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## How to use Suprasorb® C

1. Cleanse the wound as per normal protocol and pat the edges dry - consider Debrisofting™ to remove barriers to healing, (or applying ActiFormCool® if the wound contains a large proportion of hard necrosis).
2. Cut dressing to the size and shape required.
3. Apply to wound, ensuring the side that faces downwards in the pack is the side that makes contact with the wound.
4. Moistening Suprasorb® C with saline prior to application is recommended for lightly exuding wounds.
5. Apply a secondary dressing that ensures the wound remains moist. Suprasorb® C can appropriately manage any degree of exudation dependent upon the secondary dressing selected.
6. When moistened or exposed to wound exudate, Suprasorb® C turns into a gel which lines the wound bed, and is subsequently absorbed by the body.
7. Frequency of dressing change is dependent on the individual wound condition and the secondary dressing used. Suprasorb® C should be replaced when it has been completely absorbed into the wound bed, or after 7 days, whichever is soonest.
8. Any residual dressing that has not yet been absorbed at dressing change can be left in the wound or, if required, removed by irrigation.
9. Treatment with Suprasorb® C should be continued until signs of wound healing are seen, or for up to 4 weeks.

## Ordering information

**Suprasorb® C** Collagen wound dressing

*Individually sealed and sterile*

| Size (cm) | Ref Code | PIP Code | NHS SC Code | Pack contains |
|---|---|---|---|---|
| 4 x 6 x 0.8 | 20481 | 314-7667 | ELY775 | 5 singles |
| 6 x 8 x 0.8 | 20482 | 314-7659 | ELY776 | 5 singles |
| 8 x 12 x 0.8 | 20483 | 314-7675 | ELY777 | 5 singles |

Call our Customer Care line: **08450 606707**
International enquiries: **+44 1283 576800**
or visit our website at: **www.Lohmann-Rauscher.co.uk**

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# Suprasorb® C
## Collagen wound dressing

**Key benefits**

- accelerates wound healing[1] by binding factors which impede healing[2] and protecting growth factors

## Indications

Wounds which suffer delayed healing and are not responding to traditional dressings, e.g.

- ulcers of various origin, trauma wounds and post-operative wounds


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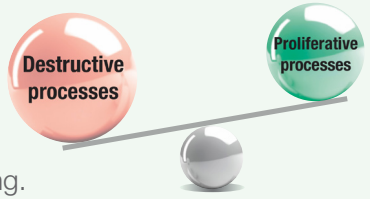
## Suprasorb C accelerates wound healing[1]

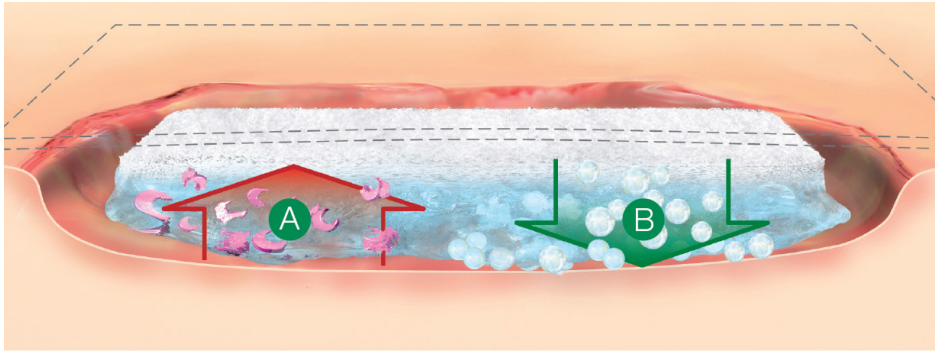
### The challenges to wound healing in stagnating wounds

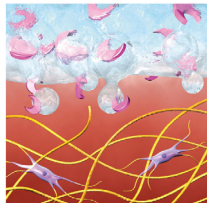



- Excess pro-inflammatory substances (cytokines) cause the wound to become 'stuck' in the inflammatory phase.
- Protein-digesting enzymes (proteases) degrade the wound base, inhibiting healing.
- Growth factors which would normally induce wound healing are lacking.

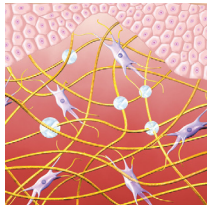
With imbalance in the wound, destructive processes prevail, inflammation does not subside, and the wound becomes stagnant.

## How Suprasorb® C works



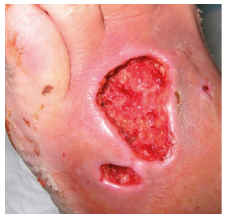
A The porous structure of the dressing enables it to absorb wound exudate and form a gel. This cleanses the wound by binding impediments to healing (cell debris, proteases and cytokines) inside.



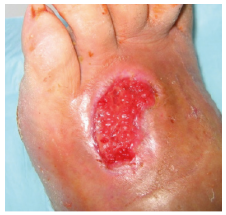
B Collagen is supplied to support the body's own ability to form new collagen, stimulating granulation tissue.

Repair of the wound base accelerates epithelialisation by promoting growth and migration of epidermal cells.

## Clinically effective



Initial presentation

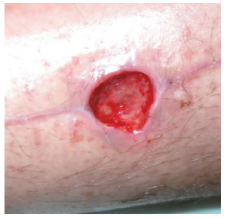


Day 28

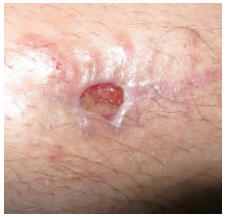
### The evidence: chronic diabetic foot wound of 3 months duration

**Treatment:** the wound was debrided and dressed with Suprasorb® C and a foam secondary dressing. Compression therapy was also applied.

**Outcome:** In 28 days, wound size reduced from approx. 6cm² with a depth of 1cm, to approx. 4cm² with a depth of 0.1cm. By the 15th day of treatment pain had reduced from 6 to 0 on the VAS scale.[3]



Initial presentation



Day 15

### The evidence: slow healing post-operative leg wound

**Treatment:** Dressed with Suprasorb® C and a foam secondary dressing. Compression therapy was also applied.

**Outcome:** In 15 days, wound size reduced from approx. 2cm² with a depth of 1.4cm, to approx. 0.8cm² with a depth of 0.3cm. Pain reduced from 6 to 0 on the VAS scale after only 4 days.[3]


**References:**

1. Andriessen, A., Polignano, R., and Abel, M. (2009) Monitoring the microcirculation to evaluate dressing performance in patients with venous leg ulcers. Journal of Wound Care, Vol. 18 (4), p. 145-150.
2. Wiegand, C. et al (2010) Protease and pro-inflammatory cytokine concentrations are elevated in chronic compared to acute wounds and can be modulated by collagen type I in vitro. Arch Dermatol. Res., Vol 302(6), p. 419-428.
3. Data on File: Mustafi, N. Krankenhaus Nordwest, Frankfurt, Germany