



If your wound has not progressed in 4 weeks, it may be time to consider an advanced treatment such as EpiFix.

+ How do wounds heal?

After an injury or damage to soft tissue and bleeding occurs, platelets (cells in the blood) help create a clot and release growth factors into the injured tissue. The clot acts as a temporary matrix that helps stop bleeding and provides a new matrix for incoming inflammatory and repair cells to attach and start the healing process. Wounds on healthy people move through a sequence of events within 10-20 days depending on the size of the wound. There are three major phases of normal wound healing that all wounds must undergo in order to heal.

Inflammatory phase: The body identifies the need to repair the site of damage and first checks to see if foreign material and bacteria has entered the body. Once the threat of infection has been controlled, the body moves into the Proliferation phase.

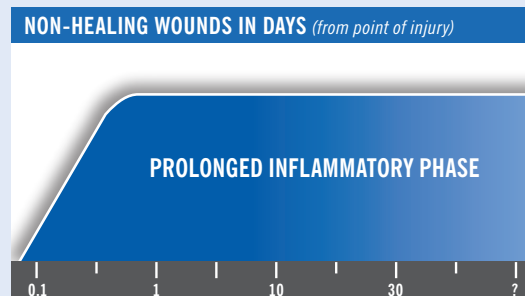
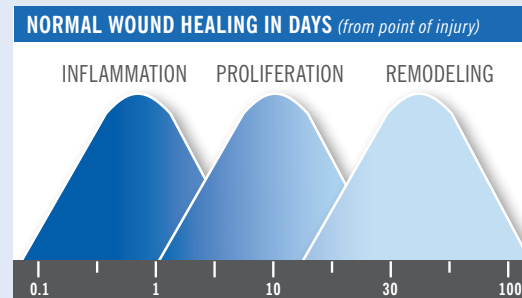
Proliferation phase: Skin cells like keratinocytes (Epidermis or the skin you see) and dermal fibroblasts help to create and rebuild the lost soft tissue.

Remodeling phases: After the wound has closed, the work of the fibroblast and other cells will continue for up to two years remodeling the newly formed tissue to minimize the formation of scar tissue.

+ What is a chronic wound?

The reasons why wounds become chronic are complex. There are many types of chronic wounds such as venous leg ulcers, diabetic foot ulcers, arterial ulcers, pressure ulcers, and wounds that have become infected. These chronic wounds are “stuck” in the inflammatory phase of healing. Patients with chronic wounds usually have comorbidities (other health problems) that complicate, delay or interrupt the phases of the healing cascade. In order to move toward healing, your physician must progress your chronic wound into the next phase (Proliferation phase) of healing.

Physicians will first attempt to close the wound by deploying the following proven tactics: ensure adequate blood flow, sharp debridement (using a scalpel or curette to remove all dead tissue), offloading pressure from the wound site or compression, control infection, control wound chemistry, and standard moist wound healing and dressings. If these tactics do not work, then your physician will evaluate if more advanced techniques and products to restart the healing cascade are needed. If your wound has not progressed in 4 weeks, it may be time to consider an advanced treatment such as EpiFix.



EpiFix Overview

Amniotic tissue has been used to treat injuries since the early 1900s. MiMedx® has distributed over 600,000 allografts to date with no adverse reactions attributed to our products.†

All EpiFix tissue is donated by healthy consenting mothers undergoing scheduled Caesarean sections and delivering a live birth. Amniotic membrane is a sac or membrane surrounding the baby and is typically discarded after the baby is born. The recovery of the membrane does not affect the baby or the delivery process. Therefore, the donation process does not share the ethical concerns associated with embryonic tissue.

All tissue donors are tested for infectious diseases, similar to the testing done for blood donation. The amniotic membranes then undergo a validated process to thoroughly clean and preserve the tissue, called the PURION® Process. The steps of the PURION Process include: cleansing, drying, and sterilization of the tissue. The facility where EpiFix is processed is regulated by the Food and Drug Administration and accredited by the American Association of Tissue Banks.

To learn more about EpiFix please visit
www.mimedx.com/epifix

MiMedx Tissue Services, LLC is
American Association of Tissue Banks (AATB) Accredited

1. Koob TJ, Rennert R, Zabek N, Massee M, Lim JJ, Temenoff JS, Li WW, Gurtner G. Biological properties of dehydrated human amnion/chorion composite graft: implications for chronic wound healing. *Int Wound J*. 2013 Oct;10(5):493-500.
2. Koob TJ, Lim JJ, Massee M, Zabek N, Denozière G. Properties of dehydrated human amnion/chorion composite grafts: Implications for wound repair and soft tissue regeneration. *J Biomed Mater Res B Appl Biomater*. 2014 Aug;102(6):1353-62.
3. Koob TJ, Lim JJ, Massee M, Zabek N, Rennert R, Gurtner G, Li WW. Angiogenic properties of dehydrated human amnion/chorion allografts: therapeutic potential for soft tissue repair and regeneration. *Vasc Cell*. 2014 May 1;6:10.
4. Koob TJ, Lim JJ, Zabek N, Massee M. Cytokines in single layer amnion allografts compared to multilayer amnion/chorion allografts for wound healing. *J Biomed Mater Res B Appl Biomater*. 2015 Jul;103(5):1133-40.
5. MiMedx Research Report. MM-RD-00022: EpiFix and AmnioFix: Total Growth Factor Content.

† As of June 1, 2016

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Have a Hard to Heal Wound?



Ask Your
Doctor About
EpiFix®!





EpiFix is amniotic membrane supplied as a sheet to be placed on your wound to help:

- + Modulate Inflammation to help your wound move to the Proliferative phase of healing
- + Enhance Healing
- + Reduce Scar Tissue Formation



What is EpiFix?

EpiFix is a human amniotic membrane allograft that contains growth factors and other building block proteins for enhanced wound healing.

What are growth factors? Growth factors are powerful agents that our bodies produce to signal cells to come to the target site, help the site to heal, and help your own cells regenerate the damaged tissue. Some patients with chronic wounds have difficulties producing their own growth factors. EpiFix contains growth factors key to wound healing.

Which growth factors are in EpiFix? Up to 226 different growth factors, specialized cytokines, and enzyme inhibitors have been identified in EpiFix.¹⁻⁵ The following are some of the most notable growth factors that help enhance healing:

- + Platelet Derived Growth Factor A & B (*PDGF A & B*)
- + Fibroblast Growth Factor (*FGF*)
- + Transforming Growth Factor Beta (*TGF-β*)
- + Epidermal Growth Factor (*EGF*)

+ Is EpiFix right for me?

You and your doctor should consider EpiFix as an option if you have been diagnosed with a chronic wound that has not responded to standard care and it is time to move to a more advanced therapy. During a scheduled consultation with your physician, you can discuss if EpiFix amniotic membrane is a viable treatment option for you.

+ Can EpiFix be used on normal wounds?

Yes, EpiFix has been used to close traumatic and surgical wounds with reduced scarring. The product has also been used in scar revision procedures. Some people produce large and pronounced scars or Keloid scars that can cause physical and cosmetic challenges. EpiFix has been used to help reduce these scars from forming.

+ Treatment information

How will my doctor apply EpiFix? The physician will clean and debride (remove all the dead tissue) the wound to help allow your cells to travel to the wound bed and make contact with EpiFix. Your physician will then apply the EpiFix graft and may secure it with surgical tape. The physician will use a non-adherent dressing and then a bandage to keep the wound moist. Finally, the physician will wrap the wound area with a bandage and provide a way to offload the wound. The physician may also use EpiFix in a micronized powder form or mixed with saline to form an injection.

How do I care for my EpiFix graft site? Your doctor will provide you with instruction on how to care for your wound. It is extremely important to follow these instructions and not to disturb the graft. If you have questions, please consult your doctor.