TAKE THE LEAD
SKIN CARE

Linovera®
Askina® Barrier
Askina® Scar Repair
Linovera® Scar Repair
**Linovera®**
Solution of hyperoxygenated fatty acids

**INDICATION**
- Prevention and treatment of stage I pressure ulcers

**ADVANTAGES**
The vegetable extracts – aloe vera and *Centella asiatica* – have major protecting and healing effect on the skin:
- Restores capillary circulation \(^{(1)}\)
- Stimulates the synthesis of collagen \(^{(1)}\)
- Has a hydrating and healing effect \(^{(2)}\)

**COMPOSITION**
- Hyperoxygenated essential fatty acids (linoleic acid)
- Tocopherols
- Aloe Vera
- *Centella asiatica*
- Aroma

**HOW TO APPLY**
- Spray Linovera® 2 – 3 times a day on the affected area and rub in softly to evenly distribute the product until it is fully absorbed

**SPECIAL NOTE**
- Use in combination with Askina® Heel for optimal protection for non broken skin of the heel area against pressure ulcers
INDICATIONS

Askina® Barrier Film Swab is indicated for use on intact or damaged skin and acts as a protective barrier:
- Against irritation from bodily fluids
- For sensitive and fragile skin
- Under adhesive dressings to reduce disruption to newly healing tissue
- For damaged skin
- For skin tears
- To protect periwound and peristomal areas
- For small cuts and tears
- At fixation sites for drainage tubes and external catheters

Askina® Barrier Cream is indicated for use on intact skin and acts as a protectant / moisture barrier:
- Against maceration caused by incontinence or body fluids
- To protect sensitive, fragile and severely dry skin, including periwound areas
- To prevent skin irritation.

HOW TO APPLY

Askina® Barrier Cream
- Dry the skin thoroughly before application
- Spread Askina® Barrier Cream thinly to cover the affected area
- On frequently cleansed skin, daily reapplication may be required
Askina® Scar Repair
Soft silicone dressing for scar management

INDICATIONS

Askina® Scar Repair is indicated for:
- Management of hypertrophic and keloid scars
- Prevention of hypertrophic or keloid scarring after surgery on closed wounds

ADVANTAGES

The benefits of soft silicone self-adhesive and occlusive sheets such as Askina® Scar Repair are:
- To prevent the formation of excessive scar tissues: proven to be the most efficient non-invasive scar treatment. (3)
- To reduce redness, itchiness, feeling of tension. (4)
- Easy to use:
  - Thin and comfortable,
  - Can be used on various anatomical locations/ on various parts of the body
- Affordable: no need for extra fixation.
- Offers ultraviolet protection. (5)

HOW DOES IT WORK?

The occlusive properties of Askina® Scar Repair enhance good skin and scar tissue hydration. This in turn influences positively the remodeling process beneath the skin surface and prevents the formation of excessive scar tissue. (6)
**Linovera® Scar Repair**

Gel with hyaluronic acid for improved scar maturation

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**INTENDED USE**

- To enhance the process of natural scar tissue maturation with good esthetical results

**ADVANTAGES**

- Improves hydration
- Reduces itchiness and tissue tightness
- Softens and flattens scars

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**HOW DOES IT WORK?**

The properties of Linovera® Scar Repair’s components enhance skin hydration, alleviate uncomfortable sensations such as itchiness and tightness, and help to soften and flatten the scar. Early and continuous application once the wound has healed can positively influence the maturation process of the scar tissue and contribute to prevent the formation of hypertrophic and keloid scars.

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**HOW TO APPLY LINOVERA® SCAR REPAIR**

Linovera® Scar Repair should be used over intact skin:

1. Wash the scar and the surrounding skin using a mild soap, rinse and dry,
2. Apply a thin layer of Linovera® Scar Repair on the scar,
3. Spread evenly and softly massage to favor absorption.
4. Once the gel is fully absorbed, it is recommended to cover the scar with an Askina® Scar Repair dressing to protect the scar. This will maintain its hydration and enhance good maturation.

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**SPECIAL NOTE**

- To achieve optimal results it is recommended to use Linovera® Scar Repair day and night, for a minimum period of 3 to 6 months,
- Start using Linovera® Scar Repair as soon as the wound is closed,
- Apply on clean and dry skin.
Did you know?

**MOISTURE**

**Overhydration**
Causes swelling & disruption of stratum corneum (7)

After exposure to excessive moisture, the skin becomes damp, soggy and clammy, its permeability can be breached and it is susceptible to physical damage from friction and shearing forces.

**ALKALINITY**

**pH of the skin in-creases due to urine and faeces** (8)

The increase in the normal acidic pH of the skin (4–6.8) due to the alkalinity of urine and faeces encourages bacterial colonisation.

**INCONTINENCE**

27% incontinence associated dermatitis (6)

Incontinence-associated dermatitis, a clinical manifestation of moisture-associated skin damage is a common consideration in patients with fecal and/or urinary incontinence.

**SCARS**

100 million patients develop scars (10)

A total of 100 million patients develop scars in the developed world alone each year as a result of 55 million elective operations and 25 million operations after trauma.

**ABNORMAL SCARRING**

40% to 70% hypertrophic scarring (10)

Incidence rates of hypertrophic scarring vary from 40% to 70% following surgery depending on the depth of the wound.
# Ordering information

## PREVENTION

<table>
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<tr>
<th>Linovera®</th>
<th>Size</th>
<th>Pcs/Pack</th>
<th>Reference</th>
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<tbody>
<tr>
<td>LINOVERA® Oil - Cosmetics</td>
<td>GB (for non european countries)</td>
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## PROTECTION

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<tbody>
<tr>
<td>Askina® Barrier Cream</td>
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<td>Askina® Barrier Film</td>
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<td>Askina® Heel</td>
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## SCAR MANAGEMENT

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<tr>
<td>5 x 7,5 cm</td>
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<td>4 x 30 cm</td>
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<td>2 x 14 cm</td>
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</tbody>
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2. M. De Pera, Evic Hispania (Barcelona, Spain), Assessment of moisturizing effect in humans, Study report n°05- 0144/1/05.0137, 22 Mar 2005
5. IFU Askina® Scar Repair
Choi J. et al. Regulation of transforming growth factor B1, platelet-derived growth factor, and basic fibroblast growth factor by silicone gel sheeting in early-stage scaring. Arch Plast Surg. 2015;42:20-27