

Hydro Active

Wound Dressing



For the treatment of chronic and slow-healing wounds

What makes epicite® balance unique? ^{1,2}

- Provides a moist wound environment
- Absorbs wound exudate simultaneously
- Supports wound cleansing
- Removes plaques from the wound
- Reactivates slow-healing wounds
- Can be easily removed
- Offers low-pain dressing changes

epicite® balance is particularly suitable for the treatment of chronic wounds with low to medium exudation, such as: ¹

- Venous leg ulcers
- Arterial leg ulcers
- Diabetic foot ulcers
- Pressure ulcers
- Soft tissue lesions



Article description	Quantity	Item no.
epicite® balance 4x6 cm	10 Pcs	802001
epicite® balance 10x10 cm	10 Pcs	802002
epicite® balance 15x20 cm	10 Pcs	802003

epicite® balance

... is flexible and easy to use

Step 1 Prepare the wound

Clean the wound carefully and according to instructions.

Step 2 Using the wound dressing

To apply the dressing, open the sterile packaging and remove the dressing. Remove the protective film on both sides. The size of the dressing depends on the wound area and should overlap the wound by 2–3 cm.

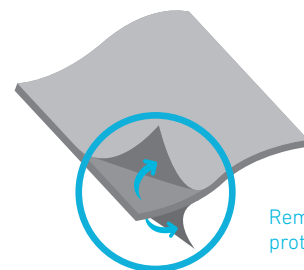
Step 3 Applying the wound dressing

Place the wound dressing on the wound and gently press it into place. epicite® balance should be in direct contact with the bed. Hold the wound dressing in place with a suitable secondary covering. The secondary dressing should be selected by a specialist, for example on the basis of the wound exudate level.

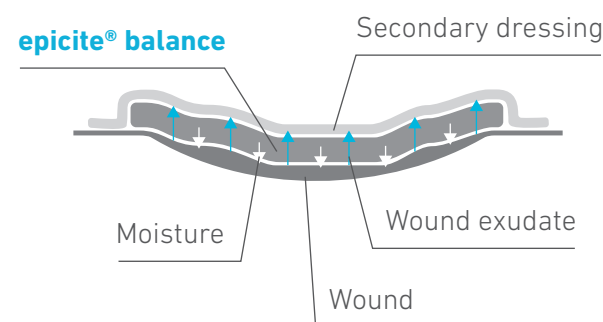
Step 4 Dressing changes

The intervals at which the epicite® balance dressing must be changed are determined by the attending physician depending on the condition of the wound. When changing the dressing, remove the secondary dressing and carefully lift the dressing on one side and then carefully peel it off the wound. If the dressing has dried out, moisten it sufficiently with sterile saline solution before removing it. Dispose the removed dressing according to the instructions. Clean the wound carefully before applying another dressing.

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Removal of the two protective films



Direct contact with the wound bed and covering with secondary dressing

Important notice:

For risks associated with the use of the product, please read the instructions for use (IFU).



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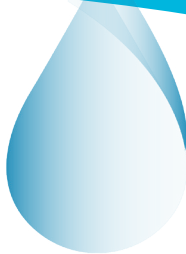
epicite® balance

www.epicite.de

JeNaCell®
An Evonik company.

¹ Zahel P et al. (2022). Bacterial Cellulose – Adaptation of a Nature-Identical Material to the Needs of Advanced Chronic Wound Care. Pharmaceuticals 2022;15;683. DOI: 10.3390/ph15060683.

² PMCF observation study "epicitehydro for chronic wound applications" (2021).



Case report
Venous leg ulcer in post-thrombotic syndrome

This 45-year-old male patient presented to a specialized wound care center with a longstanding venous leg ulcer on his left leg following a deep vein thrombosis. He underwent placement of an inferior vena cava filter and was receiving anticoagulant therapy, as well as antiretroviral HIV triple therapy.

- Venous leg ulcer
- Wound cleansing
- Compression therapy

Wound condition

- Venous leg ulcer following deep vein thrombosis
- Dry, scaly ulcer with intense hemosiderin-induced discoloration, fibrous tissue, and no exudation at the start of the observation period



Before using epicite® balance: massively dry, scaly and encrusted ulcer

Wound care

- Primary dressing: epicite® balance
- Secondary dressing: gauze bandages, later replaced by transparent film dressing
- Adjunctive therapy: compression therapy
- Dressing change intervals: twice a week



After 3 weeks: Ulcer almost completely closed; secondary dressing switched from gauze bandages to film dressing

Wound healing

- Significant improvement within 3 weeks, with near-complete closure of the ulcer
- Complete wound closure after 4 weeks, with softened peri-wound skin



Ulcer completely closed, hemosiderin-induced discoloration persists

Conclusion

- Wound responded well to epicite® balance dressing despite the patient's complex medical condition
- Moist environment created by epicite® balance likely facilitated the healing process, softening the hard, scaly tissue and supporting wound closure

Case report
Pretibial, PAD*-associated ulceration, exposed tendon

A 95-year-old female with a complex medical history including postinterventional peripheral arterial occlusive disease (*PAD) and heart failure presented with a pretibial ulceration, necessitating a tailored approach to wound care.

- Arterial leg ulcer
- Exposed structure
- Antimicrobial loading

Wound condition

- Pretibial ulceration on the right leg with exposed tibialis anterior tendon
- Partially fibrinoid-necrotic tissue at the distal pole
- Moderate exudation with no signs of inflammation



Before using epicite® balance: exposed tendon with fibrinoid-necrotic tissue

Wound care

- Primary dressing: epicite® balance, loaded with polyhexanide, later hypochlorite-based solution
- Secondary dressing: transparent film dressing
- Dressing change intervals: twice a week

Wound healing

- Granulation tissue formation observed by day 4
- Complete resolution of coatings and near-complete overgranulation of the tendon by day 8
- No drying-out of the tendon observed
- Antimicrobial treatment with hypochlorite-based solution initiated at day 8 due to signs of infection and inflammation



By day 4, granulation tissue forms over the tendon

Conclusion

- Effective and prolonged hydration of the tendon and ulceration by epicite® balance led to rapid formation of new granulation tissue



After 8 days: tendon completely covered by granulation tissue. Observation was discontinued due to infection

Case report
Pressure ulcer stage IV

A 67-year-old male patient with advanced Parkinson's disease, dementia, and type 2 diabetes mellitus presented with a stage IV pressure ulcer at the sacrum in a severely reduced general condition. Due to the refusal of surgical debridement and hospitalization, palliative co-management was sought. The patient exhibited fever, apathy, and cachexia, accompanied by renal insufficiency and complete immobility.

- Pressure ulcer
- Wound filler
- Wound cleansing
- Necrosis

Wound condition

- Stage IV pressure ulcer
- Pronounced necrotic tissue
- Noticeable odor and heavy exudation



Before using epicite® balance: Wounds with pronounced necrotic coatings and devitalized tissue

Wound care

- Primary dressing: epicite® balance
- Secondary dressing: absorbent compress
- Adjunctive therapy: alternating pressure system, antiseptic wound cleansing with octenidine, later hypochlorite wound irrigation solution
- Dressing change intervals: every day



Both wounds after 14 days

Wound healing

- Effective softening and subsequent dissolution of necrotic tissue by epicite® balance
- Reactivation of wound healing, followed by complete wound closure (not shown)



Wounds after 4 weeks, visible loosening of necrotic, devitalized tissue

Conclusion

- Effective wound cleansing and odor control by epicite® balance
- Positive healing progression to complete wound closure despite palliative care approach



Wounds after 7 weeks, free of necrotic, devitalized tissue