

# ▶ CYGNUS® MAX AMNIOTIC MEMBRANE TISSUE ALLOGRAFT

# CYGNUS® MAX

## VENOUS LEG ULCER CASE STUDY

The patient is an 82-year old female with a history of lower leg ulcers who presented with a large, full thickness ulcer to the left lower shin that persisted for over a month following standard of care. The patient has venous insufficiency and type 2 diabetes and presented with edema on both the lower left leg and lower right leg in addition to the venous leg ulcer.

## ▶ APPLICATION OF VIVEX® BIOLOGICS CYGNUS® MAX AMNIOTIC MEMBRANE FROM UMBILICAL CORD ALLOGRAFT AND OUTCOME

CYGNUS Max amniotic membrane from umbilical cord allografts were applied to the full-thickness venous leg ulcer as a wound covering, providing protection while retaining endogenous growth factors.<sup>1,2</sup> After the CYGNUS Max application, a contact layer was placed over the wound. Then, edges of contact layer were secured with adhesive strips and the wound was covered with a non-adherent foam dressing. After the wound dressings were applied, a Duke Boot was applied to the bilateral lower legs to apply 10-25mmHg pressure.

### WEEKLY VISITS AND APPLICATIONS



#### PRE-APPLICATION OF CYGNUS MAX

Wound Dimensions:  
6.4cm L x 5.6cm W x 0.1cm D (35.84 cm<sup>2</sup>)



#### AFTER 1<sup>ST</sup> APPLICATION OF CYGNUS MAX

Wound Dimensions:  
5.4cm L x 4.1cm W x 0.2cm D (22.14cm<sup>2</sup>)



#### AFTER 2<sup>ND</sup> APPLICATION OF CYGNUS MAX

Wound Dimensions:  
Full wound epithelization

**The wound experienced complete closure after 2 CYGNUS Max applications over the course of 2 weeks.**

The patient had previously been treated with traditional wound care and other products, such as foam dressings, and these methods did not work. Utilizing CYGNUS Max **closed a long-standing ulcer.**

## ▶ CONCLUSION

This case study demonstrates the use of VIVEX CYGNUS Max as a wound covering to help close a chronic full-thickness venous leg ulcer. The CYGNUS tissue allograft is easy to apply, is available in multiple sizes, and will conform to wounds.

## ▶▶ CYGNUS MATRIX

CYGNUS Matrix is a multi-layer membrane allograft maintaining the amnion layer, its intermediate/spongy layer, and the chorion layer of the amniotic sac. VIVEX's Integrity Processing™ preserves the inherent properties of amniotic tissues, maintaining key extracellular matrix molecules, proteins, carbohydrates, collagen, growth factors, and cytokines.<sup>1</sup>

## ▶▶ SAFE AND TRUSTED PARTNER

VIVEX Biologics is a regenerative solutions company focused on patient care through the innovation of tissue-based therapies in Wound Care, Ortho-Fusion, and Interventional Pain. With more than 50 years of highly safe and effective operations, VIVEX aims to provide advanced regenerative solutions.

- Amniotic tissue is recovered from healthy mothers at live births.
- Amniotic tissue is handled and processed in accordance with both FDA regulations and AATB standards.
- VIVEX maintains the trend of safely delivering over 2 million allografts with no disease transmission.

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VIVEX has used reasonable efforts to provide accurate and complete information herein, but this information should not be construed as providing clinical advice, dictating reimbursement policy, or as a substitute for the judgment of a health care provider. It is the health care provider's responsibility to determine the appropriate treatment, codes, charges for services, and use of modifiers for services rendered and to submit coverage or reimbursement-related documentation.

This research study was designed to test a product manufactured by VIVEX. The physician leading this research study receives compensation from VIVEX for consulting services related to and unrelated to this study. If you would like more information, please contact a VIVEX representative.

1. Delcroix Gaetan J. R., et. al. "Preserving the Natural Regenerative Potential of Amniotic Membrane." VIVEX Biologics, 2017.

2. Niknejad, Hassan, et. al. "Properties of the Amniotic Membrane for Potential Use in Tissue Engineering." European Cells and Materials, 2008, vol. 15, pp. 88-89.



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