



Ref	Description	Dimensions	Packaging
0511	Flexible Surgical Dressing	5.3" x 11" (13cm x 28cm)	5 Per Box 2 Boxes Per Case
1511	Flexible Silver Surgical Dressing	5.3" x 11" (13cm x 28cm)	5 Per Box 2 Boxes Per Case
0512	Surgical Dressing	5.5" x 12.75" (14cm x 32cm)	5 Per Box 2 Boxes Per Case
1512	Silver Surgical Dressing	5.5" x 12.75" (14cm x 32cm)	5 Per Box 2 Boxes Per Case
0481	C-Section Dressing	4.7" x 10.2" (12cm x 26cm) Adhesive 2.7" x 8.25" (7cm x 21cm) Pad	5 Per Box 2 Boxes Per Case
0230	MAX Film Island Dressing	2.75" x 3" (7cm x 7.6cm) Adhesive 1.25" x 1.5" (3.1cm x 3.8 cm) Pad	10 Per Box 4 Boxes Per Case
606	MAX Film Island Dressing	5.25" x 5.25" (13.3cm x 13.3cm) Adhesive 3.5" x 3.5" (9cm x 9cm) Pad	15 Per Box 4 Boxes Per Case
3412	MAX Film Island Dressing	3.5" x 11.75" (8.9cm x 29.8cm) Adhesive 2" x 10" (5cm x 26cm) Pad	12 Per Box 1 Box Per Case

PolyMem Surgical dressings are not made with natural rubber latex.

INDICATIONS FOR USE

For the management of partial and full thickness surgical wounds healing by primary intention.

Available through most major medical supply distributors. This document is meant for general informational purposes only. See individual product literature for specific indication and instructions for use. We strongly recommend that you consult your payer organization with regard to its reimbursement policies.

- References:
 1. Beitz, AJ, Newman A, Kahn AR, Ruggles T, Eikmeier L. A Polymeric Membrane Dressing with Antinociceptive Properties: Analysis with a Rodent Model of Stab Wound Secondary Hyperalgesia. The Journal of Pain. Feb 2004;5(1):38-47
 2. Knight KL. Chapter 3. Inflammation and Wound Repair In Cryotherapy in Sport Injury Management. Human Kinetics. 1995. Champaign, IL
 3. Merrick MA. Secondary injury after musculoskeletal trauma: a review and update. Journal of Athletic Training 2002;37(2):209-217
 4. Clay CS, Chen WYJ. Wound pain: the need for a more understanding approach. Journal of Wound Care. April 2005;14(4):181-184
 5. Abraham SE. Pain Management in wound care. Podiatry Management. June/July 2006;165-168
 6. Wulf H, Baron R. The Theory of Pain in European Wound Management Association Position Document Pain at Wound Dressing Changes, Medical Education Partnership, London UK, 2002; page 8-11
 7. Levine JD, Reichling DB. Chapter 2 Peripheral Mechanisms of Inflammatory Pain. In Wall PD, Melzak R, Editors. Textbook of Pain. 4th edition. Edinburgh, UK: Churchill Livingstone, 1999. pages 59-84.
 8. Fields HL. Chapter 1 Introduction & Chapter 2 The Peripheral Pain Sensory System In Pain New York; McGraw-Hill 1987 pages 1-40
 9. Sesions R. Acute wounds closed pain-free and with invisible scars through use of drug-free polymeric membrane dressing. Poster 2010 WOCN/ WCET Joint conference. Poster #4612. June 13-16, 2010. Phoenix, Arizona USA.
 10. Brook I. Clinial clues to diagnosis of anaerobic infections http://www.medscape.com/iewarticle/495997 accessed July 18, 2010
 11. Wolcott RD, Rhoads D., Dowd SE. Biofilms and chronic wounds: Controversies in diagnosis and treatment. Ostomy/Wound Management 1999:45(6):23-40
 13. Dawson N. Lewis C. Total joint replacement surgical site infections eliminated by using multifunctional dressing. 900 cases report over 4 years. Developed the Viet of David Pathetic V David P

1999: 43(8):23-40
 13: Dawson N. Lewis C. Total joint replacement surgical site infections eliminated by using multifunctional dressing. 900 cases report over 4 years.
 Poster. Australian College of operating room Nurses (ACORN) May 19-22, 2010. Perth, Australia
 Rosevear C, Dott J, Lazarus R. Reducing risk of post-operative complications after joint replacement surgery. Poster. Australian College of operating room Nurses (ACORN) May 19-22, 2010.

operating room Nurses (ACURN) May 19-22, 2010. Perth, Australia 15. Schmid P. Reduction of edema and pain on surgical wounds with polymeric membrane dressings. Poster. European Wound Management Association (EWMA) Poster #P317. May 26-28, 2010. Geneva, Switzerland 16. Burkhard R Efficient reduction of swelling and bruising on severe sports injuries when using polymeric membrane dressings. Poster. European Wound Management Association (EWMA) Poster #P218. May 26-28, 2010. Geneva, Switzerland 17. Burd A, Kwok CH, Hung SC, Chan HS, Gu H, Lam WK, Huang L. A Comparative Study of the Cytotoxicity of Silver-Based Dressings in Monolayer Cell, Tissue Explant, and Animal Models. Wound Repair and Regeneration. Jan-Feb 2007; 15(1):94-104

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Reduce Inflammation, **Increase Healing**

Focus inflammatory response for maximum benefit, speed healing, and improve outcomes with a revolutionary dressing for surgical incision sites



POLYMEM[®]—THE PROVEN INTELLIGENT DRESSING

PolyMem dressings have helped clinicians successfully manage millions of wounds worldwide. The dressings protect the wound and ensure moist wound healing by continuously cleansing, filling, absorbing and moistening wounds, regardless if they are healing by primary or secondary intention.

Activated by wound fluid...

5.3" x 11"

5.3" x 11"

(13cm x 28cm)

(13cm x 28cm)

- The PolyMem dressing will expand and conform to the wound.
- The mild, non-toxic, tissue-friendly wound cleanser and the glycerin incorporated in the dressing will be released to the wound bed/incision site, while the superabsorbents and the foam will bind fluid in the dressing.
- The semi-permeable film cover helps maintain appropriate moisture balance.





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Improved

compliance

PolyMem Surgical has the ability to rapidly reduce inflammation, resulting in the following benefits:

CLINICIANS PATIENTS

 Reduced pain post-operatively Reduced edema • and swelling

5

REF 0512



(A) Incision only

This series of images shows the width of the spread of the inflammatory cells, in muscle, around an incision. The dark portion of the scale in each image (each segment is 100µm) represents the spread of the zone of the inflammatory reaction around the center line of the incision. In images A and B, there is no difference in the spread of the inflammatory reaction around the center of the injury. In image C, notice how PolyMem reduces the spread of the inflammation into the surrounding tissue. Statistically, PolyMem reduces the spread of the inflammatory reaction into the surrounding undamaged tissue by approximately 25 percent.

Focused inflammation improves outcomes

PolyMem Surgical dressings are designed to focus inflammation to where it is needed—in the operated tissues.¹

Focusing the inflammatory process helps reduce secondary cell damage and pain caused by the typical swelling and bruising usually observed beyond the operative site.^{1,2,3}

PolyMem has been shown to reduce secondary cell damage by reducing the recruitment of adjacent inflammatory nerve endings (also referred to as nociceptors or free nerve endings).¹ These populous nerve endings, found in the epidermis, dermis, muscle, joints and viscera, are responsible for triggering and spreading the inflammatory reaction into surrounding uninjured tissues.^{4,5,6,7,8} The spreading of inflammation is often clinically evidenced by increased temperature, bruising, swelling, increased sensitivity to stimuli, and pain beyond the immediate zone of injury.^{5,7}

PolyMem, when placed on open or closed injuries, is believed to provide its benefits by changing the nerve responses both locally, at the injury site, and centrally at the level of the dorsal root ganglion and spinal cord.

Other important benefits

- PolyMem surgical dressings, applied at the time of surgery, help improve post-surgical scar appearance.⁹
- Unique shapes for different types of surgery
- The adhesive tape seal is waterproof if properly applied, permitting patients to shower.
- PolyMem dressings adhere well to the skin even when moist - and provide an optimal environment for moist wound healing.

PolyMem helps reduce spread of inflammatory reaction into surrounding, uninjured areas



(B) Incision with gauze



(C) Incision with PolyMem

Minimize infection and blistering

By helping to reduce swelling and bruising, PolyMem improves blood flow to the surgical site and removal of cellular debris. All of these actions help to reduce the immediate and long-term risk of infection.^{2,3,10,11,12} PolyMem has been shown to help reduce the risk of surgical site and joint infection and virtually eliminate blistering, while dramatically reducing patients' swelling and pain.13,14,15,16

No infections in 900 consecutive total joint replacements.¹²

These dressings, applied in the operative theater, are designed to be left in place for three to five days so the incision is not exposed to potential contamination during a dressing change or visualization prior to epithelialization completion.¹⁴

For additional antibacterial action, PolyMem Silver Surgical dressings can be used to manage incision sites.* The dressings contain high-purity, nanocrystalline silver particles which are universally distributed throughout and bound into the dressing membrane. The dressings have been found to be one of the best for use on healing tissues.¹⁷ Other commonly specified silver dressings have been found to damage the key cells required for healing.¹⁷

^{*} In tests for antimicrobial effectiveness using several in-vitro methods. PolyMem Silver dressings killed at least 99% of the entire population of each organism tested. The bacteria and fungi tested included Klebsiella pneumoniae (ATCC# 4352), Pseudomonas aeruginosa (ATCC# 9027), Enterococcus faecalis (VRE) (ATCC# 51575), Candida albicans (ATCC# 10231), Staphylococcus aureus (MRSA) (ATCC# 33591) and Staphylococcus aureus (ATCC#6538). The organisms chosen demonstrate the antimicrobial actions of the silver formulation on relevant, representative organisms found in clinical settings.