

Case Study

Impax™ Dual-Layer Amniotic Graft

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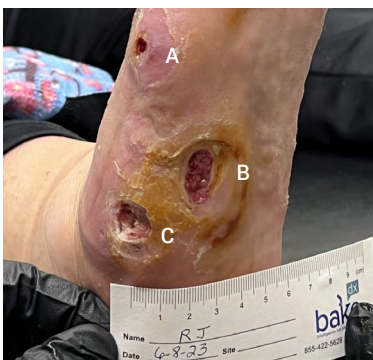
A 70 YEAR OLD FEMALE with osteoarthritis, hypertension, and neuropathy presented with three pressure/neuropathic ulcers on right foot that had been present for four months with a history of infection. Treated at wound clinic without significant improvement. Referred to vascular specialist who determined adequate blood flow for healing and no significant PAD.

Location: **Right foot**

Wound type: **Pressure/neuropathic ulcer**

Weeks to resolution: **13**

Total number of Impax applications: **6**



(A) 0.9 x 0.8 x 0.3 cm

(B) 4.6 x 3.3 x 0.2 cm

(C) 2 x 1.2 x 0.3 cm

INITIAL VISIT Post-debridement applied 2 x 2 cm Impax to all wounds



(A) 0.2 x 0.3 x 0.2cm | Reduced 94%

(B) 1.1 x 0.5 x 0.2 cm | Reduced 96%

(C) 0.6 x 0.8 x 0.3 cm | Reduced 80%

2-WEEK VISIT Post-debridement applied 2 x 2 cm Impax to all wounds



(A) Wound resolved

(B) 1.8 x 0.4 x 0.1 cm | Reduced 35%

(C) 0.3 x 0.6 x 0.3 cm | Reduced 63%

6-WEEK VISIT After surgery to remove infected bone and resolution of infection; post-debridement applied 2 x 2 cm Impax to all wounds



(B) 1.1 x 0.4 x 0.1 cm | Reduced 39%

(C) 0.3 x 0.4 x 0.2 cm | Reduced 56%

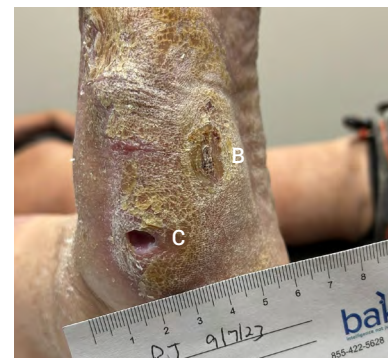
8-WEEK VISIT Post-debridement applied 2 x 2 cm Impax to all wounds



(B) 0.5 x 0.1 x 0.1 cm | Reduced 89%

(C) 0.6 x 1 x 0.2 cm | Increased 400%

10-WEEK VISIT Post-debridement applied 2 x 2 cm Impax to all wounds



(B) Wound resolved

(C) 0.4 x 0.6 x 0.3 cm | Reduced 40%

12-WEEK VISIT Post-debridement applied 2 x 2 cm Impax to wound; all wounds resolved at week 13