



For Radiodermatitis
Soothing and healing with Flamigel^{4,5}

Clinically proven treatment for radiodermatitis^{1,2}

Radiodermatitis occurs in 95% of patients after radiotherapy.¹

The skin can:

- Become red
- Feel painful
- Itch
- Have a warm or burning sensation

Patient benefits:

- Flamigel® delays and reduces occurrence of radiotherapy-induced moist desquamation^{1,2}
- Cooling effect eases the pain and irritation^{2,3}
- Easy to use
- Easy to remove
- No bandage required
- Does not stain clothes
- Aids recovery from the delayed skin reaction to radiotherapy^{1,2}

Radiodermatitis can occur 1 to 2 weeks after the radiation treatment.



Radiodermatitis can cause the dose of radiation to be reduced or for the treatment to be stopped completely.

Cools and soothes the pain.⁵

Aids the skin's natural recovery.^{2,3}



LEVEL 1:

Light erythema, dry desquamation.



LEVEL 2:

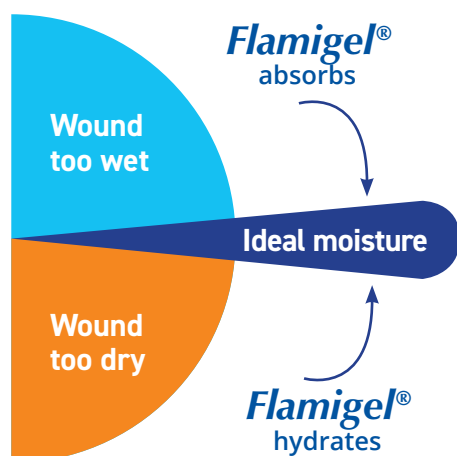
Moderate to severe erythema, irregular moist desquamation, limited to the folds of the skin



LEVEL 3:

Emerging moist desquamation, not limited to the folds of the skin.

Recommended for **moist** and **dry** wounds

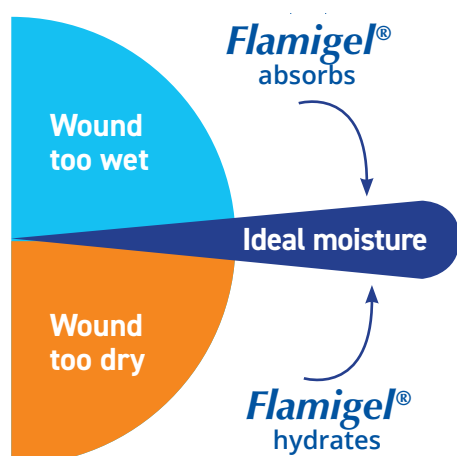


IN MOIST WOUNDS

Hydrocolloids absorb exudate

Ideal wound moisture

Accelerates wound healing



IN DRY WOUNDS

Hydrogel rehydrates

Ideal wound moisture

Accelerates wound healing

Efficacy of a hydroactive colloid gel versus historical controls for the prevention of radiotherapy-induced moist desquamation in breast cancer patients.

Censabella S. et al. Eur J Oncol Nursing 2017; 29: 1-7

OBJECTIVE:

To reduce and delay radiation-induced moist desquamation in breast cancer patients.

METHOD:

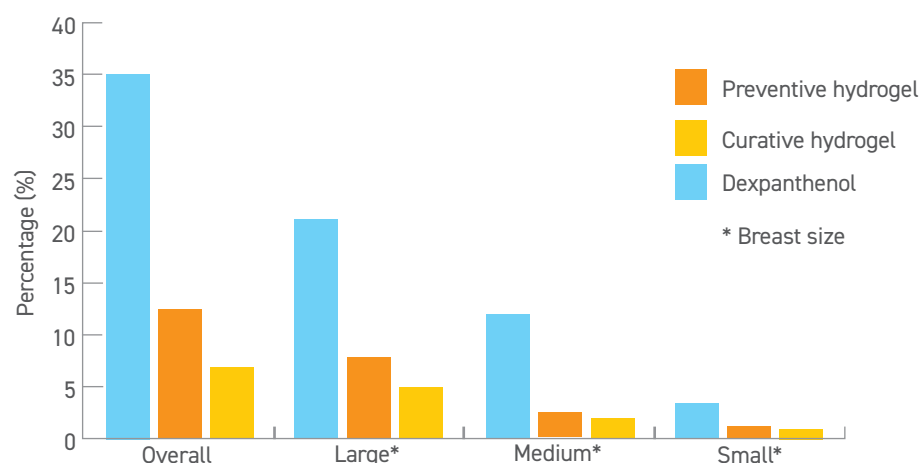


All patients were administered equal doses of radiation.

FINAL STUDY:

Incidence of radiotherapy-induced moist desquamation.

Time until the occurrence of moist desquamation.



RESULTS:

Flamigel® brings a significant improvement, both preventively and curatively, in the occurrence of radiotherapy-induced moist desquamation compared to dexpantenol.

CONCLUSION :

Using *Flamigel®* from the start of the radiotherapy treatment compared to dexpantenol results in:

- later occurrence of moist desquamation,
- less incidence of moist desquamation,
- Use of 1 product during radiotherapy is much easier for patients than the use of 2 different products.

Treatment of radiation damage with Flamigel® and Flaminal® Hydro

Henny Hooiman, Nurse, Careyn, Maasland, Netherlands

BACKGROUND:

84-year-old woman with a carcinoma in the mouth. Radiation damage to the neck following 33 treatments.

Patient was treated with Silver sulfadiazine (applied thickly on the neck) and Cutisorb® plus a fixing bandage. The wound area worsened and application of the Silver sulfadiazine was very painful. A new wound care approach began on 3 April after discussion with the radiologist at the Erasmus MC.



DAY 1: INTAKE

Wound was painful. The exudate had no odour. The colour of the exudate was yellow and green.

T: 100% red
I: Painful, swollen, pus
M: Yellow/green and moist
E: Scabs

Administration: 1x per day change of bandage and rinse. Flamigel® 0.5 cm cover with Mepitel® One and absorbent bandage.



DAY 24: INSPECTION BY WOUND CONSULTANT

Wound healing successfully.
Wound area was much smaller.

T: 80% red
I: No and less pain
M: Very moist
E: Scab formation, dry

Administration: continue current regime.

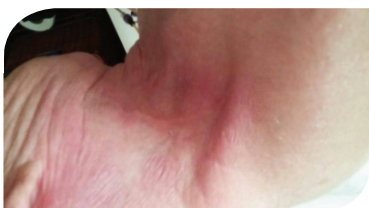


DAY 31: INSPECTION BY WOUND CONSULTANT

Moisture in the wound reducing.

T: 100% red
I: None, no pain, itchiness
M: Almost dry
E: Dry

Administration: White islands treated with Flaminal® Hydro and remaining skin with Flamigel®



DAY 49: INSPECTION BY WOUND CONSULTANT

Wound closed.

CONCLUSION: Recovery of the wound caused by radiation damage was successful with Flamigel® and Flaminal®. The patient experienced no pain when the dressing was changed.

INDICATIONS: Flamigel® is indicated as a treatment of superficial burns, including those caused by radiotherapy, as well as for the treatment of minor wounds and superficial open wounds. Flaminal® Hydro is indicated to be used on slightly to moderately exuding wounds.

References:

1. Censabella S. et al. Efficacy of a hydroactive colloid gel versus historical controls for the prevention of radiotherapy-induced moist desquamation in breast cancer patients. Eur J Oncol Nurs. 2017 Aug; 29:1-7.
2. Censabella S. et al. Retrospective study of radiotherapy-induced skin reactions in breast cancer patients; reduced incidence of moist desquamation with a hydroactive colloid gel versus dexpanthenol. Eur J Oncol Nurs. 2014 Oct; 18(5):499-504.
3. Van der Plas DL. et al. Treatment of recalcitrant wounds of diverse etiology with a new hydroactive gel. Wounds, 2009 Sep; 21(9):243-8.
4. Thomas, S. Wound management and dressings. The pharmaceutical press London. 19990 Ch.2: functions of wound dressing, p9-19.
5. Data on file. Tests with regards to absorbency and cooling. 2019

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REF	Description	UOM
1005	Flamigel 50g	Each

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MEDICAL