# MIAMNION<sup>®</sup> DUAL AUTOGRAFT DONOR SITE CASE STUDY

# MIAMNION®

Autograft donor sites are typically easy to manage but can be a challenge for patients with slow or compromised healing. The practice mentioned in this case study uses VIVEX® Biologics MIAMNION Dual Amnion tissue allograft to treat slow healing donor sites. The MIAMNION Dual Amnion tissue allograft has 2 layers of amnion. The innate nutrient-rich endogenous growth factors present in the tissue are preserved using VIVEX's Integrity Processing method. This allograft provides a barrier and provides mechanical protection to the damaged tissue.<sup>1,2,3</sup> The MIAMNION Dual Amnion tissue allograft can be held in place with dermal glue. The practice has seen favorable outcomes with a single MIAMNION Dual Amnion application.

This case is an example of the practice's experiences with the VIVEX Biologics MIAMNION Dual Amnion tissue allograft in managing autograft donor sites.

### > CLINICAL HISTORY

A 62-year-old male was admitted after an electrocution. He underwent amputation of his right upper extremity and grafting of full thickness defects on the lower extremities. Two weeks post-op, the autograft donor site was not healing after the application of sprayed epidermal autografts. The focus of this case study will be on the treatment of autograft donor site.

#### > APPLICATION OF VIVEX BIOLOGICS MIAMNION DUAL AMNION TISSUE ALLOGRAFT

Due to the slow healing of the autograft donor site, a MIAMNION Dual Amnion tissue allograft was applied. We used dermal glue to secure the MIAMNION Dual Amnion in place, applied Bacitracin over the amnion tissue to maintain moisture, and did not need an external dressing.

At post-op day 6, the autograft donor site treated with a single MIAMNION Dual Amnion application had healed.

2 Weeks Post Autograft Harvest



MIAMNION Application with Dermal Glue



6 Days After MIAMNION Application

## > CONCLUSION

> FINAL OUTCOME

The practice has successfully used the VIVEX Biologics MIAMNION Dual Amnion tissue allograft to treat slow healing autograft donor sites. We have seen successful healing with one application of MIAMNION Dual Amnion. The MIAMNION Dual Amnion tissue allograft is easy to apply, conforms to the autograft donor site and can be held in place with dermal glue.

#### TRADITIONAL SINGLE LAYER AMNION ALLOGRAFT

Derived from the amnion layer of the placental membrane

Offered in large sizes to meet physician needs

Ideal for numerous surgical and soft tissue applications

Immune privileged anatomical barrier<sup>1</sup>



#### DUAL LAYER AMNION ALLOGRAFT

Derived from the amnion layer of the placental membrane

Approximately 2X thicker than traditional single layer amnion

Available in large sizes for a wide variety of applications

#### Proprietary dual layer technology



#### AMNION/CHORION LAYER ALLOGRAFT

Flexible multilayer allograft

Derived from the amnion and chorion layers of the placental membrane

Approximately 4X thicker than traditional single layer amnion

Improved handling and increased workability when compared to single and dual layer allografts

Providing mechanical protection



#### The MIAMNION<sup>®</sup> product line offers three different thicknesses for increased versatility for a variety of physician preferences.

Product HCPCS Code: Q4100 (Skin Substitute) per square centimeter

MIAMNION <sup>®</sup> Single Layer		MIAMNION <sup>®</sup> Dual Layer		MIAMNION <sup>®</sup> Matrix	
SIZE	CODE	SIZE	CODE	SIZE	CODE
10x10 cm	MIA101000S	7x15 cm	MIA071500S	10x11 cm	MIA101100S

1. Rowlatt, U. (1979). Intrauterine wound healing in a 20-week human fetus. Virchows Arch A Pathol Anat Histol, 381(3), 353–361. 2. Coolen, N.A. et al. (2010). Comparison between human fetal and adult skin. Archives of Dermatological Research, 302(1), 47–55.

2. Coolen, N.A. et al. (2010). Comparison between human fetal and adult skin. Archives of Dermatological Research, 302(1), 47–55. 3. Niknejad H, Peirovi H, Jorjani M, et al. Properties of the amniotic membrane for potential use in tissue engineering. Eur Cell Mater. 2008;15:88-89



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