You Breathe Continuously Your Wound Should Too

Full Closure Oxygen Therapy

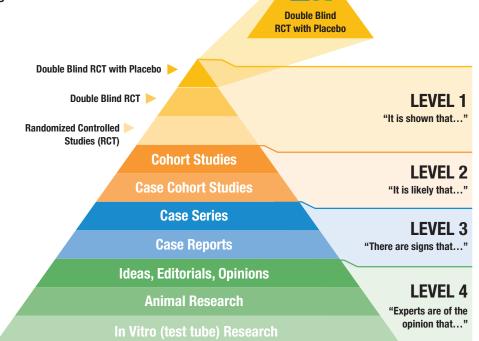


We provide advanced wound care solutions using Continuous Diffusion of Oxygen (CDO) Therapy

Proven Clinical Results

- Fully blinded with Placebo Control
- Eliminated Placebo Effect (Patients & Clinicians blinded)

Highest Level 1A Clinical Evidence

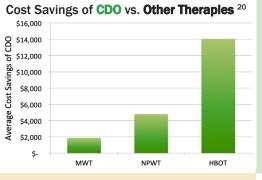


Sources: • Centre for Evidence Based Medicine, cebm.net • Journal of Pharmacology (2013, 4:2,pp 88-169) • Center for Evidence Based Management, cebma.org

일 400%

Significant Improvements in:

- Healing Time & Outcomes
- Cost Savings
- Pain Reduction



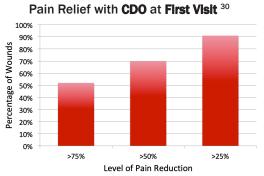
Oregan Co. State of the control of t

Performance of CDO Relative to MWT 17-19

CDO Works Even Better:

- as Wounds get Larger
- in More Chronic Wounds
- in Weight Bearing areas

References at eo2.com



What is Continuous Diffusion of Oxygen (CDO)?

CDO uses pure, humidified oxygen to continuously treat a wound. This allows for sustained delivery of oxygen to the tissue, full patient mobility during treatment, and application of the therapy in virtually any setting.



(247) Continuously treats a wound with oxygen (O2)



(O₂) Generates pure, humidified O₂ from air



(\leqsigma) O2 diffuses directly into wound, similar to breathing



(*) Silent, wearable and discreet

How CDO Works in Wound Healing

Oxygen has been shown to be an essential component in multiple mechanisms of action required for wound healing, and increasing the amount of oxygen to levels higher than normal has been shown to result in increased, and often proportional, levels of activity.

Increases Cell Metabolism & Energy²⁻¹⁶

 Continuous Pure Oxygen boosts vitality to support increased demand during healing

Faster Cell Growth & Wound Closure¹⁷⁻³¹

- Increased collagen deposition (faster repair)
- Up to 460% faster closure relative to moist wound therapy alone

Rapid Pain Relief 30-34

- Over half of patients experience
- >75% reduction within 4 days
- Significant pain relief in a variety of wounds

Greater Wound Perfusion^{25,35-42}

 Rate of angiogenesis proportional to oxygen concentration

Enhances Bodies Own Anti-Bacterial Capacity^{19,43-51,53}

 Create Reactive Oxygen Species (i.e. Hydrogen Peroxide)

Better Strength and Appearance^{24,52-64}

- Higher tensile strength (reduced) recurrence)
- Better collagen organization (reduced) scarring)

Scan blue QR Code for number references.



99% Closed

Surgical Wound PATIENT:

48 Year old male suffering from non-healing surgical wound

MEDICAL HISTORY:

Diabetes, vascular issues, PVD, not a candidate for vascular interventions or HBO treatment

WOUND HISTORY:

Patient was scheduled for BKA, but showed enough improvement to cancel surgery after one week of CD0 treatment

TREATMENT:

3 OxyGeni® units set at 10 ml/hr paired with OxySpur® dressing, along with other standard MWT care

OUTCOME:

Wound reached 99% closure with CDO therapy in 93 days



Diabetic Foot Ulcer

OxyGeni® is a direct replacement for TransCu 02®. Refer to eo2.com for more details.

50 year old caucasian female suffering from a pressure ulcer

MEDICAL HISTORY:

Diabetes, diabetic retinopathy & peripheral neuropathy

WOUND HISTORY:

The wound has been open for 90 days, ulcer has progressively gotten larger, deeper, more malodorous, fibrotic, and necrotic

PREVIOUS THERAPIES:

Multiple debridements, local wound care with various wound care products, and an attempt at primary closure

TREATMENT:

OxyGeni® unit set at 3 ml/hr

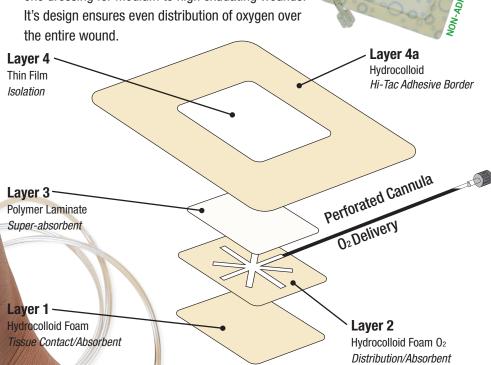
OUTCOME:

Wound reached full closure with CDO therapy in 55 days

Day O of CDO

The EO₂ Solution

The EO₂ System employs an OxyGeni® device which uses fuel cell technology to continuously generate pure, humidified oxygen at adjustable flow rates from 3-15 ml/hr and deliver it directly to the wound bed environment within the OxySpur® dressing. The OxySpur® Oxygen Diffusion Dressing is an all-inone dressing for medium to high exudating wounds.





ADHESIVE NON-ADHESIVE

2"x2" (5.1x5.1cm) 4"x5" (10.2x12.7cm)

2"x2" (5.1x5.1cm) 4"x5" (10.2x12.7cm)

ADHESIVE

2"x8" (5.1x20.3cm)

Day 0 of CDO published in Podiatry Today, Nov 2014)14

Venous Leg Ulcer

PATIENT:

53 year old female suffering from a large, painful venous leg ulcer

MEDICAL HISTORY:

Venous insufficiency, obesity

WOUND HISTORY:

Patient suffered from bilateral ulcers for over 5 months

PREVIOUS THERAPIES:

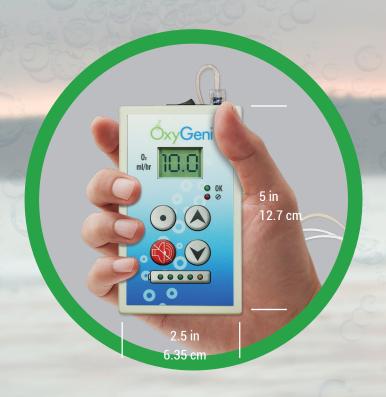
Four-layer compression, cadexomer matrix dressing, collagenase and silver nitrate

TREATMENT:

OxyGeni® unit set at 10 ml/hr paired with OxySpur® dressing covered with four-layer compression

OUTCOME:

Wound reached full closure with CDO therapy in 79 days over hypergranulation. Patient's pain was reduced quickly (within 3 days) and pain medication was no longer needed



Keep Your Patients Moving





800.825.2979

eo2.com • info@eo2.com



