

The logo for ILEX Skin Protectant features the word "ILEX" in a bold, red, sans-serif font. The letter "i" is lowercase, while "L", "E", and "X" are uppercase. A small registered trademark symbol (®) is positioned to the upper right of the "X". Below "ILEX", the words "Skin Protectant" are written in a black, sans-serif font.

ILEX[®]
Skin Protectant

**ILEX Skin Protectant
Evidence Based Practice**



The best protection for excoriated skin

ILEX Skin Protectant is a topical skin barrier designed to protect the skin from maceration while helping to soothe and heal damaged skin.



- Creates an occlusive barrier over excoriated skin with a 0.00cm/hr Moisture Transmission Rate
- Maintains a moist environment to maximise wound healing
- Adheres to moist weeping tissue
- Washes off easily with soap and water or mineral oil
- Soft, flexible and easy to apply
- Inert and non-toxic; contains no alcohol or latex
- Bio-compatible with ostomy appliances and other medical/ surgical devices
- Causes no friction; non-sensitising
- ILEX is not absorbed systemically so it is safe to use on newborns and care of the elderly
- ILEX may be used in conjunction with prescribed topical agents such as antifungal and antibacterial

Ideal for:

- Paediatric (following pull through surgery) and adult perianal excoriation
- Gastrostomy tube site irritation and excoriation
- A wide variety of dermal wounds, superficial wounds and mild to severe skin irritations
- Minor burns
- Fistulas
- Ostomy site irritations & excoriation
- Severe nappy dermatitis

ILEX Health Products Ltd,

For more information, please contact:

Freephone 0800 592786
www.ILEXhealthproducts.com

We would like to express our gratitude to the Health Care Professionals and Parents who have shared the following case studies with us.

ILEX Skin Protectant is a topical skin barrier designed to protect the skin from maceration while helping to soothe and heal damaged skin.

Ingredients:

- Calcium/Sodium PVM/MA Copolymers
- Cornstarch
- White petrolatum
- Phenoxyethanol & Isopropyl Butylparabens
- Sodium Carboxymethylcellulose
- Zinc oxide

Products available



7g tubes x 20 in a box
(Code IPH)
PIP: 386-4196



57g* tube
(Code IP51)
PIP: 386-4188



227g tub
(Code IPT50)
PIP: 386-5359

*iLex IP51 also available on prescription

For more information, samples and to order please contact us on
Freephone 0800 592786 or visit the website at
www.ILEXhealthproducts.com

Case Study 1

A 63 year old female who had an A.P Resection in 2011. She also suffers with hypertension and angina.

She presented with a very painful broken and blistered area directly around her stoma 1cm in width. The soreness was exacerbated on moving as the pouch rubbed slightly on the area. As the first application of ILEX Skin Protectant had been administered the patient reported an immediate reduction in pain and the pouch felt more secure, especially with wearing a belt.



Day 1

Pain Score
8/10
before
application

Day 1

Use of ILEX started on 13.3.12
Pain score initially a high
8/10 before starting the ILEX.

Day 2

Pain score improved
to 3/10 - The blistered
area had begun
healing.

Pain Score
3/10
following
application



Day 4

Pain Score
0/10
on review 17.3.12

Day 4

Pain score 0/10 - The blistered area
had improved again and the pain
had gone.

The patient was happy to carry on with
applying the ILEX until next reviewed.
She found it easy to apply and would be
happy to use it again.

Fully healed on 26.3.12.

Case Study 2

14 year old girl who has Crohn's disease. This led to the formation of an ileostomy but three fistulas have formed.



Day 1

Commenced using ILEX 22.9.11
Showing signs of improvement 24.9.11



Day 3

Healed by 27.9.11

**Healed in
5 days**

Case study by Sheffield Children's Hospital

Case Study 3



Day 1

Day 1

**Day 2 skin
improved**

This 18 month old boy was born pre term at 34 weeks gestation with anorectal malformation. This was one of multiple anomalies associated with VECTRAL association.

He had a formation of a colostomy in the first few days of life followed by an anorectoplasty at 13 months. At the age of 18 months his colostomy was closed.



Day 7

**Healed in
7 days**

Following surgery metanium barrier cream was used on his bottom which had become excoriated. He was also prescribed Honey cream which also had little effect. Each time he had his bowels open or passed urine he cried out in pain both day and night.

ILEX was commenced. By day 2 his skin improved, by day 7 all broken areas were healed and he was sleeping through the night.

Case Study 4

This 3 month old baby boy had poor nutrition, respiratory disease and a vascularised poorly sited stoma due to medical emergency. He was requiring morphine and chloral hydrate as pain relief for his sore skin before commencing ILEX. He had a maximum pain score of 10/10. Duoderm and Vaseline had been used along with the stoma appliances since the 24.9.13 - when the baby was born and had his operation. The baby's peristomal skin and umbilicus were extremely excoriated due to faecal contents spilling onto the skin. Up to 10 stoma bags were being used a day as the appliances were falling off almost as soon as they were applied. Stoma care was taking up to an hour each time. Over 7 weeks he had several other treatments with no evidence of wound healing.

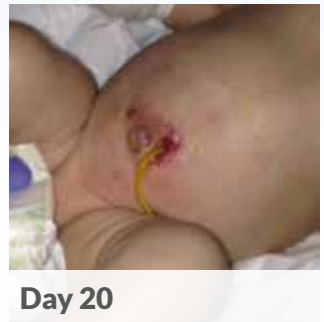
Using ILEX Skin Protectant



Pain Score
10/10
before
application



Pain Score
2/10
following
application



Following the application of ILEX Skin Protectant the baby's pain score improved to 2/10. Pain relief could be stopped almost immediately.

Showing signs of improvement 18.11.13

The wound was healed by 1.12.13

Use of ILEX Skin Protectant was commenced on 11.11.13

Case Study 5



JM is a young boy born with Hirschsprung Disease. He had formation of a colostomy and pull through surgery and then reversal of his stoma.

After stoma reversal we give advice on how to clean and apply prescribed creams to prevent buttock excoriation caused by the frequent passage of stool which can be 15 times a day. JM's mum followed our advise but he suffered severe buttock excoriation. JM passed stools frequently which did not allow the treatment on his buttock to be effective.

This lasted months, JM was distressed, his buttocks were bleeding and his mum tried a variety of creams and ointments

we suggested without any success. JM would find the cleaning of his bottom unbearable, would not sit down in his highchair or his bath. His mum was distraught at how her child was suffering.

Treating Buttock Excoriation

JM's consultant was very involved in his care and gave mum a tremendous amount of support at this traumatic time. JM was on medication to reduce the frequency of his stools but this did not help him very much. The Tissue Viability Nurse swabbed his buttocks to make sure he did not have candida which could interfere with the effectiveness of any treatment and followed him up with suggestion of treatment which unfortunately did not help.

JM's consultant was at a stage that JM would need to have colostomy to allow his buttock's to heal and give him pain relief, JM's mum did not want this but she knew how her son was suffering and agreed.

Using ILEX Skin Protectant

JM's surgery was scheduled for the following week when we asked if we could try ILEX Skin Protectant on JM. Another child we know had recently had great results from it. After 4 days JM's buttocks got better and we avoided surgery for him.

Outcome

ILEX Skin Protectant helped prevent JM needing stoma surgery, gave him pain relief and allowed his family to begin to live normal life. Mum went back to work and at last bathing JM was a pleasure.

Paediatric Stoma Care Nurse, Yorkhill Hospital

**Preventing
needing
surgery**

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