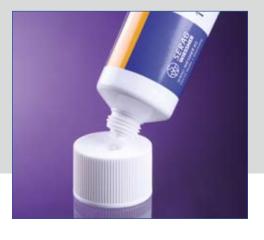
LAVANID® - Wound Gel





NEW!

The tube with its patented 100% water-tight tamper-evident cap broadens the LAVANID® product range with a large-volume container offering considerable application advantages, especially for extensive wounds.

LAVANID® - Wound Gel

Ringer's solution, glycerine, macrogol hydroxyethyl cellulose, polyhexanide 0.04 %

Unit dose syringe, sterile and single packed.

2 x 10 g 1M 12 x 10 g

Wound Gel PZN REF 8837192 015274

Description and product profile

Chronic wounds are generally covered with devitalised and necrotic tissue and colonised with bacteria. The wound surface needs to be removed for successful wound management, e.g. by surgical debridement. Gentle wound cleansing and wound moistening are also required. Chronic wounds generally have impaired wound healing, so treatment with preparations that are well tolerated by the tissues is

indicated. LAVANID® - Wound Gel is a sterile, preserved wound gel based on Ringer's solution and distinguished by its high tissue tolerance. After wound cleansing, for example with LAVANID® 1/2 -Wound Irrigation Solutions, LAVANID® Wound Gel can be applied directly onto the wound. LAVANID® - Wound Gel is suitable for wound moistening and for the preservative moistening of dressings, e.g. for wounds colonised with multi-resistant problem bacteria. Preservative dressings reduce the risk of bacterial spread from the wound

into the surrounding area and protect

the wound from bacterial invasion from outside.

Indications for use

LAVANID® - Wound Gel is used for moistening and treating wounds as well as for the preservative moistening of dressings and wound pads.

Tissue tolerance

Experimental and clinical studies have shown the combination of Ringer's solution with 0.04 % polyhexanide to be very well tolerated by tissues. Clinical studies have demonstrated that LAVANID® - Wound Gel does not affect the regeneration of healthy tissue. Local irritations do not occur. Its application is pain-free for the patient. Due to their high tissue tolerance, LAVANID® - Wound Gel and LAVANID® 1/2 Wound Irrigation Solutions are suitable for repeated and long-term wound management.



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SERAG WIESSNER

WOUND MANAGEMENT

Solutions



Components for systematic

LAVANID® 1/2 -**Wound Irrigation** Solutions

LAVANID® -Wound Gel









LAVANID® 1/2 - Wound Irrigation Solutions LAVANID® - Wound Gel

Through their composition and the design of their packaging, LAVANID® 1/2 - Wound Irrigation Solutions and LAVANID® - Wound Gel are medical devices that have been optimised for the management of wounds.

NEW!

LAVANID® - Wound Gel now also available as a 100 g tube.

Alongside surgical suture material and textile implants, sterile solutions form the third corporate division of SERAG-WIESSNER. We produce standard infusions, liquid and sterile products for wound management, numerous special solutions as well as individual formulations that we produce on customer request. Many of these products are immediately available from stock.

AVANID® - Wound Gel

AVANID® - Wundgel

- B & A & B (Com

Particular attention has been paid to improving the packaging for the individual applications. With this, we are pursuing a clear objective: we aim to provide the most practicable and best-tolerated solution for every application, for both the attending physician and for the patient.

The reliable solution!

LAVANID® 1/2 - Wound Irrigation Solutions





Application of LAVANID® 1/2



Pouring out the solution with screw top.

Application using the spike



Remove the aluminium foil and disinfect the spike insertion area.



Insert the spike.



Bottle with inserted spike ready for aseptic pouring.

Description LAVANID® 1/2

LAVANID® 1/2 solutions are sterile iso-osmotic wound irrigation solutions, based on Ringer's solution with 0.02 % or 0.04 % polyhexanide. Polyhexanide prevents the growth of microorganisms in wound dressings and in the solution.

Isotonic base

LAVANID® 1/2 - Wound Irrigation Solutions are isotonic. The use of an isotonic solution prevents swelling of the skin and irritation of the wound area as there is no exchange of fluid or electrolytes with the body's own secretions. The excellent suitability for wound management, as reported in the literature¹, and the high tissue tolerance of LAVANID® 1/2 are not least based upon this fact.

Shelf life:

Indications

Shelf life of 2 months after initial opening.

tamponades and dressings.

Reduced surface tension

better and more effectively.

Polyhexanide and macrogol reduce the

surface tension of the solution. This

tenside-like effect supports the

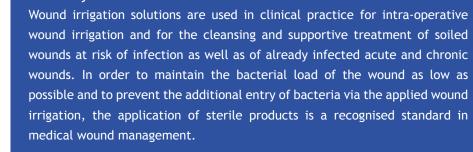
cleansing of the wound. The irrigation

solution is able to reach the tissue

- For local wound irrigation and wound

For moistening surgical towels,







Optimal composition

LAVANID® 1/2 - Wound Irrigation Solutions contain polyhexanide as a preservative. Due to its good tissue tolerance, recognised wound experts¹ rate solutions preserved in this way as agents of first choice for poorly healing chronic or very sensitive wounds (e.g. second-degree burns) and for irrigation treatment. Its pain-free application ensures high patient acceptance.

Solutions with 0.02 % polyhexanide (LAVANID® 1) to 0.04 % polyhexanide (LAVANID® 2) are recommended for a reliable preservation with simultaneous high tissue tolerance². LAVANID® 2 is preferred for the initial treatment and for heavily infected wounds to reliably suppress bacterial growth in wound dressings, for example. LAVANID® 1 can be used once healing has commenced and for long-term management.

LAVANID® 1/2 solutions are clear and thus allow an unrestricted assessment

MRSA decontamination

of the state of the wound.

LAVANID® 1/2 solutions can be used for a whole-body wash of MRSA patients. The solutions are very well tolerated by unaffected areas of skin.

LAVANID® 1/2 Composition

Ringer's solution (isotonic electrolyte solution comprising sodium chloride, potassium chloride, calcium chloride dihydrate, water for injection), macrogol, polyhexanide 0.02 % (LAVANID® 1) or polyhexanide 0.04 % (LAVANID® 2).

Literatur

- Kramer et al., ZfW 2004; 3:
 110-120, most recently confirmed
 by Dissemond et al., ZfW 2009;
 3: 20-26
- ² Kallenberger et al., Hyg. Med. 1991;16: 383-395

