NATROX® O_2

Oxygen and wound healing

There are many reasons why wounds fail to heal. In any case, oxygen is a critical component in all phases of wound healing[1]. Unfortunately, wound perfusion is frequently insufficient in patients with chronic wounds, thereby reducing the wound's capacity to heal[2]. Supplementary oxygen delivered topically can help improve healing[3-7].

Introducing NATROX® O_2 continuous topical oxygen therapy (cTOT)

NATROX® O_2 is a wearable device designed to continuously deliver topical oxygen directly to a wound to promote and enhance healing[8,9].

Wound types that could benefit from supplementary oxygen[10]:

DIABETIC FOOT ULCER

LEG ULCER

PRESSURE INJURY

NON-HEALING SURGICAL WOUND

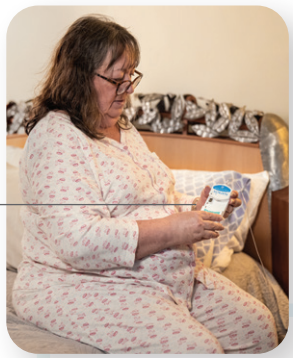
When to consider NATROX® O_2[11]

- If there are clinical signs that the wound is hypoxic.
- Wound area reduction is < 40%-50% after 4 weeks of standard of care (SoC).
- All wound parameters have been optimized:
  - Comorbidities
  - Debridement
  - Bioburden/infection
  - Offloading
  - Compression
- If the patient has underlying conditions or risk factors that make them more susceptible to wound complications.

Advancing Patient-Centric Care

Patients can continue their activities of daily living while receiving 24/7 oxygen therapy

NATROX® O_2 Battery



NATROX® O_2 Oxygen Generator (OG)

NATROX® O_2 Oxygen Delivery System (ODS)

- Easy for patients to use[12]
- Small, lightweight, and silent

FDA CLEARED

How to Apply

To view Application videos

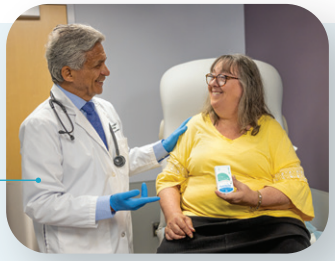
bit.ly/NO2-App101_Gen

Transforming Wound Care Efficiency

Non-Disruptive to Clinical Practice

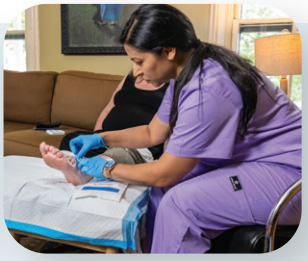
Adjunct to SoC[13,14], can be used with other advanced wound therapies[15] and most secondary dressings

Clinicians say it's low-risk, well-tolerated, and easy to implement[16]



Drives Patient Compliance[17]

90% patient satisfaction[18], improved health status scores[19]



Home-Based Healing

Reduced need for clinician time, more efficient use of resources[17]

What to Expect*

week 1-2
- Exudate
- Wound size
- Wound pain

week 3-4
- Exudate
- Wound reduces to original size
- Improved wound bed color

week 5+
- Wound size
- Granulation tissue
- Re-epithelialization evident

*As referenced in citation: Yu J, et al (2016) Topical oxygen therapy results in complete wound healing in diabetic foot ulcers. *Wound Repair Regen*, 24:1066-72.

60+ publications supporting extraordinary clinical evidence

Evidence Pyramid

52% HEALED* with NATROX® O_2

NATROX® O_2 achieved a statistically significant p-value for both healing (p=0.044) and wound reduction (p=0.005) when compared to control[13].

71% Greater healing rate[13**]

73% Greater average % reduction in wound size[13**]

* Per protocol group
**Compared to control

Systematic reviews and meta-analyses of RCTs

Multiple meta-analyses show significant likelihood of healing with SoC + Topical Oxygen Therapy (TOT) versus SoC alone[3-7].

RCTs

Observational studies

Case Series

85% of patients remained healed after 1 year (Compared to 60% of the SoC patients[20])

Individual cases and MOA studies

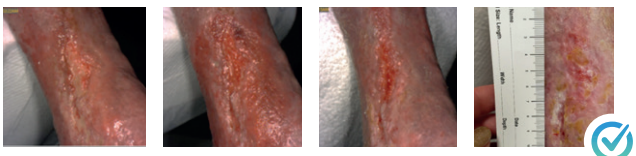
Editorials/ expert opinion

The American Diabetes Association (ADA) gives **Topical Oxygen Therapy** a **Grade A** recommendation[21].

Pre-Clinical Studies

Painful ulcers:
76% felt rapid pain relief
69% stopped opioids
53% became pain free[14]

Critical wound completely healed in only 70 days[23]



Commenced NATROX® O_2 | 3 weeks of NATROX® O_2 therapy | 5 weeks of NATROX® O_2 therapy | 11 weeks of NATROX® O_2 therapy, HEALED

Case Study:
Non-healing venous leg ulcer

Wound duration:
64 weeks

Wound size on presentation:
9.2 cm x 2.8 cm x 0.2 cm

NATROX® Wound Care

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For references and additional evidence:

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