

25 October 2020

To: Discovery Health

Re: The use of ActiGraft Wound Healing Product in hard-to-heal and chronic wounds.

I am a Nurse Specialist in Advanced Wound Care at Eloquent Advanced Wound Management a division of Health & Wellness and have been working in the field of Wound Management for more than 20 years. I am also an educator and clinical facilitator at Eloquent Learning Health and at the Foundation for Professional Development (FPD).

I began using ActiGraft in May 2020 as part of new technology assessment in my practice.

In assessing Actigraft I intentionally selected for the evaluation process patients with very severe ulcers or wounds where standard available treatments have led to little or no resolution or impact.

Patients included for the evaluation all had wounds for longer than 3 months in some of the cases more than 3 years. All of the patients had several contributing co-morbidities that have a major impact on healing and all patients have been for more than a month on an active wound management program with standard advanced wound care as normally done in my practice.

Type of wounds included were:

| every of the second sec | | All | |
|--|-------------|---|-----|
| DFU | DFU Charcot | Mixed Vascular ulcer | VLU |



For the purpose of this recommendation I included a the Diabetic Foot Ulcer case example:

The patient of 65 years old with diabetes type 2 and severe neuropathy, he was hospitalized with the sepsis in foot and scheduled for amputation. His family opted for a second opinion and he was first seen at the Centre on the 26th of June 2020. The patient was wheelchair bound and had several wounds visible on his foot all connected through sinuses from the big toe till lateral side of the foot.



Sharp debridement was used to deroof the eschar which revealed necrotic tissue with bone and tendon involvement. (Texas Grade 3C) The area of the wound on the dorsum of the foot was 11.5cm x 6cm without including the underlying sinuses to the First and Second Toe. Treatment was started with Honey dressings alternating with Silver in paste format every 2 weeks. On the 30^{th} of July 2020 I considered the use of NWPT in order to facilitate increased granulation and also faster desloughing of the soft slough. Whilst waiting for the family to get their finances available for NWPT we decided to apply the Actigraft as an alternative wound management strategy. Photographs below depict the journey with weekly dressings from 30/07/2020 - 28/09/2020 the first 8 week period. The most remarkable difference was the quality of the tissue, patient's improvement in quality of life and speed of re-epithelialisation.





We are now approaching week 12 of applying Actigraft on the wound. All sinuses healed and currently we only have a remaining granulating wound of less than 5cm. The final photo has not been taken to demonstrate the full 3 week treatment but will be made available for your information.

As per clinical evidence and photographs provided Actigraft has been critical to the healing of this wound and the prevention of possible limb amputation has had an enormous effect on the patients quality of life, life expectancy and on health care associated costs for coming years.

The photographs below is just a short summary of treatment up till now.



I highly recommend that ActiGraft be considered as a stand alone product and clinical care option with a specific value add to patients who have not responded or fully resolve with conventional existing treatments, to allow these patients with non-healing ulcers/ wounds to benefit from this solution that has a healing properties that are currently un-available in South Africa.

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