We have intensively tested in our long-term care home. For palliative wound care situations, we typically use due to the following reasons:

- Enables a very simple dressing change. We therefore gain valuable time that we can use to better support the patient.
- Enables a pain-free dressing change. Reducing pain as much as possible is our highest priority when we are confronted with a palliative wound care situation.
- The introduction of led to a cost reduction based on daily treatment costs of 19%, which is a significant amount for a nursing home.

Karin Eggenberger
Wound expert
Long-term care home
Biel, Switzerland

PRODUCT INFORMATION

PRODUCT NAME
PRIMARY WOUND DRESSING

CE MARK
EU Medical Device Directive 93/42/EEC. Medical Device Class IIb – CE 0344

INGREDIENTS
Neem oil (Oleum Azadirachtae), St. John’s wort oil (Oleum Hyperici), propane, butane

INDICATION
Acute and chronic wounds

CONTRAINDICATION
Should not be used if in the past the patient has shown allergic reactions to any of the listed ingredients.

STABILITY
The spray can be used until the expiry date.

PACKAGING OPTION
Spray, 17ml volume (on avg. 30 applications)
Spray, 10ml volume (on avg. 20 applications)

PALLIATIVE WOUND CARE

Priority is given to „quality of life“ rather than „wound closure“. Effort and benefit of the treatment must be individually tailored to the patient. Important aspects are:

- Spending enough time with patient and ongoing evaluation of treatment options
- Involve relatives
- Adjusted pain therapy
- Management of oedema and wound-related odours

Possible dressing change with:
- Use pain medication if necessary
- Rinse wound with clean water, saline solution or an antiseptic if necessary
- Spray generously onto the wound/affect ed skin area
- Cover treated area with a non-woven gauze or another suitable secondary dressing adjusted to the specific need.

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PRODUCER
Phytoceuticals AG
CH-8134 Adliswil
www.phytoceuticals.ch

www.wound.ch
**PRIMARY WOUND DRESSING**

**IS AN INNOVATIVE WOUND HEALING PRODUCT, FORMULATED FROM A SYNERGISTICALLY ACTING COMBINATION OF NEEM OIL AND ST. JOHN’S WORT OIL.**

**ENABLES A SIMPLE AND PAINLESS NON-TOUCH TREATMENT OF ACUTE AND CHRONIC WOUNDS.**

**ENABLES THE TREATMENT OF THE WOUND BED, THE WOUND EDGE AND THE PERIWOUND SKIN IN ALL WOUND HEALING STAGES. THE CLINICAL AND COST-EFFECTIVENESS ARE PROVEN.**

**IS A WOUND HEALING PRODUCT FOR CHILDREN AND ADULTS.**

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### MODE OF ACTION

- **MOIST WOUND ENVIRONMENT**
  - The oil film creates a moist wound environment, thus promoting cell proliferation and activating physiological wound healing.

- **ANTIMICROBIAL EFFECT**
  - Fatty acids in the oil film enable an antimicrobial effect without cytotoxic side effects that may inhibit wound healing.

- **PROTECTION AND REGENERATION OF PERIWOUND SKIN**
  - The oil film and its fatty acids protect the periwound skin from maceration and promote the regeneration of the epidermis.

- **PAINLESS DRESSING CHANGE**
  - The oil film prevents the secondary dressing from adhering to the wound and periwound skin, thus enabling an attraumatic and painless dressing change.

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### PRACTICAL NOTES:

- In case the secondary dressing adheres to the wound, ensure that enough oil is applied onto the wound (see recommendation below) and/or adjust the secondary dressing to a dressing with a lower absorption rate.

- Treated area: 3 cm x 3 cm: At least 4 spray puffs
  - 6 cm x 6 cm: At least 15 spray puffs

- If the wound edge becomes red, be aware that this is a normal reaction during the inflammation phase, which is part of physiological wound healing, activated by the oil. The inflammation phase normally lasts 3 days.

- A typical reaction of the body during the inflammation phase is to generate more exudate. If necessary, adjust the secondary dressing to being able to absorb the amount of exudate. Do not stop using oil.

- Do not stop using oil when a scab is formed, as the oil and its fatty acids penetrate through the scab and will support the healing process from below the scab.

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**CURATIVE WOUND CARE**

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### DIAGNOSIS

**Optimise for wound cleansing, debridement and microbiological control:**

- a. Wound cleansing with water or saline solution. As soon as a vital granulation is visible, wound cleansing may be omitted.
- b. Debridement
- c. Antiseptic treatment in special situations

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### TREATMENT UP TO WOUND CLOSURE (dry, moist or wet wound condition)

**Local wound therapy:**

1. **Apply two layers of oil on wound bed, wound edge and periwound skin.**
2. **Cover wound with a non-woven gauze or absorber adjusted to wound exudate.**
3. **Compression/pressure relief if indicated.**

**Daily repackaging of oil is recommended.**

**If the wound does NOT improve within 4 weeks of treatment:**

1. **Wound assessment by wound expert.**
2. **Verification of diagnosis, further investigations.**
3. **Options for further treatment:**
   - Treatment of the underlying cause
   - Continuation of local wound therapy
   - Alternative local wound therapy

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### PRACTICAL NOTES:

- **If the edge of the wound becomes red, be aware that this is a normal reaction during the inflammation phase.**

- **If necessary, adjust the secondary dressing to being able to absorb the amount of exudate. Do not stop using oil.**

- **Do not stop using oil when a scab is formed, as the oil and its fatty acids penetrate through the scab and will support the healing process from below the scab.**

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### OPTIONS FOR WOUND CLEANSING, DEBRIDEMENT AND MICROBIOLOGICAL CONTROL:

- **a.** Wound cleansing with water or saline solution. As soon as a vital granulation is visible, wound cleansing may be omitted.

- **b.** Debridement

- **c.** Antiseptic treatment in special situations

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**DR. WERNER HERZIG**

MD, Chief Surgeon, Schwyz Hospital, Switzerland

"We consecutively treated 174 patients within a 12 month period, thereby laying the focus on the causal therapy and using for the topical treatment of the wounds. Our study led to following main result:"

- Clearly focusing on the cause of the wound helped setting the target for the wound care therapy. In many cases we were therefore able to prevent the often-observed changes of the topically applied wound care therapies.

- Only 5 of 174 wounds (2.8%) that started treatment with required the change to an alternative wound dressing in order to achieve wound closure within 3 months. This clearly shows, that a simple-to-use, effective topical wound care therapy can lead to successful wound closure, if the focus lays on the causal therapy."