

Smith+Nephew

OASIS[®]
Wound Matrix

OASIS[®] ULTRA
Tri-Layer Matrix

OASIS[®]
Burn Matrix

OASIS[®] MICRO
Micronized Wound Powder

+ Versatile, native scaffolding

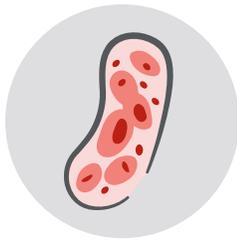
Proven to close a broad range
of acute and chronic wounds



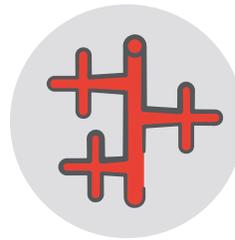
Wounds with a dysfunctional or missing extracellular matrix (ECM) cannot support proper wound closure.¹

Not all biologics support advanced tissue repair
Jump start cell proliferation to repair ECM through each stage of wound healing^{2,3,4}

Naturally derived from porcine small intestinal submucosa (SIS), similar to human dermis. Provides a natural scaffold that supports cellular migration and vascular growth.⁵⁻¹⁷



OASIS enables cells to develop and maintain **a natural cellular morphology**



SIS provides an environment **for vascular ingrowth**

In a murine model, SIS was associated with more angiogenesis than oxidized regenerated cellulose (ORC)/collagen.¹⁸

Preserved with care

Unlike other products made of just type I collagen, OASIS Matrix Products closely mimic human skin,^{5,6} retaining the complex extracellular matrix of porcine tissue.

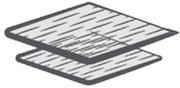
Components	Normal physiological function in human dermis	Human skin	OASIS® Matrix Products	Collagen scaffold	
Extracellular matrix	structural proteins	Cell guidance and migration, structure, and support. ¹⁹⁻²⁰	✓	✓	✓
	GAGs	Binds growth factors, maintains moisture, and decreases inflammation ^{19,21-22}	✓	✓	
	glycoproteins	Cell proliferation, migration, and attachment ^{19,23}	✓	✓	
	proteoglycans	Regulates collagen fibril structure, cell migration; binds growth factors ^{19,24-25}	✓	✓	

Available in multiple forms and sizes



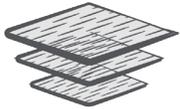
OASIS®
Wound Matrix

A single layer of fenestrated naturally derived ECM for the shortest timeline to complete integration.



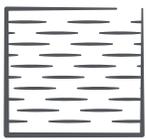
OASIS®
Burn Matrix

Two meshed/fenestrated layers of naturally derived ECM. Extra thickness allows for easier fixation and retention of sutures and staples if necessary.



OASIS® ULTRA
Tri-layer Matrix

Three meshed/fenestrated layers of naturally derived ECM. Additional material allows for weekly visits and challenging wounds with degrading enzymes.



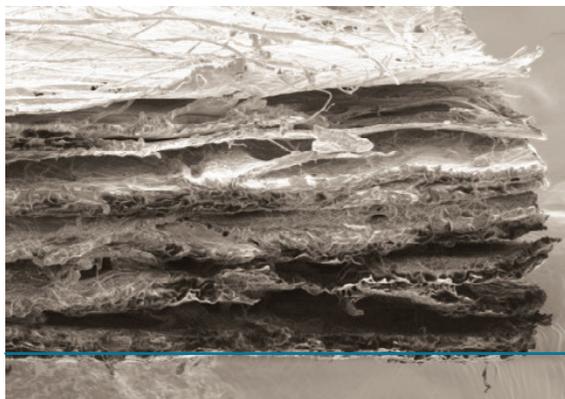
OASIS®
XL Matrix

Two-layer structure provides perforated layers of naturally derived ECM for 600cm² of coverage, ideal for large surface area wounds and burns.



OASIS® MICRO

A micronized powder that the body can breakdown more easily to help kickstart wound edge progression, ideal for tunnelling undermined wounds.



OASIS ULTRA Tri-layer Matrix

300 microns
triple-layer structure

OASIS Burn Matrix

200 microns
double-layer structure

OASIS Wound Matrix

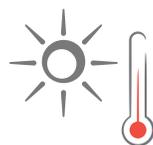
100 microns
single-layer structure

Microscopic view of OASIS ULTRA Tri-Layer Matrix

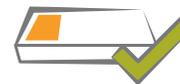
Simple to store, simple to handle, simple to manage,
simple to apply.



24-month shelf life
from date of manufacture*



Easy storage
(room temperature)



No advance preparation
needed for use

*OASIS Micro has a shelf life of 18-months from date of manufacture

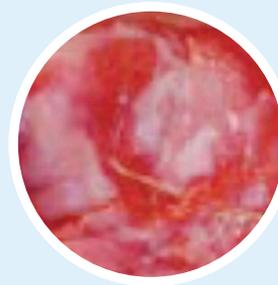
Because acute and chronic wounds have different needs

OASIS® Matrix is indicated for the management of wounds including:

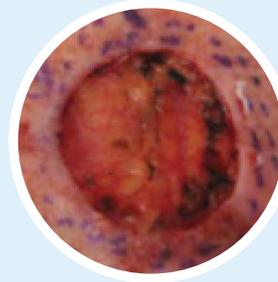
partial- and full-thickness wounds, pressure ulcers, venous ulcers, chronic vascular ulcers, tunnelled and/or undermined wounds, diabetic ulcers, trauma wounds (abrasions, lacerations, second-degree burns*, skin tears), draining wounds, surgical wounds (donor sites/grfts, Post-Mohs' surgery, post-laser surgery, podiatric, wound dehiscence).

*Not indicated for use in third-degree burns. Contraindicated in patients with known sensitivity to porcine materials.

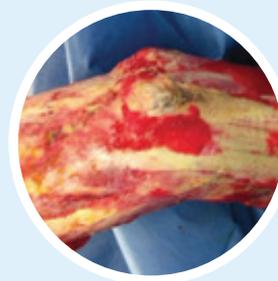
Acute wounds



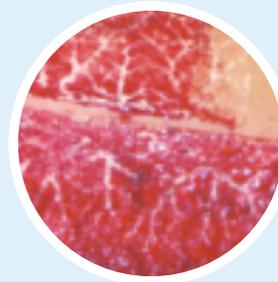
Second-degree burn



Surgical wound



Trauma wound



Donor site

Proven results in multiple clinical trials*

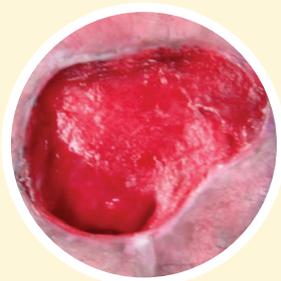
Chronic wounds



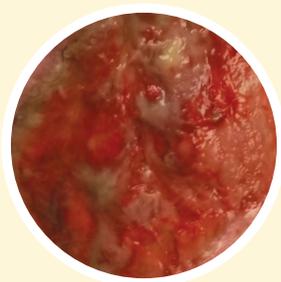
Diabetic foot ulcer



Venous leg ulcer



Pressure ulcer



Vascular ulcer

Diabetic foot ulcers

54%
of patients

achieved complete wound closure at 12 weeks in OASIS® ULTRA Tri-Layer Matrix + Standard of Care (SOC) group vs 32% of patients receiving SOC alone (p=0.021).²⁵

4X
less costly

per patient with OASIS Matrix + SOC vs Dermagraft™ + SOC over a 12-week period.^{26**}

Venous leg ulcers

55%
of patients

achieved complete wound closure at 12 weeks in OASIS + SOC group vs 34% of wounds receiving SOC alone (p=0.0196).²⁷

2.3X
more likely

more likely to achieve full epithelialization at 12 weeks in the OASIS + SOC group than patients receiving SOC alone. ^{27***}

Pressure ulcers

40%
of patients

reached complete healing with OASIS + SOC compared to 29% in the SOC group (p=0.111).²⁸

55%
of patients

in the OASIS + SOC group saw a 90% reduction in ulcer surface area compared to 38% in the SOC group (p=0.037).²⁸

Vascular ulcers

80%
of patients

achieved complete wound closure at 8 weeks in OASIS + SOC group vs 65% in petrolatum-treated ulcers (p<0.05).²⁹

5.4
weeks

average length of treatment time in the OASIS + SOC group until complete healing was reached, compared to 8.3 weeks for the control group treated with moist wound dressing + SOC (p=0.02).²⁹

*See references for definition of standard of care (SOC) as defined in each clinical trial.

**Costs based on the 2008 costs of materials.

***Based on an odds ratio calculation from a 12-week clinical trial. See reference for more information.

Flexibility for a variety of wound scenarios

Every wound is different. Here are some examples to illustrate the flexibility of OASIS® Matrix Products in the inpatient setting.

Donor site



Apply a dry sheet of OASIS Matrix once bleeding is controlled and ensure the sheet overlaps the wound margins

Secure OASIS with sutures, staples, or dressings

Apply a non-adherent dressing

Apply a moisture barrier

Apply a cover dressing to protect the wound and further secure the OASIS. Bolstering may be needed to ensure OASIS stays in contact with the wound bed

Allow for dressing to remain on the wound for 1 week

Switch to a standard dressing after 1 week if appropriate without disturbing any remaining OASIS

Trauma/surgical wound



Apply a dry sheet of OASIS Matrix once bleeding is controlled and ensure the sheet overlaps the wound margins

Secure OASIS with sutures, staples, or dressings

Apply non-adherent dressing

Apply a moisture barrier

Apply a cover dressing to protect the wound and further secure the OASIS. Bolstering may be needed to ensure OASIS stays in contact with the wound bed

Leave in place for 1 week or change outer dressings as drainage dictates

Reapply OASIS as needed

Consult the product's Instructions for Use for complete instructions for using OASIS, as well as potential complications, contraindications, and precautions.

Venous leg ulcer



Apply a dry sheet of OASIS Matrix ensuring the sheet overlaps the wound margins

Secure the sheet with bandages, sutures, or staples

Hydrate OASIS with sterile saline

Apply non-adherent dressing

Apply appropriate dressing for moisture management (e.g. absorbent dressing for exudating wounds)

Apply compression wrap

Leave in place for 1 week or change outer dressings as drainage dictates

Reapply OASIS as needed

Diabetic foot ulcer



Apply a dry sheet of OASIS Matrix ensuring the sheet overlaps the wound margins

Secure the sheet with bandages, sutures, or staples

Hydrate OASIS with sterile saline

Apply non-adherent dressing

Apply appropriate dressing for moisture management (e.g. hydrogel for dry wounds)

Utilize boot, cast, or off-loading device

Leave in place for 1 week or change outer dressings as drainage dictates

Reapply OASIS as needed

Burn



Apply a dry sheet of OASIS Burn Matrix ensuring the sheet overlaps the wound margins

Secure the sheet with bandages, sutures, or staples

Hydrate OASIS Burn with sterile saline

Apply non-adherent dressing

Apply appropriate dressing for moisture management

Leave in place for 1 week or change outer dressings as drainage dictates

Reapply OASIS Burn as needed



Remember the TIME principles. It is important to note that OASIS products should not be applied until excessive exudate, bleeding, acute swelling, and infection are controlled.

Flexibility for a variety of sizes + types

Our evidence-based approach to wound bed prep advances every OASIS wound towards complete healing.

Clinical case: Scald burn

Contributed by Marianne E. Cinat, MD, University of California Irvine Regional Burn Center, Irvine.

Patient

46-year-old healthy male with deep partial-thickness scald burn to left lower leg, ankle, and foot.

Case history

Patient treated with Collagenase SANTYL[®] Ointment (250 units/g) and Polysporin to remove slough and prepare wound bed for skin grafting. Ready for grafting on day 13, but patient refused surgery.

Treatment

OASIS[®] Burn Matrix was placed on the wound as an alternative to skin grafting. OASIS was reapplied to the open areas 5 days later and to small nonhealing areas as necessary over the following 4 weeks.

Results

Six days after second application, OASIS Burn Matrix was incorporated and the wound was closing. Wound was completely closed at 7.5 weeks. Very good functional and cosmetic outcome seen at 7 months. No complications reported.



At presentation



OASIS initiative



7 days after first OASIS application



7.5 weeks after first OASIS application



Follow-up at 7 months

Clinical case: Venous stasis ulceration

Contributed by Emily Greenstein, APRN, CNP, CWON-AP, FACCWS, Sanford Health, Fargo, ND

Patient 65-year-old female with Hypertension and venous insufficiency.

Case history Patient with four-month-old venous stasis ulcer on right medial ankle underwent ablation of the greater saphenous vein following multi-layer venous compression wraps, collagen, hydrofiber dressings.

Treatment OASIS® ULTRA Tri-Layer Matrix 3x3.5cm, held in place with a non-contact layer, seven OASIS ULTRA 3x3.5cm grafts applied weekly. Wound bed preparation including sharp debridement and hypochlorous soaks for 10 minutes and weekly applications of OASIS ULTRA with compression wraps.

Results Patient continued to wear home compression stockings and applied Vaseline to scar area daily. Wound closed at day 49 with 100% epithelialization.



Day 0

Application #1

4 cm x 2.8 cm x 0.3 cm



Day 7

Application #2

3 cm x 2 cm x 0.1 cm



Day 14

Application #3

3 cm x 2 cm x 0.1 cm



Day 21

Application #4

2.8 cm x 1.5 cm x 0.1 cm



Day 28

Application #5

2.5 cm x 1.5 cm x 0.1 cm



Day 35

Application #6

2.5 cm x 1.2 cm x 0.1 cm



Day 42

Application #7

2 cm x 1.1 cm x 0.1 cm



Day 49

Epithelized

Clinical case: Dog bite

Contributed by Francis Collini, MD, FACS, PC Medical Director, The Renaissance Center for Plastic Surgery, Shavertown, PA

Patient 41-year-old female with 15-year history of Rheumatoid Arthritis.

Case history Patient currently taking steroids suffered a left forearm dog bite which penetrated both sides, tearing skin and underlying fascia 85% circumferentially around the forearm involving muscle and tendons.

Treatment Included surgical debridement, muscle and tendon repair and placement of OASIS® ULTRA Tri-Layer Matrix x 2 applications. On Day 12 — OASIS ULTRA fully incorporated into the wound showing significant granulation tissue. STSG applied.

Results At Day 21 — 100% graft take despite restart of corticosteroids. On Day 74 there was complete closure.



Initial injury evaluation



Post debridement and prior to repair of muscle and tendons



After repair of all muscles and tendons and prior to the application of OASIS ULTRA



Day 12 — day after application of OASIS ULTRA. Beefy-red layer of granulation tissue formation at the base of the open wound. Ready for application of a split thickness skin graft.



Day 21 - status post-application of a split thickness skin graft



2.5 months after application of the split thickness skin graft. Wound is closed

Clinical case: Carcinoma of the Scalp

Contributed by Dr. David Zabel, MD, FACS, Chief of Plastic Surgery, Christiana Care Health Systems, Newark, DE.

Case history

54-year-old male presented with extensive squamous cell carcinoma of the scalp and anterior table of the skull.

Treatment

Resection of the cancer lesion, scalp and forehead skin with outer table of skull removed. OASIS ULTRA Tri-Layer Matrix placed and affixed and stapled over with a non-adhering dressing and covered with hydrogel and gauze. On day 7 at first dressing change, slough and granulation tissue visible. Second application of OASIS ULTRA. On day 17 placement of FTSG over the forehead area and of STSG over the vertex scalp area.

Results

Closed at day 24 post application after oncologic resection of exposed bone.



Extensive squamous cell carcinoma of the scalp and anterior table of the skull



Intraoperative Photos



Post Application Day 7,
1st dressing change,
slough and granulation
tissue visible,
2nd application of
OASIS ULTRA



Post Application Day 17
FTSG placed over forehead,
STSG placed over vertex
scalp area

Ordering information

Product name	Product description	Box quantity	Product code
OASIS Wound Matrix (1 layer)	3 x 3.5cm fenestrated	10 sheets	8213-1000-33
OASIS Wound Matrix (1 layer)	3 x 7cm fenestrated	10 sheets	8213-1000-37
OASIS Burn Matrix (2 layers)	3 x 3.5cm fenestrated	5 sheets	8213-3000-16
OASIS Burn Matrix (2 layers)	3 x 7cm fenestrated	5 sheets	8213-3000-18
OASIS Burn Matrix (2 layers)	5 x 7cm meshed	5 sheets	8213-3000-13
OASIS Burn Matrix (2 layers)	7 x 10cm meshed	5 sheets	8213-3000-09
OASIS Burn Matrix (2 layers)	7 x 20cm meshed	5 sheets	8213-3000-11
OASIS ULTRA Tri-Layer Matrix (3 layers)	3 x 3.5cm fenestrated	5 sheets	8213-0000-16
OASIS ULTRA Tri-Layer Matrix (3 layers)	3 x 7cm fenestrated	5 sheets	8213-0000-18
OASIS ULTRA Tri-Layer Matrix (3 layers)	5 x 7cm meshed	5 sheets	8213-0000-13
OASIS ULTRA Tri-Layer Matrix (3 layers)	7 x 10cm meshed	5 sheets	8213-0000-09
OASIS ULTRA Tri-Layer Matrix (3 layers)	7 x 20cm meshed	5 sheets	8213-0000-11
OASIS XL Matrix	20 x 30 cm perforated	1 sheet	8213-3000-20
OASIS MICRO 200mg	Covers approx. 35 cm ²	1 bottle	C-ECM-PWD-200MG
OASIS MICRO 500mg	Covers approx. 85 cm ²	1 bottle	C-ECM-PWD-500MG
OASIS MICRO 1000mg	Covers approx. 170 cm ²	1 bottle	C-ECM-PWD-1000MG

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For detailed product information, including indications for use, contraindications, precautions and warnings, please consult the product's applicable Instructions for Use (IFU) prior to use.

Advanced Wound Management
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