



Initial application



Step 1: Debride or clean wound as required



Step 2: Moisten wound with saline or antimicrobial



Step 3: Pour powder to cover edges and surface



Step 4: Cover with non-adhesive contact layer



Step 5: Secure with secondary dressing

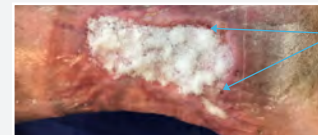
What does Altrazeal look like at subsequent applications?

- Altrazeal may become transparent, opaque, yellowish / "slough-like" or brownish / "scab-like" depending on various factors including wound depth and fluids
- As the wound heals, fluid levels decrease and Altrazeal dries into a scab and flakes off
- If clinically necessary, Altrazeal may be removed by moistening with saline and lifting off with a pair of forceps

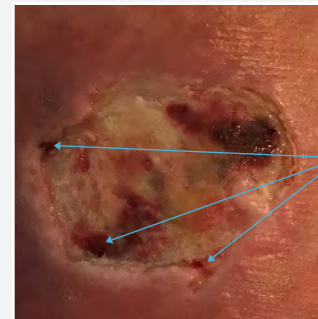
Illustrative images at various stages of wound healing:



When should I add more Altrazeal?



Wound edges are exposed or dressing is translucent in areas



Dressing has developed holes



Altrazeal is only partially visible with exposed wound areas

How do I know if a wound is epithelializing?



Altrazeal in final stages of healing

- Altrazeal dries into a scab when epithelialization is complete and flakes off
- Altrazeal may be removed gently with forceps, if required





Suggested application guidelines

Wound Exudation	Altrazeal® Layers (~2mm each)	Common Secondary Dressings	Secondary Dressing Change	Replace or Add More Altrazeal Every
Mild	Single	Perforated contact layer* + gauze wrap	As indicated	2-4 weeks or as clinically indicated
Moderate	Single or Double	Perforated contact layer* + gauze wrap or foam or absorbent pad	When wet or clinically indicated	1-2 weeks or as clinically indicated
High	Double Layer	Perforated contact layer* + absorbent pad or super-absorber	When wet or clinically indicated	Once or twice a week or as clinically indicated

*A perforated contact layer (e.g., Mepitel One®, Wound Veil®, Adaptic Touch®, Adaptic® etc.) secures Altrazeal while allowing fluids to flow through

Important Do's and Don'ts	Recommendations
<ul style="list-style-type: none"> DO NOT SUBMERGE THE DRESSING 	<ul style="list-style-type: none"> If dressing is translucent or too wet, add more powder Smooth out powder with tongue blade or sterile applicator into even layer White matrix should be visible post-application Do not wet the dressing while bathing until a scab is formed
<ul style="list-style-type: none"> ENSURE ENTIRE WOUND SURFACE IS COVERED INCLUDING MARGINS 	<ul style="list-style-type: none"> Top off exposed edges or wound
<ul style="list-style-type: none"> DO NOT HEAP POWDER IN DEEP WOUNDS 	<ul style="list-style-type: none"> Layering forms a stronger matrix than heaping For deep wounds, apply 2 layers of powder to cover wound surface, cover with contact layer and pack open space with damp gauze Packing and secondary dressings may be changed as indicated Excess powder may dry out and fall out of the wound. Top off the base if required
<ul style="list-style-type: none"> PACK UNDER-MINED AREAS 	<ul style="list-style-type: none"> Pack fully using cotton swab, tongue blade, or Altrazeal powder-lined paste to avoid leaving any exposed areas
<ul style="list-style-type: none"> AVOID OCCLUSIVE FILMS AND PETROLEUM BASED PRODUCTS TO PREPARE THE WOUND BED 	<ul style="list-style-type: none"> Utilize solutions or gels and non-occlusive, non-adherent secondary dressings
<ul style="list-style-type: none"> CLEAN WOUND BED 	<ul style="list-style-type: none"> Debride wound (unless contra-indicated) to eliminate necrotic tissue / visible bio-burden prior to application
<ul style="list-style-type: none"> MANAGE INFECTION / INFECTION RISK USING ADJUNCT THERAPIES 	<ul style="list-style-type: none"> Debride wound Use systemic or topical agents to manage infection Remove and replace Altrazeal as frequently as clinically indicated
<ul style="list-style-type: none"> AVOID PULLING CONTACT LAYER IF INTEGRATED INTO ALTRAZEAL SCAB 	<ul style="list-style-type: none"> Soak in saline and gently lift with forceps Leave contact layer in place in areas where it does not release Contact layer will flake off as the wound heals
<ul style="list-style-type: none"> USE APPROPRIATE ADJUNCTIVE THERAPIES FOR BEST RESULTS 	<ul style="list-style-type: none"> Altrazeal may be used in conjunction with <ul style="list-style-type: none"> Ostomy and fistula management appliances Off-loading devices for pressure injuries and diabetic foot ulcers, e.g., contact casts Compression wraps, e.g., in venous ulcers Meshed grafts and skin equivalents Sutures / clips / staples
<ul style="list-style-type: none"> RESOLVE SYSTEMIC ISSUES 	<ul style="list-style-type: none"> Ensure ABI > 0.7 and < 1.2 for vascular wounds Optimize glycemic control, if diabetic Supplement nutrition intake if inadequate