium Hypochlorite gel debrides VLUs
- Wounds heal in 8 weeks
- Fuzzy Wale Elastic Compression controls stasis dermatitis



At week six, stasis dermatitis is still evident, but wounds are nearly healed.



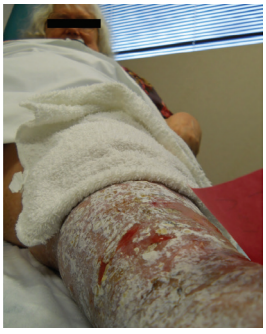
Observe resolution of stasis dermatitis after 6 weeks of Robert Jones Dressings and hypochlorite gel.

Clinical Case Study - Lymphorrhea

by: Martin Winkler, MD, FACS
Creighton University Department of Surgery
(Contributed Service), Omaha, NE
University of Nebraska Department of Surgery (Contibuted Service), Omaha, NE
Laura Wesnieski, RN, CWS
Bergan Mercy Wound Care Clinic, Omaha, Nebraska
Sara M. Winkler
Dept. of Biomedical Engineering,
Stanford University, Palo Alto, CA

THE PROBLEM:

- Recurrent painful refractory VLU, treatment week #22
- Lymphedema of morbid obesity
- Comorbid AODM, depression
- CHF, sleeps in chair
- Refused mechanical debridement



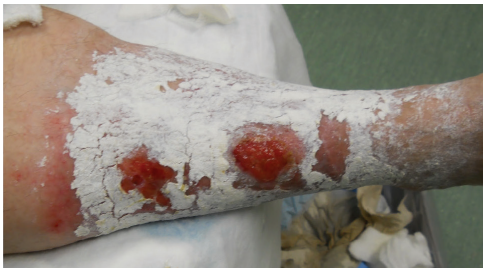
Recurrent refractory VLU, wound clinch treatment week #22. Lymphedema of morbid obesity is difficult to treat with elastic compression because of cone shaped obese legs. Zinc oxide protects skin from maceration under the Robert Jones dressing.

After months of therapy with honey, porcine collagen, seaweed alginate, home nurses, prayer chains and low dose tricyclic antidepressants for pain, wound clinic staff is nihilistic about theses wounds.

TREATMENT:

- Sodium Hypochlorite Gel* to "debride" exuberant granulation
- Layered Jones compression dressing

Observe thick exudative funky granulation tissue. Pain, patient is depressed, prevented adequate curette debridement. Honey to



debride the exuberant granulation tissue macerated the surrounding skin after one week. Clinic staff was bummed out, aka "therapeutic nihilism" that wounds were not healing.

Hypochlorite gel was selected to control the exuberant granulation tissue. Gel was liberally applied to wound under a cotton batting Robert Jones dressing at weekly clinic visits.

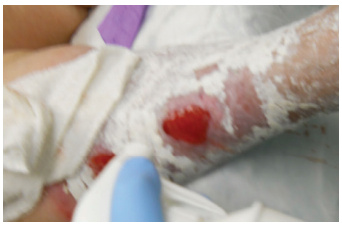


Photo demonstrate our "soft debridement" technique. Wounds are soaked with hypochlorite solution** and derided, via abrasion, with dry terry cloth.

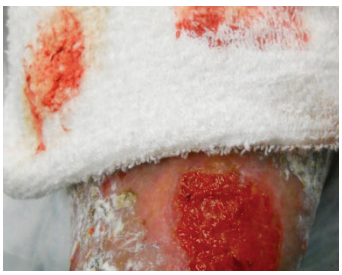
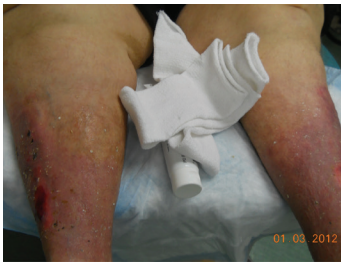


Photo shows soft debridement results, note exudate on terry cloth, for three passes with dry terry cloth abrasion.

Photo shows soft debridement results, note exudate on terry cloth, for three passes with dry terry cloth abrasion.



OUTCOME

Near complete healing with five weeks of hypochlorite gel debridement

** Anasept® Antimicrobial Skin and Wound Gel*
*** Anasept® Antimicrobial Skin and Wound Cleanser*

anasept®

Clinical Case Study - Leg Wound

by: Jean O. Galloway, PT-Superior Rehab Center
Newport Beach, CA.

Clinical Challenge:
To heal wound on Left Leg

THE PATIENT:
Mr. C. is a 75 year old male who sustained an injury to his left leg while getting out of a boat. Mr. C. Is active and alert with no other major medical issues.

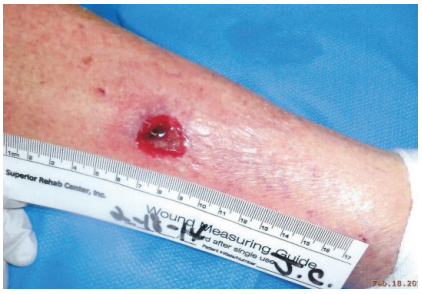
START OF CLAIM:
First Saw patient on 2/18/2014 (See photo below). Wound measured 2.2 x 1.5. Tissue color was red/black. Patient had incurred the injury approximately 3 weeks prior to being referred here as he thought he could care for it himself. He was using Neosporin and Band-aids. Top skin of wound was still in a small pile in center of wound and had never been removed. I debried wound and applied Anasept Gel. Wound was covered with Telfa and Island Barrier Dressing. Anasept cleanser was used before and after debriding and that protocol continues.

CONTINUING TREATMENT:
Patient seen twice weekly with Anasept Gel continually being used under Telfa and Island Barrier Dressing.

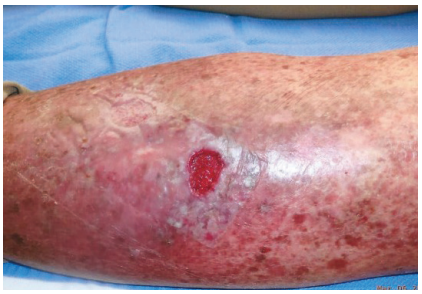
New photo taken on 3/6/2014 (see photo below) showing progress. Wound now measured 2.0 x 1.5. Patient pleased with results to date.

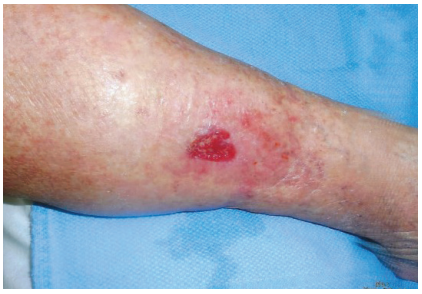
New photo taken once again on 3/28/2014 (see photo below). Wound now measuring 1.5 x 2.0. Progressively getting smaller with good red granulation. Patient pain level had decreased considerably and encouraged by the results to date.

CLINICAL/RESULTS STATEMENT:
I am very pleased with the results I am receiving from using Anasept Gel and will continue until wound closure.



2/18/2014. First patient visit. Wound measured 2.2 x 1.5.


3/6/2014 Wound shows progress. Measured 2.0 x 1.5


3/28/2014. Wound measuring 1.5 x 2.0

Clinical Case Study - Leg Wound

by: Jean O. Galloway, PT-Superior Rehab Center
Newport Beach, CA.

Clinical Challenge:
To heal wound on Right leg.

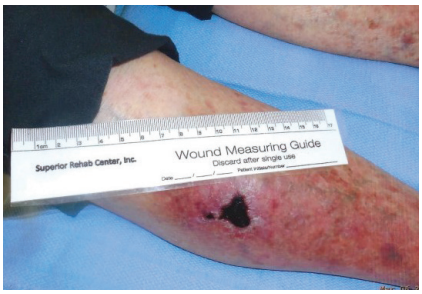
THE PATIENT:
Mrs. N. is an 89 year old female who struck her right anterior lateral leg on the corner of her car door. It did not break the skin on impact. Incident occurred on 2/6/2014.

START OF CLAIM:
I first saw the patient on 3/6/2014. Wound measured 1.8 x 1.7 (see photo below). Tissue was dark red and grey. Patient said that there had been a bruised area for several days. It then developed into a hematoma. Patient saw her physician for 3 or 4 times and was told to use Neosporin, however, it continued to draining so she was referred to SRC. I debrided and decided to use the Anasept Gel. The Anasept spray is used prior and after debriding. I covered with a Primopore and asked to see patient twice weekly.

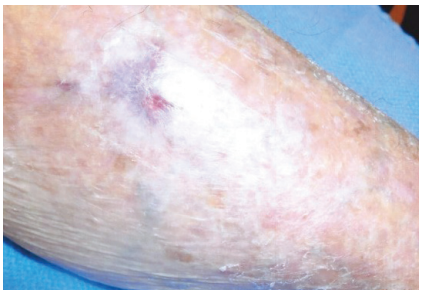
CONTINUED TREATMENT:
Patient continued to be seen twice weekly with debriding and Anasept Gel the protocol. Wound looked cleaner and smaller with each visit. On 3/20/2014 wound now measured 0.8x 0.3. I was extremely pleased with the quick results the patient was achieving.

New photo was taken on 3/28/2014 and wound was closed and healed (see photo below). Patient was discharged and delighted.

CLINICAL/RESULTS STATEMENT:
Dramatic results evident as the patient was seen only 7 times and wound was closed and healed. I attribute the use of the Anasept Gel as the reason for this. I am quite pleased and will continue the use of this product.



3/6/2014 wound measured 1.8 x 1.7


3/28/2014 wound was closed and healed.

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