

# PCCA Spira-Wash™ Gel

Water-Washable Wound Care Base

PCCA # 30-4678



**Spira-Wash Gel is a remarkably adherent base designed for a variety of different applications, including anti-infection treatments of the skin, dermatology, occlusive needs, wound care and topical humectants.** It is a soft, opaque polyethylene glycol (PEG) ointment base containing organic meadowsweet extract. Due to the phenolic glycosides (spiraein) and flavonoids in the meadowsweet, it potentially has germicidal, anti-inflammatory and healing properties, thus making it a good choice for wounds, ulcers, burns, sores and cuts. Spira-Wash is a water-washable base, which is very important in wound care since wounds need to be cleaned/debrided on a regular basis. Ointments that are not water soluble often present a big problem to healthcare providers.



## KEY CHARACTERISTICS

- **Water-washable base for easy cleansing/debridement**
- **Adherent base**
- **Maintains a moist environment at the application site.**

The objective of wound management is to provide conditions that will maintain a moist wound environment that allows for optimal healing. This also allows the possibility of increasing macrophage and fibroblast activity, re-epithelialization and the production of collagen. Pain is decreased as well by maintaining this moist environment.

- **Potentially useful for dermatologic formulations outside of wound care.**
- **Provides occlusion.** In 1962, Winter noticed a shortened epithelialization time for occluded pig wounds versus wounds left open to air.<sup>1</sup> Cho and Lo (1998) report that occlusive dressings increase re-epithelialization rates by 30% to 50% and collagen synthesis by 20% to 60% compared to wounds exposed to air.<sup>2</sup> Occlusive dressings also provide a physical barrier against further trauma to the wound.

## POTENTIAL USES

Diabetic skin ulcers, insufficiency (stasis) ulcers, stage I-IV pressure ulcers, first and second degree burns, post-surgical incisions, cuts/abrasions, wound healing by secondary intention, and a wide variety of dermatological applications where a water-washable base would be of benefit.

1. Winter, G.D. (1962). Formation of the scab and rate of epithelialisation of superficial wounds in the skin of the young domestic pig. *Nature*, *193*(4812), 293–294.

2. Cho, C.Y., Lo, J.S. (1998). Dressing the part. *Dermatology Clinics*, *16*(1), 25–47.

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## FORMULA EXAMPLES

- Mupirocin 5%/Itraconazole 5%/ Fluticasone Propionate 1%/Urea 40% Spira-Wash Gel
- Vancomycin HCl 5%/Mupirocin 5% Spira-Wash Gel
- Itraconazole 5%/Fluticasone Propionate 1% Spira-Wash Gel
- Levofloxacin 2%/Mupirocin 4%/ Itraconazole 1% Spira-Wash Gel
- Phenytoin 5%/Misoprostol 0.0024% Spira-Wash Gel
- Phenytoin 5%/Misoprostol 0.0024%/ Nifedipine 2% Spira-Wash Gel
- Misoprostol 0.0024%/Phenytoin 5%/ Gentamicin 0.2% SpiraWash Gel
- Ketoprofen 2%/Lidocaine 2%/ Misoprostol 0.0024%/ Phenytoin 2%/Aloe Vera 0.2% Spira-Wash Gel
- Misoprostol 0.0024%/Metronidazole 2%/ Lidocaine HCl 2% Spira-Wash Gel
- Gentamicin 1mg/Gm/Clindamycin 1mg/Gm/ Polymyxin 2,000 U/Gm Spira-Wash Gel
- Morphine Sulfate 1% Spira-Wash Gel

## PLEASE NOTE

In the literature, polyethylene glycol has been reported to be absorbed from open wounds and damaged skin and is excreted by the kidneys. In common with other polyethylene glycol-based vehicles, Spira-Wash should not be used in conditions where absorption of large quantities of polyethylene glycol is possible, for example on extensive burn areas and large surface areas, especially if there is evidence of moderate or severe renal impairment.

*The formulas and/or statements listed are provided for educational purposes only. They are compounding ideas that have commonly been requested by physicians, and have not been evaluated by the Food and Drug Administration. Formulas and/or material listed are not to be interpreted as a promise, guarantee or claim of therapeutic efficacy or safety. The information contained herein is not intended to replace or substitute for conventional medical care, or encourage its abandonment. Every patient is unique, and formulas should be adjusted to meet their individual needs.*