

AQUACELAg.
Advantage

▶ NEW

YOU HAVE THE **POWER TO TARGET**
THE BARRIERS TO HEALING WITH
MORE THAN SILVER™ TECHNOLOGY



Chronic wounds are a battle worth fighting

There are an estimated 6.5 million chronic wounds in the USA¹, a number expected to increase due to aging population and obesity.^{2,3}



15% of all Medicare beneficiaries

are affected by chronic non-healing wounds in the USA⁴



Annual average cost per wound:⁵

- Leg ulcer: \$11k
- Pressure ulcer: \$15k
- Diabetic foot ulcer: \$44k



Antibiotic overuse

CDC estimates that 30% of all antibiotics prescribed in outpatient clinics and hospitals are unnecessary⁶

Wound chronicity is most commonly associated with pressure ulcers/injuries, diabetic foot ulcers, and arterial or venous leg ulcers.⁷



BIOBURDEN

Pressure ulcers/injuries with a heavily colonised, sloughy wound bed.



INFECTION

Diabetic foot ulcer showing slough and devitalized tissue on wound bed and presence of localized infection.



EXUDATE

Leg ulcer with high levels of exudate causing maceration to the surrounding skin. Dull red wound bed with areas of slough.

Know your enemies

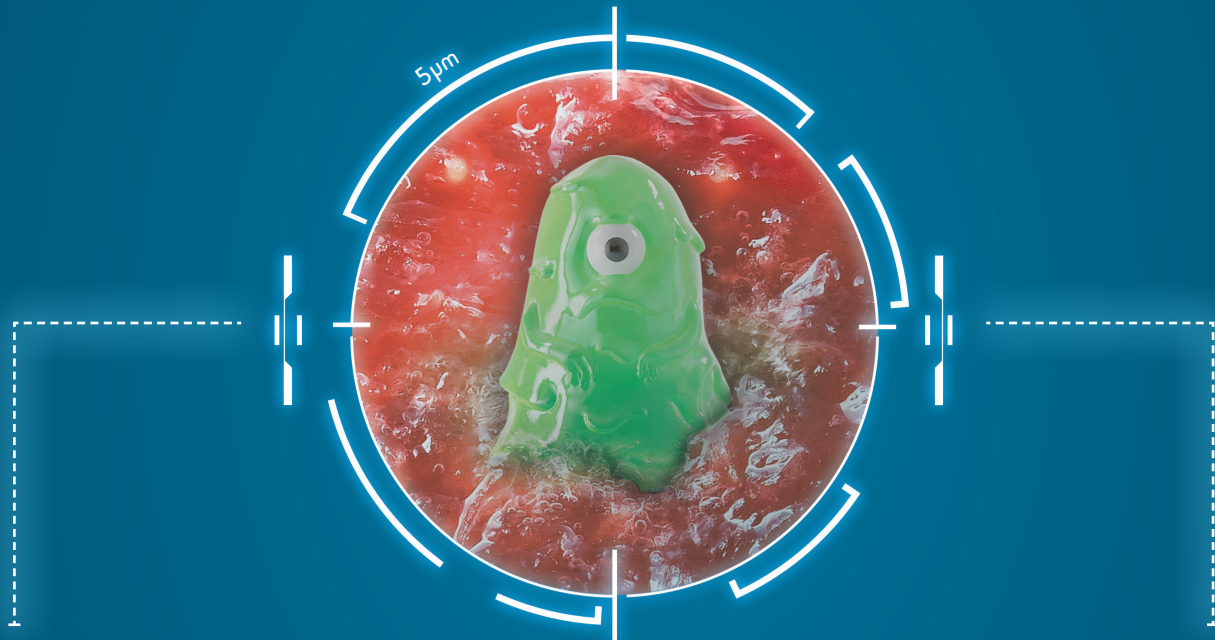
Knowing the enemies you are facing is key to efficiently selecting the appropriate antimicrobial technology to beat them.

BIOBURDEN

Persistent forms of bioburden are difficult to completely remove, even with debridement, and can regrow quickly^{8,9}

Signs can include:

- Tolerance to antibiotic and antimicrobial treatments¹⁰
- Persistent inflammation¹¹



INFECTION

Infection delays healing:¹²

Acute infections:

- Show classic signs of infection such as redness, pain, and swelling
- Can be managed by antibiotic and topical antiseptics¹³

Chronic infections:

- May not show the typical signs of infections¹⁴
- Are tolerant to antibiotic treatment¹⁵
- Associated with the presence of persistent bioburden¹⁴

EXUDATE

Too much exudate may create problems:¹⁶

- Maceration of the surrounding skin¹⁷
- Damage to the wound bed¹⁷
- Development of persistent bioburden^{18,19}
- Result in more frequent dressing changes

MORE THAN SILVER™ technology

Specifically developed to win the battle against bioburden, MORE THAN SILVER™ technology is a unique formulation that contains three components.²⁰ They synergistically work together to enhance the antimicrobial efficacy of ionic silver within the dressing resulting in:

- Faster reduction of bacteria²⁰
- Broad spectrum efficacy²¹⁻²³
- Sustained antimicrobial activity²¹⁻²³

▶ 1. BEC: A SURFACTANT

Surfactants help to dissolve and remove contamination from surfaces by lowering the surface tension and can be found in products such as skin wipes. MORE THAN SILVER™ technology incorporates BEC (Benzethonium chloride).

BEC reduces the surface tension and enhances the action of EDTA. BEC and EDTA synergistically work together aiding the absorption and removal of wound bioburden by the dressing.²⁴⁻²⁸

▶ 2. EDTA: METAL CHELATING AGENT

Chelating agents are compounds that strongly attract and bind certain metal ions, boosting the action of surfactants. MORE THAN SILVER™ technology incorporates EDTA (ethylenediaminetetraacetic acid disodium salt).

Metal ions hold together the protective layers within the bioburden.^{29,30} By binding to these metals, EDTA weakens the bioburden's structures allowing for a more efficient delivery of ionic silver.^{21, 25, 26, 28}



▶ 3. IONIC SILVER

Silver is a safe, broad-spectrum antimicrobial that is only effective in its ionic form. Attracted to sites on bacterial cell walls, it accumulates and then enters the cell, where it damages the DNA, denatures proteins and enzymes, and interferes with protein synthesis.^{31, 32}

Hydrofiber® technology

Absorbs wound fluid and creates a soft gel to:



Maintain a moist wound environment that promotes autolytic debridement.³³⁻³⁵



Lock in exudate and bacteria to help minimize the harmful effects of maceration and cross infection.³⁶⁻⁴¹



Micro-contour to the wound bed, eliminating dead space where bacteria can grow.⁴²⁻⁴⁴

Allies in the battle against chronicity and delayed healing:

The **Advantage** of two technologies in one dressing to target the barriers to healing.

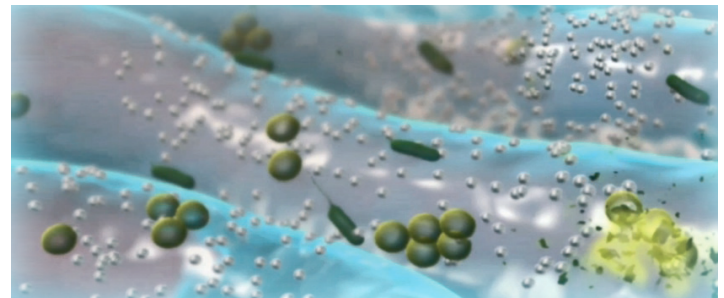
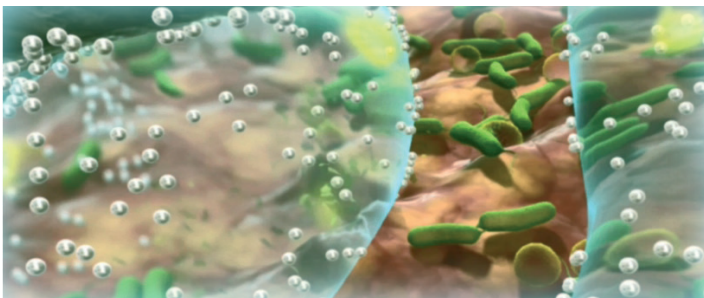


+



=

AQUACEL Ag Advantage



1. Hydrofiber® technology forms a cohesive gel that maintains moisture balance and locks in bacteria and exudate.³³⁻⁴¹

2. MORE THAN SILVER™ technology kills the bacteria locked inside the dressing.²⁰

AQUACEL® Ag Advantage kills antibiotic-resistant organisms within the dressing in < 7 days when tested in-vitro, i.e >4 log10 reduction of:

Gram Positive Microorganisms

- Community-associated Methicillin Resistant *Staphylococcus aureus***
- Vancomycin Resistant *Enterococcus faecalis***
- *Staphylococcus epidermidis*
- *Streptococcus pyogenes*

Gram Negative Microorganisms

- *Pseudomonas aeruginosa*** (streptomycin and cephalosporin resistant)
- *Klebsiella pneumoniae***
- *Acinetobacter baumannii***
- *Escherichia coli*

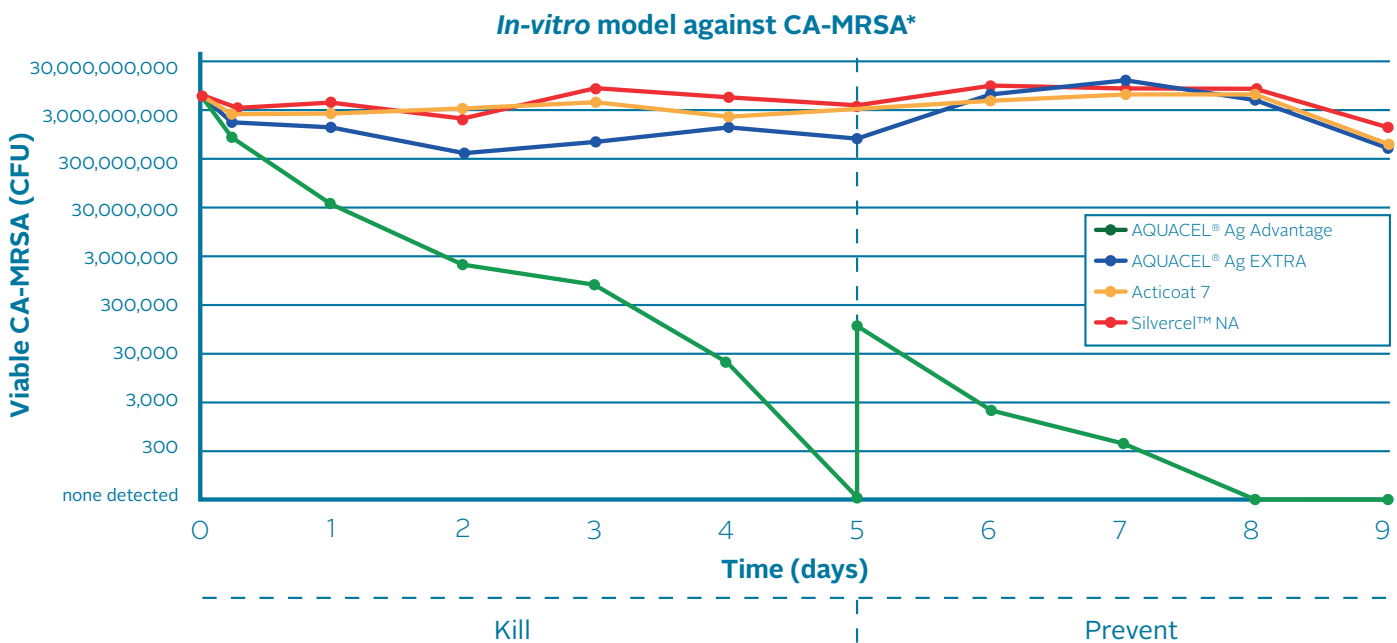
Fungi

- *Candida krusei***
- *Aspergillus brasiliensis*

** Microorganisms that are antibiotic resistant

Winning the battle against chronicity

Superior and sustained antimicrobial activity against antibiotic-resistant bacteria⁴⁵



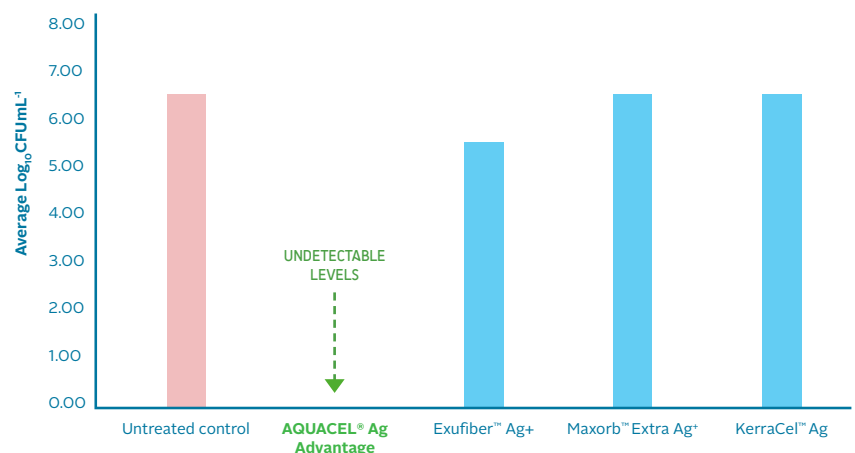
AQUACEL® Ag Advantage demonstrated:

- Faster kill-rate against CA-MRSA
- Reduced bioburden levels within 6 hours of dressing application
- Sustained activity after re-inoculation at day 5 to prevent bioburden regrowth

Superior antimicrobial activity compared to other silver dressings⁴⁶

In-vitro drip flow against mixed species bacterial communities**

Only AQUACEL® Ag Advantage dressing reduced viable microorganisms to undetectable levels following 72 hours of exposure.



*Community-acquired Methicillin-Resistant *Staphylococcus aureus*

***Staphylococcus aureus*, *Pseudomonas aeruginosa*, *Candida albicans*

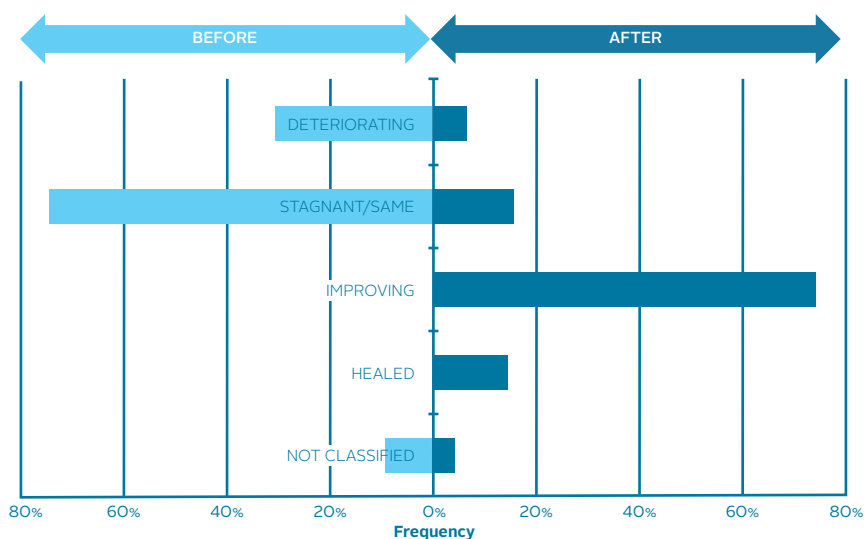
to advance healing.



AQUACEL® Ag Advantage dressings advance healing in stalled, deteriorating chronic wounds⁴⁷

Multicenter clinical study following use of AQUACEL® Ag Advantage on 111 patients, with challenging and stalled wounds

- 78% progressed towards healing
- 13% healed
- 3.9 weeks average healing time
- 83% progressed in key healing parameters



Wound status at baseline (light blue) and after evaluation (dark blue) after introduction of Aquacel® Ag Advantage

Case studies: advancing healing in chronic wounds with AQUACEL® Ag Advantage

Case 1

Diabetic foot ulcer (6+ months) with the following clinical signs: odor, exudate, slough, persistent bioburden.

Results

- Peri-wound skin improved
- Wound bed improved
- Healed in 5 weeks



On presentation



10 days



37 days

Case 2

Stalled foot ulcer (3 months) with the following clinical signs: antibiotics, and standard silver dressing had failed.

Results

- Change from sloughy to granulating tissue
- Ulcer healed in less than 7 weeks



On presentation



15 days



45 days

Images kindly provided by Vitor Santos, Centro de Tratamento de Feridas São Peregrino – Med Caldas

Target the barriers to wound healing with **MORE THAN SILVER™** technology



Why wait for a wound to get worse?

With AQUACEL® Ag Advantage dressing you have the power to target bioburden, infection and exudate and win the battle to advance healing.



Product Code	Size in.	Size cm	Dressing per box
AQUACEL® Ag Advantage			
422297	2" x 2"	5cm x 5cm	10
422299	4" x 5"	10cm x 12cm	10
422298	6" x 6"	15cm x 15cm	5
422302	8" x 12"	20cm x 30cm	5
AQUACEL® Ag Advantage Ribbon			
422301	.39" x 18"	1cm x 45cm	5
422300	.75" x 18"	2cm x 45cm	5

Perfect Partners

AQUACEL® Foam dressing is suitable for a wide range of acute and chronic wounds. It is the only foam dressing designed to work with AQUACEL® Ag Advantage dressing to achieve optimal performance.



Product Code	Size in.	Size cm	Dressing per box
AQUACEL® Foam Adhesive			
420804	3.2" x 3.2"	8cm x 8cm	10
421149	3" x 5"	8cm x 13cm	10
420680	4" x 4"	10cm x 10cm	10
421151	4" x 8"	10cm x 20cm	10
421153	4" x 10"	10cm x 25cm	10
421155	4" x 12"	10cm x 30cm	10
420619	5" x 5"	12.5cm x 12.5cm	10
422350	6" x 6"	15cm x 15cm	10
420621	7" x 7"	17.5cm x 17.5cm	10
420625	8" x 5.5"	19.8cm x 14cm Heel	5
420626	8" x 7"	20cm x 16.9cm Sacral	5
420828	9.4" x 8.4"	24cm x 21.5cm Sacral	5
AQUACEL® Foam Non-adhesive			
420633	4" x 4"	10cm x 10cm	10
420635	6" x 6"	15cm x 15cm	5
420637	6" x 8"	15cm x 20cm	5



To find out more, visit convatec.com or call 1-800-422-8811

1. Sen CK, Gordillo GM, Roy S, et al. Human skin wounds: a major and snowballing threat to public health and the economy. *Wound Repair and Regeneration*. 2009;17(6):763-771. 2. Ortman JM, Velko VA, Hogan H. An Aging Nation: The Older Population in the United States. U.S. Department of Commerce, 2014 [Available from: <https://www.census.gov/prod/2014pubs/p25-1140.pdf> (accessed 16 January 2018)]. 3. Rosenthal RJ, Morton J, Brethauer S, Mattar S, De Maria E, Benz JK, et al. Obesity in America. *Surg Obes Relat Dis*. 2017;13(10):1643-50. 4. Nussbaum S, Carter M, Fife C, et al. An economic evaluation of the impact, cost, and Medicare policy implications of chronic nonhealing wounds. *Value Health*. 2018; 21: 27-32. 5. Chan B, Cadarette S, Wodchis W, Wong J, Mittmann N, Kran M. Cost-of-illness studies in chronic ulcers: A systemic review. *J Wound Care* (2017) 1:26 (sup4): S4-S14. 6. Centers for Disease Control and Prevention. Antibiotic resistance threats in the United States, 2013. <http://www.cdc.gov/drugresistance/threat-report-2013/>. 7. Phillips T. Chronic cutaneous ulcers: Etiology and epidemiology. *J Invest Dermatol*. 1994; 102: 38S-41S. 8. Wolcott RD, Rumbaugh KP, James G, Schultz G, Phillips P, Yang O, et al. 2010. Biofilm maturity studies indicate sharp debridement opens a time dependent therapeutic window. *J Wound Care*; 19: 320- 328. 9. Wolcott RD, Kennedy JP, Dowd SE. 2009. Regular debridement is the main tool for maintaining a healthy wound bed in most chronic. *J Wound Care*; 18: 54-56. 10. Percival SL, Bowler PG. 2004. Biofilms and their potential role in wound healing. *WOUNDS*, 16: 234-240. 11. Gurjalia AN et al. Development of a novel, highly quantitative in vivo model for the study of biofilm-impaired cutaneous wound healing. *Wound Rep Reg* (2011) 19: 400-410. 12. Leaper D, Ossadian O, Edmiston CE. Approach to chronic wound infections. *Brit J Dermatol*. 2015; DOI:10.1111/bjd.13677. 13. Stevens D, Bisno A, Chambers H, et al. Practice guidelines for the diagnosis and management of skin and soft tissue infections: 2014 update by the Infectious Diseases Society of America. *Clin Infect Dis*. 2014; 59: 147-59. 14. Wolcott R, Sanford N, Gabrilka R et al. Microbiota is a primary cause of pathogenesis of chronic wounds. *J Wound Care WUWHS Suppl* 2016;25(10): 15. Bowler PG. Antibiotic resistance and biofilm tolerance: a combined threat in the treatment of chronic infections. *J. Wound Care* 2018, 22(7) 273-277. 16. World Union of Wound Healing Societies (WUWHS). Principles of best practice: wound exudate and the role of dressings. A consensus document. London: MEP Ltd; 2007. 17. Bishop SM, Walker M, Rogers AA, Chen WJ. Importance of moisture balance at the wound dressing interface. *J Wound Care*. 2003; 12(4):125-128. 18. Hurlow J, Bowler PG. Potential implications of biofilm in chronic wounds: a case series. *J Wound Care* 2012; 21:38-49. 19. Lenselink E, Andriessen A. A cohort study on the efficacy of a polyhexanide-containing bioadhesive dressing in the treatment of biofilms in wounds. *J Wound Care* 2011; 20:534-539. 20. Bowler PG, Parsons, D. Combating wound biofilm and recalcitrance with a novel anti-biofilm Hydrofiber® wound dressing. *Wound Medicine* 14 (2016) 6-11. 21. Composition comprising antimicrobial metal ions and a quaternary cationic surfactant WO12136968-Parsons World patent application-11th October 2012. 22. Antimicrobial activity and prevention of biofilm reformation by AQUACEL® Ag+ Extra™ dressing. Scientific Background Report. WHRI3857 MA236, 2013, Data on file, ConvaTec Inc. 23. Antimicrobial activity against CA-MRSA and prevention of biofilm reformation by AQUACEL® Ag+ Extra™ dressing. Scientific Background Report. WHRI3875 MA239, 2013, Data on file, ConvaTec Inc. 24. Bowler PG, Welsby S, Towers V, Booth V, Hogarth A, Rowlands W, Joseph A, et al. 2012. Multidrug-resistant organisms, wounds and topical antimicrobial protection. *Int Wound J*. 9: 387-396. 25. Banin E, Brady K.M. & Greenberg E.P. (2006). Chelator-Induced Dispersal and Killing of *Pseudomonas aeruginosa* Cells in Biofilm. *Appl. Environ. Microbiol*. 72: 2064-2069. 26. Chen X, Stewart PS, 2000. Biofilm removal caused by chemical treatments. *Wat. Res.*, 34: 4229-4233. 27. Seth AK, Zhong A, Nguyen KT, Hong T.S.J, Leung KP, Galiano RD, Mustoe TA. Impact of a novel, antimicrobial dressing on in vivo *Pseudomonas aeruginosa* wound biofilm: quantitative comparative analysis using a rabbit ear model. *Wound Repair Regen* 2014; 22: 712-719. DOI: 10.1111/wrr.12232. 28. Said J, Walker M, Parsons D, Stapleton P, Beezer AE, Gaisford S. An in vivo test of the efficacy of an anti-biofilm wound dressing. *Int J Pharmaceutics*. 2014; 474: 177-181. DOI: 10.1016/j.ijpharm.2014.08.034. 29. Sutherland IW. (2001) The biofilm matrix, an immobilized but dynamic microbial environment. *Trends in Microbiology*, 9(5), 222-227. 30. Flemming HC, et al. (2007) The "house of biofilm cells". *J. Bacterial*, 189 (22) 7945-7947. 31. Hobot JA, Walker M, Newman GN, Bowler PG. 2008. Effect of Hydro-fiber® wound dressings on bacterial ultrastructure. *J. Elect Micro*; 57: 67-75. 32. T. J. Beveridge, W. S. Fyfe. Metal fixation by bacterial cell walls. *Canadian Journal of Earth Sciences*, 1985, 22(12): 1893-1898, <https://doi.org/10.1139/e85-204>. 33. Barnea Y, Armir A, Leshem D, Zaretski A, Weiss J, Shafir R, et al. 2004. Clinical comparative study of AQUACEL® and paraffin gauze dressing for split-skin donor site treatment. *Ann Plast Surg*; 53: 132-136. 34. Kogan L, Moldavsky M, Szvalb S, Govrin-Yehudaini J. 2004. Comparative study of AQUACEL® and Silverlor treatment in burns. *Ann Burns Fire Disasters*; 17: 201-207. 35. Brunner U, Eberlein T. 2000. Experiences with hydrofibers in the moist treatment of chronic wounds, in particular of diabetic foot. *VASA*; 29:253-257. 36. Newman GR, Walker M, Hobot JA, Bowler PG. 2006. Visualization of bacterial sequestration and bacterial activity within hydrating Hydrofiber™ wound dressings. *Biomaterials*; 27:1129-1139. 37. Walker M, Hobot JA, Newman GR, Bowler PG. 2003. Scanning electron microscopic examination of bacterial immobilization in a carboxymethyl cellulose (AQUACEL®) and alginate dressing. *Biomaterials*; 24: 883-890. 38. Bowler PG, Jones SA, Davies BJ, Coyle E. 1999. Infection control properties of some wound dressings. *J. Wound Care*; 8: 499-502. 39. Walker M, Bowler PG, Cochrane CA. 2007. *In-vitro* studies to show sequestration of matrix metalloproteinases by silver-containing wound care products. *Ostomy/Wound Management*. 2007; 53: 18-25. 40. Walker M and Parsons D. 2010. Hydrofiber® Technology: its role in exudate management. *Wounds UK*; 6: 31-38. 41. Parsons D, Bowler PG, Myles V, Jones SA. 2005. Silver antimicrobial dressings in wound management: A comparison of antibacterial, physical and chemical characteristics. *WOUNDS*; 17:222-232. 42. Jones SA, Bowler PG, Walker M. 2005. Antimicrobial activity of silver-containing dressings is influenced by dressing conformability with a wound surface. *WOUNDS*; 17: 263-270. 43. Bowler P, Jones S, Towers V, Booth R, Parsons D, Walker M. 2010. Dressing conformability and silver-containing wound dressings. *Wounds UK*; 6: 14-20. 44. Walker M, Jones S, Parsons D, Booth R, Cochrane C, Bowler P. 2011. Evaluation of low-adherent antimicrobial dressings. *Wounds UK*; 7: 32-45. 45. WHRI5860 MA322-*In-vitro* Antimicrobial Activity of AQUACEL® Ag+ Extra and AQUACEL Ag® Extra against Acticoat 7, Silvercel NA and Urgotul Ag -V1. ConvaTec Data on File. 46. Report: WHRI5954 MA325-*In-vitro* efficacy of AQUACEL Ag Advantage and silver-containing dressings in a mature mixed species biofilm model. 47. Metcalf DG, Parsons D, Bowler PG. Clinical safety and effectiveness evaluation of a new antimicrobial wound dressing designed to manage exudate, infection and biofilm. *Int Wound J* 2017; 14: 203-213.