DERMASCIENCES
A TISSUE REGENERATION COMPANY

WOUND & BURN DRESSING

MEDIHONEY®

with Active *Leptospermum* Honey

The most studied commercially available medical grade honey[3, 4, 18] offering versatility and effectiveness for managing challenging wounds and assisting the removal of necrotic tissue.

What is Active *Leptospermum* Honey (ALH)?

- The most studied species of medical grade honey for the management of wounds and burns
- It is derived from the pollen and nectar of a specific *Leptospermum* species of tea tree
- Its unique healing properties have been shown in a randomized controlled study to promote significantly faster healing when compared to conventional dressings[1]
- It maintains its ability to assist in autolytic debridement even in the presence of wound fluid

MEDIHONEY® – Superior sourcing, rigorous processing

- Controlled against a rigorous set of systems and standards, including regular and independent monitoring and auditing to guarantee quality and batch to batch consistency
- Sterilized by gamma irradiation, destroying any bacterial spores without loss of product effectiveness
- Comes from a traceable source and is free of pesticides and antibiotics

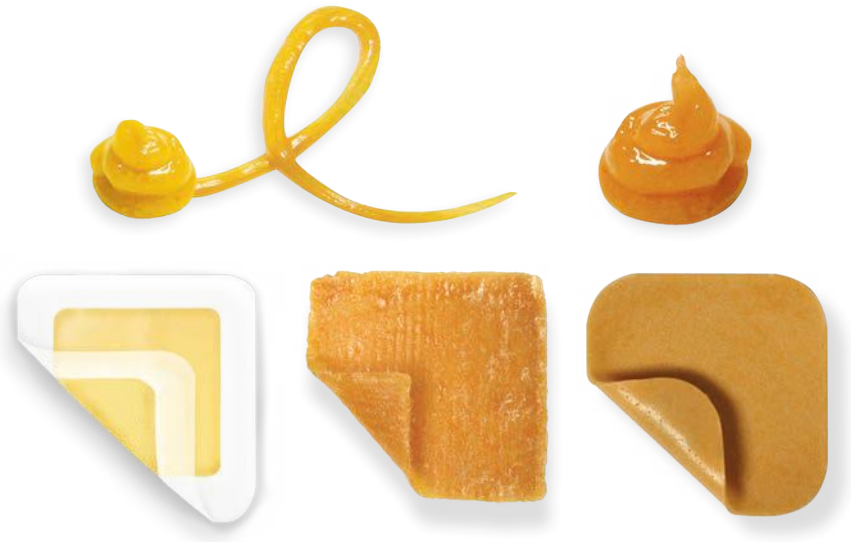
How MEDIHONEY® can help to promote healing

- Promotes a moisture-balanced environment conducive to optimal wound healing in multiple etiologies [1, 2, 7, 8, 9, 10, 11, 12, 13]
- Multiple Mechanisms of Action (MOAs) help to manage and gain control over the wound environment
- Supports autolytic debridement due to high osmotic potential [7, 10, 12]
- Can help to promote an increase in wound fluid, helping to liquefy necrotic tissue
- Helps to lower pH levels within the wound [5,6] (lowering the pH of a wound has been shown to have wound healing benefits [14])
- Is non-toxic, natural, and has a long history of safe use in the care of wounds and burns
- Easy to use, with the potential for extended application wear times

History and heritage helping to heal

MEDIHONEY®, with Active *Leptospermum* Honey, is helping to advance wound care

The use of honey for healing goes back thousands of years, to ancient Greece and Egypt. References to its healing abilities are found in the Smith Papyrus, in the writings of Hippocrates and Galen, and even in the Talmud. In recent years, a resurgence in the use of honey has driven research and clinical testing to understand the healing properties and effectiveness of honey in helping to heal wounds. As a result, clinicians worldwide are championing the use of this unique honey across a broad spectrum of applications.



WOUND & BURN DRESSING

MEDIHONEY®

with Active *Leptospermum* Honey

Helps to promote an optimal healing environment in routine and challenging wounds and assists in autolytic debridement [1, 2, 7, 8, 9, 10, 11, 12, 13]

Changing expectations and clinical outcomes in wound care

Dramatic changes have been seen in the field of advanced wound care within the last two decades. The new paradigm of moist wound healing has significantly improved outcomes and has helped clinicians make knowledge-based decisions affecting the healing process.

Derma Sciences is at the forefront of this ongoing search for advanced knowledge and innovation in wound care. MEDIHONEY® dressings, containing Active *Leptospermum* Honey (ALH), address the many factors that cause delayed healing, help to promote a moist wound environment conducive to healing, and aid in autolytic debridement.

Making an impact on challenging wounds

Wounds can be challenging to manage due to a multitude of co-morbid and cascading factors.[7] These factors include necrotic tissue, bacterial imbalance, recurring physical trauma, and altered levels/composition of wound exudates.

The overall goal for wound bed preparation is to remove factors that delay healing[7] and set goal-oriented strategies that can help you gain control over the wound environment to get the patient back on track towards healing. Appropriate goals such as maintaining the physiologic wound environment (e.g., debridement, cleansing, prevention/management of infection) and providing systemic support (e.g., edema reduction, nutrition, hydration) are foundational to the process.

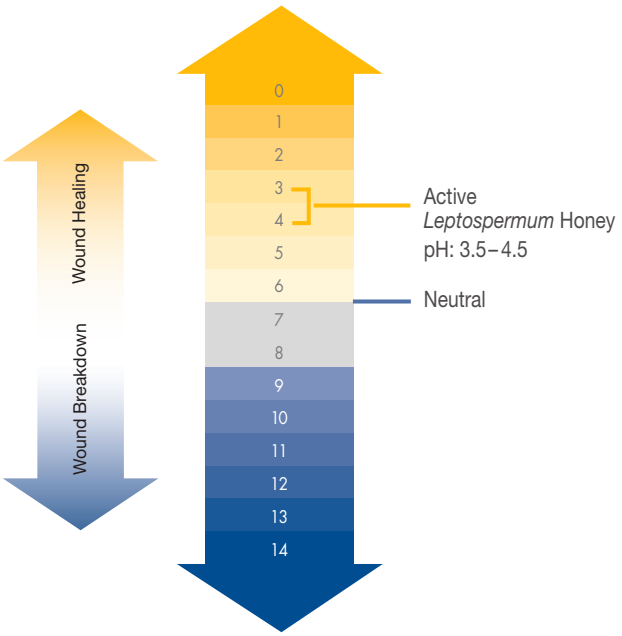
MEDIHONEY®'s high osmotic potential helps create a moist wound healing environment, which aids in autolytic debridement and removal of necrotic tissue. The low pH of MEDIHONEY® helps to lower the pH of the wound, [5,6] which has been shown to have wound healing benefits.[14]

Key Mechanisms of Action

High Osmolarity

MEDIHONEY®'s high osmotic potential draws additional fluid from the deeper tissue to the wound surface, aiding the body's natural processes to cleanse debris and necrotic tissue from the wound.[7]

Low pH Level



The low pH of MEDIHONEY® helps to lower the pH within the wound environment,[5,6] which has been shown to have wound healing benefits [14]

The Role of MEDIHONEY® in Debridement

Because no two wounds are alike, it is often difficult to identify exactly what is going wrong within the wound environment, causing it to be chronic or stalled. MEDIHONEY® offers two mechanisms of action that can help you approach your wound management plan from two perspectives – high osmotic potential and low pH.

1

AUTOLYTIC DEBRIDEMENT

During autolysis the body breaks down tissue or cells. A moist environment, created by Active *Leptospermum* Honey (ALH) dressings, aids the body's own process of moisturizing and re-hydrating, thus loosening and liquefying necrotic tissue.

2

HIGH OSMOTIC POTENTIAL

ALH creates an osmotic effect, which occurs when the high sugar content of honey facilitates movement of fluid from an area of higher concentration to an area of lower concentration. Additional fluid is drawn from the deeper tissue to the wound surface. The increased flow of fluid helps the body's natural processes to cleanse debris and necrotic or devitalized tissue from the wound.

3

REDUCTION IN pH

The failure of a chronic wound to heal has been correlated with alkaline pH levels.[15, 16] The surface pH of chronic wounds has been reported to range from 7.15 to 8.94.[15] ALH has a low pH of 3.5 – 4.5, which helps to reduce the pH of the wound environment. It contributes to the acidic environment that promotes healing. Lowering the pH also aids the body's natural processes for removal of necrotic tissue.[14]

Factors that Impact Wound Healing

CAUSES OF STALLING	MEDIHONEY® ACTION	RESULT
Non-viable/Necrotic Tissue	Osmotic activity	Aids in autolytic debridement[7, 10, 12] An increased flow of wound fluid helps to soften and liquefy necrotic material, while the body's own enzymes work to further break down the necrotic tissue.
High pH	pH modulation	Optimize conditions for wound healing[14] The use of ALH dressings has been shown to be associated with a statistically significant reduction in wound pH[5]. Lowering pH has been shown to have wound healing benefits.[14]

Clinical evidence demonstrates Active *Leptospermum*

ALH honey-impregnated dressings in the treatment of neuropathic diabetic foot ulcers

A 63 PATIENT RCT

AV Kamaratos, MD, KN Tzirogiannis, PhD, SA Iraklianou, MD, GI Panoutsopoulos, PhD, IE Kanellos, MD and AI Melidonis, PhD, from the Diabetes Center at Tzanio General Hospital in Greece, performed a prospective, randomized, double-blinded, controlled group study.[1]

INCLUSION CRITERIA

Patients with type II diabetes with Wagner classification Grade 1 and 2 lower limb neuropathic ulcers

PRIMARY OUTCOMES

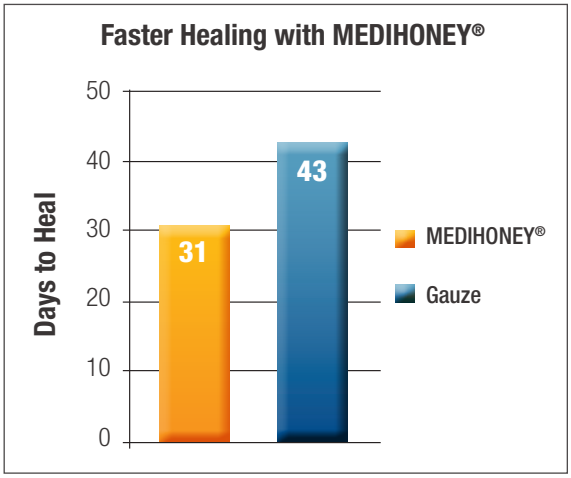
To investigate the effect of ALH impregnated dressings in the healing and microbiology of neuropathic diabetic foot ulcers over a 16 week period.

METHODS

- Patients were randomly entered into 2 groups – ALH (MEDIHONEY®) group and saline-moistened gauze control group.
- Bedside debridement was conducted upon initial visit and when judged clinically necessary thereafter.
- Dressing changes were performed daily and then with declining frequency as wound healing progressed.
- Swab cultures were taken from all patients after wound debridement of initial visit and then on a weekly basis.
- Off-loading of the affected limb was applied in all patients.

RESULTS

- Mean duration of healing time was 31 (± 4 days) in the ALH (MEDIHONEY®) group vs 43 days (± 3 days) in the control group. This was statistically significant at p=<0.05.
- None of the patients in the ALH (MEDIHONEY®) treated group required treatment with antibiotics while 9 (29%) in the control group required antibiotics, two of which were hospitalized for 28 days.



	MEDIHONEY® DRESSING GROUP	CONVENTIONAL DRESSING GROUP
Required antibiotics	0	9
Required hospitalization	0	4

Honey's effectiveness in helping wounds heal

Changes in pH of chronic wounds when ALH dressing is used.

17 PATIENT CASE STUDY AND POSTER PRESENTATION

Georgina Gethin, PhD, and Seamus Cowman, MSc, PhD, of the Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland, Dublin, Ireland, and Ronan M Conroy, DSc, Associate Professor of Biostatistics, Royal College of Surgeons in Ireland, Dublin, Ireland, conducted a prospective case study to analyze the changes in surface pH in chronic, non-healing wounds over a two week period when a MEDIHONEY® dressing was applied.[5]

SELECTION CRITERIA

- Prospective collection of data on 17 Patients with a total of 20 Wounds:
  - No reduction in wound size for prior 3 weeks
  - Venous, arterial, mixed, and pressure ulcers

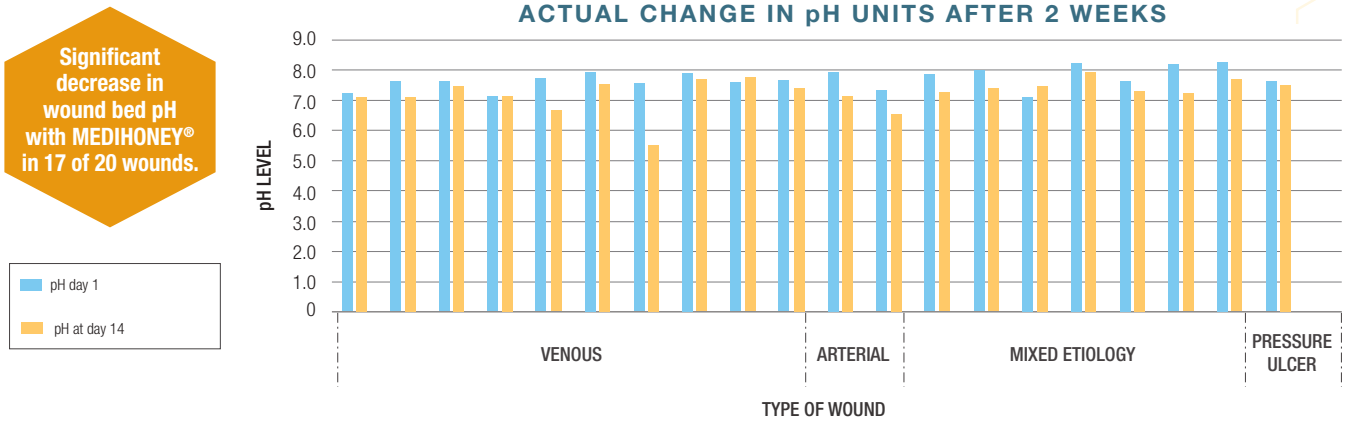
METHODS

- MEDIHONEY® Calcium Alginate applied for 2 weeks
- Recording of pH at start and end of two week period using surface electrode and R 315 pH meter set

RESULTS

- Statistically significant decrease in wound pH from the start to the end of the two week period (p=0.001). (Figure 1)
- Reduction in pH was associated with a reduction in wound size. Although this finding was not statistically significant (p=0.274) it is clinically compelling for continued research.
  - Multiple researchers have published on the link between pH and wound healing, suggesting that pH plays an important role.[14, 15, 16]
  - Roberts showed that wounds with a higher alkaline pH had lower rates of healing when compared with wounds with a pH closer to neutral.[16]

Figure 1.



Evidence shows MEDIHONEY® is effective on a

PATIENT CASE STUDY – PRESSURE ULCER

Nancy Chaiken, ANP-C, CWOCN,
Swedish Covenant Hospital, Chicago, IL

56 year-old female with Stage IV sacral pressure ulcer measuring 8.0 cm x 10.0 cm. Moderate amount of serosanguineous exudate. Peri-wound erythema and adherent, loose, necrotic slough tissue around wound base. Patient pain score 10/10.

WEEK 1 MEDIHONEY® was applied, covered with a calcium alginate absorbent cover dressing daily.

WEEK 9 Minimal sharp debridement was performed as needed. Continued application of MEDIHONEY® covered with an absorbent calcium alginate dressing. Wound measures 6.0 cm x 8.0 cm x 1.0 cm. Healthy granulation tissue apparent with small amount of fascia exposed. Patient's self-report of pain scores was gradually improving.

WEEK 16 Complete healing was achieved.

PATIENT CASE STUDY – VENOUS LEG ULCER

Jennifer A. Gardner PT, DPT, MHA, CWS and Tara Murphy RN, BSN,
Underwood-Memorial Hospital, Woodbury, NJ

88 year-old female with traumatic wound on anterior lower leg complicated by venous insufficiency. Patient had multiple co-morbidities including cancer and was concurrently undergoing radiation treatment. MEDIHONEY® Gel was initiated in combination with elastic tubular bandage and the wound came to full closure in a two week time period.

DAY 1 2.5 cm x 2.5 cm

WEEK 1 Closed

WEEK 2 Follow up visit, wound remained closed.

variety of etiologies

PATIENT CASE STUDY – DIABETIC FOOT ULCERS



Steven J. Kavros, DPM,
Gondavascular Wound Healing Center, Mayo Clinic, Rochester. MN

68 year-old male with diabetes, peripheral neuropathy, ESRD and CCLI. Wound located on the plantar aspect of the forefoot without bone exposure. Dense fibrin tissue, slough and limited granulation tissue were initially present. Weekly debridement and additional adjunctive therapies continued in the patient's wound care protocol.

DAY 1 MEDIHONEY® Calcium Alginate dressing was applied and changed every other day.

WEEK 4 Patient responded well with dressing changes every other day. Wound reduced in volume by 25%.

WEEK 8 Wound reduced in volume by 85%.

PATIENT CASE STUDY – RHEUMATOID ARTHRITIS



Nancy Chaiken, ANP-C, CWOCN
Swedish Covenant Hospital, Chicago, IL

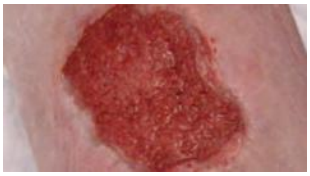
53 year-old male with history of RA, morbid obesity, myocardial injury, Hepatitis C and newly diagnosed esophageal cancer. MRSA positive foot wound of 2½ year duration. 8.0 cm x 8.0 cm x 1.0 cm full thickness wound. Large amounts of serious exudate, necrotic slough tissue, peri-wound erythema and pain.

WEEK 1 MEDIHONEY® was applied, covered with an absorbent calcium alginate dressing and secured with a conforming gauze bandage daily.

WEEK 4 Continued application of MEDIHONEY® covered with an absorbent calcium alginate dressing and secured with conforming gauze. 7.0 cm x 7.0 cm x 1.0 cm wound measurement. Decreased exudate, necrotic slough, and peri-wound erythema. Increased granulation tissue. Decreased pain.

MONTH 4 Complete healing achieved despite continual chemotherapy for esophageal cancer.

PATIENT CASE STUDY – AT-RISK LIMBS


Paul Liguori, MD & Kim Peters, RN, CWS
Whittier Rehabilitation Hospital, Bradford, MA

72 year-old diabetic, neuropathic female. Reddened area on the dorsal surface of the foot. Diagnosed with cellulitis. Wound bed covered with thick slough. Peri-wound edema, erythema and warmth.

WEEK 1 MEDIHONEY® Calcium Alginate dressings were initiated with an absorbent cover dressing changed daily.

WEEK 4 Frequency of MEDIHONEY® Calcium Alginate reduced to 1x daily. Wound bed clean and undermining is present. NPWT initiated to enhance growth of granulation.

MONTH 3 Total healing time with multi-disciplinary, advanced modality approach. At-risk limb achieved optimal outcome – total wound closure.

PATIENT CASE STUDY – IV INFILTRATE WOUND



Roxana Reyna RNC, WWC
Driscoll Children's Hospital, Corpus Christi, TX

A 4 week-old male with a history of failure to thrive, IV infiltrate and cellulitis to the left foot, which had been treated for 7 days with antibiotic ointment and covered with non-stick gauze BID. Upon beginning of MEDIHONEY® treatment, dressings were changed every 3 days until discharge, then every 5 days until closed.

DAY 1 Initial assessment

DAY 3 24 hrs. after MEDIHONEY® paste applied

MONTH 2 Wound closed

PATIENT CASE STUDY – POST SURGICAL WOUND IN PATIENT UNDERGOING RADIATION



Scott Moore, NREMT-P, RN. Certified ACLS, PALS,
BLS ONS Chemotherapy and Biotherapy
Edmund Oncology Center, Edmond, OK

Rapidly growing SCC of the right post-auricular area. Excessive malodor and exudate present. Patient under going radiation therapy (IMRT).

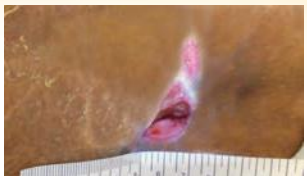
WEEK 1 Absorbent cover dressing initiated.

WEEK 3 MEDIHONEY® Calcium Alginate initiated.

WEEK 4 MEDIHONEY® Calcium Alginate dressings with super absorbent cover initiated. IMRT resulted in necrotic tissue sloughing. Excess exudate managed with frequent cover dressing changes (1-2 x daily). Malodor was eradicated.

WEEK 8 Complete wound closure with minimal scar tissue.

PATIENT CASE STUDY – STAGE IV PRESSURE ULCER



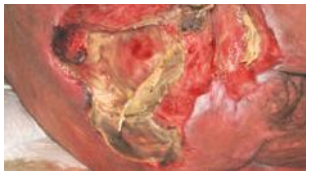
Aaron Wodash RN, WCC
Augustana Care Center, Minneapolis, Minnesota

79 year-old female with stage IV pressure ulcer at left ischial tuberosity. Enzymatic debrider and NPWT were utilized, but wound healing was not progressing. MEDIHONEY® Calcium Alginate dressings were initiated 3/7. The wound came to closure in less than 9 weeks.

WEEK 1 4.0 cm x 2.0 cm

MONTH 2 Closed

PATIENT CASE STUDY – SACRAL PRESSURE ULCER



Cecilia Gray, RN, MSN, CNS, CWON, and Fatima Ishii, RN, BS, CWON
Los Angeles County and University of Southern California Medical Center
Los Angeles, CA

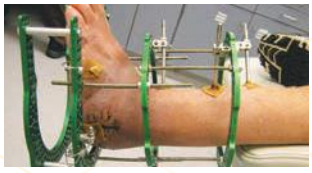
A 51 year-old male paraplegic with chronic sacral and ischial pressure ulcers previously treated with surgical muscle flaps. History of osteomyelitis, receiving long-term antibiotics.

DAY 1 Sacral pressure ulcer 10 cm x 12 cm x 5 cm

WEEK 4 After 16 days of MEDIHONEY® treatment wound measured 7 cm x 12 cm x 4 cm

MONTH 2 Readmitted with right ischial ulcer 10 cm x 8 cm x 1 cm in addition to previously treated sacrum, 7 cm x 12 cm x 4 cm. MEDIHONEY® re-started to both areas. 37 days after restarting MEDIHONEY®. Sacrum (superior) with 100% beefy red hypergranulation tissue; right ischium (inferior) with beefy red 80% hypergranulation tissue and 20% adherent yellow slough.

PATIENT CASE STUDY – POST SURGICAL WOUNDS AT PIN SITES



Michael S. Kerzner, DPM, Dept. of Orthopedic Surgery,
Duke University Medical Center, Durham, NC.

A single center case series to investigate the safety and efficacy of *Leptospermum* honeycolloids (MEDIHONEY®) for use in pin site care after open reduction external fixation (OREF) of DM Charcot patients undergoing reconstruction. Historically this care has consisted of once or twice daily saline and peroxide cleanses with dry gauze dressing. Authors felt that MEDIHONEY® could be a useful product to have for pin site care after OREF as it may allow for adequate absorption, less frequent dressing changes, and has a good safety profile.

RESULTS Five patients undergoing OREF for DM Charcot reconstruction had MEDIHONEY® applied to pin and wire sites intraoperatively and then changed once weekly following a cleanse with peroxide for up to 8 weeks. This treatment protocol reduced the frequency of care from twice daily to once weekly over 8 weeks with no severe adverse events. Weekly application of MEDIHONEY® may be considered a safe, low-cost, less cumbersome dressing for use in this patient population to minimize dressing changes without adverse event.

Dressings that can be used from the start of the wound through to closure can help make wound management easier[8, 10]

MEDIHONEY®, with Active *Leptospermum* Honey, (ALH) is the global leading medical-grade honey-based product line for the management of wounds and burns. Derived from the *Leptospermum* species of tea tree, these unique dressings have properties that can be beneficial throughout all phases of the wound healing.

Due to its multiple mechanisms of action, MEDIHONEY® has become a first-line choice among many clinicians to help in the management of chronic and stalled wounds and to assist in safe and effective removal of necrotic tissue.

MEDIHONEY® Gel

(Active Leptospermum Honey content - 80%)

- 80% Active *Leptospermum* Honey and 20% Natural gelling agents.
- Provides increased stability at the site of the wound due to its natural gelling agents.

Usage suggestions:

- This natural and non-toxic honey dressing can be used safely on superficial to full thickness wounds

MEDIHONEY® Paste

(Active Leptospermum Honey content - 100%)

- For use in hard-to-dress wounds and other wounds that would normally require a gel or paste

Usage suggestions:

- This all natural and non-toxic honey dressing can be used safely in tunneled wounds or wounds with undermining
- An optional accessory applicator tip comes in each box, to help facilitate application into tough-to-reach areas

MEDIHONEY® HCS

(Leptospermum Honey content - 63%)

- Combines the benefits of *Leptospermum* Honey with the handling capability of Super Absorbent Polymer (SAP) technology
- Absorbs 2.5x the amount of fluid of leading hydrocolloids[17]
- Is cooling and soothing upon application
- Two versions: Adhesive and Non-adhesive
- Both versions absorb light to moderate amounts of exudate

Usage suggestions:

- For dry to moderately exuding superficial to partial thickness wounds

MEDIHONEY® Calcium Alginate

(Active Leptospermum Honey content - 95%)

- Honey impregnated into a calcium alginate dressing
- As wound fluid enters the dressing, the honey is released while the dressing absorbs and forms a gel

Usage suggestions:

- Used in the same fashion as a typical calcium alginate or other gelling fiber dressing

MEDIHONEY® Honeycolloid™

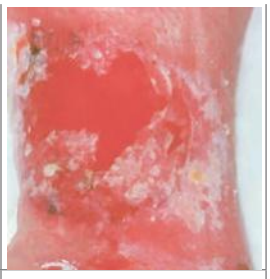
(Active Leptospermum Honey content - 80%)

- Two versions: Adhesive and Non-adhesive
- The adhesive version is occlusive like a traditional hydrocolloid, having a thin film backing and adhesive border
- The Non-adhesive version is not occlusive, and requires a secondary dressing to hold in place
- Both versions absorb light to moderate amounts of exudates
- The honeycolloid pad will form a gel as it warms up with body temperature and as it comes into contact with wound fluid

Usage suggestions:

- For lightly to moderately exuding superficial to partial thickness wounds
- The non-adhesive version can be used similarly to an alginate or a hydrocolloid paste to either cover or fill a partial-to-full thickness wound

MEDIHONEY® Dressing Selection Guide for Superficial, Partial and Full Thickness Wounds

						
TYPE OF WOUND	Eschar		Sloughy		Granulating	Epithelializing
OBJECTIVE	Debride		Remove Slough		Promote Granulation	Maintain Moist Environment
EXUDATE	Dry to Light	Moderate	Light to Moderate	Heavy	Light to Moderate	Dry to Light
MEDIHONEY® DRESSING (Primary Dressing)	Gel Paste HCS	Calcium Alginate	Gel Paste Honeycolloid HCS	Calcium Alginate	Gel HCS Honeycolloid	HCS
XTRASORB® DRESSING (Secondary Dressing)	Foam HCS	Classic	Foam HCS Classic	Classic	Foam HCS	N/A
BIOGUARD® DRESSING (Tertiary Dressing)	Conforming Bandage or Gauze Wrap	Conforming Bandage or Gauze Wrap	Conforming Bandage	Conforming Bandage or Gauze Wrap	Conforming Bandage	Conforming Bandage

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A Guideline for Care – MEDIHONEY® Dressing Application and Removal

- Wash hands thoroughly
- Apply gloves
- Assess the wound. Look for signs of healing. Also look for any signs of increased redness, pain, swelling, or heat within or around the wound*
- Cleanse the wound and skin around the wound with sterile saline, sterile water, or other safe wound cleansers
- Dry the skin around the wound by patting gently with gauze
- Protect the skin around the wound to avoid maceration. Apply a skin protectant barrier wipe or barrier ointment. (An initial increase in exudates may occur as a result of the highly osmotic effect of MEDIHONEY®)
- Choose a MEDIHONEY® dressing that is appropriate for the amount of drainage. (MEDIHONEY® Paste or MEDIHONEY® Gel for light to moderate exudates, wounds that are hard to dress, or those that require a wound gel or paste; MEDIHONEY® HCS for dry to moderate exudates that are superficial to partial thickness wounds; MEDIHONEY® Calcium Alginate dressing for moderate to heavy exudates; MEDIHONEY® Honeycolloid dressing for light to moderate exudates)
- Apply the appropriate MEDIHONEY® dressing to fit the wound. The MEDIHONEY® Calcium Alginate and Non-adhesive HCS or Honeycolloid can be cut to fit within the wound edges.
- Apply an absorbent cover dressing (XTRASORB® super absorbent dressings are recommended due to the highly osmotic effect of MEDIHONEY®)
- Dressing change: Remove the dressing gently. If the dressing is difficult to remove, moisten with saline or water. Discard the old dressing in a disposal bag.

** The healthcare provider should be notified if the wound worsens. Report increased redness, pain, swelling, or heat on or around the wound.*

CONTRAINDICATIONS

Do not use MEDIHONEY®:

- On third degree burns
- With patients that have a known sensitivity to honey or any other component parts specific to each dressing (please see package insert for more information).
- To control heavy bleeding

PRECAUTIONS

- If the dressing is not easily removed, soak with sterile saline or water until it is removed without difficulty.
- Due to the dressing's low pH, some patients may notice a slight transient stinging. If stinging does not stop or persists and cannot be managed with an analgesic, remove dressing, cleanse area, and discontinue the use of MEDIHONEY® dressing.
- During initial use of the dressing (depending on wound exudate levels, interstitial fluid, and edema surrounding the wound), the dressings high osmotic potential may contribute to increased exudate, which could lead to maceration if the excess moisture is not managed appropriately. Manage additional moisture by adding an absorptive cover dressing and/or adjusting the frequency of dressing change. Protect the peri-wound skin by applying a skin barrier protectant to the surrounding skin.
- During the healing process it is common for non-viable tissue to be removed from the wound resulting in an initial increase in wound size. Although an initial increase in wound size may be attributed to the normal removal of non-viable tissue, consult a healthcare professional if the wound continues to grow larger after the first few dressing changes.

MEDIHONEY® Ordering Information

Order Code	Description	Packaging unit/Case	HCPCS*
Gel			
31805	0.5 oz tube	10/box, 4 boxes/case	A4649
31815	1.5 oz tube	1/box, 12 boxes/case	A4649
HCS			
Non-adhesive			
31622	2.4" x 2.4"	10/box, 5 boxes/case	A4649
31644	4.33" x 4.33"	10/box, 5 boxes/case	A4649
31688	8" x 8"	5/box, 4 boxes/case	N/A
31612	8" x 12"	2/box, 5 boxes/case	N/A
Fenestrated - Non-adhesive			
31618	1.8" x 1.8"	10/box, 5 boxes/case	A4649
Adhesive			
31722	2.8" x 2.8" (4.3" x 4.3" with adhesive border)	10/box, 5 boxes/case	A4649
31744	4 ½" x 4 ½" (6" x 6" with adhesive border)	10/box, 5 boxes/case	A4649
Calcium Alginate			
31012	¾" x 12"	5/box, 4 boxes/case	A4649
31022	2" x 2"	10/box, 10 boxes/case	A4649
31045	4" x 5"	10/box, 5 boxes/case	A4649
Honeycolloid™			
Non-adhesive			
31222	2" x 2"	10/box, 10 boxes/case	A4649
31245	4" x 5"	10/box, 5 boxes/case	A4649
Adhesive			
31422	2" x 2" (3 ½" x 3 ½" with adhesive border)	10/box, 10 boxes/case	A4649
31445	4 ½" x 4 ½" (6" x 6" with adhesive border)	10/box, 5 boxes/case	A4649
Paste			
31505	0.5 oz tube	10/box, 4 boxes/case	A4649
31515	1.5 oz tube	1/box, 12 boxes/case	A4649
31535	3.5 oz tube	1/box, 12 boxes/case	A4649

*Refer to www.dmepdac.com for the most current HCPCS coding of MEDIHONEY® surgical dressings.

Pair MEDIHONEY® with our super absorbent cover dressing, XTRASORB®. It's osmotic gradient pulls exudate to the back of the dressing and converts it into a gel, locking it away - even under compression!

SUPER ABSORBENT DRESSING XTRASORB® *HCS*

SUPER ABSORBENT DRESSING XTRASORB® *Foam*

SUPER ABSORBENT DRESSING XTRASORB® *Classic*

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