CoreLeader

Algi-Fiber (Alginate Non-woven Pad) (Alginate Non-woven Sheet)

Product Overview
“CoreLeader” Alginate Fiber Wound Dressing is a new product that is manufactured by an unique production process. Made of non-woven biomedical cloth from Alginate fiber, it is softer but stronger in structure than regular sponge with equal ventilation. With its unique flexibility, the Coreleader Alginate fiber wound dressing is suitable for wound surface regardless the location, size, sinus and depth of a patient. The calcium ions inside the dressing accelerate the blood coagulation; therefore the normal healing time is expected to be shorter during hemorrhage.

In addition, as it is highly hydrophilic, the Coreleader Alginate fiber wound dressing absorbs the wound exudates to form a hydrogel protection layer. The moisture held around the wound by Alginate dressing could facilitate the wound healing.

Specifications

<table>
<thead>
<tr>
<th>Coreleader Algi-Fiber</th>
<th>Description(cm)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADW02030</td>
<td>2 × 3</td>
</tr>
<tr>
<td>ADW05050</td>
<td>5 × 5</td>
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<tr>
<td>ADW10100</td>
<td>10 × 10</td>
</tr>
<tr>
<td>ADW10200</td>
<td>10 × 20</td>
</tr>
<tr>
<td>ADW02060</td>
<td>2 × 6 two-in-one pack</td>
</tr>
</tbody>
</table>

Indication
• None arterial bleeding
• External trauma with medium to large volume of exudates
• Bleeding control after hemodialysis
• 1st and 2nd degree burn injuries
• Diabetes fester
• Venous ulcers
• The tunnel wound with heavy exudations
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Features

1. Soft but strong in structure
   The secret to softness is the structure of non-woven fabric. It is softer than regular sponge with an extra benefit of faster exudates absorption. The soft fabric texture not only conform to the wound shape, such as curve or tunnel at various sites and sizes, but also hold the moisture with good ventilation to facilitate wound healing. The non-woven fabric is made from wet-lay process that makes the fiber physically cross-linked together, either twisted in rope or weaved in fibrous mats. For this reason, the structure is stronger than regular sponge and can be removed easier after topical applications.

2. 10 times absorbent capability
   The fabric structure of the dressing allows it to absorb up to 10 times of its own weight of exudates and faster than regular sponge. It is because the Non-woven dressing has rougher surface that helps exudates breaking the surface tension to trigger the absorption faster. It also faster to form Hydrogel layer during the wound healing.

3. Faster hemostasis
   The Alginate contains calcium ions that serve as a catalyst to speed up blood coagulation. It is proved that the Coreleader Alginate fiber wound dressing supports the blood cells to form a thicker membrane and therefore, speeds up the hemostasis.

4. Form a hydrogel layer to support healing
   After the absorption of exudates and blood, the Coreleader Alginate fiber wound dressing forms a hydrogel protection layer to hold moisture, a proven beneficial factor to the epithelial cells recovery. In addition, the lose fabric structure provides good ventilation that ensures no oxygen deficiency, also a critical factor in supporting wound healing.

   The hydrogel protection layer covers fully the wound and keeps the moisture. Without hydrogel protection, the dry-up dressing would lead to second injury when it is removes from the wound during topical treatment.
   • The Coreleader Alginate fiber wound dressing avoids the secondary injuring to the new skin tissue.
   • The product reduces the frequency of dressing changes and, hence, saves the labor hour required for wound caring.

5. Biocompatibility, non-toxic and biodegradable
   This alginate is a polysaccharide polymerized from mannuronate (M) and glucuronate (G). The biocompatibility and non-toxic characteristics are proved through various studies. It is well known among the industry, when applied to the human body, the alginate could be decomposed by human enzymes.

Case 1. Bed sore, Female 90-year-old (July 7th to Oct. 31st, 2010)

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|------------------------|----------------|----------|---------|----------|

Case 2. Diabetic Foot Ulcer (BFU), Female 65-year-old (July 9th to Oct. 13th, 2010)

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|---------------------------------------------|----------------|----------|---------|----------|