

# MULTIDEX<sup>®</sup>



- Hydrophilic Maltodextrin NF wound dressing
- Available as a powder or a gel for the moist or dry wound, respectively
- Specially formulated to provide topical nutrients to wound sites
- Creates a natural environment for the body to heal itself



## MALTODEXTRIN WOUND DRESSING

# MULTIDEX® POWDER

### FEATURES AND BENEFITS OF MULTIDEX® POWDER

Multidex® provides a unique approach to wound management. As a sterile Maltodextrin NF<sup>1</sup> Powder with 1% ascorbic acid, its natural properties bring topical nutrients to the wound, creating a natural environment for the body to heal itself. Multidex® Powder fills the wound site, rapidly mixes with wound exudate and forms a protective gel to create a moist environment beneficial for granulation tissue growth and epithelial proliferation.

### INDICATIONS

**Multidex® Powder is effective on:**

- Dermal ulcers
- Arterial ulcers
- Diabetic ulcers
- Abdominal wounds
- Superficial wounds
- Second degree burns
- Partial and full thickness wounds
- Stage II, III and IV wounds
- Venous stasis ulcers
- Infected wounds
- Donor sites

<sup>1</sup> Meets the requirements of the National Formulary for standards of identity, strength, quality, purity and labeling.

### CLINICAL FINDINGS OF MULTIDEX® POWDER

- Hydrates the wound to maintain a moist environment beneficial for the growth of granulation tissue and epithelial proliferation
- Rapidly becomes a gel in moist wounds to quickly adhere to tissue and protect against dehydration
- Controls odors while decreasing the amount of purulent exudate\*
- Quickly penetrates all wound irregularities
- Non-toxic and not absorbed systemically\*
- Effective on infected and non-infected wounds

\*Data on file

## CLINICAL CASE STUDY

### MULTIDEX® POWDER

The foot of this 65-year-old woman showed severe necrosis of skin and subcutaneous tissue as the result of livedo vasculitis that had persisted for 34 years. Amputation was recommended, but the decision was to treat with Multidex®.

Foot at initiation of treatment



After only 10 days of Multidex® treatment, highly vascularized granulation tissue was appreciable. As healthy epidermal tissue continued to grow, the wound size reduced. Tendons were surgically debrided after a month of treatment. After only two months, the patient was walking again.

Foot after 14 days



At six months, the open wound was filled with tissue and the wound was covered with epidermal tissue.

Foot at six months



## MALTODEXTRIN WOUND DRESSING

# MULTIDEX® GEL

### FEATURES AND BENEFITS OF MULTIDEX® GEL

Multidex® Gel is specially formulated by adding glycerin and water to Multidex® Powder for use on dry wounds. Clinical findings show Multidex® Gel has the same unique performance and characteristics as the powder and is easier to apply on difficult-to-access areas of the body.

### INDICATIONS

Specially formulated for the dry wound, Multidex® Gel is the product of choice for hard-to-access areas of the body and it can be used on the same wounds as Multidex® Powder.

### CLINICAL FINDINGS OF MULTIDEX® GEL

- Easy to use on either moist or dry wounds
- Moistens dry wounds, providing the right environment for granulation tissue growth and epithelial proliferation
- Protects against wound dehydration
- Softens necrotic tissue to aid in the debridement process
- Controls odor while decreasing the amount of purulent exudate\*
- Contains glycerin, a humectant to ensure moistness
- Quickly penetrates wound irregularities to fill tunneling and undermining
- Non-toxic and not absorbed systemically\*
- Effective on infected and non-infected wounds

\*Data on file

## CLINICAL CASE STUDY

### MULTIDEX® GEL

This alert, morbidly obese 86-year-old woman with diabetes, venous stasis and large, severely edematous legs presented with a left Achilles pressure ulcer which, at the start of treatment, measured: L=2.2cm, W=3.2cm and D=1.2cm.

Patient was seated for 16 hours a day, was non-compliant to leg elevation, could not tolerate any compression, had adequate but poor-quality nutrition and was incontinent both of stool and urine.

#### Ulcer before Multidex®



Wound treatment consisted of irrigation with normal saline, then application of Multidex® Gel covered with CovadermPlus®.

Dressings were applied daily for four weeks, then every other day for the next three weeks. No stinging or pain was experienced. There was no odor. The drainage was clear.

After one week of Multidex® Gel, the wound measured: L=2.1cm, W=2.3cm and D=0cm.

#### Ulcer after treatment



After four weeks of Multidex® Gel, the wound measured: L=0.8cm, W=0.6cm and D=0cm.

After seven weeks of Multidex® Gel, the wound measured: L=0.1cm, W=0.1cm and D=surface.

Note: Scar-free, healed skin. Wound was healed at the next visit.

#### Ulcer almost healed





## MALTODEXTRIN WOUND DRESSING

# MULTIDEX®

### DIRECTIONS FOR USE

#### PREPARATION OF SITE

1. Necrotic tissue should be debrided according to acceptable practice or as directed by an attending physician.
2. The site should be irrigated liberally with a sterile physiological 0.9% normal saline or a balanced salts solution.

#### APPLICATION OF MULTIDEX™ POWDER OR GEL

1. After irrigation, apply Multidex®.
  - a. For shallow wound – 1/4" thick over entire wound site
  - b. For deep wound – fill wound site to surface taking care to fill all undermined areas
2. Cover with a non-adherent, non-occlusive dressing such as Covaderm Plus®, MultiPad™, Sofsorb®, or Polyderm™ Plus. If necessary, tape in place or use roll gauze or Stretch Net™ to secure dressing.
3. Dressing change should be once a day on minimally to moderately draining wounds and twice a day on heavily exudating wounds.

The specially designed tube makes application of Multidex® Powder or Gel easy.



Multidex® Powder can be covered with a non-adherent, non-occlusive Covaderm Plus® dressing.



Multidex® Powder: Patent No. 4,889,844

Multidex® Gel: Patent pending

#### REMOVAL OF MULTIDEX™

1. Remove non-adherent dressing with care. If dressing adheres to wound, soak with saline for several minutes before removing so the fragile granulation tissue is not disturbed.
2. Flush site liberally but gently with a sterile, physiological irrigating solution to remove debris. This will leave newly formed granulation tissue undisturbed.
3. Usual frequency of dressing change is once a day, depending upon drainage and the type of secondary dressing.

### AVAILABLE IN A VARIETY OF SIZES

Multidex® Powder and Multidex® Gel are supplied sterile. To order a smaller case quantity, add -1 after the product number.

Example: 46-703-1.

Product #	Size	Qty/BX	Qty/CS
<b>Multidex® Powder</b>			
46-704	8 grams	10	10
46-705	12 grams	5	30
46-702	25 grams	5	30
46-701	45 grams	5	30
<b>Multidex® Gel</b>			
46-711	1/2 oz.	10	30
46-710	1/4 oz.	10	30
46-710	1/2 fl. oz.	10	30
46-712	3 fl. oz.	5	30
<b>Multidex® Wound Care Packs</b>			
RE47-000	Wounds less than 1 1/2" diameter	7	140
RE47-001	1 1/2" diameter to 4 1/2" diameter	7	140
RE47-002	Wounds more than 4 1/2" diameter	7	140

TO PLACE AN ORDER OR FOR MORE INFORMATION  
PLEASE CALL: **800.251.9864**

865.938.7828 (OUTSIDE USA)  
800.543.2182 (FAX)

For clinical information about our wound care treatment system,  
visit our web site at **www.deroyal.com**.



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