



IRRISEPT® WOUND DEBRIDEMENT AND CLEANSING SYSTEM WITH CHG – FINALLY, AN ALTERNATIVE TO NORMAL SALINE IRRIGATION

New Product is the First FDA-Cleared Wound Debridement and Cleansing Solution containing Chlorhexidine Gluconate (CHG); Offers Distinct Benefits to Patients and Providers

ATLANTA – Feb 28, 2011 – Hospitals finally have an alternative to saline Irrigation with the introduction of IrriSept® (www.irrisept.com), the first FDA-cleared wound debridement and cleansing system containing CHG. IrriSept with its 0.05% CHG concentration has been shown effective in laboratory testing against a variety of bacteria, and fungi, including Staph and methicillin-resistant Staphylococcus aureus (MRSA).^{1,2}

Instead of cleansing a wound with just normal saline, healthcare professionals can now apply IrriSept with CHG® directly to surgical or traumatic wounds, burns, abrasions, lacerations, abscesses or infected tissues, and rinse one minute later with IrriRinse™. Developed by Irrimax® Corporation (www.irrimax.com), IrriSept's two-step delivery system also includes the patented SplatterGuard™, an irrigation applicator that reduces healthcare workers exposure to biohazard aerosolized contamination.

IrriSept is available for the surgical and non-surgical environments. The surgical product is labeled IrriSept O.R. and includes a choice of three irrigation applicators: the original SplatterGuard, the LT SplatterGuard, designed specifically for abscesses, and IrriProbe for deeper wound cleansing. The non-surgical product, IrriSept, includes the same applicators with the exception of the O.R. specific IrriProbe.

“Once healthcare practitioners understand the science behind the IrriSept system and its key ingredient, CHG, they recognize its tremendous value,” says Irrimax Chief Executive Officer, Gareth Clarke. “Our goal is to improve patient outcomes by treating and cleaning the wound to help resolve and/or prevent infections, and to increase the safety of medical professionals. IrriSept has the potential to become the new standard of care for wound debridement and cleansing in operating rooms, wound care centers, emergency departments, burn units and other healthcare settings.

CHG is not new to the medical arena. CHG is used as the active ingredient in surgical hand scrubs and it is also used topically as a surgical and I.V. catheter skin prep disinfectant. CHG is also used in oral mouth rinses for treatment of gingivitis.

Clarke, who was the driving force behind the global growth of Biogel® surgical gloves, was easily lured out of his recent retirement to oversee commercial development of IrriSept because he believes so strongly in the product.

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Clarke says, “There have been no significant advances in wound cleansing and irrigation since normal saline. However, our case studies demonstrate significant patient improvements when IrriSept is used. We believe IrriSept has the potential to improve patient outcomes, reduce hospital lengths of stay, and safeguard healthcare workers. Patients, providers and insurers all benefit from the use of the product.”

IrriSept and its delivery system was conceived by the company’s founder Dr. Paul Rucinski, a former Emergency Medicine physician. He recognized the crucial need for a rapid and effective irrigation product. With IrriSept’s unique capabilities and an easy-to-use application, the product answers the need for today’s healthcare institutions to address increasing infection related challenges. The following statistics help put the problem in perspective:

- Surgical Site Infections:
 - There are more than 780,000 SSI’s reported annually at an average cost of \$30,000 per occurrence³
 - MRSA SSI’s cost a hospital > \$60,000 per occurrence, add an average 16 days to hospitalization and increase mortality rates⁴
 - SSI rates are as high as 23 percent in certain procedures⁵
- Healthcare-Associated Infections (“HAIs”):
 - According to the Centers for Disease Control and Prevention (CDC), 1.7 million people per year acquire an HAI, which results in 99,000 deaths — the equivalent of 271 people each day. HAIs cause more deaths annually than AIDS, breast cancer, and auto accident deaths combined.⁶
- Skin and Soft Tissue Infections:
 - There are 14.2 million cases of SSTIs reported annually.⁷
 - In many U.S. cities, MRSA is the most common pathogen isolated in the emergency department from patients with SSTIs and is found in approximately 61 percent of excised abscesses.⁸
 - 3.4 million emergency department visits can be attributed to SSTIs each year, and of these, 14 percent (466,000) result in hospitalization.⁹
- ⁴ Health Care Worker Safety
 - Recent studies reveal that MRSA nasal colonization among emergency department staff is 15% compared to 1.5% for the general public or 10 times the rate.^{10,11}
- Alleged wound complications represent 19 to 24 percent of healthcare malpractice claims.¹²

Finding solutions to these problems is becoming increasingly important for medical facilities in light of potential healthcare reform, increased reporting of infection rates, and reduced or no Medicare reimbursement for the treatment associated with HAIs. “We believe that IrriSept offers

facilities and medical providers a product capable of playing a major role in addressing and solving these problems”, comments Dr. Rucinski.

Irrisept can be purchased directly from IrriMax (www.irrisept.com) or from Medline (www.medline.com), the nation’s largest privately held and fastest-growing distributor of medical and surgical supplies in the U.S.

About IrriMax Corporation

Irrisept Delivers Powerful Infection Control Properties / Page 3

Founded in 1994, IrriMax® Corporation develops and markets wound care solutions using a patented, innovative delivery method that produces unmatched efficacy and safety. Headquartered in Gainesville, Florida, the biomedical company’s goal is to improve patient outcomes by treating and preventing infections as well as improving medical staff safety. Continual innovation and ongoing clinical research guide the development of IrriMax products. For more information, visit www.irrisept.com.

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