

Regenecare® Lidocaine Gel Used on Over 400 Patients by Major Wound Care Facility in Texas to Anesthetize Wounds Prior to Debridement

Dr. Randall Wolcott M.D., P.A., a renowned wound care specialist in clinical prevention and wound healing has published a method of “Biofilm Based Wound Care.”¹

A review of multicenter clinical studies showed continuous debridement caused wounds to heal faster and better as opposed to sharp debridement or when used less often.^{2,3,5}

Continuous debridement removes bacteria biofilms and stimulates epidermal and sub-epidermal healing factors.¹

Protocols for diabetic and pressure ulcers that result in 100% epithelialization with no drainage require standards that include early intervention, a moist wound-healing environment, relief of pressure from the wound, and debridement of all non-viable tissue in the wound.^{4,5}

Regenecare™, a specially formulated topical wound gel with 2% lidocaine, collagen, aloe vera, and vitamin E is used by Southwest Regional Wound Care Center, Lubbock, Texas to anesthetize the wound area prior to debridement.

Regenecare™ has been used to anesthetize debridement areas for diabetic foot ulcers, pressure ulcers, and stasis ulcers by Dr. Wolcott’s staff successfully for over two years.

In over 400 patients using the gel, the doctor reported no rashes or itching and patients of all ages used the product successfully.

Regenecare™, FDA registered medical device, is supplied by MPM Medical, Inc. Irving, Texas, phone 1-800-232-5512, INFO@MPMMedicalInc.com

References

1. Wolcott R. “Biofilm Based Wound Care.” American Professional Wound Care Association, The Conference for Prevention and Healing. Phoenix AZ, 2005.
2. Steed DL, Donohoe D, Webster MW, Lindsley L. Effect of extensive debridement and treatment on the healing of diabetic foot ulcers. Diabetic Ulcer Study Group. *J Am Coll Surg* 1996;183;1;61-4.
3. Saap LJ, Falanga V. Debridement performance index and its correlation with complete closure of diabetic foot ulcers. *Wound Repair Regen* 2002;10;6;354-9.
4. Margolis DJ, Kantor J, Santanna J, Strom BL, Berlin JA. Risk factors for delayed healing of neuropathic diabetic foot ulcers. *Arch Dermatology*;2000, 136;1531-1535.
5. Brem H, Jacobs T, L Vileikyte, Weinberger S, Gibber M, Gill et al. Wound healing protocols for diabetic foot and pressure ulcers. *Surg Technol Int* 2003;11;85-92.