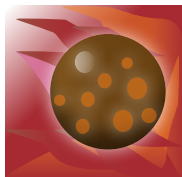


## What is cadexomer iodine?

- The cadexomer bead is a spherical starch structure with highly absorptive properties<sup>7</sup>
- Using a unique manufacturing process, 0.9% elemental iodine is loaded into the bead
- Its hydrophilic property allows absorption of up to 7 times its weight in exudate<sup>7</sup>.



## Features of IODOSORB<sup>◇</sup>

- Broad-spectrum antimicrobial including meticillin resistant *Staphylococcus aureus* (*in vitro*)<sup>8,9,14,15</sup>
- Minimal cytotoxicity to cells *in vivo*<sup>16</sup>
- Proven efficacy against biofilm (*in vivo* and *in vitro*)<sup>5,17-20</sup>
- Extensive evidence to support its use, including a positive Cochrane Review stating cadexomer iodine generates higher healing rates than standard care in venous leg ulcers<sup>21</sup>.

### References

1. Schultz G et al. *Wound Repair Regen* 2003; 11: 1-28
2. Wolcott RD et al. *J Wound Care* 2010; 19(8): 320-8
3. Dowd SE et al. *J Wound Care* 2011; 20(5): 232, 234-9
4. Wolcott RD et al. *J Wound Care* 2009; 18, 54-6
5. Malone M et al. *J Antimicrob Chemother* 2017; 72(7): 2093-101
6. Schultz G et al. *Wound Repair Regen* 2017 25: 744-57
7. Johnson A. *Prof Nurse* 1991; 7: 60, 62, 64
8. Troëng T et al. In *Cadexomer Iodine* (eds. Fox J & Fisher H) Schattauer Verlag, 1983: 43-50
9. Lindsay G et al. *Acta Ther* 1986; 12: 141-8
10. Holloway GA et al. *West J Med* 1989; 151: 35-8
11. Ormiston M et al. *Br Med J* 1985; 291: 308-10
12. Hansson C. *Int J Dermatol* 1998; 37(5): 390-6
13. Driffield K et al. Poster presented at SAWC, Tampa, FL, USA, 2007
14. Salman H, Leakey A. Data on File 2001; GR Micro Ltd
15. Skog E et al. *Br J Dermatol* 1983; 109: 77-83
16. Zhou LH et al. *Br J Dermatol* 2002; 146: 365
17. Phillips PL et al. *Int Wound J* 2015; 12(4): 469-83
18. Oates JL et al. Presented at SAWC, Atlanta, GA, USA, 2016
19. Schultz G, Yang Q. (PO087-ID 354) Poster presented at 5<sup>th</sup> Congress of WUWHS, 25-29 Sept 2016, Florence, Italy
20. Fitzgerald DJ et al. *Wound Repair Regen* 2017; 25(1): 13-24
21. O'Meara S et al. *Cochrane Database Syst Rev* 2014; Jan 10; (1): CD003557
22. Akiyama H et al. *J Dermatol* 2004; 31: 529-34
23. Hill E et al. *J Antimicrob Chemother* 2010; 65(6): 1195-206
24. Perstorp Pharmaceuticals. Iodine release from CADEX, iodocoat and U pasta. Smith & Nephew Data on file #091101 (2009)
25. Harrow J. 2009; 6763/IODOSORB/TECHMON/GLOBAL/0404
26. Balin AK, Pratt L. *Dermatol Surg* 2002; 28: 210-4
27. Danielsen L et al. *J Wound Care* 1997; 6(4): 169-72
28. Schwartz et al. *J Wound Care* 2014; 23 (9) S4, S6, S8
29. Sundberg J. Poster presented at the EWMA conference, Milan, Italy, 1997
30. Bianchi T et al. *J Wound Care* 2016; 25(6): 305
31. Schwartz J et al. *Int Wound J* 2013 (10) 193-9
32. Harcup JW, Saul PA. *Br J Clin Pract* 1986; 40(9): 360-4

## IODOSORB<sup>◇</sup> exhibits dual action against infection and biofilm in chronic wounds

IODOSORB is a dual-action wound management product that offers the benefits of a broad-spectrum, sustained-release antimicrobial agent in combination with desloughing and fluid-handling properties, making it effective against biofilm *in vitro*<sup>16,17,22,23</sup>.

### High absorptive property

IODOSORB's cadexomer micro-beads promote autolytic debridement and desloughing actions<sup>11,12</sup>, and can dehydrate and directly disrupt the biofilm structure<sup>22</sup>.

### Sustained antimicrobial iodine release<sup>16,24</sup>

- Iodine is released from the micro-beads in effective, sustained low concentrations<sup>24,25</sup>, rather than high and short-burst doses (as with older formulations such as povidone iodine) that may be toxic<sup>26</sup>
- Clinically, this activity provides a reduction in wound bioburden<sup>11,15,27,28</sup> and infection<sup>7,15,29</sup>
- Against biofilm, once the cadexomer micro-beads have physically disrupted the biofilm matrix, the iodine can then kill the exposed bacteria<sup>22</sup> within the biofilm community.

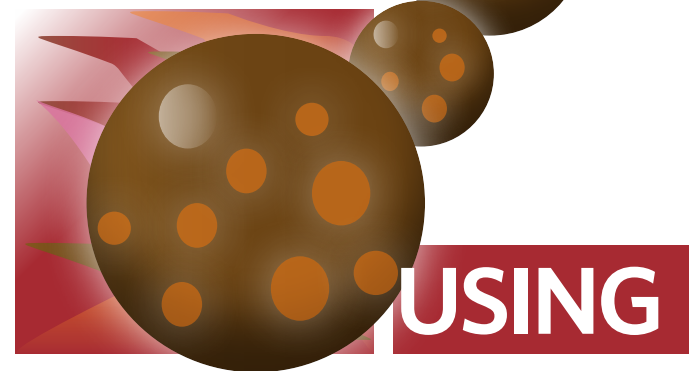
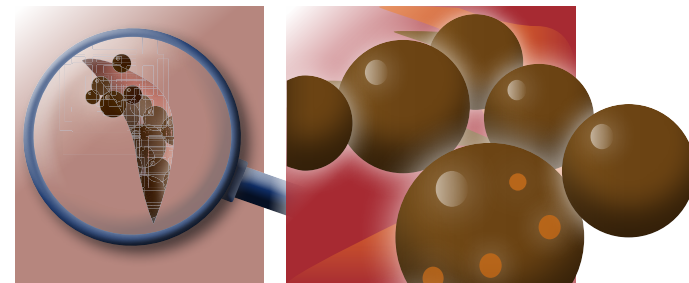
Wounds that fail to heal despite optimal patient and wound care should be suspected of having a biofilm present<sup>6,30</sup>. Using IODOSORB within a biofilm-based approach, which follows the T.I.M.E. continuum, may improve patient outcomes and wellbeing<sup>5</sup>. IODOSORB reduces microbial load<sup>15,28,31</sup>, biofilm<sup>5</sup>, MMPs<sup>5</sup>, oedema, odour<sup>32</sup> and pain<sup>9,15,21</sup>.



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# USING IODOSORB<sup>◇</sup> IN PRACTICE



## IODOSORB<sup>®</sup> in the T.I.M.E wound bed preparation continuum

A biofilm-based wound care approach, within the T.I.M.E continuum<sup>1</sup>, promotes a multifaceted attack on biofilm<sup>2</sup> and has been shown to improve the healing trajectory in a large cohort study<sup>3</sup>.

➤ IODOSORB is indicated for use in chronic and infected wounds where bioburden is a barrier to healing

➤ Contraindicated in dry wounds.

### Wound assessment and biofilm identification

1. Assessment of indirect clinical signs and symptoms of biofilm (e.g. low level inflammation, slow-healing wound, slough, and moderate or no improvement with multiple rounds of oral antibiotics and recurrent infection)
2. Biopsy and biofilm lab testing – however these might not be reliable given the non-homogeneous distribution of biofilm on the surface and within the deeper layers of the wound.

### Aggressive debridement

Sharp debridement is a crucial and necessary step in the wound bed preparation continuum but it is often not enough to remove all biofilm. Moreover, biofilm is known to reform rapidly following debridement<sup>2,4</sup>.

### Initiate biofilm therapies

The selection of a proven and effective anti-biofilm treatment, such as IODOSORB, is recommended to remove residual biofilm following debridement and also ideal to address biofilm where sharp debridement is not possible<sup>5,6</sup>.

### Maintenance debridement and treatment optimisation

Maintenance debridement is an important complementary step<sup>4</sup>. Some dressings (such as IODOSORB) can also promote autolytic debridement throughout application and promote effective wound bed preparation<sup>7-12</sup>.

### Step-up to advanced therapies to kick-start healing

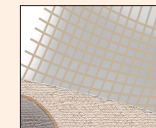
Once biofilm has been disrupted and removed, the clinician may choose to move to standard care using a non-antimicrobial dressing or **step-up** to advanced therapies such as negative wound pressure therapy (e.g. PICO<sup>®</sup>) – this can be used in conjunction with dressings that are able to prevent biofilm reformation (e.g. silver-based dressing, such as ACTICOAT<sup>®</sup>)<sup>13</sup>.

## Formulation and delivery

IODOSORB<sup>®</sup> is a sterile antimicrobial dressing and available in three formats:



Gel or ointment



Dressing or paste  
(IODOFLEX<sup>®</sup> or  
IODOSORB dressing)



Powder

## Dressing change

- Frequency of dressing change will depend on the amount of exudate in the wound bed
- IODOSORB will transition from brown to yellow/grey when the iodine has been depleted, indicating that it is time to change the dressing
- IODOSORB should be changed when it has become saturated with wound fluid, and all the iodine has been released
- Dressings should be changed 2-3 times a week, or more frequently, even daily, if the wound is heavily exuding
- Dressings can be left up to 72 hours, depending on exudate levels
- Dosage should not exceed a quantity of 150g per week (on the same patient)
- Can be used for up to 3 months in a single course of treatment
- If necessary, soak the dressing for a few minutes before removal
- Gently remove IODOSORB using a stream of water or saline
- Gently blot any excess fluid, leaving the wound surface slightly moist, before reapplying IODOSORB.

For detailed information, including indications for use, contraindications, precautions and warnings, please consult the product's Instructions for Use (IFU) prior to use.