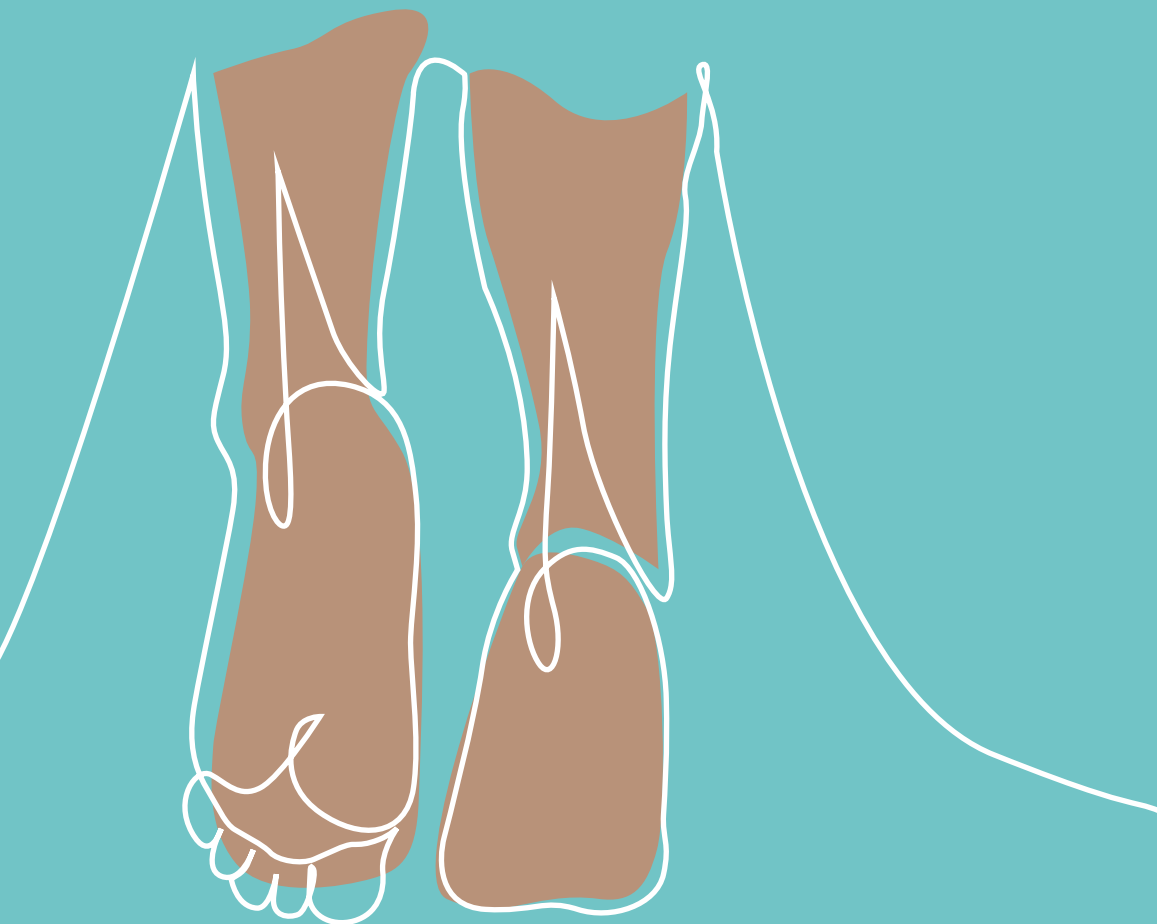


Activate Diabetic Foot Ulcer Healing with **MaxioCel**[®]

Results of a Twenty Patient Study

Conducted from a Multi Disciplinary Diabetic Foot Clinic
in London.



The **proven benefits** of MaxioCel in Diabetic Foot Ulcer Healing

Diabetic foot ulcers are complex wounds requiring advanced care to prevent infection, amputation, and prolonged healing times.

In a twenty patient study MaxioCel, a conformable chitosan gelling fibre dressing, has been clinically proven to support rapid healing.¹

Study Details

20
patients

4
weeks



**MDT Diabetic
Foot Clinic**

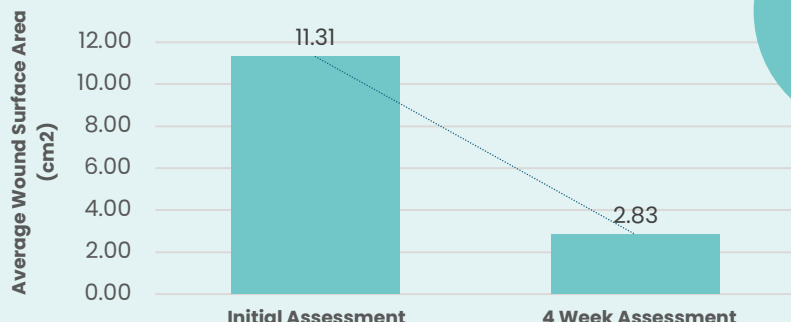
Queen Elizabeth
Hopsital, London

Results Across Twenty Patients

- Average wound duration at initial presentation was 18.4 weeks.¹
- MaxioCel facilitated **autolytic debridement**, leading to a 25% reduction in slough and elimination of necrotic tissue.¹
- As MaxioCel attracted growth factors and protected granulation tissue, wounds progressed toward healing with a **75% average wound size reduction** in 4 weeks.¹ (Fig 1)

Fig 1

Average Wound Surface Area Change From Initial Assessment to 4 Week Assessment



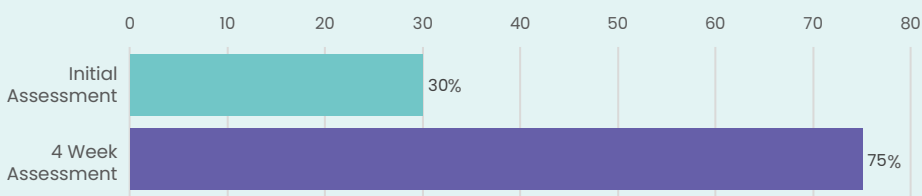
75%
reduction
in average
wound size

- MaxioCel's electrostatic charge promoted haemostasis, **controlling post sharp-debridement bleeding**.¹

Effective exudate management: **preventing peri-wound maceration**, leading to a 45% increase in healthy peri-wound skin.¹ (Fig 2)

Fig 2

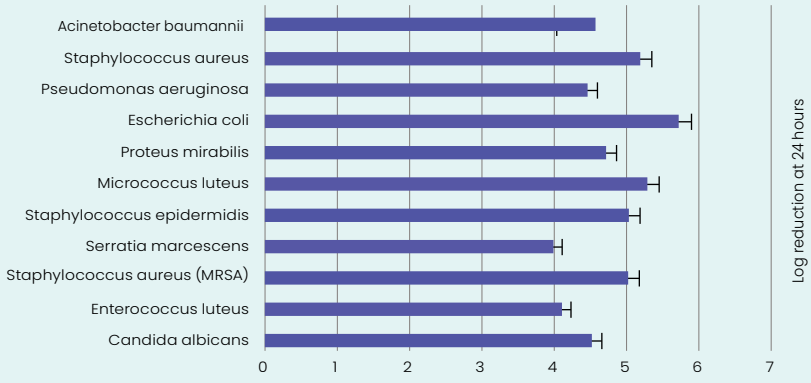
Average percentage of healthy periwound skin, from Initial Assessment to 4 Week Assessment



Antimicrobial & anti-biofilm action: MaxioCel's positively charged chitosan fibres attract, disrupt and kill bacteria within the dressing, reducing bacterial load.^{2, 3} (Fig 3)

Attract, Disrupt and Kill Bacteria

Fig 3



References: (1) Gilbert, A Twenty Patient Evaluation of a 100% Chitosan Dressing in the Treatment of Diabetic Foot Ulcers, E-Poster Wounds UK 202 (2) CD Medical, Data on file. (3) Dai T, Tanaka M, Huang YV, Hamblin MR. Chitosan preparations for wounds and burns: antimicrobial and wound-healing effects. Expert review of anti-infective therapy. 2011 Jul 1;9(7):857-79.

Case Study: Trevor

Trevor, a 68-year-old mechanic, with a history of type 2 diabetes, retinopathy, and neuropathy presented in clinic. Due to neuropathy, a glass fragment in his foot had initially gone unnoticed, resulting in ulceration.

At initial presentation in clinic, the wound measured 5cm x 2.5cm x 0.3cm, with tendon exposure following debridement and amputation of the 5th toe.

With the introduction of MaxioCel, exudate was effectively managed and wound healing was facilitated. Within 4 weeks, the wound had reduced in size by 72%, with complete closure achieved by week 12.



Case Study: Barry

Barry, a 50-year-old male, was away with work when he presented to A&E with a gangrenous left foot. Barry underwent amputation of the toe, before travelling home.

At presentation in clinic post-operation, the wound measured 12cm x 5cm x 1cm, and tendon was visible in the wound bed.

MaxioCel was commenced and over a 4 week period an 87% reduction in wound size was seen. Wound closure was achieved in 8 weeks.

MaxioCel managed exudate well and protected granulation tissue.

Ease of removal and application allowed for shared care with nursing teams in the community.



“MaxioCel’s **acceleration of the healing process** was vital for this patient group, for whom delayed healing risks infection and amputation.

As DFU’s are known to trigger emotional distress, the benefits of timely healing extended beyond the clinical, having a **positive impact** on patients' general well-being and mental health.”

Kathryn Gilbert Specialist Podiatrist, Guy’s and St Thomas’ NHS Foundation Trust

