How to apply the product

- Apply 1-2 drops or 1 puff of Hyperoil® Oily Formulation once a day all over the foot surface, in order to prevent diabetic foot lesions: gently rub the sole and the gaps between toes with Hyperoil®.

- Apply 1-3 drops or 1 puff of Hyperoil® Oily Formulation twice a day all over the affected area in case of onychomycosis (mycosis of the nail bed or ingrowing nail), athlete’s foot (foot mycosis), hyperkeratosis or tyloma (simple callus or corn).

- Apply 1-2 drops or 1 puff of Hyperoil® Oily Formulation once a day in case of hyperkeratosis or onychomycosis removal executed by the podiatrist.

- Apply 1-3 drops or 1 puff of Hyperoil® Oily Formulation once or twice a day all over the affected area in the case of full-blown cutaneous diabetic lesion, namely superficial or deep ulcer.

As soon as the ulcer has fully recovered, it is recommended to keep using Hyperoil® Gel Formulation for at least one month, applying it 2-3 times a week in order to maintain the skin elastic and moisturized, as well as to avoid microlesion or trauma infections.

Warning: if there is no early improvement of the treated lesions following the application of Hyperoil® (max. 1 or 2 days), immediately consult a doctor that will evaluate a suitable therapeutic monitoring or diabetic and vascular diagnostic insight.

Insights

Diabetic (or neuropathic foot) is an alarming complication of the diabetic neuropathy, especially when associated with diabetic microangiopathy.

Diabetic neuropathy provokes insensitivity or loss of the capability to feel pain and changes in temperature at the foot level. This means that diabetic patients tend not to realize the presence of cuts, wounds, burnings or freezing, since pain response is missing.

Diabetic microangiopathy, which is the lack of oxygen through capillaries destruction, associated with macroangiopathy (that causes a bad circulation on lower extremities) and neuropathy, explains how a small scratch or a simple infection can easily bring to massive damages.

Charcot joint is a characteristic foot deformity in many diabetic patients that causes a posture with subsequent walking typical of an altered sole support; furthermore the formation of pressure hyperkeratosis (or hyperpressure callus during walking) may develop small wounds in a short time (traumatic microlesions). These lesions can become even larger and markedly deeper, degenerating from small bleedings into superficial or deep serious infections like the moist gangrene.

In addition, diabetic arteriopathy often causes a fast degeneration of the lesions on diabetic patients, due to bad circulation on lower extremities: feet do not receive the necessary blood supply, then there is a skin trophism upset with subsequent ulcer formation, which brings to a very slow healing time, complicating the management of the whole tissular repairing process.

Every foot lesion on a diabetic patient can thus turn into a complication and therefore it must not be underestimated, since it can lead to the loss of limb (amputation) or life-threatening (by septicaemia).

Guidelines have been edited in order to limit the most serious consequences of diabetic foot, avoiding cutaneous lesions and helping the diabetic patient preserve the safety of his own feet and life. Below is a summary of practical suggestions:

- Always use comfortable shoes.
- Wear cotton socks without rigid seams.
- Change socks once or several times a day.
- Use soft silicone orthotics, that are helpful to balance the body weight while walking.
- For pedicure choose nail files and brushes rather than scissors.
- Always pay appropriate attention to personal foot hygiene (it is suggested to address to a podiatrist).
- Check feet soles once or several times a day to ensure that there aren’t small cuts or abrasions.
- Have a balanced and healthy diet.
- Wash feet with warm water and mild soap.
- Always dry feet carefully after the bath: it is advised to compress with soft cotton towels.
- Address to the physician in case of tingling, leg cramps, change in sensitivity.
- Measure glycemia regularly.
- Feet must always be inspected (it is suggested to use a small mirror).
- Practise a regular and moderate body activity.
- Address to the physician in case of calluses and/or hard skin.
- Often move toes in order to stimulate circulation.

To sum up: in the event of small wounds, abrasions, calluses (tyloma) to the feet or other seemingly insignificant traumas, a physician must always be contacted by the diabetic patient, to receive the proper diagnostic evaluation. In case of ulcers, a specific treatment and dedicated dressings must be selected to limit or drastically reduce the risk of cutaneous lesions, infections and the subsequent limb amputation or even the exitus (death) by septicemia.
HOW TO APPLY THE PRODUCT

- Apply 1-2 drops or 1 puff of Hyperoil® Oily Formulation once a day all over the foot surface, in order to prevent diabetic foot lesions: gently rub the sole and the gaps between toes with Hyperoil®.

- Apply 1-3 drops or 1 puff of Hyperoil® Oily Formulation twice a day all over the affected area in case of onychomycosis (mycosis of the nail bed or ingrowing nail), athlete’s foot (foot mycosis), hyperkeratosis or tyloma (simple callus or corn).

- Apply 1-2 drops or 1 puff of Hyperoil® Oily Formulation once a day in case of hyperkeratosis or onychomycosis removal executed by the podiatrist.

- Apply 1-3 drops or 1 puff of Hyperoil® Oily Formulation once or twice a day all over the affected area in the case of full-blown cutaneous diabetic lesion, namely superficial or deep ulcer.

As soon as the ulcer has fully recovered, it is recommended to keep using Hyperoil® Gel Formulation for at least one month, applying it 2-3 times a week in order to maintain the skin elastic and moisturized, as well as to avoid microlesion or trauma infections.

Warning: if there is no early improvement of the treated lesions following the application of Hyperoil® (max. 1 or 2 days), immediately consult a doctor that will evaluate a suitable therapeutic monitoring or diabetic and vascular diagnostic insight.

INSIGHTS

Diabetic (or neuropathic foot) is an alarming complication of the diabetic neuropathy, especially when associated with diabetic microangiopathy.

Diabetic neuropathy provokes insensitivity or loss of the capability to feel pain and changes in temperature at the foot level. This means that diabetic patients tend not to realise the presence of cuts, wounds, burnings or freezing, since pain response is missing.

Diabetic microangiopathy, which is the lack of oxygen through capillaries destruction, associated with macroangiopathy (that causes a bad circulation on lower extremities) and neuropathy, explains how a small scratch or a simple infection can easily bring to massive damages.

Charcot joint is a characteristic foot deformity in many diabetic patients that causes a posture with subsequent walking typical of an altered sole support; furthermore the formation of pressure hyperkeratosis (or hyperpressure callus during walking) may develop small wounds in a short time (traumatic microlesions). These lesions can become even larger and markedly deeper, degenerating from small bleedings into superficial or deep serious infections like the moist gangrene.

In addition, diabetic arteriopathy often causes a fast degeneration of the lesions on diabetic patients, due to bad circulation on lower extremities: feet do not receive the necessary blood supply, then there is a skin trophism upset with subsequent ulcer formation, which brings to a very slow healing time, complicating the management of the whole tissular repairing process.

Every foot lesion on a diabetic patient can thus turn into a complication and therefore it must not be underestimate, since it can lead to the loss of limb (amputation) or life-threatening (by septicemia).

Guidelines1 have been edited in order to limit the most serious consequences of diabetic foot, avoiding cutaneous lesions and helping the diabetic patient preserve the safety of his own feet and life. Below is a summary of practical suggestions:

- Always use comfortable shoes.
- Wear cotton socks without rigid seams.
- Change socks once or several times a day.
- Use soft silicone orthotics, that are helpful to balance the body weight while walking.
- For pedicure choose nail files and brushes rather than scissors.
- Always pay appropriate attention to personal foot hygiene (it is suggested to address to a podiatrist).
- Check feet soles once or several times a day to ensure that there aren’t small cuts or abrasions.
- Have a balanced and healthy diet.
- Wash feet with warm water and mild soap.
- Always dry feet carefully after the bath: it is advised to compress with soft cotton towels.
- Address to the physician in case of tingling, leg cramps, change in sensitivity.
- Measure glycemia regularly.
- Feet must always be inspected (it is suggested to use a small mirror).
- Practise a regular and moderate body activity.
- Address to the physician in case of calluses and/or hard skin.
- Often move toes in order to stimulate circulation.

To sum up: in the event of small wounds, abrasions, calluses (tyloma) to the feet or other seemingly insignificant traumas, a physician must always be contacted by the diabetic patient, to receive the proper diagnostic evaluation2,3,4. In case of ulcers, a specific treatment and dedicated dressings must be selected to limit or drastically reduce the risk of cutaneous lesions, infections and the subsequent limb amputation or even the exitus (death) by septicemia.
Hyperoil® aids regeneration and repair of complex skin lesions, such as:

DIABETIC FOOT  ............................................................ Pag. 2
PRESSURE ULCERS ........................................................... Pag. 5
RADIODERMATITIS ............................................................. Pag. 8

ULCERS:
- ARTERIAL AND VENOUS ULCER (I.E. MIXED ULCER) .................. Pag. 10
- ARTERIAL ULCER ............................................................ Pag. 12
- LYMPHATIC ULCER .......................................................... Pag. 15
- VENOUS ULCER ............................................................... Pag. 18

IMPORTANT
These lesions always require clinical supervision. It is recommended to seek medical advice.
HOW TO APPLY THE PRODUCT

- Apply 1-2 drops or 1 puff of Hyperoil® Oily Formulation once a day all over the foot surface, in order to prevent diabetic foot lesions: gently rub the sole and the gaps between toes with Hyperoil®.
- Apply 1-3 drops or 1 puff of Hyperoil® Oily Formulation twice a day all over the affected area in case of onychomycosis (mycosis of the nail bed or ingrowing nail), athlete’s foot (foot mycosis), hyperkeratosis or tyloma (simple callus or corn).
- Apply 1-2 drops or 1 puff of Hyperoil® Oily Formulation once a day in case of hyperkeratosis or onychomycosis removal executed by the podiatrist.
- Apply 1-3 drops or 1 puff of Hyperoil® Oily Formulation once or twice a day all over the affected area in the case of full-blown cutaneous diabetic lesion, namely superficial or deep ulcer.

As soon as the ulcer has fully recovered, it is recommended to keep using Hyperoil® Gel Formulation for at least one month, applying it 2-3 times a week in order to maintain the skin elastic and moisturized, as well as to avoid microlesion or trauma infections.

Warning: if there is no early improvement of the treated lesions following the application of Hyperoil® (max. 1 or 2 days), immediately consult a doctor that will evaluate a suitable therapeutic monitoring or diabetic and vascular diagnostic insight.

INSIGHTS

Diabetic (or neuropathic foot) is an alarming complication of the diabetic neuropathy, especially when associated with diabetic microangiopathy. Diabetic neuropathy provokes insensitivity or loss of the capability to feel pain and changes in temperature at the foot level. This means that diabetic patients tend not to realise the presence of cuts, wounds, burnings or freezing, since pain response is missing. Diabetic microangiopathy, which is the lack of oxygen through capillaries destruction, associated with macroangiopathy (that causes a bad circulation on lower extremities) and neuropathy, explains how a small scratch or a simple infection can easily bring to massive damages. Charcot joint is a characteristic foot deformity in many diabetic patients that causes a posture with subsequent walking typical of an altered sole support; furthermore the formation of pressure hyperkeratosis (or hyperpressure callus during walking) may develop small wounds in a short time (traumatic microlesions). These lesions can become even larger and markedly deeper, degenerating from small bleedings into superficial or deep serious infections like the moist gangrene. In addition, diabetic arteriopathy often causes a fast degeneration of the lesions on diabetic patients, due to bad circulation on lower extremities: feet do not receive the
necessary blood supply, then there is a skin trophism upset with subsequent ulcer formation, which brings to a very slow healing time, complicating the management of the whole tissular repairing process. Every foot lesion on a diabetic patient can thus turn into a complication and therefore it must not be underestimate, since it can lead to the loss of limb (amputation) or life-threatening (by septicaemia). Guidelines\(^1\) have been edited in order to limit the most serious consequences of diabetic foot, avoiding cutaneous lesions and helping the diabetic patient preserve the safety of his own feet and life. Below is a summary of practical suggestions:

- Always use comfortable shoes.
- Wear cotton socks without rigid seams.
- Change socks once or several times a day.
- Use soft silicone orthotics, that are helpful to balance the body weight while walking.
- For pedicure choose nail files and brushes rather than scissors.
- Always pay appropriate attention to personal foot hygiene (it is suggested to address to a podiatrist).
- Check feet soles once or several times a day to ensure that there aren’t small cuts or abrasions.
- Have a balanced and healthy diet.
- Wash feet with warm water and mild soap.
- Always dry feet carefully after the bath: it is advised to compress with soft cotton towels.
- Address to the physician in case of tingling, leg cramps, change in sensitivity.
- Measure glycemia regularly.
- Feet must always be inspected (it is suggested to use a small mirror).
- Practise a regular and moderate body activity.
- Adress to the physician in case of calluses and/or hard skin.
- Often move toes in order to stimulate circulation.

To sum up: in the event of small wounds, abrasions, calluses (tyloma) to the feet or other seemingly insignificant traumas, a physician must always be contacted by the diabetic patient, to receive the proper diagnostic evaluation\(^2,^3,^4\). In case of ulcers, a specific treatment and dedicated dressings must be selected to limit or drastically reduce the risk of cutaneous lesions, infections and the subsequent limb amputation or even the exitus (death) by septicemia.

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**FOR FURTHER SCIENTIFIC INSIGHT:**

1. Associazione Medici Diabetologi (AMD) www.aemmedi.it
patient, to receive the proper diagnostic evaluation. In case of ulcers, a specific seemingly insignificant traumas, a physician must always be contacted by the diabetic. To sum up: in the event of small wounds, abrasions, calluses (tyloma) to the feet or other - Often move toes in order to stimulate circulation. - Adress to the physician in case of calluses and/or hard skin. - Practise a regular and moderate body activity. - Feet must always be inspected (it is suggested to use a small mirror). - Measure glycemia regularly. - Address to the physician in case of tingling, leg cramps, change in sensitivity. - Always dry feet carefully after the bath: it is advised to compress with soft cotton towels. - Wash feet with warm water and mild soap. - Have a balanced and healthy diet. - Check feet soles once or several times a day to ensure that there aren’t small cuts or to a podiatrist. - For pedicure choose nail files and brushes rather than scissors. - Use soft silicone orthotics, that are helpful to balance the body weight while walking. - Change socks once or several times a day. - Wear cotton socks without rigid seams. - Always use comfortable shoes.

His own feet and life. Below is a summary of practical suggestions:

Guidelines have been edited in order to limit the most serious consequences of diabetic life-threatening (by septicaemia). Every foot lesion on a diabetic patient can thus turn into a complication and therefore it must not be underestimate, since it can lead to the loss of limb (amputation) or even the exitus (death) by septicemia. Diabetic foot lesions, infections and the subsequent limb amputation or even the exitus (death) by septicemia. Diabetic arteriopathy often causes a fast degeneration of the lesions on superficial or deep serious infections like the moist gangrene. These lesions can become even larger and markedly deeper, degenerating from small bleedings into formation of pressure hyperkeratosis (or hyperpressure callus during walking) may posture with subsequent walking typical of an altered sole support; furthermore the Charcot joint is a characteristic foot deformity in many diabetic patients that causes a massive damages. Diabetic microangiopathy, which is the lack of oxygen through capillaries destruction, missing.

Diabetic (or neuropathic foot) is an alarming complication of the diabetic neuropathy, explains how a small scratch or a simple infection can easily bring to the realization of cutaneous lesions, infections and the subsequent limb amputation or even the exitus (death) by septicemia. Diabetic neuropathy provokes insensitivity or loss of the capability to feel pain and changes in temperature at the foot level. This means that diabetic patients tend not to realise the presence of cuts, wounds, burnings or freezing, since pain response is especially when associated with diabetic microangiopathy.

INSIGHTS

HOW TO APPLY THE PRODUCT

As soon as the ulcer has fully recovered, it is recommended to keep using Hyperoil® Gel for at least one month, applying it 2-3 times a week in order to maintain the skin elastic and moisturized, as well as to avoid microlesion or trauma infections.

Warning:

- Apply 1-3 drops or 1 puff of Hyperoil® Oily Formulation twice a day all over the foot if there is no early improvement of the treated lesions following the application. If there is no early improvement of the treated lesions following the application, if there is no early improvement of the treated lesions following the application, then the treatment and dedicated dressings must be selected to limit or drastically reduce the risk of cutaneous lesions, infections and the subsequent limb amputation or even the exitus (death) by septicemia.
Pressure Ulcers (Bedsores)

**HYPEROIL® FEATURE**
It aids the cleansing phase by reducing fibrin, necrosis and infection risks. It aids tissue repairing and cicatrization. It aids the reduction of erythema and skin inflammation. It protects the tissue involved in the pressure area and in its surroundings.

**HOW TO APPLY THE PRODUCT**
- Cleanse locally the affected part or ulcer with saline solution, including the perilesional area.
- If any, remove slough (dried necrosis) or fibrin (specialised staff only).
- Apply 1-3 drops of Hyperoil® Oily Formulation or 1 puff of Hyperoil® Gel Formulation all over the affected area.
- Cover (or plug, in case of a cavity) with a TNT sterile gauze.
- Change the bandage daily (in the event of exudate) or 3-4 times a week, depending on the clinical judgment of the physician or specialised staff.

Self-medication:
- Treat the ulcer once a day in case of infection.
- Treat every other day in case of non infected lesion.
- Isolate with TNT or cotton hemmed bandage (or plug with gauzes).

Prevention:
- Apply a small quantity of Hyperoil® Oily Formulation daily all over the area with major wound risk.
- Avoid the application of plasters, that often cause maceration, erythema, blisters or further lesions on the underlying skin.

It is recommended to keep on using Hyperoil® Oily or Gel Formulation for at least one month until full recovery of the ulcer, applying it once or twice a day in order to maintain skin elasticity and hydration, avoiding microlesion infections or even the relapse of the ulcer.

**Warning:** in the presence of bone exposure or undermined edge cavities, Hyperoil® may cause a very intense smell. During the granulation phase of those wounds, gauzes soaked in secretion may take a yellow-greenish colouring, due to the photosensivity of the product components.
Pressure Ulcers (Bedsores)

INSIGHTS
Pressure ulcers or bedsores are difficult to heal, since they often affect musculature and bones too.

They are caused by the temporary or permanent immobility of the subject, who is forced to have a compelled position, e.g. in the case of fractures or pathologies that oblige the bedridden, like severe obesity or neurological diseases with motor deficit.

The hyperpressure on areas where an excessive weight is loaded may cause the reduction of blood supply (reversible ischemia). If prolonged over the time, it can determine also the obliteration of the capillaries with consequent death of the tissues supplied by them (irreversible ischemia). This explains why a mild decubitus (flushed or hypochromic area) may evolve in a chronicisation to ulcer without tendency to spontaneous healing, especially in the case of patients who do not receive a suitable passive mobilisation (always changing the support area of the subject).

Therefore, prevention in at-risk patients is effective in the event of passive mobilisation and of inspection of more vulnerable skin areas, endangered by an obliged posture (sacrum, heels, elbows, ischium, shoulder blades, spine, malleoli etc.). Additionally, it is requested a treatment that allows effective hydration, protection and prevention of the skin microlesions, besides using anti bedsore devices in order to avoid localised hyperpressures.

Classification proposed by SHEA\(^2\) is the most simple, describing bedsores or pressure ulcers in 4 stages, according to their severity:

- \(^1\)° stage: epidermis inflammation and destruction with presence of redness, warmth sensation, itching. *The bedsore onset disappears if pressure in the cutaneous area is reduced.*
- \(^2\)° stage: dermis destruction leading to superficial skin lesion. *The wound may appear as blister or abrasion.*
- \(^3\)° stage: destruction of subcutis and panniculus adiposus with presence of ulcers characterised by a subcutaneous tissues exposure. *The lesion presents itself like a deep cavity.*
- \(^4\)°stage: necrosis of muscles, periosteum, and possibly bones, it affects also tendons and joints. *The lesion is in the most serious and advanced stage.*

\(^3\)° and \(^4\)° stages require qualified staff along with treatments and devices capable of optimising time and results; as well as proper education of the family members to the patient needs.

FOR FURTHER SCIENTIFIC INSIGHT:
RECOMMENDED PACKAGING

Oily Formulation

- 100 ml Glass Bottle
  Oily Formulation (with spray nozzle)

Gel Formulation

- 30 ml Tube
  Gel Formulation

- 100 ml Gel Spray
  Gel Formulation (with spray nozzle)

- 10 pcs Medicated Gauzes (10x10cm)
  Gel Formulation (individually packed)
**HOW TO APPLY THE PRODUCT**

- 1-5 drops or 1 puff of Hyperoil® Oily Formulation on a more extended area than that subjected to therapy, 6-8 hours before the radiation and immediately after that.
- 1-5 drops or 1 puff of Hyperoil® Oily Formulation once a day if there is cutis redness (erythema).
- 1-5 drops or 1 puff of Hyperoil® Oily Formulation twice a day in the presence of edema, pain and skin lesions (like ulcers or skin necrosis).

Once the lesion has utterly healed, it is recommended to keep on using Hyperoil® Gel formulation for at least one month, applying it 2-3 times a week in order to maintain skin elasticity and hydration, avoiding relapse (even in the long term).

**Warning:** if there is not an early improvement of the treated lesions after the application of Hyperoil® (within 2-3 days max.), immediately consult a doctor or apply for clinical evaluation in order to undertake proper therapeutic monitoring.

**INSIGHTS**

Radiodermatitis are all those lesions provoked by a ionising therapy. They may manifest as simple rednesses up to serious ulcerative-necrotic wounds.

The severity of the lesions depends on the radiations dose, on the interested area or on individual sensitivity. Symptoms and onsets (pain, edema and redness) may manifest immediately or a few days after the ionising therapy has ended.

When such onsets and symptoms are not treated promptly in the right way, they can develop into genuine skin superficial lesions up to deep cutaneous necrosis. All the onsets and symptoms can manifest belatedly, even some months after the ionising therapy has concluded.

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**FOR FURTHER SCIENTIFIC INSIGHT:**

RECOMMENDED PACKAGING

Oily Formulation

100 ml Glass Bottle
Oily Formulation (with spray nozzle)

Gel Formulation

30 ml Tube
Gel Formulation

100 ml Gel Spray
Gel Formulation (with spray nozzle)
**HYPEROIL® FEATURE**

It aids tissue repair.
It reduces infection risk on wet and exudating wounds.

**HOW TO APPLY THE PRODUCT**

- Cleanse accurately the ulcer with saline solution and gauzes.
- Apply 1-2 puffs of Hyperoil® Gel Formulation on the ulcer and perilesional cutis.
- Apply 1-2 Hyperoil® Medicated Gauzes, ensuring to cover the lesion and the perilesional cutis (1-2 cm over the border).
- Cover with TNT sterile gauzes (or secondary medication with high absorption capacity in the event of exudating ulcer).
- Isolate with TNT or cotton hemmed bandage.
- Treatment must be performed by experienced staff.
- Change the medication once or twice a week, renewing the bandage, depending on the clinical judgment of the treating physician or specialised staff.

Self-medication:
- Treat the ulcer once a day in case of infection.
- Treat every other day in case of non infected lesion.
- Isolate with TNT or cotton hemmed bandage or non pressured tubular bandage.

It is recommended to keep on using Hyperoil® Gel Formulation for at least one month until full recovery of the ulcer, applying it 2-3 times a week in order to maintain skin elasticity and hydration, avoiding microlesion infections or traumas. Wear a compression sock according to the specialist prescription, in order to avoid wound relapse.

**Warning:** in the presence of critical ischemia or venous insufficiency to the limb with hemodynamic decompensated ulcer, a surgical correction and/or medical therapy on vascular damage must be performed in order to improve the macro/microvascular flow.

**INSIGHTS**

Mixed ulcers are defined as lesions that present both arterial and venous pathologies. These lesions can be located differently, for the most part at the middle third distal part of the leg, and at different stages (fibrinous, necrotic, exudating) depending on the prevalence of vascular deficit.

Medical history and clinical diagnostic framework (ecocolorDoppler) are of fundamental importance for the selection of the bandage to apply on the limb.

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**FOR FURTHER SCIENTIFIC INSIGHT:**

RECOMMENDED PACKAGING

Gel Formulation

30 ml Tube
Gel Formulation

100 ml Gel Spray
Gel Formulation (with spray nozzle)

10 pcs Medicated Gauzes (10x10cm)
Gel Formulation (individually packed)

Arterial and Venous Ulcer i.e. Mixed Ulcer
**HOW TO APPLY THE PRODUCT**

- Cleanse locally the ulcer or slough (dried necrosis) and all the perilesional area with saline solution.
- Apply 1-3 drops of Hyperoil® Oily Formulation or Hyperoil® Medicated Gauzes all over the affected area.
- Cover with TNT sterile gauzes.
- Treatment must be performed by experienced staff.
- Change the medication 1-4 times a week, renewing the bandage, depending on the clinical judgment of the treating physician or specialised staff.

**Self-medication:**
- Treat the ulcer once a day in case of infection.
- Treat every other day in case of non infected lesion.
- Isolate with TNT or cotton hemmed bandage or non pressured tubular bandage.

It is recommended to keep on using Hyperoil® Oily or Gel Formulation for at least one month until full recovery of the ulcer, applying it once or twice a week in order to maintain skin elasticity and hydration, avoiding microlesion infections or traumas. Wear graduated compression sock according to the specialist prescription, in order to avoid wound relapse.

**Warning:** in the presence of critical ischemia to the limb, a surgical correction and/or medical therapy (in case of non-revascularisable critical ischemia) must be performed in order to improve the deficit of macro/microvascular flow.

**INSIGHTS**

Arterial obstruction (chronic/progressive/atherosclerotic or acute/abrupt/embolic) is responsible for arterial macrovascular flow deficit (peripheral artery disease or chronic peripheral ischemia), this causes reduced oxygen availability at cutis level and the development of ischemic ulcers (necrotic).

Cutaneous arterial lesions, originally smaller, progress quickly from toes up to the foot and leg both on the surface and below (affecting also tendons, muscles and bones).

Arterial flow deficit causes a chronic peripheral ischemia, which evolves from microvascular decompensation (chronic ischemia) to tissular metabolism decompensation (or critical ischemia)².

If the obstruction of the major arterial vessels is not therefore treated with surgical (endoarterectomy/bypass) or endovascular methodic (angioplasty/stent), the cutaneous ischemic arterial lesions will progressively develop into a necrosis (dried gangrene),...
Arterial Ulcer

bringing inevitably to amputation.
Arterial ulcer is located with major frequency at the lower third of the leg, malleoli or heel, as well as toe tips and areas that come under major pressure depending on the predominant posture of the limb.
The edges of the arterial ulcer are clear, brightly fibrinous or necrotic on the wound bed. Pain on a limb with arterial ulcer is constant, requiring a relieving therapy to be administered systemically.
The bandage change is always much painful and hardly tolerated by the patient. During the critical ischemia stage (chronic or embolic) lesions can be found at finger stall level (e.g. on the toe pad) and are characterised by an severe pain. Such pain increases after a few walksteps and decreases at rest, especially during the night, if the limb lays in slope position and in critical ischemia stage with tissutal metabolism decompensation, but not during the tissutal metabolism decompensation stage\(^2\).

FOR FURTHER SCIENTIFIC INSIGHT:

Arterial Ulcer

RECOMMENDED PACKAGING

Oily Formulation

100 ml Glass Bottle
Oily Formulation (with spray nozzle)

Gel Formulation

30 ml Tube
Gel Formulation

100 ml Gel Spray
Gel Formulation (with spray nozzle)

10 pcs Medicated Gauzes (10x10cm)
Gel Formulation (individually packed)
HYPEROIL® FEATURE
It aids tissue repair.
It reduces the risk of infection on wet and exudating wounds.

HOW TO APPLY THE PRODUCT
- Cleanse locally the ulcer or the post-surgical wound with saline solution and TNT sterile gauzes.
- Apply 1-2 drops of Hyperoil® Oily or Gel Formulation on the lesion and perilesional area.
- Cover with TNT sterile gauzes (or secondary medication with high absorption capacity in the event of exuding ulcer).
- Isolate with TNT or cotton hemmed bandage, before executing a multi-layer bandage or a graduated compression sock.
- Treatment must be performed by experienced staff1,2.
- Change the medication 1-4 times a week, renewing the bandage, depending on the clinical judgment of the treating physician or specialised staff.

Self-medication:
- Treat the ulcer once a day in case of infection.
- Treat every other day in case of non infected lesion.
- Isolate with TNT or cotton hemmed bandage or non pressured tubular bandage.

After full recovery of the ulcer, it is recommended to keep on using Hyperoil® Oily or Gel Formulation for at least one month, applying it 2-3 times a week in order to maintain skin elasticity and hydration, avoiding microlesion infections or traumas. Wear graduated compression socks according to the specialist prescription, in order to avoid wound relapse.

Warning: if there is not an early improvement of the treated lesions following the application of Hyperoil® (max. 1 or 2 days), immediately consult a doctor and ask for a clinical specialist evaluation, to execute a suitable therapeutic monitoring of the pathology that has caused the lymphedema.

INSIGHTS
Lymphatic ulcer is determined if there is a lymph buildup resulting in a subcutaneous edema, that by skin traction leads to the formation of vesicles. Those blisters may break because of abrasions or microtraumas, getting thereafter infected up to the complete chronicity into extensive ulcers3,4.
Symptomatic treatment consists of a graduated compression multi-layer bandaging, performed according to specific activation techniques of the lymph pathways that are still efficient. It is a very difficult bandage to apply, and it is different from the one used for venous insufficiency2. In fact, lymphatic edema is primarily caused by lymphatic stagnation (i.e. the absence or malfunction of the lymph node stations and of the main drain pathways of the lymphatic system), because of primary (e.g. primary...
Lymphatic Ulcer

lymphoedema) or secondary sources (secondary post-surgical lymphoedema, e.g. post-mastectomy and removal of the axillary fossa lymph nodes). It is a very difficult edema to reduce and remove, hence the risk of infection may easily increase.

**FOR FURTHER SCIENTIFIC INSIGHT:**

3. Iabichella ML In Vitro Bacteriostatic Effect of a Scaffold with a Mixture of Hypericum Perforatum and Azadirachta Indica Oil Extracts. BJMMR. 2015. 6(4): 218.
HOW TO APPLY THE PRODUCT

- Cleanse the venous ulcer bed and the perilesional area with saline solution.
- Apply 1-2 puffs of Hyperoil® Gel Formulation on the wound and on the perilesional cutis, dispensing it with a TNT sterile gauze.
- Apply on the wound one or more Hyperoil® Medicated Gauzes, exceeding the perilesional edges of 1-2 cm.
- Cover with TNT sterile gauzes (or secondary medication with high absorption capacity in the event of exudating ulcer).
- Treatment must be performed by experienced staff.
- Change the medication 1-4 times a week, renewing the bandage, depending on the clinical judgment of the treating physician or specialised staff.

Self-medication:
- Treat the ulcer once a day in case of infection.
- Treat every other day in case of non-infected lesion.
- Isolate with TNT or cotton hemmed bandage or non pressured tubular bandage.

After full recovery of the ulcer, it is recommended to keep on using Hyperoil® Oily or Gel Formulation for at least one month until full recovery of the ulcer, applying it 2-3 times a week in order to maintain skin elasticity and hydration, avoiding microlesion infections or traumas. Wear graduated compression socks according to the specialist prescription, in order to avoid wound relapse.

Warning:

Graduated compression multi-layer bandage represents the local symptomatic therapy for venous ulcer, associated with a surgical or endovascular correction (laser, radiofrequency, sclerotherapy) of the documented superficial venous insufficiency (etiologic therapy).

INSIGHTS

Limb tissue of patients with venous insufficiency appears to be hyperpigmented, brownish or bluish coloured, and frequently portrays off-white areas (white atrophies outcoming from previous ulcers that had healed by cicatrisation).

Lower limb edema (liquids stagnation) in the most chronic and advanced stages is associated with signs of lymphatic liquid spillage through the skin: lymphatic drainage in these cases is blocked by the peripherical stagnation of the venous blood.

Venous ulcers occur more often in the medial location and in the perimalleolar part inside the leg.

Wound bed of the chronic venous ulcer can be yellow-fibrinous or red-brownish with smooth or slightly relevant edges, occasionally necrotized (blackish).

Pain is often well tolerated in the case of chronic venous ulcer, not adequately dressed, that progressively evolves to the fibrinous stage (block of the healing process).

In the presence of a conspicuous limb edema, during the change of medication, both wound bed and edges of the chronic venous ulcer can be very painful for the patient. Hence, during debridement phase (fibrin cleanse, necrosis, infection) it becomes necessary to combine a supporting systemic relief therapy, as well as a suitable local treatment (bandage, elastic compression).

Local supporting symptomatic therapy always consists of a multi-layer bandage or a graduated compression therapeutic sock, even when the correction of the hemodynamic decompensation is not possible or pending, because of a thrombotic obstruction (DVT – Deep Vein Thrombosis) and because of the increase in venous volume load at the affected limb level (because of genetic absence insufficiency or by post-thrombotic valvular destruction).

Multi-layer bandage must be wrapped up ad hoc by staff specialised in bandaging techniques, and the graduated elastic compression sock must be prescribed by the specialised physician after an accurate screening of the peripheric vascular parameters, in order to avoid iatrogenic lesions (e.g. bandaging lesions or inappropriate elastic sock).

RECOMMENDED PACKAGING

Oily Formulation

- 50 ml Glass Dropping Bottle
  Oily Formulation (with dropper)

- 100 ml Glass Bottle
  Oily Formulation (with spray nozzle)

Gel Formulation

- 30 ml Tube
  Gel Formulation

- 100 ml Gel Spray
  Gel Formulation (with spray nozzle)
HOW TO APPLY THE PRODUCT

- Cleanse the venous ulcer bed and the perilesional area with saline solution.
- Apply 1-2 puffs of Hyperoil® Gel Formulation on the wound and on the perilesional cutis, dispensing it with a TNT sterile gauze.
- Apply on the wound one or more Hyperoil® Medicated Gauzes, exceeding the perilesional edges of 1-2 cm.
- Cover with TNT sterile gauzes (or secondary medication with high absorption capacity in the event of exudating ulcer).
- Treatment must be performed by experienced staff. 
- Change the medication 1-4 times a week, renewing the bandage, depending on the clinical judgment of the treating physician or specialised staff.

Self-medication:
- Treat the ulcer once a day in case of infection.
- Treat every other day in case of non infected lesion.
- Isolate with TNT or cotton hemmed bandage or non pressured tubular bandage.

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FOR FURTHER SCIENTIFIC INSIGHT:

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