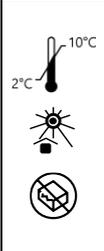
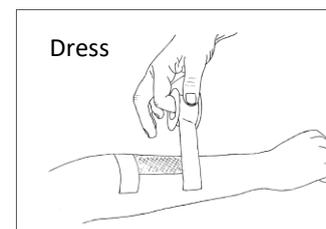
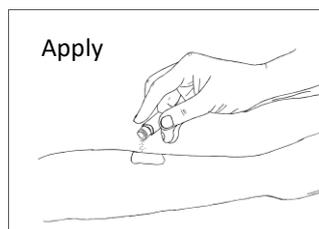
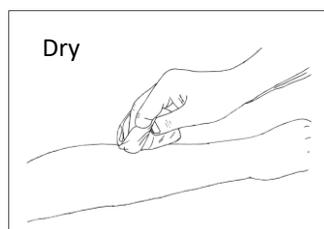
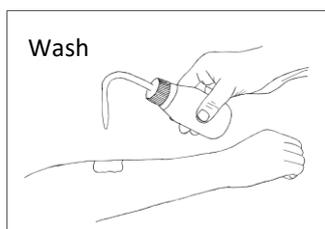


Treatment for wounds

| | | | |
|--|---|---|---|
|  | <p>DO NOT:</p> <ul style="list-style-type: none"> • Use if the bottle is damaged. • Use if the shelf life has expired (see bottle). • Expose the bottle to a direct heat source. • Combine Amicapsil with any other products or therapies which may exert an effect directly on the wound. | <p>DO:</p> <ul style="list-style-type: none"> ✓ Keep Amicapsil out of the reach and sight of children. ✓ Store refrigerated (2°C to 10°C). ✓ Use within 15 days of first opening the bottle. ✓ Close the bottle after each use and place it in the fridge. ✓ Recycle both the bottle (HDPE) and cardboard box – according to local regulations. Non-hazardous waste. |  |
| <p>Manufacturer: Willingsford Ltd., NFEC, Rushington Business Park, Chapel Lane, Southampton, SO40 9LA, UK. contact@willingsford.com</p> | | | |

Indicated for treating wounds and ulcers in individuals with Suppressed or Compromised Immunity, such as Spinal Cord Injured persons.

GUIDANCE FOR PREPARATION, APPLICATION, USE AND AFTER-USE



PROCEDURE

Please read these instructions **in full** before applying Amicapsil-SCI.

✚ Indicates that the specific product can be obtained from a pharmacy or from Willingsford Ltd.

✖ Indicates that the specific ingredient or product is to be avoided, e.g. in case it is suggested to you at the pharmacy.

1. Assess the wound

If you are in doubt, or the wound is very deep, large and/or contains exposed bone, tendon, access to cavities or ruptured sutures, Amicapsil-SCI may prove effective, but the wound should first be assessed by a healthcare professional.

Do not apply Amicapsil-SCI but consult a doctor if you suspect any other complication deeper in the wound such as:

- The reddened area surrounding the wound is rapidly increasing in size.
- There may be a broken or chipped bone or a foreign body, for example a piece of grit or small thorn.
- There could be a cyst, abscess or tumour.

Amicapsil-SCI is not effective on completely dry surfaces.

2. Create a clean environment

Wash your hands. Place an absorbent pad under the wounded area. Put on clean single use gloves.

Always change gloves after cleaning the wound, before applying Amicapsil-SCI.

3. Wound preparation

Remove dirt, pus, dead tissue, slough, any very old scabs or other evidently inappropriate material.

4. Clean the wound

Wash the wound thoroughly and from all angles with clean tap water in the shower using a hand-held shower head. If this is impossible, use a wash-bottle (similar to the one shown in the first picture above) to allow a good water pressure for effective cleaning as this will not harm the wound bed. A wash bottle ✚ can be easily obtained from Willingsford Ltd. or via the internet.

If the wound is full of pus and dead tissue that you cannot remove by washing as above, use a moist gauze to gently help this out of the wound. This should be done thoroughly so that it is only needed the first few days.

If you suspect strong contamination of the wound has occurred, e.g. a bite, or when antibiotics and/or antiseptics have been used to treat the wound prior to Amicapsil-SCI, or administered for a different medical issue (e.g. UTI) during Amicapsil-SCI treatment, a 3% hydrogen peroxide (H₂O₂) solution ✚ can be used. Apply, allow for froth creation and wash off with water. Do not leave on for longer than 20-30 seconds, and then wash off with water. Repeat this procedure a few times, and cease once application no longer creates froth, indicating a clean wound. H₂O₂ should not be used in very deep or large wounds or in wounds on top of osteomyelitis (bone infection) as there is a risk of gas embolism.

Avoid the use of **all** antimicrobials and antiseptics, examples are chlorhexidine (e.g. Hibiscrub), polihexanide, iodine (e.g. Betadine) (including cadexomer and

povidone), octenidine, cetrimide, honey, silver, PHMB, or polyaminopropyl biguanide (e.g. Prontosan) ✘.

5. Dry the wound gently

Using a dry lint-free swab (gauze pad) + carefully dry the wound by dabbing till it is moist. Leave no standing water.

6. Apply the primary dressing - Amicapsil-SCI

On shallow wounds:

Sprinkle Amicapsil-SCI in an even layer 1-3 mm thick, directly onto the entire wound surface, including beneath loose flaps of skin and any undermined areas.

Cover the wound edges well. Very gently rub Amicapsil-SCI into any reddened and/or inflamed skin surrounding the wound opening or in the vicinity of the wound. Extend the application onto an area 5mm from the wound edge or inflamed skin, onto the surface of normal healthy-looking skin.

If necessary, gently use a dry gauze swab or your gloved finger to distribute the Amicapsil-SCI to ensure the entire wound bed surface, including any crevices or grooves are covered with Amicapsil-SCI. The underside of any affected flaps of skin, e.g. undermined areas, can be covered by applying Amicapsil-SCI to a dry gauze and dabbing upwards.

If the wound is on a vertical surface, e.g. on the lower leg, prepare the gauze pad with tape on all four edges. Fasten the furthest side of the dressing to the skin. While sprinkling Amicapsil-SCI to the indicated surfaces in sections from the bottom upwards, gradually fasten the taped gauze to the skin along the sides to ensure the Amicapsil-SCI is kept in place. Alternatively, apply the Amicapsil-SCI directly onto the gauze while applying the gauze as described. (Also see section 7). Place it directly over the wound and fix it there using sticking plaster tape.

On deep wounds or cavity wounds:

Sprinkle Amicapsil-SCI into the cavity and use a gauze swab or your gloved finger to even it out and cover the entire wound surface – the area that is exposed to the air and in any way accessible from the opening in the skin. The layer should be 1-3 mm thick and will usually be determined by the amount that sticks to the wound surfaces. The areas to cover include the visible area, all sides of the wound, all crevices, between flaps, beneath loose flaps of skin and any undermined areas and all surfaces lining any tunnelling. Ensure Amicapsil-SCI reaches the bottom of any tunnel.

In cavity wounds and wide tunnels, good and even application to all internal surfaces can often be achieved by applying Amicapsil-SCI as far into the tunnel as possible followed by moving or very gently “shaking” the tissue around the wound. Application into narrow tunnels and into the gorge-like structure created by adjoining tissue heaps (typical for wounds with underlying osteomyelitis) can often be achieved by the use of 1 ml or 3 ml single-use pipettes.

Always, cover the wound edges well, including any area of reddened, inflamed skin surrounding or in the vicinity of the wound opening and extending at least 2-5mm beyond this troubled area onto the surrounding healthy skin.

7. Apply a secondary dressing

To keep the Amicapsil-SCI layer in place on the wound, cover it with a 2 or 4-ply thin lint-free 100% cotton woven gauze swab (this is coded “BP Type 13 Light”) +, e.g. “Premier 1660 Cotton Gauze Swabs” secured with sticking plaster tape. Apply the pad directly on top of the Amicapsil-SCI after applying as described in section 6.

This dressing is very light, natural, dry and highly permeable and allows the wound to 'breathe'.

A covering cotton gauze is not required. Omitting the dressing should be preferred if in doubt whether the dressing potentially interferes with unhindered air access. For details, please see the section “Wounds in difficult-to-dress areas” below.

Once dressed, remember to return the Amicapsil-SCI to the fridge immediately.

Provided Amicapsil-SCI is in between the 100% gauze and the wound surface without missed spots, or “holidays”, in the covering, the gauze will not stick to the wound surface. If a gauze is lightly stuck to the wound surface at the time of removal, simply soak it with clean water, e.g. in the shower, for a little while until it comes loose and can be removed without the use of force.

8. Securing the Dressing

Fasten the 100% cotton gauze pad using sticking plaster tape.

The tape should not pass over the wound area as that will block evaporation and access to air; it should run only over areas with healthy skin underneath (e.g. along the borders of the gauze). Examples of suitable tapes are Omnifix and Hypafix + which aim to ensure firm adherence to the skin, or alternatively Leukosilk and Urgofix + which target reduced risk of sensitivity, as well as pain and damage to the skin when removed.

Alternative to tape:

If the skin is so fragile that application of any adhesive to keep the dressing in place is likely to break the skin upon removal; or depending on the location of the wound, e.g. feet, ankles or legs, and on any vascular issues in the area, it can be preferable to fasten the 100% gauze pad with a layer of completely open weave tubular net, e.g. Surgifix, tg-fix or Stülpa-fix, +. This will hold the Amicapsil-SCI and the secondary dressing in place without the need to stick anything to the skin.

For other locations, cover lightly using very open-weave 100% cotton gauze roll and fasten this with tape to the gauze itself. Do not fasten over the wound. The net/gauze roll is NOT intended to apply pressure to the wound or to

the surrounding area. Its only aim is to fasten the secondary dressing pad – see Section 7.

ALLERGIC REACTIONS

Allergy to the adhesives in different tapes can develop suddenly or over time. Typical signs are red and warm; dotted red, blistered spots. Such allergic or hypersensitive reactions in the vicinity of the wound halt the healing very effectively until the allergy is gone. It is recommended to check for tape allergy regularly.

If the skin is or becomes allergic to adhesives:

- change to a different type of tape; or
- use the tubular net option to fasten the pad; or
- use the option of applying a layer of gauze roll instead of the pad

See section 8 Securing the Dressing.

A good alternative is to leave the Amicapsil-SCI layer uncovered. See the section on Difficult-to-Dress Areas below.

WOUNDS IN DIFFICULT-TO-DRESS AREAS

If needed, Amicapsil-SCI can be used on a wound without a dressing or bandage covering it. Follow the standard preparation and cleaning procedures as described above, then dab as much Amicapsil-SCI onto the wound as will stick. Ensure all surfaces and surrounding troubled areas are covered. Because there is no covering and the layer is thinner, Amicapsil-SCI is at risk of wearing away sooner and may therefore need to be reapplied more frequently, e.g. twice daily instead of once.

ENSURE GOOD ACCESS TO AIR AT ALL TIMES

Access to air is required for Amicapsil-SCI to work properly (permits evaporation). Air also favours a composition of the wound microbiome that supports healing. Therefore, avoid blocking the access of air. For example:

Do not wear synthetic clothing or shoes on top of the wound. If at all possible, avoid clothing over the wound, and, when necessary, use only pure cotton, wool, flax and silk clothing.

Do not rest the wounded area directly on a pillow or a mattress.

Do not use a synthetic comforter or blankets. Instead, use a natural down/feather duvet and cotton sheets or pure cotton/wool blankets and sheets.

FREQUENCY OF APPLICATION

Best results will be obtained by washing and applying Amicapsil-SCI once every day until full wound closure.

As a general rule, the better the wound is washed with tap-water between dressing changes, the smaller number of applications will be required.

Chronic osteomyelitis (bone infection) can only be resolved surgically. While awaiting surgery, when Amicapsil is used to remove and control soft tissue infection in a wound located on top of a bone infection

and to establish a tunnel (draining fistula) for the debris generated by the bone infection to pass through, it can in severe cases, with a high degree of bone involvement, be advantageous to wash and apply twice daily. (See also the section “Osteomyelitis” below.

When Amicapsil-SCI is used following surgery, it should follow the standard daily procedure.

PROFUSELY DISCHARGING WOUNDS

If the wound is oozing (exuding) uncontrollably, the most effective way to use Amicapsil-SCI is to follow the standard preparation, application and dressing procedures described above. When the dressing is completely *soaked*, change the Amicapsil-SCI and secondary dressing. This may have to be done 2 to 3 times, with increasing intervals between changes, for the first 24 hours of use, for example after 4, 8 and then 12 hours.

When the Amicapsil-SCI no longer has a soaked appearance, within 8 to 12 hours, continue the use of Amicapsil-SCI as described under Frequency of Application.

Usually, the amount of discharge (exudate) from the wound will reduce considerably within the first days of Amicapsil-SCI use. If the exudate level remains unsustainably high after a week of correct and optimal use of Amicapsil-SCI, it could potentially be an indication that the infection has spread to tissue types different from soft tissue, e.g. to the bone. Chronic bone infection requires surgical intervention. Amicapsil can be used to remove and control the infection in the soft tissue on top of and next to the bone infection.

In wounds located on top of bone infection (osteomyelitis), the exudate level will directly reflect the amount of debris produced by the infection in the bone and disposed of through the tunnel (draining fistula) as exudate on the wound surface. See the section “Osteomyelitis (Bone Infection)” below.

DRESSING CHANGES

Follow these steps:

- i) Remove all dressings as gently as possible. Proceed slowly and cautiously without jerking or tearing.
- ii) If Amicapsil-SCI has been applied correctly, i.e. covering the entire wound surface and edges, the covering dressing will not stick to the newly formed cells in the wound bed. Should it seem lightly stuck, the substance adhering to the covering dressing is usually of a gel-like consistency. This contains waste from the area beneath and surrounding the wound opening. It needs to be removed from the wound – see next step.
- iii) Very gently, remove as much loose and/or foul looking material as possible. This can be done by wiping very gently e.g., with a clean swab moistened with water. Take care not to harm new tissue and newly formed cells that may be forming in the wound bed and along the wound edges but may still not be visible to the

naked eye. If in doubt, the thorough showering of the wound will distinguish between the material that should remain and what should be removed. Therefore, if unsure, perform a prolonged shower with high water pressure. (Do not use a high-pressure power washer device).

If scab is present in the wound, see the section “Scab formation” below.

- iv) Wash the wound very thoroughly with clean tap-water. Apply a good cleaning pressure using a hand-held shower head or, if showering is completely impossible, a wash-bottle to clean out the discharge and the old Amicapsil-SCI along with any loose or foul looking matter on the wound or wound edges. The water pressure allows effective cleaning of all corners and crevices.

In wounds with plenty of old matter that gradually gets loosened with the use of Amicapsil-SCI, you can assist the cleaning under the shower by lifting out this loosened dead matter with a moist swab, but take good care not to disturb any newly formed tissue in the wound bed.

- v) In the later healing stages, when all old, dead matter has been removed, it is preferable to leave a tiny bit of old Amicapsil-SCI in the wound to avoid disrupting any tissue that is forming. Amicapsil-SCI does not enter the body and is not harmful.
- vi) Finally, repeat the procedure of Amicapsil-SCI as described in sections 5, 6, 7 and 8.

Provided new forming cells are not damaged, the better the wound is cleaned of unwanted matter, the quicker the healing will progress.

If the wound contains substantial amounts of dead tissue, dry old slough or other unwanted matter, seek a doctor to have the wound mechanically debrided down *TO* living tissue - without the use of any chemicals or impregnated dressings.

Scab formation

Scab is the body's own protective dressing. It is also part of a healthy healing process and provides an ideal environment for tissue regeneration and maturation. The rule of thumb is not to remove scab.

Scab can be created in two ways:

- 1) It can move in from the sides acting as a front for novel skin cells.

It can be slightly soft and extremely thin and is sometimes mistaken for debris to be removed. Running tap water will make the distinction and remove what is dead tissue whilst leaving in place what is healthy scab and healthy new yet-to-mature skin cells. Do not touch or rub. Let the water do the job.

- 2) Or scab can cover the entire wound surface at once – like a hard lid.

This provides good protection of the maturing wound bed, but infection can still develop underneath this lid. Therefore, a hard scab must be checked daily as part of the routine.

Every day, immediately before washing the wound as usual, prod/press down gently on the scab at a 90 degree angle and watch for a drop of liquid appearing from under the edge of the scab.

If this happens, the scab must gently be removed and the area washed extremely thoroughly followed by the usual application routine. The wound can be cleaned with hydrogen peroxide as described under section 4.

If no liquid appears when prodding, the scab must remain in place. Then, perform the usual washing and application routine.

The skin directly next to an unhealthy scab is often strong red and there appears to be an insignificant dividing groove formation between the skin and the scab.

The tissue will regenerate underneath a healthy, protective scab. The wound will release the scab when the regenerating tissue no longer needs it. This is often seen as the edges gradually lifting and breaking off, thereby reducing the overall wound/scab surface area.

If a healthy scab is removed prematurely, healing will suffer a set-back and will cause unnecessary scar formation.

If infection is allowed to proceed underneath an unhealthy scab, healing will equally suffer a set-back and cause excess scar formation.

“Flakes” and “scales”

What looks like thin flakes or very thin scales can often appear in small or large numbers on the apparently healthy skin next to the wound. Flakes and scales form part of the natural healing and skin maturation processes.

They are NOT a sign of dryness. NO creams, moisturisers, oils or similar should be applied to the skin for as long as the flakes are still present. The more the flakes are left alone, the better quality tissue is generated.

The flakes will fall off in their own time when the skin underneath is ready. They often fall off in the shower and new may or may not form.

If the wound was complicated, the flakiness in the area and on the newly healed wound can continue for months after closure. That is a sign that regeneration is still continuing underneath the skin, and that is highly desirable. Do NOT misinterpret flakes and scales as dryness. Application of moisturisers or similar interfere with and stop the ongoing regeneration processes, thereby leaving the tissue weaker than could have been the case.

Care routines

If the wound is showered in conjunction with a daily routine, e.g. bowel management, avoid that anything untoward gains access to the wound. If necessary, apply a shower proof dressing + on top of the wound and remove it once finished. Then proceed with the showering of the wound as described above.

DO NOT apply any skin lotions, creams, moisturisers or similar to the skin within at least 10 cm of the wound opening or any reddened or inflamed skin – not even if the skin in this area has a dry and/or flaky appearance.

WHAT TO EXPECT AND WHAT TO LOOK FOR

A high exudate level will usually rapidly reduce to a level that can easily be controlled by the covering single gauze pad.

The healing wound will typically have a moist and healthy pink/red - not purple/red - surface appearance and white - not grey or red - healthy looking edges. Edges should not appear wet, only moist. In a shallow wound, granulation tissue with new blood supply will usually be visible as red buds in the wound bed and sometimes as a string of pink pearls along the edges. The wound can also have a dry, pale red, flexible surface with white healthy edges. Both these appearances are highly desirable. The wound should now be left to progress undisturbed except for the daily shower and application.

The wound will normally start re-building from the bottom with new connective tissue and subsequently contract from the edges. New skin formation will be visible as pale whitish islets in and on the wound bed and in particular moving in from the wound edges.

These features may appear in different areas of the wound on different days. One part of the wound may be clean and covered with red buds or white isles while a different part of the wound is still removing old dead matter or combatting infection in the deeper tissue.

If the wound is covered with a healthy scab - see the section "Scab formation" above - the granulation and epithelialisation (generation of skin) processes are progressing underneath its protection.

Also see the section "Flakes" and "scales" above.

AFTER CLOSURE

After full wound closure, allow 6-8 weeks for the area to mature and regain strength. The wounded area will continue to regenerate and reconstruct the tissue underneath the skin and the skin itself for months and even years.

OSTEOMYELITIS (BONE INFECTION)

Amicapsil-SCI can be used to remove diffuse infection in the soft tissue and at the same time regenerate lost tissue whilst establishing a well-controlled draining fistula (tunnel) between the infected bone and the body surface (the wound) through which the constant flow of infectious debris from the bone can pass.

When Amicapsil-SCI is used to remove diffuse infection; create a draining fistula; and reduce the risk of septicaemia and sepsis, while awaiting surgery to resolve a bone infection (osteomyelitis), the level of exudate will reflect the involvement of bone tissue and the infecting agent(s) causing the bone infection. In cases with high bone involvement, the exudate may corrode the skin surrounding the wound. If this is the case, to protect against this corrosion, use Cavilon barrier cream +. DO NOT use barrier creams containing hormonal or antimicrobial substances ✖. Only use Cavilon cream if required to protect healthy skin. DO NOT use Cavilon or any other barrier cream on reddened or cracked skin.

AMICAPSIL-SCI IN CONJUNCTION WITH COMPRESSION THERAPY

Compression therapy is contraindicated in connection with pressure ulcers.

There is no scientific data to support the use of compression therapy in the treatment of venous leg ulcers and, as compression hosiery prevents access to air, it is preferable that compression therapy be suspended while Amicapsil-SCI treatment is conducted.

Extended bedrest is not required for Amicapsil-SCI to promote healing. Omitting bedrest reduces the risk of thrombosis (blood clots) and consequently reduces the need for preventive use of compression stockings.

PRECAUTIONS

Do not eat Amicapsil-SCI.

Amicapsil-SCI is for External Use only

Keep Amicapsil-SCI out of the eyes. Should that occur, immediately wash out the eye(s) with plenty of water or mild salt solution (saline) and seek medical attention.

The components of Amicapsil-SCI have no known toxicity as used in Amicapsil-SCI. No adverse reactions or allergic reactions have been observed or are expected. Nevertheless, avoid inhalation and exposure to the eyes.

Apply minimally on exposed nerve bundles. If bundles of nerve fibres (called fascicles) are present in the wound - as soft, white, thin tube-like structures - limit the application of Amicapsil-SCI directly onto these to a very thin layer as excessive removal of moisture may cause irritation of the nerves. In case this happens, wash off the Amicapsil-SCI with tap water and the pain will quickly subside.

OTHER INFORMATION

Amicapsil-SCI is not absorbed by the body.

Amicapsil-SCI can be removed by simple irrigation with water.

Antibiotics

Antibiotics will slow down healing.

Systemic antibiotics can be administered in conjunction with Amicapsil-SCI for issues unrelated to the wound.

Upon commencement and completion of a course of antibiotics, expect a 24-48 hours delay or setback in the wound healing process. In very complicated/severe wounds, antibiotics may stall healing completely until completion of the course.

Autonomic Dysreflexia (AD)

Autonomic dysreflexia (AD) can be triggered by soft tissue infection. The use of Amicapsil-SCI can often reduce the frequency and intensity of these events.

Bedrest

Extended bedrest is not required for wound healing when using Amicapsil-SCI. However, if omitting bedrest means that the wound is deprived of free access to ambient air, an airflow over the wound must be supplied by other means.

DO NOT use occlusive (air-tight) dressings.

DO NOT combine Amicapsil-SCI with any other treatments or therapies applied directly to the wound.

These impact the actions of Amicapsil-SCI. Examples of topical (i.e. applied on top of the wound) agents and treatments to avoid ✘ are:

- Honey
- Silver
- Gelling agents
- Gels
- Iodine
- PHMB
- Polihexanide
- Collagen
- Octenidine
- Cetrimide
- Chlorhexidine
- Alginate
- Polyaminopropyl Biguanide
- Topical Negative Pressure Wound Therapy
- Topical antibiotics, in any form, e.g. ointment, cream, gel and powder
- Absorbent dressings which are impermeable to air ('occlusive') e.g. alginates, foams, etc.

DO NOT use *impregnated* dressings with substances such as paraffin, lipido-colloids, triglycerides (fatty acids), petrolatum, ointment, or any of the substances listed under the bullet points above. ✘.

Under very special circumstances, a contact layer can substitute the recommended 100% cotton gauze pad. The contact layer dressing must be paper thin, dry, non-impregnated, non-adhesive and of a very open mesh (see through) that makes it highly permeable. An example of a -in special circumstances - suitable contact layer dressing is N-A from Systagenix +. Many contact layer dressings are impregnated ✘ with substances such as listed above. These **MUST BE AVOIDED**. Contact layer dressings that are auto-adhesive **MUST BE AVOIDED** due to risk of allergy, e.g. Mepitel and Adaptic Touch ✘. Mind that any allergic/sensitive reaction to the secondary dressing interferes with and stops the healing process initiated by Amicapsil-SCI.

A covering dressing is not required. The sole purpose of any covering dressing is to hold the Amicapsil-SCI in place on the wound and wound edges.

Hydrogen peroxide 3% solution (H₂O₂) can be used as described in Section 4 "Clean the wound". Hydrogen peroxide can support the immune response. Do not use hydrogen peroxide in wounds with underlying osteomyelitis (bone infection).

Before Amicapsil-SCI treatment

Preferably, **DO NOT** use any antimicrobial substances e.g. the ones listed in the bullet points above ✘ before shifting treatment of the wound to Amicapsil-SCI. These are toxic and will remain in the tissue for several days or even weeks and therefore prevent healing and slow down the effects of Amicapsil-SCI.

DO NOT let the wound become wet or moist.

Avoid the wound, the Amicapsil-SCI layer, and the dressing getting wet or moist from the outside, e.g. when washing, or from the inside, e.g. from perspiration.

Should that occur, clean off the old Amicapsil-SCI, wash and dry the wound and apply a new layer of Amicapsil-SCI and secondary dressing – as described in sections 5, 6, 7 and 8.

In case of excessive sweating, consider the option not to cover Amicapsil-SCI with a gauze.

Store Amicapsil-SCI refrigerated

Always return the Amicapsil-SCI bottle to the fridge *immediately* after use.

Keep Amicapsil-SCI away from direct heat sources

Avoid direct sunlight, radiators, windowsills, pockets near to the body, hot cars, running engines etc.

Use within 15 days of first opening an Amicapsil-SCI bottle

Minimise bottle contamination

If an Amicapsil-SCI bottle has touched the wound, use alcohol or isopropyl alcohol to wipe it clean.

Amicapsil-SCI is intended for non-sterile wounds

Use only on sterile wounds after deemed appropriate by the treating physician.

Environmental impact

Amicapsil only contains natural ingredients that are readily reintegrated into the biological cycles.

The use of Amicapsil-SCI does not involve any plastics, chemicals, or antimicrobials.

This favours biodiversity and reduces the impact of wound care on climate change

Please visit www.willingsford.com

Videos of how to use Amicapsil is available on the website. Scientific and medical publications on Amicapsil-SCI are also available.