

Hyiodine®

ACTIVATES HEALING NATURALLY

Hyaluronic Acid & Iodine
Safely Delivered to The Wound Bed



Hyiodine® 50g

EN MEDICAL DEVICE FOR
COVERAGE, CLEANING
AND WOUND HYDRATION
CZ ZDRAVOTNICKÝ
PROSTŘEDEK NA KRYTÍ,
ČIŠTĚNÍ A HYDRATAČI RAN

Hyiodine[®]

Activates Healing Naturally

Hyiodine represents a novel approach to healing chronic and complicated wounds, being created from an in-depth knowledge of the process of tissue regeneration.

The product efficacy is based on the synergistic wound healing effect of hyaluronic acid and iodine complex. The unique combination of these two substances links the excellent regenerative properties of hyaluronic acid and the antimicrobial properties of iodine, making Hyiodine also suitable for the treatment of chronic infected wounds. Hyiodine efficiently supports wound granulation, speeds up the healing process and thus improves patient's quality of life.



Indication

Hyiodine is mainly indicated to support healing in chronic stagnating wounds, but it is also of use in healing acute wounds, where it speeds up the healing process and provides antimicrobial protection to the wound, particularly in those wounds deemed to be at risk of infection. Hyiodine can be used on wounds with varying degree of exudate, and is also indicated for sinuses or fistulae.

Chronic wounds: diabetic ulcers, dehisced wounds, pressure ulcers, leg ulcers, sinuses, fistulae

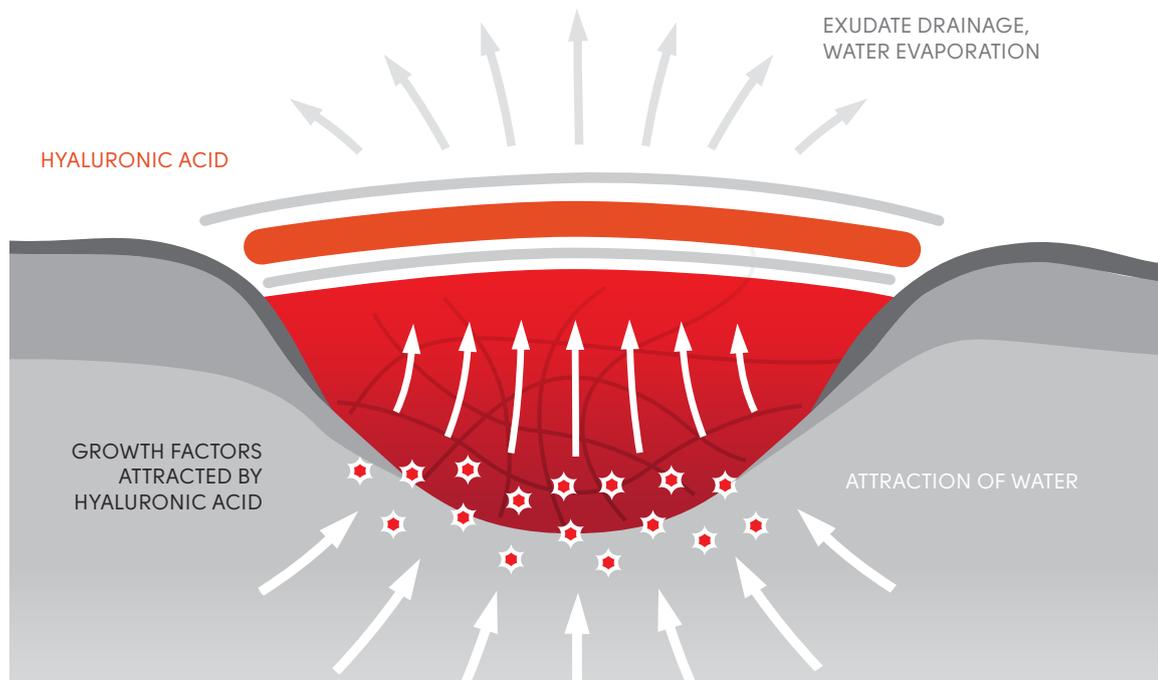
Acute wounds: traumatic and surgical wounds

Application

For the treatment of small wounds or sinuses Hyiodine can be applied directly to the wound via a sterile syringe.

Indirect application via carrier dressing (sterile gauze, non-woven fabric, or alginate) is suitable for treating wounds larger than 4 cm². This application ensures optimal contact of Hyiodine with the wound bed even in wounds complicated with cavities or undermined pockets. According to the level of exudate suitable secondary dressing must be used to cover the wound.

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Function of external hyaluronan in wound healing process

Hyaluronic Acid in The Wound Healing Process

Hyaluronic Acid is a natural substance found in the human body. Increased amounts of hyaluronic acid can be found in skin tissue¹, where it works as an integral part of the extracellular matrix, providing it with stability and elasticity². During the wound healing process hyaluronic acid keeps the wound environment hydrated, supporting migration and viability of fibroblasts and keratinocytes.³ When applied to the wound it attracts water with the associated growth factors and these become increasingly concentrated in the wound supporting the healing process.⁴

Role of Iodine in Hyiodine

Iodine complex contained in the product provides antimicrobial protection to the wound, while at the same time protecting the hyaluronic acid from degradation by bacterial enzymes. This effect prolongs availability of hyaluronan in the wound and increases the healing effect. Due to the optimally determined low concentration of iodine complex (0,25 %) and when compared with leading antimicrobial wound agents, Hyiodine demonstrates negligible cytotoxicity to the wound.

1 Juhlin, L. Hyaluronan in skin, J. Intern Med. 1997; 242: 1, 61-66

2 King, S.R., Beneficial actions of exogenous hyaluronic acid on wound healing. Surgery. 1991; 109: 1, 76-84

3 Toole, B.P. Hyaluronan in morphogenesis. J Intern Med. 1997; 242: 1, 35-40

4 Cutting, K.F. Wound healing through synergy of hyaluronan and an iodine complex. Journal of Wound Care. 2011; 20: 9,



Hyiodine®

Actively supports granulation

Provides antimicrobial protection

Clinically proven^{5,6,7}

- 5 BRENEŠ, R. Initial experience using a hyaluronate-iodine complex for wound healing. *The American Surgeon*. 2011; 77, 355-359.
- 6 SOBOTKA, L. A Case Report of the Treatment of Diabetic Foot Ulcers Using a Sodium Hyaluronate and Iodine Complex. *Lower Extremity Wounds*. 2007; 6:3, 143-147
- 7 WILD, T. New galenic antiseptic substance containing iodine (KI3 complex) and hyaluronic acid for treatment of chronic, hardly healing wounds. *Journal of Wound Technology*. 2010; 7, 63-65.

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