

North Shore Medical Center Inc.

A Non-Profit Corporation

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Ed Stout, Ph.D.
President
Southwest Technologies, Inc.
2018 Baltimore
Kansas City, MO 64108

Dear Ed:

As I read over my patient profile sheets and tallied up my numbers, it is easy to see where the 3 months have gone. I must confess, 31 ulcers on 16 patients does not sound like horrendous numbers, but I hope you will find the time well spent. I have.

Pressure ulcers and similar wounds have been a plague on the human body over the ages. There seems to be no one answer within our grasp, that will yield a singular solution. They haunt us with a never ending cry. They surface when all is done to prevent them. They laugh at us, as we ceaselessly try to eliminate them. What to do?

Many people have developed products to aid in our fight against this innocuous battle. Some products have significance, some do not. I feel you have produced a dressing that falls in the former category, and will find that it's place is among the possibilities of hope for better medical management in wound care. I commend you.

As you know, there is no one answer to solving the wound management problem. I wish that was not so, as I know you do also. So the areas of discontent with Elastogel, should be kept in perspective to the areas of great content.

In my use of Elastogel over the last few months I have found it to fill a dressing void. Hydrocolloids and transparent dressings; while wonderful in composition, were not able to meet the needs of all my wounds. Your hydrogel seems to fill the gap they leave.

It is very flexible, comfortable, soothing and easy on the skin. There are patients whose bodies have forgotten that the skin is the first line of defense, and is supposed to be tough and durable. They have tissue paper as a first line

of defense, and it withers at the sight of anything adhesive. Elastogel is so gentle, I had 100% healing on those tissue paper arms. Everything else we have ever used, has always left us feeling frustrated and angry - for we end up removing more fragile skin than we repair. It conforms easily to most areas, maintains an occlusive environment, provides padding over bony prominences, comes in usable sizes and is easy to understand and apply. Every nurse who saw it, would smile and say, "Neat!", when I showed it to them.

The difficulties with the dressing are also it's strengths, which may sound contradictory, but are not. The wonder of having something gentle, has the downside that it does not stick like glue. Thus I found it difficult to maintain in the hip and sacral area, unless I used tape. On the patients who seem to benefit from dressing the most, tape was preferred to be avoided, and a gauze wrap (if used for security. It is also easily soiled by incontinent patients, sacral area was almost impossible without frequent, and what would be, costly changes. Elastogel's ability to absorb seems minimal, and when it does, becomes very heavy. This also results in frequent changes over very moist wounds. I found no ability for it to rehydrate a dry eschar, to aid in the initial debriding of an eschar cap. But once the cap was removed it would aid in the continued autolysis of underlying slough.

In conclusion, I found it to be remarkable in total healing of stage 1 and 2 wounds, even in the most decompensated of medical cases. But found it not very helpful in the cases where wounds had reached severe necrosis and eschar. (A point to keep in mind: I have found nothing to work very well with necrosis, except a scalpel, scissors and forceps).

I hope you find this helpful, and have no regrets at the time spent by myself and this institution in evaluating your product. I also wish you luck with the clinical evaluation presently going on in our Radiation Therapy department. Wouldn't it be wonderful to have stumbled on a real silent market for your product? I will continue to stick my nose in and inquire on how it is going.

We all have much to do in the battle against the dreaded "pressure ulcer" and wound problem. I am honored to have participated in your search for the ultimate dressing. Maybe someday we will not have to search any longer. But unfortunately, I doubt it will be in our lifetime.

My sincere appreciation for this opportunity. Myself, the staff and most of all, the patients have all benefited. Please feel free to call with any questions I have not answered.

Sincerely,

Paula Malmrose RN CETN

Paula Malmrose, RN, CETN
Enterostomal Therapist

P.S. I chose not to include staff evaluation sheets because they were directed to compare Elastogel to Duoderm. I realize my error now, for these dressings are not in the same category.

I feel my staff's opinion is closely related to my own. I hope that is alright. Talk to you soon.

EVALUATION OUTCOMETally:

1. Number of 4" x 4" dressings used 85
6" x 8" dressings used 50 } approximate - I finally
last tract.
2. Number of pressure sore patients? 16
3. Number of pressure sores? 31
4. Number of pressure sores healed? 11
5. Number of pressure sores improved? 12
6. Number of pressure sores minor improvement? 1
7. Number of pressure sores unchanged? 5
8. Number of pressure sores which deteriorated? 2
9. Number of pressure sores which became infected? 0
10. Number of dressings discontinued due to:
 - ☐ Discharge 6
 - ☐ Death 5 Healed: 5
 - ☐ Dressing Problems _____

Please explain: _____

☐ Other (please explain): _____

11. Number of nurses applying the dressing? 6
(Please attach Form C, completed Staff Member Evaluation Form from each of them.) *Any staff member who was on. But I followed each case myself, and did almost all the drug changes*
12. Number of family caregivers applying the dressing? 1

Primary Investigator Signature _____

Date _____

EVALUATION COMMENTS

1. What are your top-of-mind impressions of the new Elastogel Wound Dressing.

A. Is it: ☒ Better ☒ Worse ☐ Same as Duoderm

Comments: Not appropriate for all the same areas as Duoderm. Not washable. Edges lift without tape.

B. Would you use it: ☒ Yes ☐ No

If yes, I would: (Check one)

☐ Replace all Duoderm with the new Elastogel Wound Dressing as soon as possible.

☒ Use some of this product on certain pressure sores.

Please explain: I found it to be most effective on stage 1 & 2 ulcers. Stage 3, 4 and all ranches were not dramatically affected by its use.

☐ I'd pay 0 % more for this product because _____

Comments: I would hope for a comparable price.

C. Please complete the following:

☐ I would not change to the new Elastogel Wound Drsg. at this time because it does not fill 100% of my wound needs

☐ I would like to change to this product as soon as it appears in the U.S. market because it does fulfill needs on pts with sensitive skin, skin tears, and stage 1 & 2 ulcers not in areas of urine or fecal soiling.

☐ I have yet to find a dressing I like better than Duoderm because _____

Primary Investigator Signature _____

Date _____