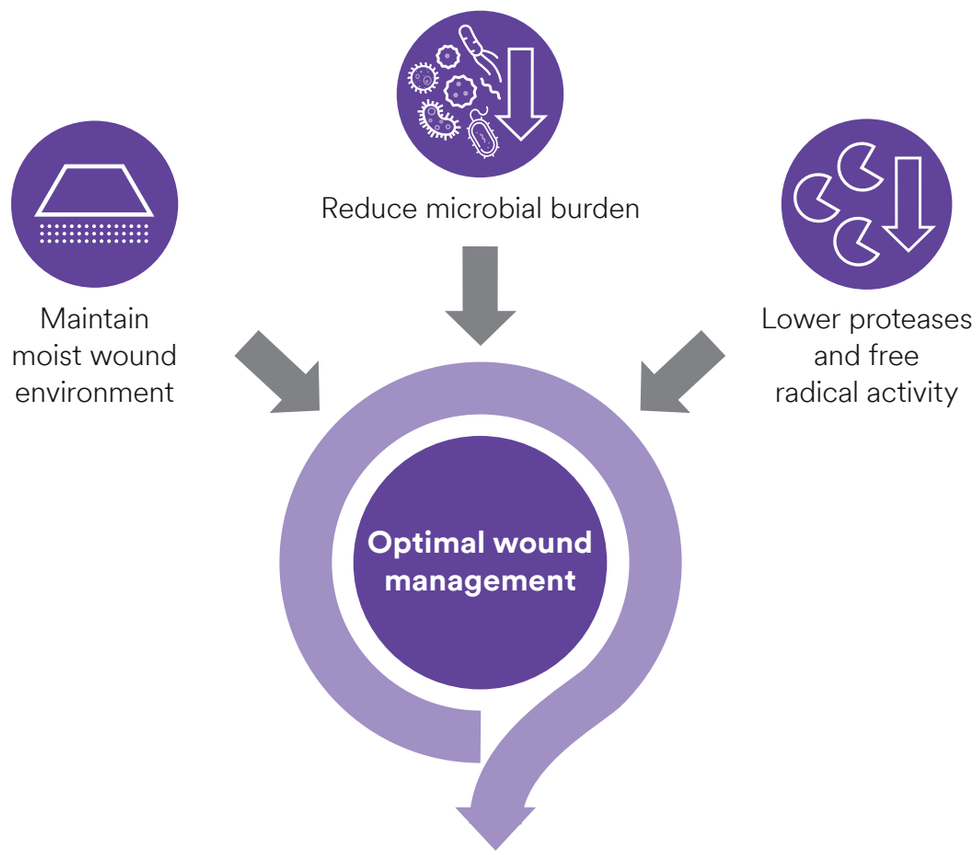
PROMOGRAN™ MATRIX FAMILY

PROMOGRAN™ Protease Modulating Matrix and PROMOGRAN PRISMA™ Wound Balancing Matrix

An advanced, topical treatment for chronic wounds. Clinically proven to improve healing of chronic wounds if used earlier in the treatment regime.[1]

Chronic wounds can be stalled in the inflammatory phase that leads to delayed healing[2]

The best way to stimulate wound healing is to:[3]



This is where PROMOGRAN™ MATRIX Family steps in

Collagen

Collagen is effective at reducing MMP proteases, one of the main causes of inflammation. It also has a positive effect on wound progression.

- **Reduces MMPs**[4,*]
- **Tissue repair**[5,*]
- **Cell growth**[6,7,*]

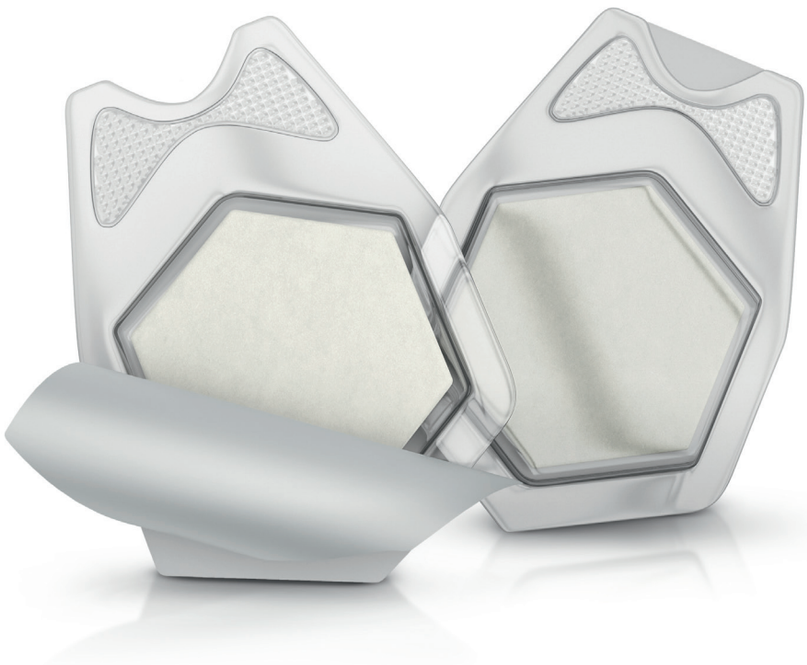
Oxidized Regenerated Cellulose (ORC)

Cellulose is a major component of plants, once oxidized ORC is completely bioresorbable. ORC may aid wound healing by:

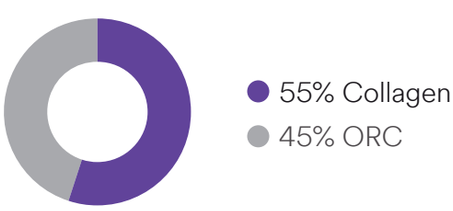
- **Reducing protease activity**[9,*]
- **Cell growth**[9,*]
- **Controlling bacteria growth**[9,*]
- **Haemostatic properties**[9,*]

So what are PROMOGRAN™ Matrix and PROMOGRAN PRISMA™ Matrix?

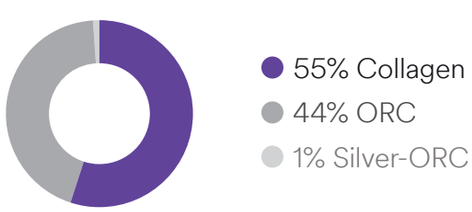
The Right Balance of Materials —
Designed to make a powerful difference:



PROMOGRAN™ Matrix Wound Dressing = ORC + Collagen



PROMOGRAN PRISMA™ Matrix = ORC + Collagen + Silver-ORC



What's the difference?

- PROMOGRAN PRISMA™ Matrix has **twice the amount** of Collagen/ORC material.
- PROMOGRAN PRISMA™ Matrix **contains silver-ORC**, which provides antimicrobial protection against bacteria and infection.[8,*]

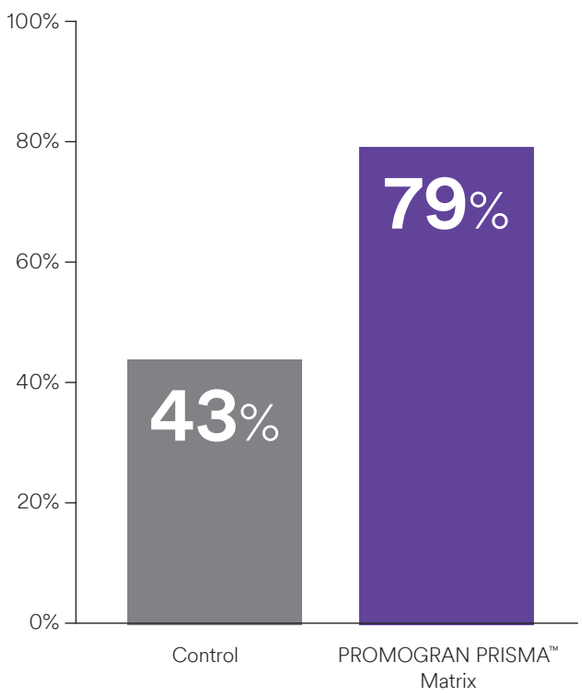
So why wait for a wound to become chronic?

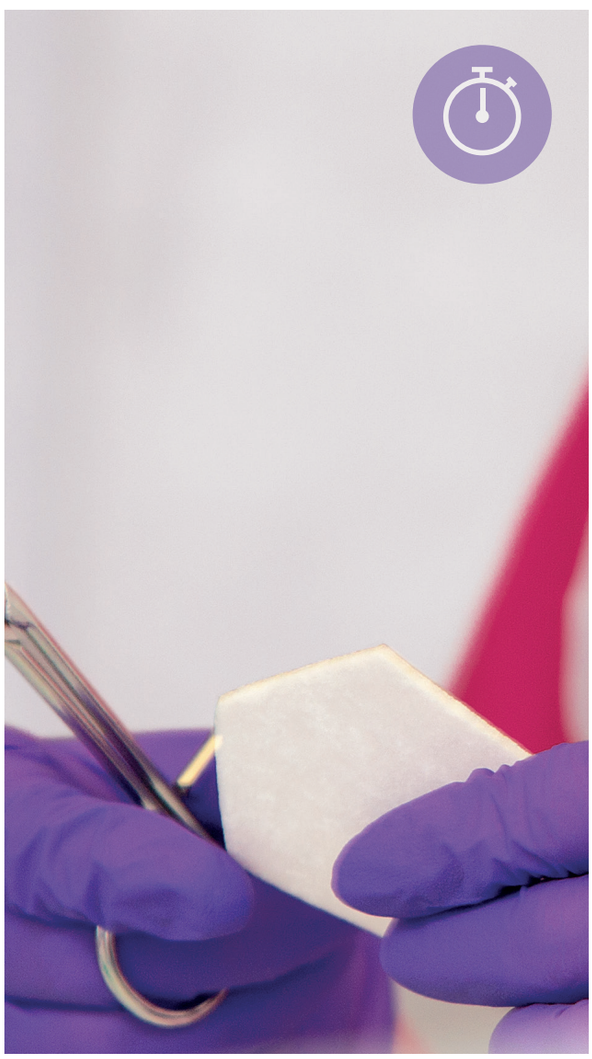
As wounds get older, the chances of the wound healing or improving decreases.[1]

Wounds less than 6 months old heal/improve quicker with PROMOGRAN PRISMA™ Matrix.[1]

Early adoption of PROMOGRAN PRISMA™ Matrix shown to improve healing rates[1]

Wound healed/improved[10]
Week 4 (p = 0.035)





A 6-week RCT involving DFU patients (n = 40) showed:[11]

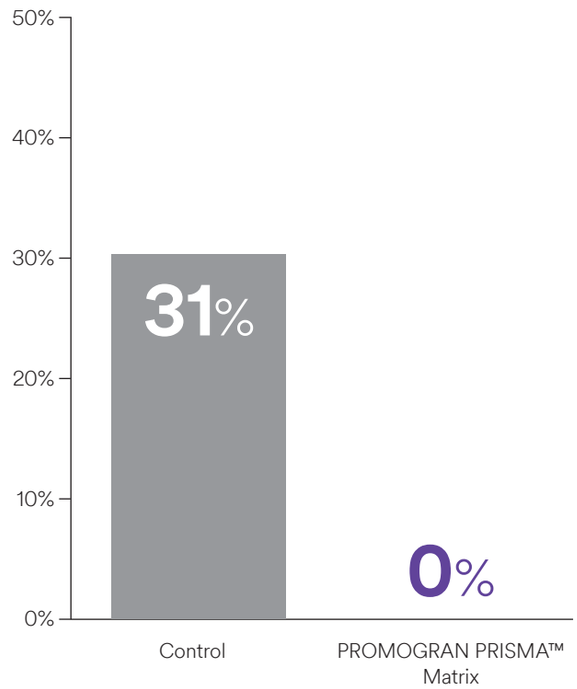
- Significantly more wounds achieved complete healing in the PROMOGRAN™ Matrix Group vs Control Group (63% vs 15%, P < 0.03, or 8.5)

Based on the conditions and outcomes of this study the PROMOGRAN™ Matrix group was statistically 8.5x more likely to heal[11,§]

8.5x more likely to heal

Protect from infection

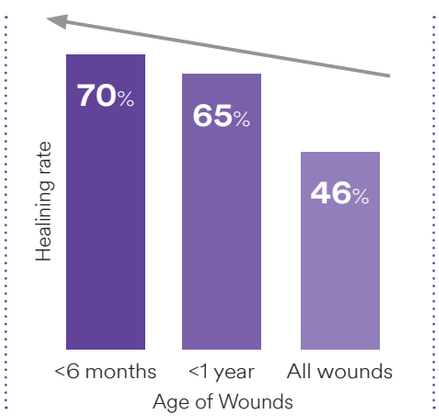
Wounds withdrawn due to infection[10]
Week 12 (p = 0.012)



Increased healing with early treatment[1]

Early treatment:

Early treatment increased healing by **52%**[1]

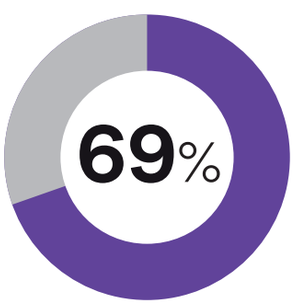


A prospective randomized multi-center study involving VLU patients (n = 64) showed:[1]

87% VLUs < 6 months duration healed or improved in 12 weeks

Spend less time in hospital[12]

A 6-week RCT (n=40) involving pressure ulcer injuries discovered that patients who used PROMOGRAN™ Matrix spent 69% less time in hospital.



Clinically Proven for over 18 Years!

8.5x
more likely to heal DFUs[11]

52%
increase in healing rate with early treatment of VLUs[1]

90%
pressure injuries completely healed[12]

69%
reduction in hospital stays[12]

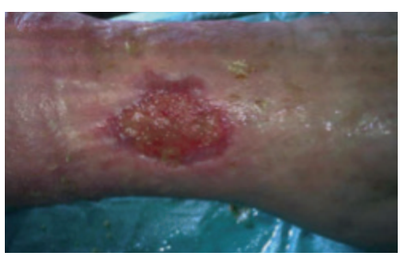
Case study -
Leg ulcer with delayed healing

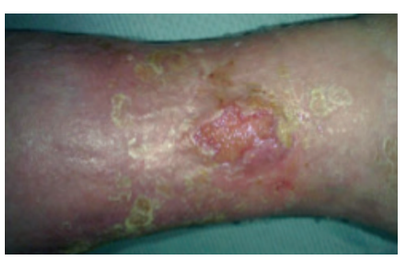
Patient A is a 66-year-old male who presented with a 4-month-old inflammatory ulcer with fibrin to the right lateral leg as a result of pyoderma gangrenosum. The wound had failed to progress as expected. The patient was receiving compression therapy.

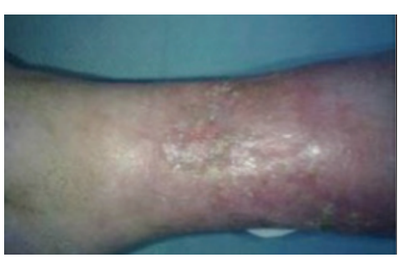
The wound measured 4.9cm (length) x 0.3cm (depth) x 3.6cm (width) when treatment commenced. It comprised 100% granulation tissue and the surrounding skin was healthy. There were no signs of infection, but the wound was painful and there were moderate levels of serous exudate present.

The wound was cleansed with saline and PROMOGRAN™ Matrix dressing was cut to cover the ulcer and a ADAPTIC TOUCH™ Non-Adhering Silicone Dressing was used as a secondary dressing. The patient continued to receive compression therapy.

17 days into the treatment time the wound had closed (Figure 3). The wound bed was 100% epithelialising, there was no exudate or signs of infection, and the patient had no pain. The patient and clinician were both highly satisfied, and the patient reported that his quality of life had improved.


Day 0


Day 12

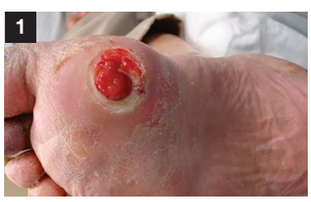

Day 17

Where can PROMOGRAN™ MATRIX and PROMOGRAN PRISMA™ Matrix be used

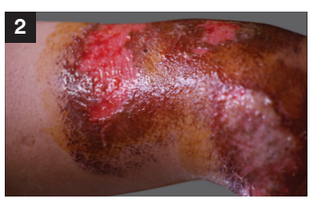
PROMOGRAN PRISMA™ Matrix is indicated for the management of all wounds healing by secondary intent which are clear of necrotic tissue.

PROMOGRAN™ Matrix and PROMOGRAN PRISMA™ Matrix has known haemostatic properties and be used under compression therapy.

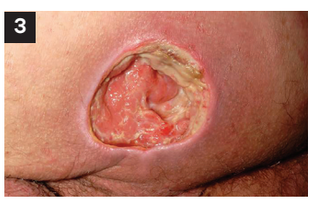
Under the supervision of a health care professional, these dressings may be used for the management of the following wound types.



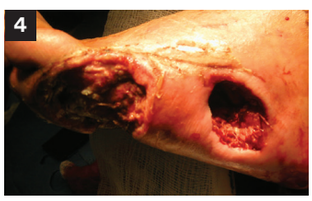
Diabetic ulcers



Venous ulcers



Pressure injuries



Ulcers caused by mixed vascular etiologies

Can be used under compression therapy with healthcare professional supervision.

No need to remove any residual dressing during dressing changes.

Can be cut with sterile scissors to fit the wound shape, or it can be pre-moistened to form a gel and moulded to fit the wound.

Ordering

PROMOGRAN™ Matrix		
Product Code	Dressings per carton	Size
M772028	10	28cm^2
M772123	10	123cm^2

PROMOGRAN PRISMA™ Matrix		
Product Code	Dressings per carton	Size
PS2028	10	28cm^2
PS2123	10	123cm^2

To learn more about how PROMOGRAN™ Matrix and PROMOGRAN PRISMA™ Matrix can help manage your patients visit **myKCI.com**

**in vitro* testing §compared with the control group treated with standard of care.

References

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3. Gibson D, Cullen B, Legerstee R, Harding KG, Schultz G. MMPs Made Easy. Wounds International 2009; Feb 1
4. Schultz GS, Ladwig G, Wysocki A. Extracellular matrix: a review of its roles in acute and chronic wounds. World Wide Wounds 2005; Accessed August 19, 2020. http://www.worldwidewounds.com/2005/august/ Schultz/Extrace-Matric-Acute-Chronic-Wounds.html
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8. Cullen B, Boyle C, Rennison T, Webb Y, Gregory S. ORC/Collagen Matrix Containing Silver Controls Bacterial Bioburden while Retaining Dermal Cell Viability. Poster Presented at WUWHS July 9, 2004; Paris France.
9. Cullen B Underlying biochemistry in non-healing wounds perpetuates chronicity. Wounds International. 2016; 7(4): 18-24.
10. Gottrup F, Cullen B, Karlsmark T, Bischoff-Mikkelsen M, Nisbet L, Gibson M. Randomized controlled trial on collagen/oxidized regenerated cellulose/silver treatment. Wound Repair Regen. 2013;21(2):216–225.
11. Lazaro-Martinez JL, Garcia-Morales E, Beneit-Montesinos JV, Martinez-de-Jesus F, Aragon-Sanchez FJ. Randomized comparative trial of a collagen/oxidized regenerated cellulose dressing in the treatment of neuropathic diabetic foot ulcers. Cir Esp. 2007;82(1):27–31.
12. Nisi G, Brandi C, Grimaldi L, Calabro M, D'Aniello C. Use of a protease-modulating matrix in the treatment of pressure sores. Chir Ital. 2005;57(4):465–8.

NOTE: Specific indications, contraindications, warnings, precautions and safety information exist for these products and therapies. Please consult a clinician and product instructions for use prior to application. This material is intended for healthcare professionals.

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