

# RESTORIGIN™

Amniotic Membrane Allograft  
for Wound Care Management

Restorigin is a placental tissue allograft that may be used as a protective barrier in wound care applications. The natural properties of amniotic tissue provide mechanical protection and growth factors to aid in the management of acute and chronic wounds.<sup>1,2,3</sup>

## About Restorigin™

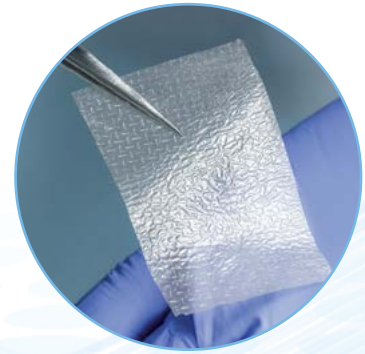
- Non-Oriented**  
 Restorigin is a dual layer amnion that offers the flexibility of placing either side toward the wound
- Optimal Handling Characteristics**  
 Easily controlled during application due to dual layer technology and 60 micron thickness
- Natural Adherence**  
 Adheres naturally to the patient's tissue without the need for sutures or other fixation

## Safety and Processing

- Gentle Processing**  
 Minimally manipulated and processed using gentle detergents and water rinses
- Gentle Sterility**  
 Terminally sterilized with electron beam which has shorter exposure times and produces less free radicals, resulting in less deterioration to tissue structures

## Versatility and Ease-of-Use

- Convenient Storage**  
 Restorigin is delivered and stored at room temperature with a 5-year shelf life
- Preparation**  
 Requires no up front preparation or hydration
- Dual Layer Technology**  
 Provides orientation placement flexibility
- Multiple Sizes**  
 Available in a variety of sizes to accommodate physician preferences



## Restorigin™ Dual Layer Amnion Membrane

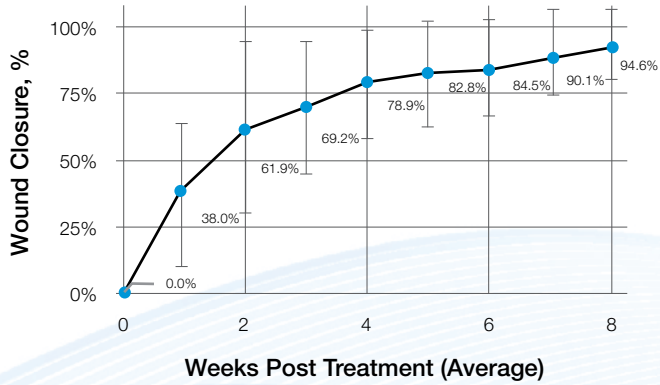


- Fibroblast Layer
- Compact Stomal Layer
- Basement Membrane
- Amniotic Epithelium
- Amniotic Epithelium
- Basement Membrane
- Compact Stomal Layer
- Fibroblast Layer

## Why Restorigin™?

- **Proven Results**

Restorigin has been shown to be effective in the management of chronic, non-healing wounds including diabetic and venous leg ulcers.



**Figure 1.** An average of 94.6% of wound area reduction was observed after 8 weeks of HAM sheet therapy.

In a 10 patient case series, 95% of wound closure was achieved after 8 weeks of treatment in patients who previously failed standard care protocols.<sup>4</sup>

### Healing Progression - Before and After Treatment



**Figure 2.** Healing progression is shown for a 42-year-old female patient from before the treatment (A) to complete closure after 4.5 weeks of Human Amniotic Membrane therapy and a single graft application (C).



## Restorigin™ Product Information and Available Sizes

Product Number	Description	Size	Q Code
RGN-AM-0202	Restorigin Amnion Membrane	2x2cm	Q4191
RGN-AM-0203	Restorigin Amnion Membrane	2x3cm	Q4191
RGN-AM-0303	Restorigin Amnion Membrane	3x3cm	Q4191
RGN-AM-0404	Restorigin Amnion Membrane	4x4cm	Q4191
RGN-AM-0406	Restorigin Amnion Membrane	4x6cm	Q4191

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.
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.
4. Zakharova M, Hall B, Schallenberger M, Bangart K, Bangart D, Moore S, Thomas J: Case study report of chronic non-healing foot ulcers treated with dehydrated human amniotic membrane sheet. *SAWC Spring* 2020.