



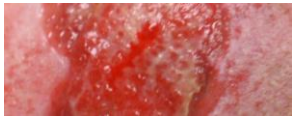



Skin and Wound Product Information Sheet

Endoform Natural & Antimicrobial Restorative Bioscaffold	
Category	Biochemical Modifier – Extracellular Matrix - Ovine
Key Points	<ul style="list-style-type: none"> • An ovine derived extracellular matrix (ECM), comprised of 85% collagen with half-moon shaped slits that allow for drainage of exudate. • Initially, provides a natural, porous scaffold that supports rapid epithelial and fibroblast infiltration and proliferation. Ultimately, integrates (bio-absorbs) into the wound tissue. • Stimulates blood vessel formation. • Modulates wound proteases moving the wound out of the inflammatory phase. • Endoform Antimicrobial has 0.3% ionic silver to inhibit colonization in the dressing, has broad spectrum antimicrobial activity for up to 7 days, and prevents biofilm formation.
Indications	<ul style="list-style-type: none"> • Only to be used under direction of NSWOC / Wound Clinician. • May be used: <ul style="list-style-type: none"> • For the management of stalled partial and full thickness wounds with less than 40% devitalized tissue with or without signs and symptoms of infection. • Over bone and tendon. • In conjunction with compression therapy, negative pressure wound therapy, hyperbaric oxygen therapy and total contact casting.
Precautions	<ul style="list-style-type: none"> • To be effective Endoform should be used in a continuous course over several weeks. • Endoform Antimicrobial should not be used to treat infected wounds. Can be used in combination with other systemic and local wound infection treatment. • Do not use with cover dressings with autolytic properties that can remove the non-adhered Endoform (e.g. Hydrofera Blue Classic). • Endoform Antimicrobial may cause transient discoloration of wound bed and periwound skin. • Use in undermining, sinuses or tunnels as per the care plan of NSWOC / Wound Clinician. • Safety in pediatric populations and in pregnant and breast feeding people has not been established. Consult with physician prior to use.
Contraindications	<ul style="list-style-type: none"> • Do not apply Endoform to wounds with untreated clinical infection, excessive exudate, active bleeding or third degree burns. • Do not use on clients with a known sensitivity to ovine (sheep) derived material or ionic silver if using Endoform Antimicrobial.
Formats & Sizes	<ul style="list-style-type: none"> • Endoform Natural Restorative Bioscaffold: 5 x 5 cm, 10 x 12.7 cm, 15.2 x 21.6 cm • Endoform Antimicrobial Restorative Bioscaffold: 5 x 5 cm, 10 x 12.7 cm <div style="text-align: right;">  </div>
<div style="display: flex; justify-content: space-between;"> Application Directions Rationale / Key Points </div>	
<ul style="list-style-type: none"> • Cleanse/irrigate wound with sterile normal saline or agency approved wound cleanser. If an antimicrobial wound cleanser is used, rinse wound with normal saline. • Dry the periwound skin. 	<p>Wound bed should be free of debris, necrotic tissue and infected tissue.</p>
Initial Application	
<ul style="list-style-type: none"> • Use two layers of Endoform Antimicrobial for initial application to all wounds, not just those with signs and symptoms of infection. • Trim dry Endoform to fit the wound and be in contact with the wound edges or fold edges of excess Endoform into the wound once it is hydrated. Endoform can be cut into strips or small pieces, or rolled into a tight tube for irregular wound beds, undermining / sinuses / tunnels. • Apply dry Endoform to wound bed. • Moisten Endoform with normal saline if needed and ensure that it conforms to the underlying wound bed. 	<p>Bacterial colonization is often a factor in stalled wound healing. If Endoform Antimicrobial is not available, use Endoform Natural.</p> <p>Slight over lapping of the dressing onto the wound edges is fine.</p> <p>Dry Endoform is easier to handle. Either side can be applied to wound bed.</p> <p>Moistening with normal saline may not be required for</p>



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<ul style="list-style-type: none"> • If wound bed dry, apply thin layer of Hydrogel on Endoform. • Apply a non-adherent contact layer over the Endoform. • May use an antimicrobial (contact layer, wound filler or cover dressing) over top of Endoform if appropriate. • For wounds with depth lightly pack with wound filler. • Apply appropriate secondary (cover) dressing to maintain moisture balance and manage expected wound exudate. 	<p>wounds with large amounts of exudate. Moisture is required for Endoform to work.</p> <p>To prevent Endoform/tissue from adhering to dressing.</p> <p>Endoform must be in direct contact with wound bed. Exudate can initially increase as MMPs break down the collagen.</p>
Daily Care	
<p>Change secondary (cover) dressing as needed to manage the wound exudate. Do not remove non-adherent contact layer.</p>	<p>To allow Endoform to incorporate into wound.</p>
Re-Application	
<ul style="list-style-type: none"> • Leave in place for 3-7 days. • If using Endoform Antimicrobial and there are no signs and symptoms of infection after at least 2 weeks, change to Endoform Natural. • Determine amount of residual Endoform in wound bed. To differentiate residual Endoform from slough use cotton tipped applicator to determine if it is mobile. If adhered to wound – likely residual Endoform. If mobile – likely slough. <ul style="list-style-type: none"> • If no residual Endoform, gently irrigate, and apply twice the amount of Endoform Antimicrobial as previous application to a maximum of 4 layers.  <ul style="list-style-type: none"> • If moderate residual Endoform, gently irrigate, and apply the same amount of Endoform Antimicrobial or Natural as previous application. If no signs and symptoms of infection use Endoform Natural.  <ul style="list-style-type: none"> • If high residual Endoform, gently irrigate, and apply less than previous Endoform Natural application.  <ul style="list-style-type: none"> • If poorly adhered Endoform is present 7 days after application, remove it, gently irrigate, debride as appropriate, and re-apply Endoform. • If residual Endoform is brown and crusty, do not remove and rehydrate with thin layer of Hydrogel. • If Endoform (Antimicrobial or Natural) has overlapped onto the periwound area, gently fold back into the wound. • Apply non-adherent contact layer and secondary (cover) dressing as described above in initial application. 	<p>Endoform is incorporated into the wound over time.</p> <p>Residual Endoform usually appears as an off-white to golden gel and is similar to slough in appearance.</p> <p>No residual Endoform indicates elevated levels of proteases and that the wound is trapped in the inflammatory phase.</p> <p>Moderate residual Endoform indicates moderate levels of proteases and that the wound is escaping the inflammatory phase.</p> <p>High residual Endoform indicates low levels of proteases and that the wound protease balance has been restored and the wound is beginning to build tissue.</p> <p>Brown and crusty residual Endoform is dehydrated.</p>
Expected Outcome	
<p>30% measurable improvement in wound size within 3 weeks.</p> <p>Product performs as expected.</p>	<p>If product does not perform as expected notify NSWOC/Wound Clinician and consider submitting a Product Concern form.</p>
<p>For further information, please contact: NSWOC or Wound Clinician</p>	