Protease Technology℠

elta®
SKIN AND WOUND CARE

Clinical Support for Protease Technology

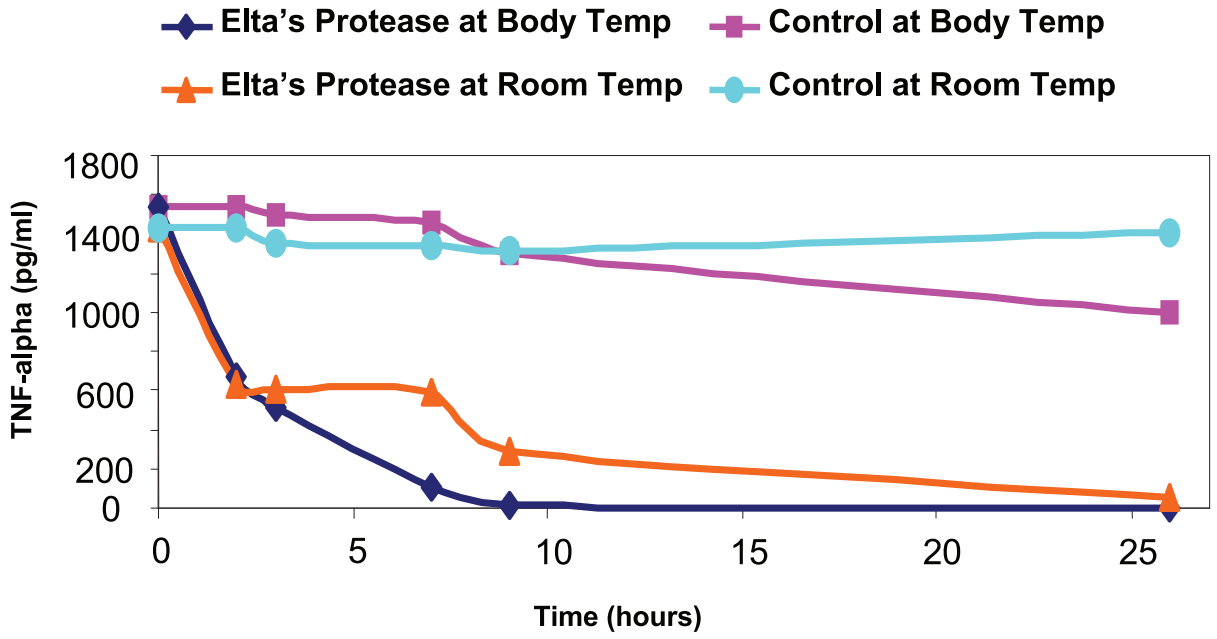
Results from in-vitro laboratory testing suggest that **Elta Protease Technology**℠ deactivates elements that can impede healing within wounds. Study results also suggest that certain specific proteins known to promote wound healing are not deactivated by Protease Teachnology.[1]

Persistent contact dermatitis—Use of **Elta Provase** at night along with **Elta Nuvase** during the day resulted in resolution of itching, redness, and swelling in three months after a previous 15 months therapy of traditional prescription steroidal products had failed.[2]

Fungal infected venous ulcers—**Elta Trivase** therapy resulted in marked improvement. Peri-wound skin was supple and pliable. Ulcer base was clean with minimal exudate. Odor and inflammation were resolved.[3]

Chronic pressure ulcers—In a preliminary study **Elta Hydrovase** wound gel used in conjunction with a pressure management surface resulted in 90% of patients experiencing healed or healing Stage II and III pressure ulcers within 4-6 weeks.[4]

Dermal and epidermal inflammation—A sample of patients experienced complete relief of cellulitic symptoms of itching and inflammation with application of **Elta Nuvase,** in conjunction with standard treatment protocols. All but one saw complete relief by the next visit, and all by the second visit.[5]



TNF-α is a cytokine that reduces the body's healing response to trauma and disease. TNF-α has been shown to be degraded by Elta Protease Technology. At body temperature TNF-α is completely degraded within ten hours. In addition to degrading components such as TNF-α, Elta Protease Technology does not adversely affect certain proteins beneficial to healing such as Platelet Derived Growth Factor's (PDGF's), which help cause cellular growth.[1]

1. Sampson EM, Baskovich B, Schultz G, Parnell LKS. *Elta Hydrovase wound dressing components degrade proteins detrimental to wound healing.* Wound Healing Society annual meeting, Scottsdale, AZ; May 14-17, 2006.
2. Barnett L, Parnell LKS. *Contact Dermatitis treated with new topical products: A case study. Ost Wound Manage.* 2001;47(9):47- 53.
3. Pattison PS, Gordon JK. *Proper skin hydration requires assessment, re-assessment, and education.* Wound Ostomy Continence Nurses annual meeting, May 2004.
4. Parnell LKS, Ciufi B, Gokoo CF. *Preliminary use of a hydrogel containing enzymes in the treatment of stage II and stage III pressure ulcers.* Ost Wound Manage. 2005;51(8):50-60.
5. Barnett L, Parnell LKS. Data on File. Swiss-American Products, Inc. 2002

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