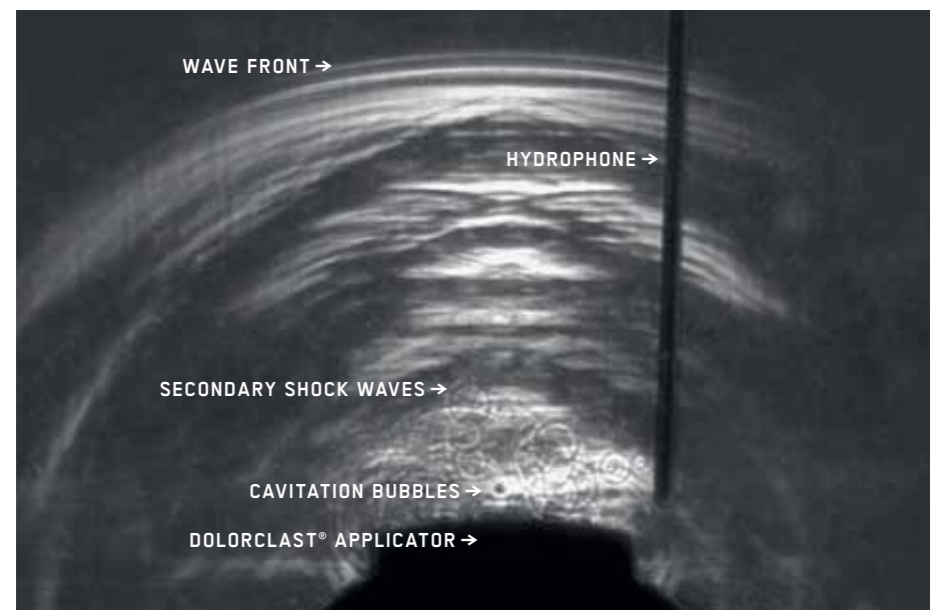


SWISS DOLORCLAST®
METHOD

SWISS DOLORCLAST® METHOD

RADIAL SHOCK WAVE THERAPY FOR WOUND MANAGEMENT

- BASED ON SCIENTIFIC RESEARCH
- SUPPORTED BY CLINICAL STUDIES
- SUCCESSFUL IN THE PRACTICE



RADIAL SHOCK WAVES → Swiss DolorClast® combines the effect of different factors within the tissue

- > Stimulates angiogenesis and wound healing¹
- > Promotes capillarization²
- > Fosters cell proliferation³

By combining these processes the use of the Original Swiss DolorClast® method may bring about complete reepithelialization even when wounds are persistent

SWISS DOLORCLAST®
SCIENCE

WOUND MANAGEMENT WITH THE SWISS DOLORCLAST® REQUIRES JUST A FEW STEPS TO EFFECTIVELY CLOSE THE WOUNDS AND TO MEET WITH SUCCESS IN NEARLY ALL CASES →

- A** Perform standardized wound cleaning – and, if required, a standardized wound debridement
- B** Place sterile plastic film over the wound – film should exceed the wound edges by at least 5 cm on all sides*
- C** Apply sterile coupling gel to the film
- D** Apply radial shock waves as recommended:
 - 2 treatments per week
 - Total of 6 to 8 treatments
 - 1,000 impulses per cm² of wound area and treatment, with an energy flux density of 0.07 mJ/mm² (Power+ handpiece with operating pressure between 3.5 and 4 bar)
 - No preferred treatment of wound edges

- E** Remove plastic film and coupling gel
- F** Clean wound with sterile saline solution
- G** Apply standardized dressing as required by the individual healing phase

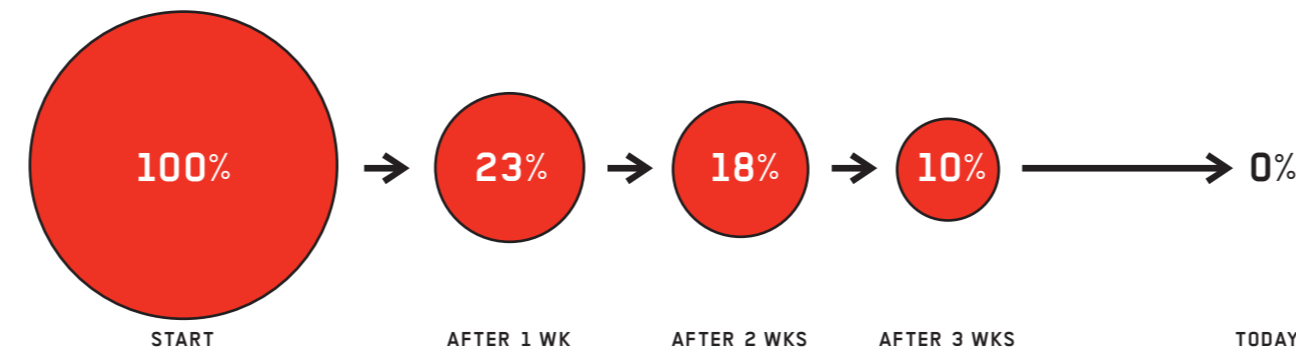
A slight bleeding tendency when changing dressings indicates a favorable prognosis for the efficacy of radial shock wave therapy

While the Swiss DolorClast® is approved for the treatment of acute and chronic wounds, they must be neither infected nor necrotic⁴ – ischemic wounds may be treated provided there are no signs of necrosis

*The OpSite incision film from Smith & Nephew proved effective in the clinic

CLINICAL STUDY

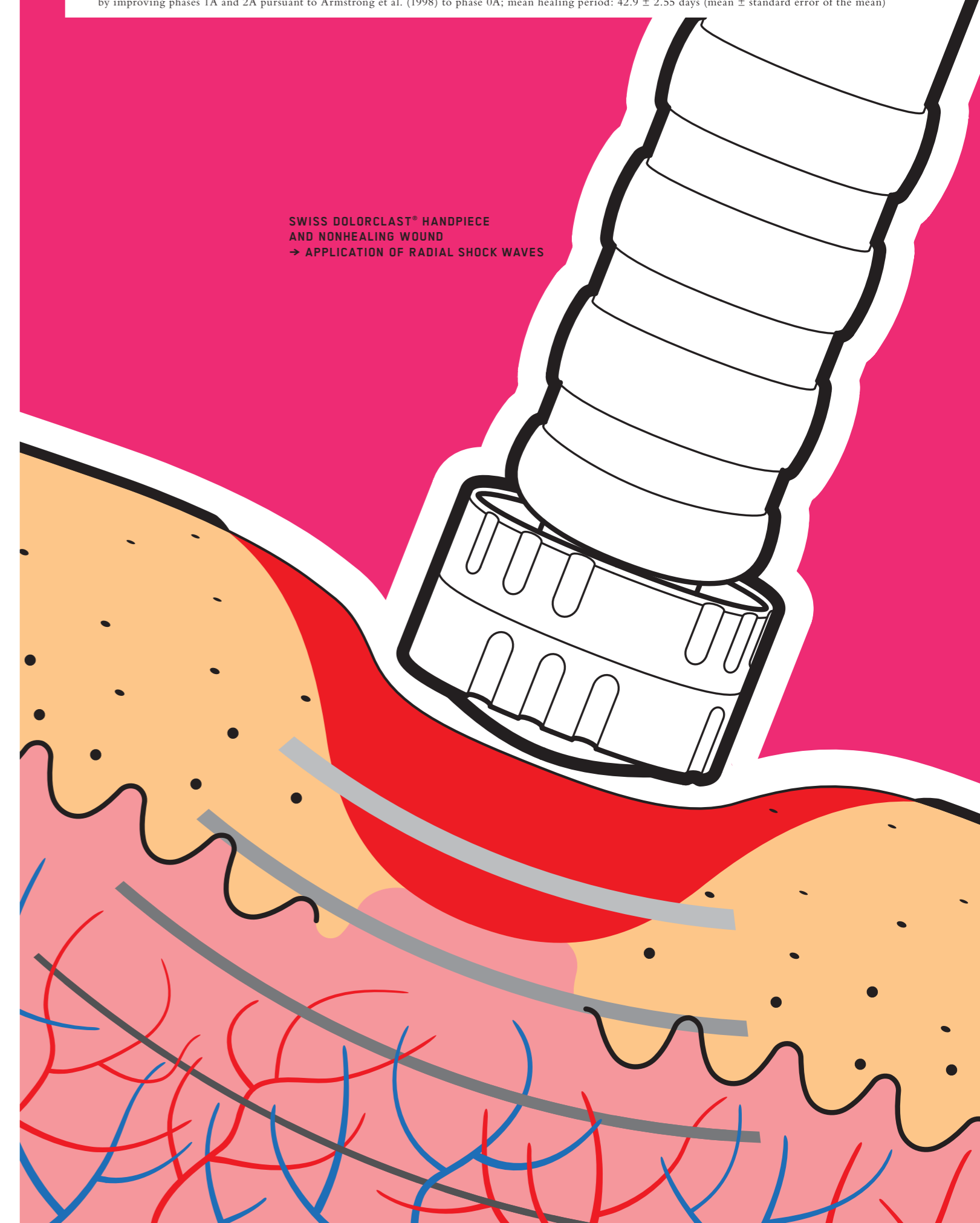
> Among 18 patients with a total of 21 chronic diabetic foot lesions, the Swiss DolorClast® was effective in generating complete reepithelialization in a total of 16 wounds⁵ – the result with regard to the relative average wound surface area was as follows



5 EXTRA MINUTES → SUDDENLY THE WOUND IS CLOSED

- ¹ In a study on so-called ApoE knockout mice, treatment of standardized back skin lesions with the Swiss DolorClast® demonstrated a clear increase in functional capillary density as well as a clear acceleration in wound healing (the paper was presented in 2009 at the ECSAPS Congress in Rotterdam)
- ² See also Wang et al., J Orthop Res 2003; 21: 984–989; Wang et al., J Biol Chem 2004; 279: 10331–10337
- ³ See also Wang et al., J Surg Res 2009; 152: 96–103
- ⁴ This corresponds to phases 1A and 2A according to Armstrong et al. (Diabetes Care 1998; 21: 855–859)
- ⁵ Zoch (JATROS Orthopädie 1 / 2009, 46–47). Persistence of lesions > 6 weeks before start of radial shock wave therapy; therapy efficacy objectified by improving phases 1A and 2A pursuant to Armstrong et al. (1998) to phase 0A; mean healing period: 42.9 ± 2.55 days (mean ± standard error of the mean)

SWISS DOLORCLAST® HANDPIECE
AND NONHEALING WOUND
→ APPLICATION OF RADIAL SHOCK WAVES



SWISS DOLORCLAST®
UNIT

SWISS DOLORCLAST® CLASSIC
> Complete with Power+ handpiece
and integrated compressor



"I FEEL
GOOD"

EMS-SWISSQUALITY.COM

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