Please note: These studies may involve findings that exceed the claims currently cleared by the FDA for the product. Bravida Medical is not intending to make performance claims about its product. The intent is to disseminate the scientific literature on these products. We encourage you to read these studies to understand the strengths and limitations of the data. For some claims, Bravida is seeking to broaden the indications with the FDA in the future using data, such as these studies, to provide the substantiation.

UTILIZING SILVER-PLATED FABRIC WITH NEGATIVE PRESSURE WOUND THERAPY: IMPROVING OUTCOMES AND REDUCING COSTS IN HEALING ACUTE AND CHRONIC WOUNDS

PURPOSE

INVESTIGATOR

To investigate whether utilizing a 7-day silver-plated fabric* specifically designed for use under Negative Pressure Wound Therapy (NPWT) would improve patient outcomes and result in cost savings for the author's facility.

BACKGROUND

Acute and chronic wounds goote numerous challenges, inclusing microbial load, heating efficany, astient comfort, and costs to backharen systems. Traitionally, IRPVT has negulard densing between tensors are week. The author was introduced to a tacky (Slogel et al., 2013) in which patients treated with a shver-plated fabric under IRPVT lead dressing changed only once per week, yet experimented fewer dehridrenets, shorter hospital stays, and overall reduced length of treatment, Intrigued by the possibility of achieving similarly favorable results, the author trialed this product and treatment strategy in the faelity.

METHOD

Patient 1 was an 88 year-old female with an infected hematoma secondary to an extensive crush injury to her right tright co-morbidiles included diabeles. Wafarin therapy, and right total knee replacement. The goal was to achieve granulation formation as well as limb and joint salvaya. Treatment entiable surgicial diobridement and NPWT with the ilver-plated fabric

Patient 2 was a 68 year-old male with non-healing fractures to his left ankle; relevant co-morbidities included congestive heart failure, chronic obstructive pulmonary disease, diabetes, and liver failure. Prior NPVT without the silver-plate fathic resulted in no significant improvement. The goal was to achieve granulation formation utilizing NPVT with the silver-plated fabric.

Patient 3 was a 29 year-old female with an ileostomy takedown and post-operative infection and wound dehiscence; co-motolities included hups and an anestamotic leak after previous colostomy takedown, resulting in the ileostomy. Treatment included interventional radiology/pelvic drains and antibiotics, with a goal of achieving granulation formation utilizing NPWT with the silver-plated fabric.

RESULTS

Patient 1

- Patient achieved rapid granulation formation and decreasing necrotic fat Wound volume decreased by two-thirds in 6 weeks No bleeding with dressing changes, despite being on Warlarin Decreased pain during dressing changes Time frame to limb and joint saivage and grafflig: 8 weeks

Patient 2

Patient achieved healthy granulation Wound began to granulate only after initiating the silver-plated fabric
Time frame for response to this chronic wound: 2 weeks

Patient 3

Patient achieved good granulation Tunnels were resolved; one closed, the other decreased to only 1 cm Patient reported less pain with silver-plated fabric Time frame for response to this acute wound: 10 days

**For each patient, dressings were usually changed <u>only once per week</u> instead of the typical 3 times per week when not utilizing the silver-plated fabric.

CONCLUSION

The silver-plated fabric has transformed the author's management of patients requiring NPWT and has become part of the NPWT standard of care at her facility. Key takeaways include the following

Better granulation and overall healing, with no new wound infections or bleeding
Improved patient comfort, decreased pain during dressing changes
Significant savings due to reduced supply costs and decreased nursing labor

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PATIENT 1

PATIENT 2

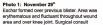


Photo 2: December 6* First dressing change after OR; with saline gauze, eschar had re-formed over a majority of the wound bed. This was debrided by the surgeon at bedside.

Photo 3: December 6th Post bedside debridement. NPWT initiated using the silver-plated fabric. Wound 40 x 23 x 3 cm (deepest at 1:00).

Photo 4: December 16th 2^{re} NPWT dressing change with silver-plated fabric. Dramatic granulation formation, necrotic fat outr

Photo 5: January 12[®] Healthy granulation; necrolic fat and slough resolving with only minor bedside debridement using scissors and forceps. Wound 34 x 19 x 1.5 cm (deepest at 1:00).

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Photo 6: January 25th Excellent wound bed for grafting. Photo taken under the OR lights.









PATIENT 3





Photo 1: May 5^{n} At start of NPWT with silver-plated fabric. $9.5 \times 6 \times 1.3$ (includes both wounds). Tunnel 3 cm at 12:00, 1 cm at 6:00.

Photo 2: May 15th 8.5 x 2.5 x 0.4 cm. Tunnel at 12:00 decreased to 1 cm; tunnel at 6:00 closed. NPWT discontinued.









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Photo 2: March 7th Wound after 2 weeks NPWT at skilled nursing facility. Fibrinous, very little granulation. Sutures loose proximally. 9 x 2.5 x 0.4 cm. Silver-plated fabric started under NPWT.

Photo 3: March 23st Wound after 2 weeks at skilled nursing facility using silver-plated fabric. 8 x 3 x 0.3 cm



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Photo 4: March 30th After another week of (hospital) NPWT with silver-plated fabric. Returned to skilled nursing facility to continue NPWT; lost to follow up. 8 x 2.5 x 0.3 cm.



















