

Take care of ulcers

CHRONIC ulcers are unresponsive to initial therapy and persist despite appropriate care.

Typically, if a wound is not healing as expected within two to three months, it is considered chronic. Chronic ulcers negatively affect the quality of life and productivity and is a financial burden. Generally, chronic wounds can be classified into one of three types:

Diabetic ulcers

Diabetic foot ulcer healing is complicated by diabetic neuropathy, decreased cellular synthesis and susceptibility to infection. The ulcers are characterised by even wound margins, a deep wound bed, cellulitis or underlying osteomyelitis, granular tissue (unless peripheral vascular disease is also present) and low to moderate drainage.

Venous leg ulcers

This accounts for 70%-90% of leg ulcers. The ulcers develop within the setting of venous hypertension. Although a number of initiating factors may lead to the valvular incompetence of deep or perforating veins, the resulting clinical picture of chronic venous insufficiency is the same. These ulcers are often shallow and can be very large relative to other types of ulcers.

Pressure ulcers

Also known as bedsores, these wounds are caused by prolonged, unrelieved pressure to an area of the body, typically around bony prominences such as the tailbone, heels and ankles. This constant pressure inflicts damage to the skin while other factors, such as moisture and friction, contribute to wound formation.

Activated collagen in wound healing

Collagen is a key component of a healing wound. One key component of chronic wounds is an elevated level of matrix met-



Chronic ulcers can affect quality of life and productivity.

alloproteinases (MMPs), which not only degrade nonviable collagen but also viable collagen.

In addition, fibroblasts in a chronic wound may not secrete tissue inhibitors of MMPs (TIMPs) at an adequate level to control the activity of MMPs. Collagen-based wound dressings are uniquely suited to address the issue of elevated levels of MMPs by acting as a "sacrificial substrate" in the wound.

Glycerin in wound healing

Glycerin is a humectant by definition as has been recognised by the United States Food and Drug Administration. Clinical studies have shown that glycerine in high concentration creates a bacteriostatic environment, which decreases the number of microbes in the wound.

In trials carried out at local hospitals with activated collagen and glycerine, it was documented that diabetic patients with foot ulcers showing poor healing showed marked improvement in terms of wound healing and the ulcer epithelialised and healed well.

Be advised that you should consult medical professionals in treatment of wounds.

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(darkened, dry, scaly skin / calluses)

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Strengthens
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Management of Wounds & Ulcers



**Speed Up
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**Contains Activated
Hydrolysed Collagen.
High Concentration
Glycerin.**

This product is classified as a medical device.



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