

# TheraSkin®

Real Skin Wound Therapy

Get the healing benefits of Real Skin and SMRT Polymer Moisture Regulation.

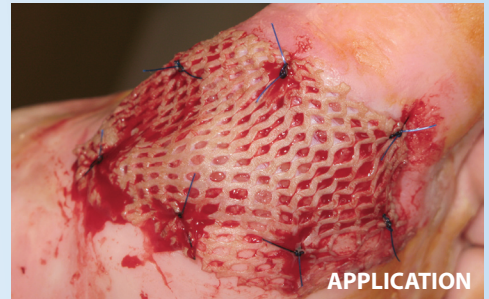
## TheraSkin® Case #3 Diabetic Foot Ulcer (Wagner 2/3)



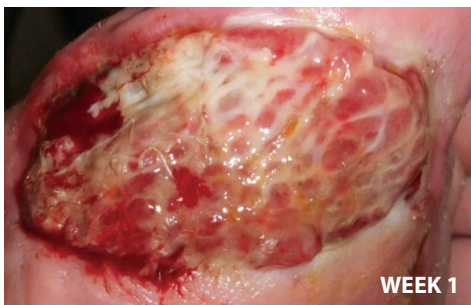
Initial diabetic wound has deep fibrous tissues exposed. NPWT is used with TheraGauze® as the wound interface to promote vascular tissue.



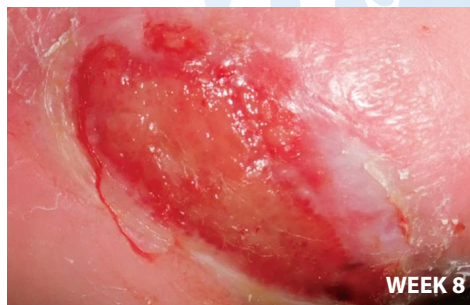
Granulation tissue in place. Wound is now ready to receive TheraSkin® allograft.



TheraSkin® is applied and sutures are used to secure graft. TheraGauze® is used as non-adherent and moisture-regulating cover dressing.



Temporary incorporation of TheraSkin® after 5 days. TheraGauze® continues to be used as cover dressing with NPWT.



The wound shows significant progress with good epithelization. TheraGauze® treatment continues.



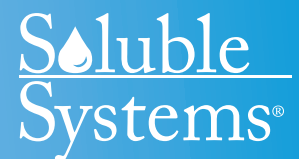
Wound closed with a single TheraSkin® application and TheraGauze® as the wound cover dressing.



- TheraSkin is a biologically active, cryopreserved, real human skin allograft
- TheraSkin has both living cells and a fully developed extracellular matrix (ECM) in it's epidermis and dermis layers
- TheraSkin has a fully developed ECM which provides, upon application, an "at ready" supply of growth factors, cytokines, and collagen to jump start wound healing



- Use TheraGauze+FN® to cover TheraSkin®
- Skin Moisture Rebalancing Technology (SMRT) creates an optimally moist environment for graft incorporation
- Fenestrations (+FN) allow excess exudate to flow away from wound surface to prevent maceration
- TheraGauze+FN® will not adhere to the graft



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