























# Key Evidence









STUDY	OUTCOMES	REFERENCE	LINKS
Systematic review and meta-analysis · n = 4,826 · 57 RCTs analyzed on diabetic foot ulcer (DFU), 5 specifically on Topical Oxygen Therapy (TOT)	<ul style="list-style-type: none"> <li>Observations compared to standard of care (SOC) showed higher ulcer healing rates with TOT</li> </ul>	OuYang H, et al. (2024) Effects of different treatment measures on the efficacy of diabetic foot ulcers. <i>Front Endocrinol</i> , 15:1452192.	 <a href="https://bit.ly/TOT_MA">bit.ly/TOT_MA</a>
Systematic review and meta-analysis · n = 692 · 7 RCTs analyzed, and 2 controlled observational studies (n=111)	<ul style="list-style-type: none"> <li>Rate of healed wounds was 25.8% in the control group and 43.25% in the adjuvant TOT group</li> <li>Significant decrease in the percentage of wound area was found in the TOT group in RCT studies</li> <li>Rate of healed wounds in the observational studies was 37.5% in the standard care group and 80.95% in the adjuvant TOT group</li> </ul>	Putri IL, et al. (2024) The efficacy of topical oxygen therapy for wound healing: A meta-analysis of randomized controlled trials and observational studies. <i>Int Wound J</i> , 21(7): e14960.	 <a href="https://bit.ly/TOT_MA">bit.ly/TOT_MA</a>
Systematic review and meta-analysis · n = 1,823 · 31 RCTs analyzed (DFU, venous leg ulcer (VLU), pressure injury, trauma wound)	Pooled effects of 31 studies comparing patients treated with and without oxygen. Those treated with oxygen had: <ul style="list-style-type: none"> <li>better short-term wound healing</li> <li>a higher percentage reduction in the ulcer area</li> <li>lower amputation rates</li> <li>a shorter wound healing time</li> <li>higher post-study TcPO2</li> </ul>	Du X, et al. (2024) Effects of Oxygen Therapy on Patients with a Chronic Wound. <i>Adv Skin Wound Care</i> , 37(5):1-9.	 <a href="https://bit.ly/TOT_MA">bit.ly/TOT_MA</a>
Systematic review and meta-analysis · n = 4,998 · 22 articles reviewed (DFU, PI, VLU, surgical, & other wounds)	<ul style="list-style-type: none"> <li>7 double-armed: Healing rates, n= 725. Significant difference in TOT group that healed (95% CI; p=&lt;.001)</li> <li>9 single-armed: 1,195/4,273 completely healed (95% CI; p= &lt;.001)</li> <li>2 double-armed: Wound recurrence in 101 patients included decreased recurrence rate in TOT group (95% CI; p=&lt;.001)</li> </ul>	Nagarsheth K, et al. (2024) Systematic review of the effects of topical oxygen therapy on wound healing. 2:100051.	 <a href="https://bit.ly/TOT_MA">bit.ly/TOT_MA</a>
Systematic review and meta-analysis · n = 494 · 4 RCTs analyzed (DFU)	<ul style="list-style-type: none"> <li>TOT recognized as a potential adjunctive therapy for DFU treatment</li> <li>A random-effects meta-analysis of four RCTs showed that TOT improved wound healing at 12 weeks over SOC alone</li> <li>The overall GRADE level of evidence for TOT was moderate</li> </ul>	Carter M, et al. (2022) Efficacy of Topical Wound Oxygen Therapy in Healing Chronic Diabetic Foot Ulcers. <i>Adv Wound Care</i> , 12(4):177-86.	 <a href="https://bit.ly/TOT_MA">bit.ly/TOT_MA</a>
Systematic review and meta-analysis · n = 492 · 4 RCTs analyzed (DFU)	<ul style="list-style-type: none"> <li>TOT increased the likelihood of healing by 59% within 12 weeks</li> <li>Use of adjunctive TOT significantly increased healing rate</li> </ul>	Sethi A, et al. (2022) Topical oxygen therapy for healing diabetic foot ulcers. <i>Health Sci Rev</i> , 3:100028.	 <a href="https://bit.ly/TOT_MA">bit.ly/TOT_MA</a>
Systematic review and meta-analysis · n = 614 · 7 RCTs analyzed (DFU)	<ul style="list-style-type: none"> <li>Existing evidence suggests that TOT is effective and safe for chronic DFUs</li> <li>Compared with the control group, the TOT group had a higher healing rate</li> </ul>	Sun XK, et al. (2022) Efficacy and safety of topical oxygen therapy for diabetic foot ulcers. <i>Int Wound J</i> , 19(8):2200-9.	 <a href="https://bit.ly/TOT_MA">bit.ly/TOT_MA</a>
Systematic review and meta-analysis · n = 530 · 6 RCTs analyzed (DFU)	<ul style="list-style-type: none"> <li>Meta-analysis suggests TOT significantly increased likelihood of ulcer healing compared to controls</li> </ul>	Thanigaimani S, et al. (2021) Topical oxygen therapy for diabetes-related foot ulcers. <i>Diabet Med</i> , 2021;00:e14585.	 <a href="https://bit.ly/TOT_MA">bit.ly/TOT_MA</a>
Systematic review and meta-analysis · 4 RCTs analyzed (DFU)	<ul style="list-style-type: none"> <li>DFUs are &gt;2x more likely to heal with TOT than SOC alone</li> <li>Time to 50% DFU closure was significantly shorter for participants who received TOT</li> </ul>	Connaghan F, et al. (2021) Impact of topical oxygen therapy on diabetic foot ulcer healing rates. <i>J Wound Care</i> , 30(10):823-9.	 <a href="https://bit.ly/TOT_MA">bit.ly/TOT_MA</a>

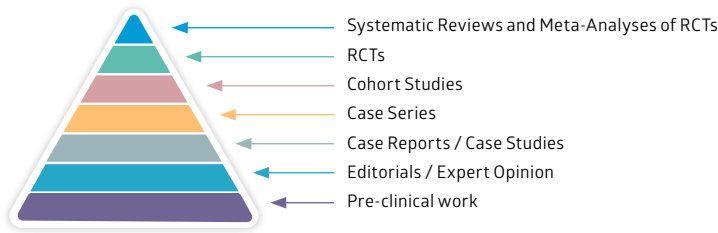
STUDY	OUTCOMES	REFERENCE	LINKS
Randomized control trial (RCT) <ul style="list-style-type: none"> <li>12-week study period</li> <li>n = 145 (DFU)</li> <li>Mean wound duration: 24 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Intention-to-treat analysis, 18/64 (28.1%) patients healed in the SOC group at 12 weeks compared with 36/81 (44.4%) in the SOC plus NATROX® O<sub>2</sub> (p=0.044)</li> <li>Per protocol analysis, 52% healed in the NATROX O<sub>2</sub> arm which had a 71% greater healing rate and a 73% greater reduction in wound size compared to the control group</li> </ul>	Serena TE, et al. (2021) Topical oxygen therapy in the treatment of diabetic foot ulcers: a multicentre, open, randomised controlled trial. <i>J Wound Care</i> , 30(Sup5):s7-14.	 <a href="https://bit.ly/RCT-PS22">bit.ly/RCT-PS22</a>
Prospective RCT <ul style="list-style-type: none"> <li>8-week study period</li> <li>n = 20 (DFU)</li> <li>Mean baseline wound duration (MBD): 76 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Decrease in wound size noted at 2 weeks with continuous topical oxygen therapy (cTOT) (p&lt;0.016)</li> <li>90% of cTOT-treated wounds healed within 8 weeks, compared with 20% in the control group</li> <li>100% grade II and 50% grade III wounds healed with cTOT, compared to none with the control group</li> </ul>	Yu J, et al. (2016) Topical oxygen therapy results in complete wound healing in diabetic foot ulcers. <i>Wound Repair Regen</i> , 24:1066-72.	 <a href="https://bit.ly/RCT-Yu">bit.ly/RCT-Yu</a>
Cohort study (Long-term follow-up study from the RCT) <ul style="list-style-type: none"> <li>n = 29 (DFU)</li> </ul>	<ul style="list-style-type: none"> <li>85% of NATROX® O<sub>2</sub> patients remained healed at 1 year vs. 60% of the control</li> <li>Only one major amputation, which occurred on a control patient</li> <li>Strong trend toward more durable closures in ulcers treated with cTOT</li> </ul>	Al-Jalodi O, et al. (2022) A multicenter clinical trial evaluating the durability of diabetic foot ulcer healing in ulcers treated with topical oxygen and standard of care versus standard of care alone 1 year post healing. <i>Int Wound J</i> , 19(7):1-5.	 <a href="https://bit.ly/DuraStdY">bit.ly/DuraStdY</a>
Case series <ul style="list-style-type: none"> <li>n = 5: surgical wound dehiscence (SWD), burn, osteoradionecrosis wound, calciphylaxis wound</li> </ul>	<ul style="list-style-type: none"> <li>Case 1 (US) - SWD following radical fasciotomy showing complete closure in 77 days.</li> <li>Case 2 (South Africa) - Full-thickness burns on the thigh, achieving closure in 84 days.</li> <li>Case 3 (UK) - osteoradionecrosis wound extending to the mandible, which healed completely in 35 days.</li> <li>Case 4 (Portugal) - surgical wound dehiscence post-sternotomy, closing the 60 cm<sup>2</sup> wound in 26 days.</li> <li>Case 5 (US) - calciphylaxis wound of 7.92 cm<sup>2</sup>, healed completely in 64 days</li> </ul>	Cole W. (2025) Exploring the Efficacy of Continuous Topical Oxygen Therapy for Diverse Chronic Wound Types: Real-World Case Studies. [Poster] <i>SAWC Fall</i> , Las Vegas.	 <a href="https://bit.ly/SAWCFall25-DiverseWounds">bit.ly/SAWCFall25-DiverseWounds</a>
Case series <ul style="list-style-type: none"> <li>n = 3 VLU</li> </ul>	<ul style="list-style-type: none"> <li>Patient 1: 79-year-old male. Wound duration: 39 months. Hx: A-Fib, myodysplastic anemia, chronic kidney disease, GERD, BPH, restless leg syndrome, HTN. 69% wound volume reduction in 21 weeks.</li> <li>Patient 2: 76-year-old male. Wound duration: 3 months. Hx: Tobacco use, CAD, sleep apnea, obstructive emphysema, idiopathic peripheral neuropathy, pulmonary HTN, pulmonary embolism. ABI = 1.0. 66.5% wound volume reduction in 21 weeks.</li> <li>Patient 3: 77-year-old male. Wound duration: 50 months. Hx: Parkinson's, lymphedema, HTN, low back pain, sleep apnea, obesity, GERD, chronic PTSD, bilateral knee replacements. 89.1% wound reduction in 20 weeks.</li> </ul>	Manavabasi P, Foster F. (2025) When Conventional Treatment Fails: A Wearable Continuous Topical Oxygen Therapy System Reduces Wound Volume in Chronic Venous Leg Ulcers. [Poster] <i>SAWC Fall</i> , Las Vegas	 <a href="https://bit.ly/SAWCFall25-VAVLU">bit.ly/SAWCFall25-VAVLU</a>
Retrospective case series <ul style="list-style-type: none"> <li>6-week study period</li> <li>n = 6 wounds, 5 patients (DFU, VLU)</li> </ul>	<ul style="list-style-type: none"> <li>Mean wound area reduction in patient cohort undergoing therapy with cTOT and subsequent CAMPs was 74.7% and 76.1% at 4 and 6 weeks respectively</li> <li>Mean healing time of 8 weeks with a mean number of 6 CAMP applications</li> <li>Serial NIRS images showed an increase in tissue StO<sub>2</sub> after 1 week</li> </ul>	Wahab N, et al. (2024) Use of cTOT in Combination to Optimize the Chronic Wound Environment Prior to Cellular, Acellular, and Matrix-Like Product (CAMPs) Application: A Retrospective Case Series. <i>ePlasty</i> , 24:e64	 <a href="https://bit.ly/NO2-CAMPs">bit.ly/NO2-CAMPs</a>
Case series <ul style="list-style-type: none"> <li>n = 8 (DFU, leg ulcer)</li> </ul>	<ul style="list-style-type: none"> <li>All patients showed improvement in wound progress within 2 weeks of initiating cTOT with 10-20% improvement</li> </ul>	Elangovan P, et al. (2024) Topical Oxygen Therapy in Hard to Heal Wound - a Serial Case Study. [Poster] <i>IIWI Wound Conference</i> .	 <a href="https://bit.ly/494G6Mz">bit.ly/494G6Mz</a>
Case series <ul style="list-style-type: none"> <li>n = 2 (DFU, amputation wound)</li> </ul>	<ul style="list-style-type: none"> <li>Highlights synergies between hyperbaric oxygen therapy (HBOt) and continuous topical oxygen therapy (cTOT).</li> <li>Case 1: NATROX® O<sub>2</sub> applied to a DFU after completion of HBOt.</li> <li>Case 2: NATROX O<sub>2</sub> was initiated for a non-healing amputation wound while HBOt was authorized and used between dives once authorized.</li> </ul>	Cole W, et al. (2024) Supplemental Oxygen Therapy in Wound Healing. <i>Podiatry M</i> , Nov/Dec:101-8.	 <a href="https://bit.ly/SuppOT">bit.ly/SuppOT</a>
Case series <ul style="list-style-type: none"> <li>n = 9 surgical wound dehiscence (SWD)</li> </ul>	<ul style="list-style-type: none"> <li>Mean patient age = 52.6 years</li> <li>(No. patients) w/ SWD grading: (3) w/ 3, (3) w/ 3a, (3) w/ 4, all with various comorbidities</li> <li>Avg. estimated wound surface area at start of cTOT = 19.5 cm<sup>2</sup></li> <li>Mean number of days from start of cTOT to healing = 52.6</li> <li>Authors believe that re-establishment of adequate blood and oxygen to the tissues, combined with the immunogenic properties of oxygen, supported rapid wound closure</li> </ul>	Kormylo E, et al. (2024) Continuous topical oxygen therapy as part of the reconstructive ladder of limb salvage. [Poster] <i>SAWC Fall</i> .	 <a href="https://bit.ly/NO2-SWD">bit.ly/NO2-SWD</a>
Case series <ul style="list-style-type: none"> <li>12-week study period</li> <li>n = 12 (DFU, VLU, surgical, burn, arterial ulcer, mixed VLU, pressure injury)</li> </ul>	<ul style="list-style-type: none"> <li>Six wounds healed in the study</li> <li>Mean time to healing: 11.7 weeks</li> <li>Reduction in wound area demonstrated in all 12 wounds with 78.6% mean reduction over the study.</li> <li>Pain score reduction in 5/6 wounds by mean of 3.6 visual analog score (VAS)</li> </ul>	Naude L, et al. (2024) The role of continuous Topical Oxygen Therapy (cTOT) as an adjunctive treatment in non-healing chronic wounds: A South African perspective. [Poster] <i>SAWC Spring</i> .	 <a href="https://bit.ly/cTOT-S-Africa">bit.ly/cTOT-S-Africa</a>
Pilot case series <ul style="list-style-type: none"> <li>6-week study period</li> <li>n = 5 (DFU, VLU, trauma wound)</li> <li>MBD = 32 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Mean patient age = 75.8 years</li> <li>Near-infrared spectroscopy (NIRS) revealed increased tissue oxygenation as wound measurements showed a decrease in wound size</li> <li>During the 6-week study period, 3 of 5 patients healed completely</li> <li>Final 2 healed shortly after with continuation of NATROX O<sub>2</sub></li> </ul>	Cole W, et al. (2024) Monitoring the Effect of Continuous Topical Oxygen Therapy with Near-Infrared Spectroscopy: A Pilot Case Series in Wound Healing. <i>Wounds</i> , 36(5):154-9.	 <a href="https://bit.ly/DrColePost">bit.ly/DrColePost</a>

STUDY	OUTCOMES	REFERENCE	LINKS
<p>Case series</p> <ul style="list-style-type: none"> <li>12-week study period</li> <li>n = 8 (DFU)</li> </ul>	<ul style="list-style-type: none"> <li>Mean percentage area reduction 92.0%</li> <li>54.0% increase in the number of clinical interactions*, whereas clinical time was reduced by 25.8%**</li> <li>Health status scores improved across all eight patients</li> </ul> <p><i>*Clinical interactions consisted of self-assessment, video assessments with the clinician, and face-to-face interactions in clinic</i></p> <p><i>**Results were achieved using NATROX O, along with an Advanced Digital Wound Care Platform-telehealth system</i></p>	<p>Lee A, et al. (2024) Remote assessments and monitoring with advanced wound therapy to optimise clinical outcomes, access, and resources. <i>J Wound Care</i>, 33(2):90-101.</p>	 <p><a href="https://bit.ly/NQ2-NIQ">bit.ly/NQ2-NIQ</a></p>
<p>Case series</p> <ul style="list-style-type: none"> <li>4-week study period</li> <li>n = 3 (Leg ulcers, pressure injuries)</li> </ul>	<ul style="list-style-type: none"> <li>Highlights beneficial impact of cTOT in various hard-to-heal wounds in patients following cardiac surgery</li> <li>Wounds include a long-duration leg ulcer, a dehisced sternotomy wound, and a saphenous vein harvest site</li> <li>All wounds achieved a reduction in pain full closure</li> </ul>	<p>Goncalves, V. (2024) Topical Oxygen Therapy in Hard-to-Heal Wounds in Cardiac Surgery. [Poster] <i>SAWC Spring</i>.</p>	 <p><a href="https://bit.ly/NQ2-CV surg">bit.ly/NQ2-CV surg</a></p>
<p>Case series</p> <ul style="list-style-type: none"> <li>n = 3 (Radiation Tissue Necrosis)</li> </ul>	<ul style="list-style-type: none"> <li>Patients commenced cTOT after failing multiple other advanced wound therapies</li> <li>All 3 patients relayed a decrease in wound pain</li> <li>Average time to complete epithelialization was 3.6 weeks</li> </ul>	<p>Cole W, et al. (2023) Management of late radiation tissue injury ulcers with continuous topical oxygen therapy supports wound healing in patients of advanced age following Mohs surgery: a case series. <i>Wounds</i>, 35(12):E420-4.</p>	 <p><a href="https://bit.ly/RadiationWounds">bit.ly/RadiationWounds</a></p>
<p>Case series</p> <ul style="list-style-type: none"> <li>12-week study period</li> <li>n = 33 (DFU, VLU)</li> </ul>	<ul style="list-style-type: none"> <li>13 patients healed in the 12-week study, with a mean time to healing of 10.9 weeks</li> <li>3 wounds healed within 4 weeks of cTOT</li> <li>30 wounds demonstrated a reduction in area with a 78% mean reduction over the study</li> </ul>	<p>Nair HKR, et al. (2023) The Efficacy of Continuous Topical Oxygen Therapy in the Treatment of Challenging Diabetic Foot Ulcers: A Case Series. [Poster] <i>GWC</i>.</p>	 <p><a href="https://bit.ly/NQ2_Efficacy-DFU">bit.ly/NQ2_Efficacy-DFU</a></p>
<p>Case series</p> <ul style="list-style-type: none"> <li>12-week study period</li> <li>n = 6 (Texas Grade 2/3DFU)</li> <li>MBD: 2.3 months</li> </ul>	<ul style="list-style-type: none"> <li>3 patients healed within the study period, 2 healed in the subsequent 4 weeks</li> <li>6th patient with a very large wound (22 cm x 4.5 cm) achieved a 95% reduction in wound area</li> <li>All patients reporting pain at the commencement of therapy reported scores of 0 prior to complete healing</li> </ul>	<p>Nair HKR. (2023) Case series examining the efficacy of continuous topical oxygen therapy in the treatment of diabetic foot ulcers. [e-Poster] <i>EWMA</i>.</p>	 <p><a href="https://bit.ly/nwc-cs-drchariMay23">bit.ly/nwc-cs-drchariMay23</a></p>
<p>Case series</p> <ul style="list-style-type: none"> <li>12-week study period</li> <li>n = 8 (DFU, trauma)</li> <li>MBD: &gt;4 months</li> </ul>	<ul style="list-style-type: none"> <li>50% of patients had moderate-to-severe MAC disease and/or previous amputations</li> <li>50% of patients had TcPO2 levels &lt;40mm/Hg</li> <li>Average of 96% reduction in wound size at conclusion of study</li> </ul>	<p>Lee A. (2023) Barriers Eliminated: An Advanced Digital Wound Platform Combined with a Continuous Topical Oxygen Therapy System Improves Access, Saves Time, and Decreases Wound Size in Complex Diabetic Patients. [Poster] <i>SAWC Spring</i>.</p>	 <p><a href="https://bit.ly/DrLeeSAWCSpring23">bit.ly/DrLeeSAWCSpring23</a></p>
<p>Case series</p> <ul style="list-style-type: none"> <li>MBD: &gt;15.5 months</li> <li>n = 20 (VLU, arterial ulcer, mixed leg ulcer, other)</li> </ul>	<ul style="list-style-type: none"> <li>40% healed completely</li> <li>76% experienced substantial rapid pain relief</li> <li>69% stopped taking opioid medication</li> <li>53% became pain free</li> <li>Average pain scores reduced from 8.2 to 1.9</li> </ul>	<p>Jebril W, et al. (2022) Topical oxygen treatment relieves pain from hard-to-heal leg ulcers and improves healing: a case series. <i>J Wound Care</i>, 31(1):4-11.</p>	 <p><a href="https://bit.ly/JWCJebriil22-NWCweb">bit.ly/JWCJebriil22-NWCweb</a></p>
<p>Case series (Observational study)</p> <ul style="list-style-type: none"> <li>n = 200 (Arterial ulcer, DFU, VLU, pressure injury, other wounds)</li> </ul>	<ul style="list-style-type: none"> <li>Study demonstrated that topically administered oxygen can increase healing in chronic wounds of all etiologies</li> <li>Longer treatment times were associated with more effective wound healing, as evidenced by an average wound closure of 67.9% in VLUs treated for &gt;25 days</li> </ul>	<p>Kaufman H, et al. (2021) Topical oxygen therapy used to improve wound healing in a large retrospective study of wounds of mixed aetiology. <i>Wounds Int</i>, 12(2):62-8.</p>	 <p><a href="https://bit.ly/3BCQrzB">bit.ly/3BCQrzB</a></p>
<p>Case series (Observational study)</p> <ul style="list-style-type: none"> <li>n = 20 (DFU, amputation)</li> </ul>	<ul style="list-style-type: none"> <li>70% of all patients achieved &gt;75% reduction in wound size</li> <li>91.3%, ±14.9% wound area reduction (p = 0.001) and mean time for 100% closure was 77.6, ± 32.5 days</li> <li>Mean pain scores reduced from 2.4, ±1.8 to 0.5, ±1.0 (p = .008)</li> <li>All patients were very satisfied using the ambulatory device</li> </ul>	<p>Tang TY, Mak MYQ, Yap CJQ, et al. (2021) An Observational Clinical Trial Examining the Effect of Topical Oxygen Therapy (Natrox™) on the Rates of Healing of Chronic Diabetic Foot Ulcers (OTONAL Trial). <i>Int J Low Extrem Wounds</i>. 23(2):326-337.</p>	 <p><a href="https://bit.ly/3SKKk3N">bit.ly/3SKKk3N</a></p>
<p>Case series (Prospective pilot study)</p> <ul style="list-style-type: none"> <li>12-week study period</li> <li>n = 5 (DFU: 3 slow/non-healing, 2 complex)</li> </ul>	<ul style="list-style-type: none"> <li>During the study period, 3 of the 5 patients healed completely</li> <li>All patients displayed an increase in oxygenated hemoglobin (mean improvement 31% over 3 weeks)</li> <li>The other 2 healed shortly thereafter with the continuation of NATROX® O<sub>2</sub></li> </ul>	<p>Lee A. (2021) Continuous topical oxygen therapy- improving healing in the diabetic foot. [Poster] <i>DFcon</i>.</p>	 <p><a href="https://bit.ly/DrLeePoster">bit.ly/DrLeePoster</a></p>
<p>Case series</p> <ul style="list-style-type: none"> <li>n = 6 (DFU)</li> <li>Wound duration: ≥4 weeks</li> </ul>	<ul style="list-style-type: none"> <li>Five DFUs healed in the 8-week follow-up period</li> <li>Based on swab results, the microbiome of the 5 healed wounds shifted towards a diverse flora dominated by aerobes and facultative anaerobes, the one in the non-healed remained anaerobic</li> </ul>	<p>Hunter P, et al. (2020) Topical oxygen therapy shifts microbiome dynamics in chronic diabetic foot ulcers. <i>Wounds</i>, 32(3):81-5.</p>	 <p><a href="https://bit.ly/TOT_shifts">bit.ly/TOT_shifts</a></p>

STUDY	OUTCOMES	REFERENCE	LINKS
Case series · n = 3 (phlebostatic ulcer, cutaneous injury, DFU) · MBD: >2 years	<ul style="list-style-type: none"> <li>Case 1: Wound present for 910 days, healed in 65 days</li> <li>Case 2: Wound present for 720 days, tendon covered completely with granulation tissue in 27 days</li> <li>Case 3: Wound present for 720 days, healed in 23 days</li> <li>Median visual analog score (VAS) was 10 on commencement of therapy, all patients reported a drastic reduction of their VAS during course of therapy</li> </ul>	Silvestrini S, et al. (2019) Oxygen Wound Therapy Device: Continuous flow of pure humidified oxygen for the treatment of infected and inveterate wound in the time of antibiotic-resistance - case report. [Poster] <i>EWMA</i> .	 <a href="https://bit.ly/Poster_EWMA2019">bit.ly/Poster_EWMA2019</a>
Case series · n = 8 (complex DFU) · MBD: 47 weeks	<ul style="list-style-type: none"> <li>Following an average of 11.7 weeks of therapy, 7 patients healed completely</li> <li>The remaining patient demonstrated a 95% reduction in wound size</li> </ul>	Nair HKR. (2019) Evaluating the outcomes of eight patients with diabetic foot ulcers using a new topical oxygen delivery device. <i>Wounds Asia</i> , 2(1):38-43.	 <a href="https://bit.ly/CRDrHari">bit.ly/CRDrHari</a>
Case series · n = 3 (DFU, non-healing with skin graft)	<ul style="list-style-type: none"> <li>(2) DFUs that had failed previous treatments, cTOT was commenced to reduce wound size and improve its condition to facilitate a skin graft</li> <li>(1) non-healing wound with failed skin graft, wound continued to deteriorate, cTOT commenced with significant improvement realized after 21 days</li> </ul>	Yip TT, et al. (2019) NATROX® Oxygen Wound Therapy: a vital element in wound healing. <i>Wounds Asia</i> , 10(1):44-7.	 <a href="https://bit.ly/NO2_Vital-Element">bit.ly/NO2_Vital-Element</a>
Case series · n = 100 (DFU, VLU, arterial ulcer, pressure injury) · MBD: 15.2 months	<ul style="list-style-type: none"> <li>In patients treated for at least 3.5 weeks, 46% achieved complete closure; the mean percentage reduction in wound size for this subgroup was 76%, increasing to 83% for VLUs</li> <li>In this subgroup, 47% of VLUs and 57% of DFUs and arterial ulcers closed</li> </ul>	Kaufman H, et al. (2018) Topical oxygen therapy stimulates healing in difficult, chronic wounds: a tertiary centre experience. <i>J Wound Care</i> , 27(7):426-33.	 <a href="https://bit.ly/NATKauf">bit.ly/NATKauf</a>
Case series · n = 8 (DFU) · MBD: 14 months	<ul style="list-style-type: none"> <li>5 of 8 patients had previous amputations</li> <li>Average time to wound closure: 14.5 weeks</li> <li>Wound with 48-month duration healed in 14 weeks</li> </ul>	Wilson D, et al. (2018) Case series: Using NATROX® Oxygen Wound Therapy in the management of diabetic foot ulcers. <i>Wounds UK</i> : 4-11.	 <a href="https://bit.ly/DFUSeries">bit.ly/DFUSeries</a>
Case series · n = 2 (DFU)	<ul style="list-style-type: none"> <li>Case 1: Forefoot amputation with necrosis and slough, at risk of foot amputation. Within 3 months of cTOT, granulation tissue, decreased size and pain, plan for skin graft closure</li> <li>Case 2: Extended ray amputation with no progress for 4 weeks. After 31 days of cTOT, wound was over 95% re-epithelialized</li> </ul>	Choke EC, et al. (2018) NATROX® - Let the topical oxygen flow for healing complex wounds. <i>Wounds Asia</i> , 1(2):30-3.	 <a href="https://bit.ly/NO2_Tang2018">bit.ly/NO2_Tang2018</a>
Case series (Registry study) · n = 42 (DFU) · MBD: 17 months	<ul style="list-style-type: none"> <li>At 24 weeks, 33% of wounds healed</li> <li>All but two of the remaining wounds had reduced in size by 50%</li> </ul>	Jones N, et al. (2017) The role of topical oxygen therapy in the treatment of diabetic foot ulceration. [Poster] 2017 <i>Wounds UK</i> .	 <a href="https://bit.ly/Post_Jones">bit.ly/Post_Jones</a>
Case series (Non-randomized pilot study) · n = 10 (DFU) · MBD: 43 weeks	<ul style="list-style-type: none"> <li>At 8 weeks, one DFU had healed</li> <li>The rest were improving; the mean ulcer size had reduced by 51%</li> </ul>	Hayes P, et al. (2017) Topical oxygen therapy promotes the healing of chronic diabetic foot ulcers: a pilot study. <i>J Wound Care</i> , 26(11):652-60.	 <a href="https://bit.ly/pilot_hayes">bit.ly/pilot_hayes</a>
Case series · n = 5 (post-mastectomy wounds)	<ul style="list-style-type: none"> <li>3 healed completely</li> <li>2 showed significant improvement</li> </ul>	Leak K, et al. (2011) The use of topical oxygen therapy in complex surgical wounds. Data on file.	 <a href="https://bit.ly/TOT-Leak">bit.ly/TOT-Leak</a>
Case series · 6-week study period · n = 14 (VLU)	<ul style="list-style-type: none"> <li>No adverse events reported</li> <li>Mean wound area reduced by 59% over 6 weeks</li> </ul>	Mani R. (2010) Topical oxygen therapy for chronic wounds: a report on the potential of NATROX™ a new device for delivering enriched oxygen to chronic wounds. <i>J Wound Technol</i> , 9(3):28-30.	 <a href="https://bit.ly/TOT-Mani">bit.ly/TOT-Mani</a>
<ul style="list-style-type: none"> <li>Case study</li> <li>n = 1 (pressure injury)</li> <li>Wound duration of 7 months</li> </ul>	<ul style="list-style-type: none"> <li>Patient was a Persons Living with Dementia (PLWD), a population who are vulnerable to developing wounds that are hard to heal because of their multifactorial aetiology</li> <li>Full closure reached in under 11 weeks after the addition of cTOT</li> </ul>	Hampton J, et al. (2025) Continuous Topical Oxygen Therapy used in a nursing home setting to promote closure of a non-healing pressure ulcer: A case study. [Poster] <i>SoTV</i> .	 <a href="https://bit.ly/42UpsNO">bit.ly/42UpsNO</a>
<ul style="list-style-type: none"> <li>Case study</li> <li>n = 1 (surgical wound dehiscence, SWD)</li> <li>Wound duration of 4 months</li> </ul>	<ul style="list-style-type: none"> <li>SWD following segmental mandibulectomy and closure of an oro-cutaneous fistula</li> <li>Achieved full closure in 5 weeks with NATROX O<sub>2</sub></li> </ul>	Camilleri A, et al. (2025) A Complex Surgical Wound Dehiscence Case Managed with Continuous Topical Oxygen Therapy. [Poster] <i>Wound Care Today</i> .	 <a href="https://bit.ly/WCT_SWD">bit.ly/WCT_SWD</a>

STUDY	OUTCOMES	REFERENCE	LINKS
Case Study · n = 1 (DFU, amputation)	<ul style="list-style-type: none"> <li>One patient at risk for lower limb amputation with multiple painful, non-healing wounds</li> <li>Medial malleolar wounds: healed in 6 weeks with 3/10 baseline VAS pain reduction to 0/10 by week 4</li> <li>Lateral &amp; forefoot wound size reduction: 90% and 98% (respectively) by week 10</li> <li>Lateral &amp; forefoot wound VAS pain reduction: 7/10 to 0/10 by week 4</li> </ul>	Bailey-Davies S, et al. (2024) Promoting Healing of Chronic Wounds Using Continuous Topical Oxygen Therapy with Chronic Limb Threatening Ischaemia Having No Revascularisation Option: a Case Study. [Poster] <i>Wounds UK</i> : Harrogate.	 <a href="https://bit.ly/3Y57Wqp">bit.ly/3Y57Wqp</a>
Case study · n = 1 (VLU) · Wound duration: 3 years	<ul style="list-style-type: none"> <li>Patient received 2 amniotic tissue graph applications, followed by 10 weeks of combination therapy with cTOT</li> <li>At week 11, patient received cTOT without additional amniotic tissue graph applications</li> <li>Total wound closure achieved at 19 weeks</li> <li>Pain score reduced from 8/10 at initial evaluation to 0/10</li> </ul>	Lorincy P. (2024) Combination therapy for a non-healing VLU [Case study] USA.	 <a href="https://bit.ly/cTOT_CAMPs">bit.ly/cTOT_CAMPs</a>
Case report · n = 1 (VLU) · Wound duration: 2 months	<ul style="list-style-type: none"> <li>Wound measured 3.06 cm<sup>2</sup> at commencement</li> <li>Pain reported at 10 out of 10 on the visual analog scale</li> <li>Week 3: Patient was completely pain-free</li> <li>Week 5: Wound reached complete closure with no pain</li> </ul>	Cole W, et al. (2023) Supporting the Patient Journey: The Use of Topical Oxygen Therapy in Chronic Wound Management. [Poster] <i>GWC</i> .	 <a href="https://bit.ly/NO2_Pt-Journey">bit.ly/NO2_Pt-Journey</a>
Case report · n = 1 (DFU)	<ul style="list-style-type: none"> <li>Rapid growth and re-epithelization on the left leg wound after the introduction of NATROX® O<sub>2</sub></li> <li>Although advanced dressings may come at a higher cost, their ability to expedite wound healing can yield long-term economic benefits</li> </ul>	Praveenan DR, et al. (2023) Holistic Approach to a Wound Care Patient. [Poster] <i>GWC</i> .	 <a href="https://bit.ly/NO2_Holistic">bit.ly/NO2_Holistic</a>
Case study · n = 1 (painful leg ulcer) · Wound duration: 3 years	<ul style="list-style-type: none"> <li>92-year-old male with mixed leg ulcer</li> <li>On presentation, patient reported a high level of pain</li> <li>Pain resolved completely upon commencement of cTOT</li> </ul>	Wilson M. (2021) Painful non-healing leg ulcer. [Case study] Sweden.	 <a href="https://bit.ly/WilsonStudy">bit.ly/WilsonStudy</a>
Case report · n = 1 (calciphylaxis wound)	<ul style="list-style-type: none"> <li>Biopsy confirmed non-healing calciphylaxis wound</li> <li>Shelter-in-place orders issued due to the global COVID-19 pandemic</li> <li>Leveraged telemedicine and NATROX® O<sub>2</sub> cTOT therapy to treat wound</li> <li>Complete wound resolution occurred in 9 weeks</li> </ul>	Cole W, et al. (2020) The Use of Topical Oxygen Therapy to Treat a Calciphylaxis Wound During a Global Pandemic: A Case Report. <i>Wounds</i> , 32(11):294-8.	 <a href="https://bit.ly/CR_Calciphylaxis">bit.ly/CR_Calciphylaxis</a>
Case study · n = 1 (pressure injury) · Wound duration: 12 months	<ul style="list-style-type: none"> <li>Wound area reduction of 76% in first 6 weeks, NATROX® O<sub>2</sub> was discontinued, patient returned to standard wound dressings</li> <li>4 weeks later, wound significantly deteriorated, NATROX O<sub>2</sub> recommenced</li> <li>Completely healed after 12 weeks of NATROX® O<sub>2</sub> therapy</li> </ul>	Non-healing pressure injury. [Case study]	 <a href="https://bit.ly/CS1_NO2">bit.ly/CS1_NO2</a>
Case study · n = 1 (trauma wound) · Wound duration: 24 weeks	<ul style="list-style-type: none"> <li>76-year-old male</li> <li>Complete wound closure in 5 weeks</li> </ul>	Cheng LY. Non-healing traumatic wound. [Case study]	 <a href="https://bit.ly/nwc-css-nhtw_cheng">bit.ly/nwc-css-nhtw_cheng</a>
Case study · n = 1 (amputation wound) · Wound duration: 6 months	<ul style="list-style-type: none"> <li>76-year-old male</li> <li>Complete wound closure in 8 weeks</li> </ul>	Cheng LY. Non-healing amputation wound. [Case study]	 <a href="https://bit.ly/CS7_NO2">bit.ly/CS7_NO2</a>
Expert opinion (American Diabetes Association)	<ul style="list-style-type: none"> <li>TOT awarded A-grade adjunctive treatment recommendation for DFUs</li> <li>High participation [in TOT] with very few reported adverse events combined with improved healing rates makes this therapy another attractive option for advanced wound care</li> </ul>	American Diabetes Association Professional Practice Committee (2025) Standards of Care in Diabetes. <i>Diabetes Care</i> , 48(Supplement_1):S259.	 <a href="https://bit.ly/TOT-ADA">bit.ly/TOT-ADA</a>
Expert opinion (Wound Healing Society- WHS DFU Guidelines Update)	<ul style="list-style-type: none"> <li>TOT is specifically recognized in new guidance and is supported by the highest level of evidence (Level 1)</li> <li>"Guideline #7.9: Topical oxygen has been shown to increase the incidence of healing and decrease the time to heal. (Level 1)"</li> </ul>	Lavery LA, et al. (2024) WHS (Wound Healing Society) guidelines update: Diabetic foot ulcer treatment guidelines. <i>Wound Repair Regen</i> , 32(1):34-46.	 <a href="https://bit.ly/whs22023_guidelines">bit.ly/whs22023_guidelines</a>

STUDY	OUTCOMES	REFERENCE	LINKS
Expert opinion (International Review Panel Consensus- US, UK, Europe)	<ul style="list-style-type: none"> <li>Evidence-based TOT recommendations from panel of 9 KOLs</li> <li>Comprehensive guide as to role of oxygen in wounds and how TOT can help with non-healing wounds</li> <li>Practical guidance on how to incorporate TOT into routine practice for challenging wounds</li> </ul>	Frykberg R, et al. (2023) Use of topical oxygen therapy in wound healing. <i>J Wound Care</i> , 32(S8B)53-30.	 <a href="https://bit.ly/jwc-tot-2023">bit.ly/jwc-tot-2023</a>
Expert opinion LATAM Consensus Review Panel	<ul style="list-style-type: none"> <li>Continuous transdermal oxygen therapy is effective and safe for treating chronic and hard-to-heal ulcers</li> <li>Significant benefits observed: acceleration of healing, wound size reduction, enhancement in patient QoL</li> <li>Efficacy found across various ulcer etiologies underscoring its therapeutic versatility</li> </ul>	Pacheco YJ, et al. (2023) Expert consensus on clinical efficacy and guidelines on continuous topical oxygen therapy for the healing of complex or difficult- to-heal wounds. <i>JWC LATAM</i> , Oct. 2023:1-37.	 <a href="https://bit.ly/nwc-jwcLatamOct23">bit.ly/nwc-jwcLatamOct23</a>
Expert opinion (IWGDF Guidelines)	<ul style="list-style-type: none"> <li>Consider the use of topical oxygen as an adjunct therapy to standard of care for wound healing in people with diabetes-related foot ulcers where standard of care alone has failed and resources exist to support this intervention</li> </ul>	International Working Group on the Diabetic Foot- IWGDF. (2023) Guidelines on interventions to enhance healing of foot ulcers in people with diabetes. <i>IWGDF Guidelines</i> , May 2023.	 <a href="https://bit.ly/nwc-iwdf-guidelines2023">bit.ly/nwc-iwdf-guidelines2023</a>
Expert opinion (Central and Eastern Europe)	<ul style="list-style-type: none"> <li>Clear consensus that adjunctive treatments with a solid evidence base, including NPWT and TOT, must be included in the [pending] algorithm</li> <li>All hard-to-heal wounds are likely to benefit from TOT</li> </ul>	Bem R, et al. (2023) A new algorithm for the management of diabetic foot ulcer: recommendations from Central and Eastern Europe. <i>J Wound Care</i> , 32(5):264-72.	 <a href="https://bit.ly/nwc-tot-algorithm-JWCMay23">bit.ly/nwc-tot-algorithm-JWCMay23</a>
Expert opinion (HTW Guidance)	<ul style="list-style-type: none"> <li>Routine adoption of cTOT, in addition to standard of care, increases complete wound healing and reduces wound area and time to healing compared to standard of care alone – and all with cost savings</li> </ul>	Health Technology Wales (2022) Continuous topical oxygen therapy to treat people with chronic non-healing and complex diabetic foot ulcers. <i>Health Technology Wales (HTW) Guidance</i> 043, Sep 2022.	 <a href="https://bit.ly/htw-no2-guidance">bit.ly/htw-no2-guidance</a>
Pre-clinical work	<ul style="list-style-type: none"> <li>No significant difference between negative control and cTOT in the moisture content of the tissue or absorption of the dressings</li> </ul>	Isaev D, et al. (2024) Impact of Continuous Topical Oxygen Therapy on Wound Moisture Levels. [Poster] <i>SAWC Fall</i> .	 <a href="https://bit.ly/NO2-Moisture">bit.ly/NO2-Moisture</a>
Pre-clinical work	<ul style="list-style-type: none"> <li>Data from this test confirms that the ODS component of cTOT system does not impair fluid transfer from the wound bed to the absorbent dressing in a dynamic wound model</li> </ul>	Sharp M, et al. (2024) Impact of Continuous Topical Oxygen Therapy on Fluid Handling. [Poster] <i>SAWC Fall</i> .	 <a href="https://bit.ly/NO2-Fluid">bit.ly/NO2-Fluid</a>
Pre-clinical work	<ul style="list-style-type: none"> <li>Suggests increased metabolic activity within bacterial cells and less requirement to form biofilm following cTOT treatment</li> <li>Enhanced metabolism may increase the susceptibility of biofilm bacteria to antimicrobials thus improving antimicrobial treatment of chronic wounds</li> </ul>	Ball C, et al. (2024) Impact of continuous Topical Oxygen Therapy on biofilm gene expression in a porcine tissue model. <i>J Wound Care</i> , 33(9):702-7.	 <a href="https://bit.ly/poster-biofilm">bit.ly/poster-biofilm</a>



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