

Endoform™

APPLICATION GUIDE | Wound Care

Endoform™ Application Instructions

Kickstart care of acute and chronic wounds^(1,2)

The **only ECM** available for professional use from **day one**.

Endoform is a unique extracellular matrix (ECM) that supports all phases of wound healing. Simple, easy to use and **can also be applied by a nurse**.

Endoform provides a natural, porous bioscaffold to help build new tissue.⁽³⁾

Endoform is appropriate for use early in wound management to escape the inflammatory phase and advance healing to the proliferative phase.⁽¹⁾

Endoform is indicated for the management of acute and chronic wounds including:

- Partial & full thickness wounds
- Diabetic ulcers
- Pressure ulcers
- Venous ulcers
- Chronic vascular ulcers
- Surgical wounds**
- Traumatic wounds**
- Draining wounds
- Tunnelled/undermined wounds

** Refer to full Instructions For Use for list of indications.

1 Prepare:

Clean the wound bed as per your usual protocol.



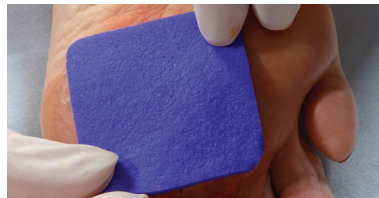
2 Apply

Trim dressing to fit the wound. If needed, multiple sheets can be used to cover the surface of the wound. Place the dry dressing in the wound and hydrate with exudate or saline solution.



3 Cover

Select appropriate secondary dressing based on type of wound and amount of exudate. If little to no exudate, apply a hydrogel to maintain appropriate moisture balance. Example below of secondary dressing application.



4 Secure

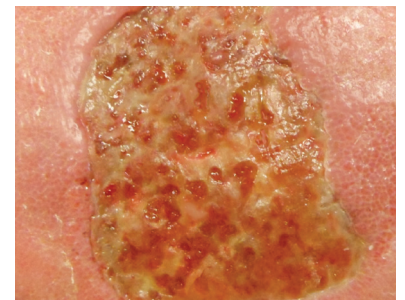
If needed, secure cover dressing with rolled gauze. **Endoform** may be used in conjunction with compression therapy or negative pressure wound therapy.



5 Reapply:

Duration of treatment and reapplication is determined by the woundcare professional and depends upon the wound type and conditions. Reapply when the **Endoform** has been incorporated into the wound. It is recommended to assess the wound within 72 hours.

Endoform may last up to 7 days in the wound, depending on the wound environment. It is not necessary to remove any residual **Endoform** during dressing changes or reapplication of product.



1. Bohn, G. A., G. S. Schultz, B. A. Liden, M. N. Desvigne, E. J. Lullave, I. Zilberman, M. B. Regan, M. Ostler, K. Edwards, G. M. Arvanitis and J. F. Hartman (2017). "Proactive and Early Aggressive Wound Management: A Shift in Strategy Developed by a Consensus Panel Examining the Current Science, Prevention, and Management of Acute and Chronic Wounds." *Wounds* 29(11): S37-S42. 2. Bosque, B. A., C. Frampton, A. E. Chaffin, G. A. Bohn, K. Woo, C. DeLeonardis, B. D. Lepow, M. M. Melin, T. Madu, S. G. Dowling and B. C. H. May (2022). "Retrospective real-world comparative effectiveness of ovine forestomach matrix and collagen/ORC in the treatment of diabetic foot ulcers." *Int Wound J* 19(4): 741-753. 3. Lun, S., S. M. Irvine, K. D. Johnson, N. J. Fisher, E. W. Floden, L. Negron, S. G. Dempsey, R. J. McLaughlin, M. Vasudevamurthy, B. R. Ward and B. C. H. May (2010). "A functional extracellular matrix biomaterial derived from ovine forestomach." *Biomaterials* 31(16): 4517-4529.

These recommendations are designed to serve only as a general guideline. They are not intended to supersede institutional protocols or professional clinical judgment concerning patient care.

Prior to use, be sure to read the entire Instructions For Use package insert supplied with the product. Not all products are available in all countries. Consult your local sales representative or distributor for country-specific information.

For product questions, sampling needs, or detailed clinical questions concerning our products please email globalsales@aroa.com.

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