ADDRESS CHALLENGING CLOSURES FOLLOWING SKIN CANCER EXCISIONS WITH CYGNUS® DUAL

Support second intention healing and protect post-surgical wounds with CYGNUS Dual, a dehydrated, dual-layered human amniotic membrane¹⁻⁴



CYGNUS Dual 4x4 cm (actual size)

WHEN IMMEDIATE CLOSURE IS NOT DESIRABLE

1

Defect is too large^{5,6}

2

Defect has exposed bone or cartilage^{7,8}

3

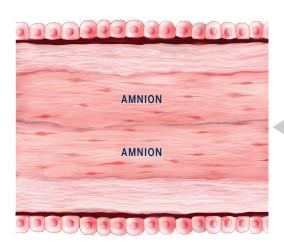
Skin is too taut or friable (poor quality or quantity of donor tissue)⁵ 4

Patient desires to avoid a second surgical site⁵ 5

Patient has multiple comorbidities⁹⁻¹¹

CYGNUS DUAL SUPPORTS SECOND INTENTION HEALING

Composed of an extracellular matrix (ECM) scaffold, CYGNUS Dual provides a protective barrier and supports the body's ability to repair underlying damaged tissue¹⁻⁴



ECM Proteins

Collagen, glycoproteins, and proteoglycans



Growth Factors & Cytokines



Testing has confirmed that CYGNUS Dual retains native components of amniotic tissue^{3,4}

Epithelial layers are oriented outward allowing omni-directional application and thus either side of the product may be applied to the defect¹



References: 1. CYGNUS Dual Allograft Tissue Information and Instructions for Use. Vivex Biologics, Inc. 2. Brantley JN, Verla TD. Adv Wound Care. 2015;4(9):545-559. 3. Niknejad H, et al. Eur Cells Mater. 2008;15:88-99. 4. Data on file. Delcroix Gaetan JR, et al. Preserving the Natural Regenerative Potential of Amniotic Membrane. Vivex Biologics, Inc. 5. Toman J, et al. Facial Plast Surg Aesthet Med. 2022;24(1):48-53. 6. https://plasticsurgerykey.com/second-intention-healing-and-primary-closure. Accessed July 18, 2024. 7. Becker GD, et al. Otolaryngol Head Neck Surg. 1999;121:751-754. 8. Cordoro KM, Russell MA. Facial Plast Surg Clin North Am. 2005;13(2):215-230. 9. Ramesh BA, et al. J Cutan Aesthet Surg. 2017;10(1):18-21. 10. Akhoondinasab MR, et al. Ann Burns Fire Disasters. 2019;32(3):210-215. 11. Humrich M, et al. Int Wound J. 2018;15(2):266-273.

PROTECT AND SUPPORT SECOND INTENTION HEALING WITH CYGNUS® DUAL

POST-MOHS SURGERY

Courtesy of Kayla Humenansky, DO; Rich & Humenansky Plastic Surgery

Surgical defect with exposed muscle closed at 11 weeks

PATIENT DETAILS & HISTORY

- · 68-year-old male
- Medical history: diabetes, hypertension, and obesity
- Surgical history: prior melanoma excision with flap closure on left forehead

SURGICAL DETAILS

- Patient underwent Mohs micrographic surgery to remove a melanoma on the right temporal scalp
- Surgeon was concerned that the patient was at risk for graft failure and chose second intention healing

APPLICATION PROTOCOL

- Seven applications of CYGNUS Dual
- Patient assessed at return visits and product reapplied if no longer present or resorbed



1st application Wound area: 8.8 cm² Three weeks post-surgery with exposed muscle



2nd application Wound area: 6.7 cm² No exposed muscle and granulation tissue present



4th application Wound area: 2.2 cm² Healthy granulation tissue present



6th application Wound area: 1.1 cm² Healthy granulation tissue present



Complete wound closure
Following 7th application,
Bacitracin or Vaseline was applied
during scar maturation



Three-month follow up Continued scar remodeling; patient pleased with the outcome



Kayla Humenansky, DO

Rich & Humenansky Plastic Surgery

- · Board-Certified Plastic and Reconstructive Surgeon
- Associate Member of American Society of Plastic Surgeons
- Pursued general surgery residency in New York and completed plastic surgery fellowship in Philadelphia
- Passionate about women in medicine and empowering patients through education