As a sterile Maltodextrin 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 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.
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. 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. At six months, the open wound was filled with tissue and the wound was covered with epidermal tissue.

**features:**
- Maltodextrin NF wound dressing is clinically proven to maintain a moist environment beneficial for granulation tissue growth and epithelial proliferation
- Quickly fills wound site, rapidly mixing with exudate to form a protective coating that maintains an ideal moisture balance to protect against dehydration
- For use on most wound types, including infected hard-to-heal wounds
- Non-toxic and not systemically absorbed
- Helps to control odor while decreasing purulent exudate
- Penetrates all wound irregularities to fill tunneling and undermining
- Softens necrotic tissue to facilitate debridement

**indications:**
- Venous stasis ulcers
- Dermal ulcers
- Partial and full thickness wounds
- Arterial ulcers
- Abdominal wounds
- Infected wounds
- Superficial wounds
- Pressure ulcers
- Dermal injuries
- Second degree burns
- Donor sites
- Diabetic ulcers

**clinical case studies**

**Foot at initiation of treatment**

**Foot after 14 days**

**Foot at six months**

*Data on file*
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.

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

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.

*Data on file

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**MULTDIX® GEL**

maltodextrin hydrogel wound dressing

**features:**

- A hydrophilic Maltodextrin NF wound dressing clinically proven to maintain a moist environment beneficial for granulation tissue growth and epithelial proliferation
- Quickly fills wound site, rapidly mixing with exudate to form a protective coating that maintains an ideal moisture balance to protect against dehydration
- For use on most wound types, including infected hard-to-heal wounds
- Non-toxic and not systemically absorbed
- Helps to control odor while decreasing purulent exudate
- Penetrates all wound irregularities to fill tunneling and undermining
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**indications:**

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### clinical case studies*

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<th>Qty/Cs</th>
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<td>46-710</td>
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<td>36</td>
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*Data on file*
**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 – ¼" 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 exuding wounds.

**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.

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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.

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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