



When looking for a choice in wound care,
the answer is clearly...

HYALO⁴[®]
CARE
HYDROGEL

HYALO⁴[®]
CARE
CLEAR HYDROGEL

At the core... of **wound care**



The only
prescription
medical grade
Hyaluronic Acid (HA)
based Hydrogel

Clinical Information



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Painful vascular ulcer in erysipelas¹

Courtesy of Dr. E. Giraldi, Wound Care Centre - Azienda Ospedaliera Padova, Padua - Italy

Patient characteristics

- Female
- 64 years old
- Suffering from erysipelas
- Painful vascular ulcer localized at right lower limb, previously treated with silver and absorbent dressing without success.

T₀ (Day 0)

Painful vascular ulcer was present with a red, painful, inflamed wound bed, burning sensation and skin surrounding the wound showing signs of erosive dermal irritation, erosion and inflammation.

HYALO4® CARE was applied every 3 days and covered with polyurethane foam and compression bandages.

T₁ (Day 15)

After two weeks of HYALO4® CARE Hydrogel use, there was demonstrated improvement (decrease) in the wound area, with improved wound margins.

Patient was instructed to continue HYALO4® CARE Hydrogel every 6-days and covered with polyurethane foam and compression bandages.

T_{final} (Day 30)

After thirty days of support with HYALO4® CARE Hydrogel use, the wound area is completely closed.



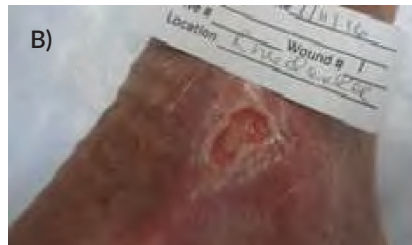
Note: T= Time

Hyaluronic acid sodium salt 0.2% gel* in the treatment of a recalcitrant distal leg ulcer: a case report²

Tagliagambe M, Elstrom TA, Ward DB Jr. Hyaluronic Acid Sodium Salt 0.2% Gel in the Treatment of a Recalcitrant Distal Leg Ulcer: A Case Report. *J. Clin. Aesthet. Dermatol.* 2017 Nov;10(11):49-51.

CASE DETAILS:

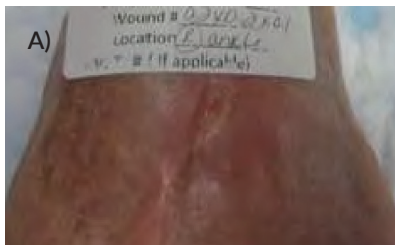
56-year-old male with prior history of right ankle fracture which was surgically treated but developed recurring ulcers over the surgical site. Chronic recurrent non-healing partial-thickness venous leg ulcer, most likely due to venous insufficiency, over the right medial malleolus began to develop over time. The patient was treated with standard of care involving debridement, wound cleansing, collagen dressings, and compression therapy which failed to provide adequate wound closure over a period of 15 weeks.



Wound healing progress following initiation of debridement and compression therapy at the wound care clinic—A) Week 2; B) Week 3

HYALO4® CARE HYDROGEL USE AND RESULTS:

HYALO4® CARE Hydrogel (Hyaluronic Acid sodium salt 0.2% gel) was started at week 16. With support from HYALO4® CARE Hydrogel dressing and management, wound closure was noticed within four weeks of HYALO4® CARE Hydrogel use (through week 20).



Wound healing progress after initiation of hyaluronic acid sodium salt 0.2% gel therapy at week 16 of treatment at Wound Care Clinic—A) Week 17; B) Week 19; C) Week 20

CONCLUSION:

After 15-weeks of failed standard of care with debridement, cleansing, general collagen dressings, and compression therapy, HYALO4® CARE Hydrogel dressing provided excellent support in wound management, which allowed the patient to achieve wound closure within four weeks (weeks 16 to week 20).

*HYALO4® CARE Hydrogel has the same composition as a previously marketed product under the name Bionect (Hyaluronic Acid Sodium salt 0.2%).

Hyaluronic acid in the treatment of acute and chronic wounds³

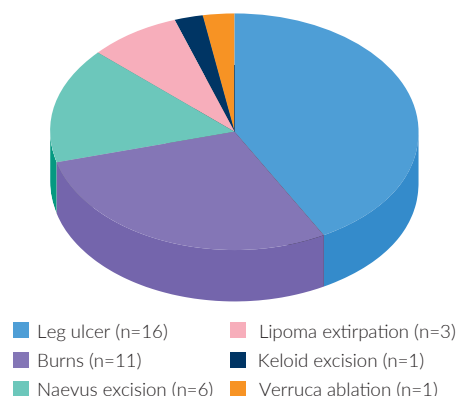
SLONKOVÁ, Veronika, Vladimír VAŠKŮ and Hana JEDLIČKOVÁ. Kyselina hyaluronová v léčbě akutních a chronických ran (Hyaluronic acid in the treatment of acute and chronic wounds). Hojení ran. Praha: Nakladatelství GEUM Praha, s.r.o., 2010, vol. 4, No 1, p. 4-8. ISSN 1802-6400.

A clinical study assessing HYALO4® CARE use in management of acute and chronic wounds

STUDY DESIGN:

This clinical study included 27 patients, whose average age was 58 years (range: 18-88 years). Some patients in this study had multiple wounds, for a total of 38 cases of acute and chronic wounds observed in the study.

Patients were divided into a planar lesion wound cohort group and an incisional (surgical) wound cohort group. The planar lesion group included 30 wound cases such as venous ulcers, burns and as well as some cases of acute wounds from excision of a nevus or keloid, or the ablation of a verruca. The incisional wound group included 8 cases of acute wounds occurring after surgical procedures.



HYALO4® CARE Hydrogel dressing was used and assessments were done after the initial visit at weeks 2, 4, and 6 to assess important wound related outcomes, including:

- Reduction in the area of skin lesions over time
- Reduction in the burn area during treatment
- Reduction in the area of venous ulcers during treatment
- Change in wound condition scores during treatment, on a scale of 1 to 5 (1 = aggravation, 2 = no change, 3 = slight improvement, 4 = marked improvement, 5 = healed)
- Patient tolerability with use of HYALO4® CARE Hydrogel

RESULTS:

Planar lesions group

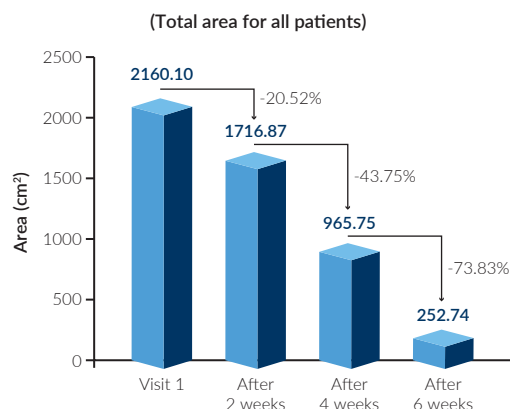
Evaluation of wound size

After treatment with HYALO4® CARE Hydrogel it was seen that the total wound area in all the 30 wound cases had decreased.

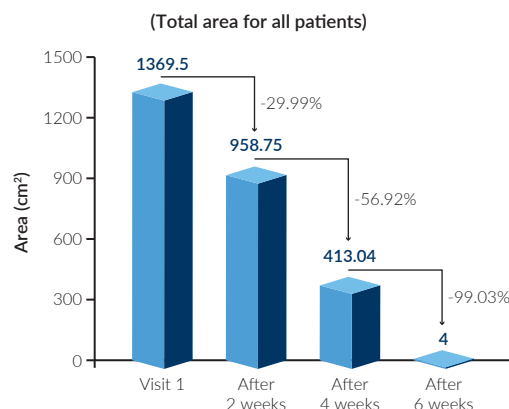
Use of HYALO4® CARE Hydrogel demonstrated wound improvements through reductions in total areas of skin lesions, reductions in total areas of burns, and reductions in total areas of venous leg ulcers.

NOTE: HYALO4® CARE Hydrogel has the same composition as a previously marketed product under the name Bionect.

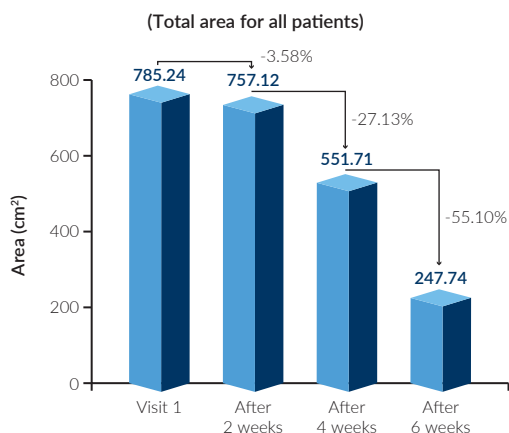
Reduction in areas of skin lesions over time



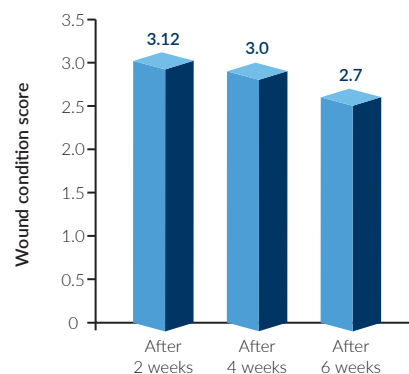
Reduction in the burn area during treatment



Reduction in the area of venous ulcers during treatment



Change in wound condition during treatment



Incisional wound group

Results demonstrated that patients with surgical incision wounds showed improvements within the initial two weeks of use of HYALO4® CARE Hydrogel and no patient showed any signs of infection or scar formation.*

Overall evaluation of treatment with HYALO4® CARE Hydrogel

No adverse effects were observed with use of HYALO4® CARE Hydrogel, with excellent tolerability and no patient discontinuing use of the product.

CONCLUSION:

HYALO4® CARE Hydrogel use in both planar and incisional wound cases in this study demonstrated excellent tolerability and provided benefit in supporting wound improvement.

*Length of scar was dependent on length of the incision that was made

NOTE: HYALO4® CARE Hydrogel has the same composition as a previously marketed product under the name Bionect.



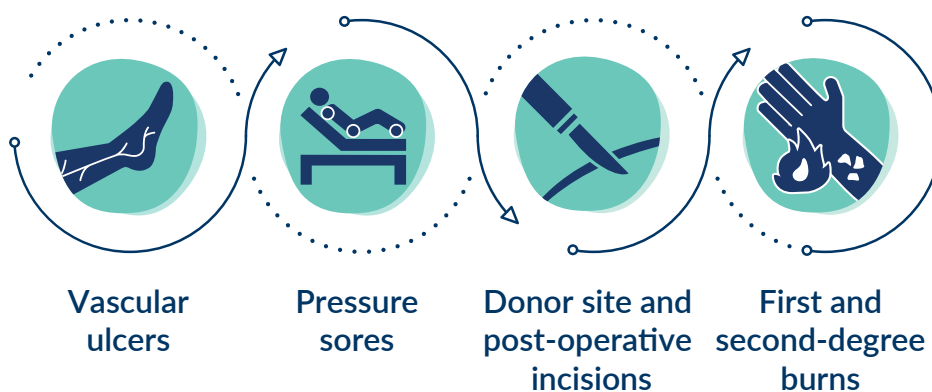
The only prescription medical grade Hyaluronic Acid (HA) based Hydrogel

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At the core... of wound care

INDICATIONS⁴



For topical use only. **Rx Only.** HYALO⁴[®] CARE HYDROGEL and HYALO⁴[®] CARE CLEAR HYDROGEL are indicated for the dressing and management of partial to full thickness dermal ulcers (pressure sores, venous stasis ulcers, arterial ulcers, diabetic ulcers), wounds including cuts, abrasions, donor sites, and post-operative incisions, irritations of the skin, and first and second degree burns. The dressing is intended to cover a wound or burn on a patient's skin, and protect against abrasion, friction, and desiccation.⁴

References:

1. Data on File, Fidia Farmaceutici S.p.A., Italy. Images from a single patient case of use with HYALO⁴[®] CARE HYDROGEL.
2. Tagliagambe M, Elstrom TA, Ward DB Jr. Hyaluronic Acid Sodium Salt 0.2% Gel in the Treatment of a Recalcitrant Distal Leg Ulcer: A Case Report. J Clin Aesthet Dermatol. 2017 Nov;10(11):49-51. Epub 2017 Nov 1. PMID: 29399261; PMCID: PMC5774911.
3. SLONKOVÁ, Veronika, Vladimír VAŠKŮ and Hana JEDLIČKOVÁ. Kyselina hyaluronová v léčbě akutních a chronických ran (Hyaluronic acid in the treatment of acute and chronic wounds). Hojení ran. Praha: Nakladatelství GEUM Praha, s.r.o., 2010, vol. 4, No 1, p. 4-8. ISSN 1802-6400.
4. HYALO⁴[®] CARE HYDROGEL Package Insert and HYALO⁴[®] CARE CLEAR HYDROGEL Package Insert



Available both as a white Hydrogel and a clear Hydrogel

Wound dressing containing hyaluronic acid sodium salt, 0.2%



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