



Oral Hygiene

Absterge **B**ürburden **C**are

Body Hygiene



RheoDol®

We help people of all ages achieve better outcomes in their care for optimal oral health and skin integrity through innovative products under optimal economic conditions.

For more than ten years, the RheoDol® Oral Hygiene ABC has been established in clinics, hospitals and specialist intensive care centres - particularly in inpatient intensive care and wound care. The medical and care products RheoDol® Oral Hygiene Liquid plus, Gel plus and RheoDol® Body Hygiene are used there, supported by expert guidance, as a practical solution for continuous, motivating, evidence-based, time-saving and cost-efficient application in care settings.

To make these benefits accessible not only to institutions but also to patients, affected individuals, relatives and health-conscious self-paying customers, the online shop www.MediCareStore.RheoDol.com was established. It provides direct access to the products at fair and affordable prices.

02

RheoDol® medical devices and care products can be conveniently ordered at a **flat rate of €9.99 net per dosing bottle*** individually **or €9.45 net per dosing bottle*** in a 3-pack for delivery via DHL in Germany**

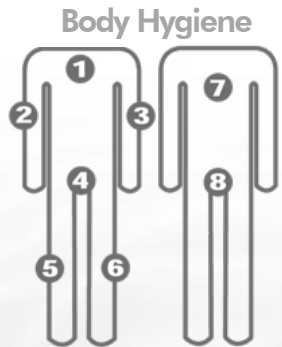
* REF 40020-1OS / -3OS, 40030-1OS / -3OS, 40050-1OS / -3OS

** Shipping outside of Germany is handled via partner companies

Use of personal SHOPPING CARD* with voucher code*****

*** available free of charge at MediCareStore.RheoDol.com





s.	Contents
04	What is the RheoDol® Oral Hygiene?
05	Why the ORAL HEALTH important in medical care?
06	Oral Hygiene Liquid plus Oral GERM REDUCTION ^(B) with residual effect Polyhexanide & Chloramine T
08	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; border-radius: 50%; padding: 2px; text-align: center; width: 30px; height: 30px; margin-right: 10px;"> <small>Application study</small> ACTIVE <small>INGREDIENT</small> <small>COMBINATION</small> </div> <div style="background-color: #FFD700; padding: 2px 10px; border-radius: 10px; font-weight: bold; color: black;">unique</div> </div> <p>What are the advantages of combining both active ingredients?</p>
10	Oral Hygiene Gel plus Oral mucosa-protective CLEANSING ^(A) & WOUND CARE ^(C)
12	The anamnesis clearly demonstrate the high demands placed on oral care to achieve a sustainable improvement for the patient compared to traditional aids.
14	Oral Hygiene ABC Requirements are far higher for patients with anamnesis of the so-called "fifth extremity".
15	<u>Promoting oral health</u> : How is the RheoDol® Oral Hygiene ABC used?
16	What is the RheoDol® Body Hygiene?
17	Why the SKIN INTEGRITY important in medical care?
18	Body Hygiene Liquid plus Cleansing care for IAD and skin irritations
20	The anamnesis clearly demonstrate the high demands placed on whole-body cleansing and care to sustainably improve skin integrity for the patient.
21	<u>Promoting skin integrity</u> : How is the RheoDol® Body Hygiene used?
22	Evidence-based solutions. Rethinking medical care.
23	Info Download-Center

RheoDol® Oral Hygiene

What is the RheoDol® Oral Hygiene?

- A**  **Oral Cleansing**
- B**  **Oral Germ Reduction**
- C**  **Oral Wound Care**



RheoDol® Oral Hygiene offers patient groups, particularly intensive care and wound care, an innovative product component system based on biomolecular science for oral cleansing ^(A), germ reduction ^(B), and wound care ^(C).

For these patient groups, as well as others, starting from childhood, RheoDol® Oral Hygiene represents a permanently usable, cost-effective, and optimal product combination.

The medical/care products can be used in the Oral Hygiene ABC Oral Cleansing ^(A), Germ Reduction ^(B) and Wound Care ^(C) as well as in individual applications and offer a variety of diversification options with market-introduced product solutions in areas such as intensive medical and nursing care, wound management and modern wound care, infection and hygiene management, tracheotomy, laryngectomy and dysphagia, oncological care and palliative medicine.

Why the ORAL HEALTH important in medical care?

Oral care for patients presents a unique challenge. The goal is to give the natural oral flora a chance to regenerate, as this is the only way to ensure the natural barrier function of the oral cavity is restored.

Traditional treatments often lead to the destruction of the oral flora and prevent its restructuring. In contrast, cleaning, targeted decontamination, removal of pathological plaque, moisturizing, and post-operative wound care are crucial for supporting the normalization process.

RheoDol® Oral Hygiene promotes a positive effect in patients with xerostomia, crusting, aphthous ulcers, gingivitis, candidiasis, or stomatitis. These anamnesis are more frequently observed in ventilated and oncology patients.

Objective: Oral wound healing functions optimally only when the oral flora is as undisturbed as possible. Oral mucosa-protective cleansing and germ reduction improve wound healing in cases with the anamnesis described.

Reason: Oral surgery usually involves disinfecting the oral cavity, which disrupts some of the beneficial bacteria in the oral flora. In addition to cleaning the wounded area, the regeneration of the oral mucosa is then a primary focus.

RheoDol® Oral Hygiene promotes wound healing by supporting the **restoration of the oral flora**. It cleans the oral cavity, protects it from inflammation, and provides optimal care and moisture.

The use of RheoDol® Oral Hygiene is recommended for the long-term use of patients with a weakened immune system, as well as for the prevention of diseases in the oral cavity and to support healing.



**Documentation
EXPERT STANDARD**



The application of RheoDol® Oral Hygiene is recommended as a supplement to tongue, teeth, mouth and implant cleaning on a permanent basis, but at least for pre- and post-treatment care.



Oral Hygiene Liquid plus

RheoDol[®]

since 2013

Medical device with application study

unique

Oral germ reduction ^B with residual effect

Two interacting antiseptics in a biocompatible, long-lasting, mild rinsing solution with a broad spectrum of activity: bactericidal, virucidal and fungicidal.

without alcohol, chlorhexidine and sugar



REF 40030

e 300 ml Bottle

MD CE



unique



Oral Hygiene

A B C

Application study
**ACTIVE
INGREDIENT
COMBINATION**

Case observation
**ANAMNESIS
PROGRESS**

Documentation
**EXPERT
STANDARD**

Oral germ reduction ^B with residual effect

RheoDol® Oral Hygiene Liquid plus is a bimolecular-scientific oral hygiene rinse with germ-reducing efficacy and a gentle cleansing effect. It uses mild ingredients (polyhexanide + chloramine T) and deliberately avoids the use of chlorhexidine. The solution is suitable for continuous use without causing tooth discoloration or taste disturbances. It is also suitable for diabetics and infants weighing 3 kg or more. Due to its suitability for continuous use, it can be used both to prevent oral diseases and to support the healing of conditions such as gingivitis, stomatitis, and periodontitis. This makes it the ideal product for at-risk groups. In cases of inflammation, the oral hygiene rinse may be used more frequently. For this purpose, 5-10 ml is used for rinsing or applied with a mouth sponge to the gums, cheek pouches, tongue, and the front of the mouth, allowing it to remain in place for 1-2 minutes. During this process, rinsing with water should not be performed, and the residue of the rinsing solution should remain in the mouth to allow for a 60-minute residual effect.



- ▶ Biocompatible: Maintains the ecological balance of the oral flora, supports regeneration
- ▶ Suitable for intensive care and oncology, clinical settings, and home use
- ▶ Proven efficacy with a residual effect of up to 60 minutes (**see study**)
- ▶ Can be used continuously without tooth discoloration or side effects
- ▶ Promotes healing in cases of gingivitis, periodontitis, and stomatitis
- ▶ Pleasant and refreshing tolerability (**see study**)
- ▶ Suitable for infants, children, and adults
- ▶ Effectively prevents and protects against bad breath
- ▶ Alcohol-free, chlorhexidine-free, and sugar-free
- ▶ Ready to use

also
online

Combination products

**RheoDol®
Oral Hygiene
Liquid plus**

REF40030

Gel plus

REF40020

Polyhexanide & Chloramine T



Als antiseptische Wirkkomponenten enthält das RheoDol® Oral Hygiene Liquid plus zwei zusammenwirkende Antiseptika:

Polyhexanide - a biguanide

Chloramine T - a oxygen-releasing compound

Polyhexanide is an antiseptic approved for wound disinfection. There are no contraindications to its use in the oral cavity. It is characterized by a broad spectrum of activity, including against methicillin-resistant *Staphylococcus aureus* (MRSA). It kills bacteria even at very low concentrations and has a wide therapeutic range.

The second antimicrobial agent, chloramine T, differs from polyhexanide in its properties. Chloramine T is a powerful oxidizing agent. It decomposes very slowly, which means it only weakly attacks both healthy and diseased tissue. For this reason, the tissue-healing properties of polyhexanide are not negated by the effects of chloramine T. The decomposition of chloramine T releases native oxygen. This oxygen also attacks the bacterial cell membrane and damages the bacterial DNA (so-called "DNA damage"). Both processes combined lead to the death of the bacterial cell.

Both antiseptic substances work together, and their selection offers a number of advantages over other antiseptics or combinations of active ingredients. Unlike other mouthwash solutions established on the market, RheoDol® Oral Hygiene Liquid plus does not cause tooth discoloration or affect the sense of taste (dysgeusia), even with continuous use. Furthermore, tissue regeneration is not negatively affected by the use of the mouthwash.

What are the advantages of combining both active ingredients?

Firstly, gaps in efficacy regarding the spectrum of germs reached by individual antiseptics are closed. The spectrum of germs reached by chloramine T is even broader than that of polyhexanide. The combination of both active ingredients expands the spectrum of activity from bactericidal to virucidal and fungicidal.

Furthermore, the mouthwash is characterized by a so-called "residual effect." This effect manifests itself in the fact that the solution

continues to have an effect in the mouth for up to an hour, even though the antiseptic has been removed from the oral cavity for a considerable time. This "residual effect" is based on the fact that chloramine T modifies the mucosal adhesion of polyhexanide by forming N-Cl bonds between the two antiseptic substances. This ultimately leads to polyhexanide adhering to the mucosal surface for a significantly longer period and thus having a prolonged effect ⁽¹⁾. Furthermore, if the oral cavity is mechanically cleaned of bacteria as part of the

first step in the oral hygiene process, the mucous membrane is decontaminated at this stage. This initial decontamination supports the "residual effect" because the bacterial load is significantly reduced even before rinsing. It is particularly noteworthy that the combination of both antiseptic substances achieves full efficacy, even though each substance is used in a concentration that, individually, would be below the required concentration for efficacy.

unique

RheoDol®

Oral Hygiene Liquid plus
Final report on the study ⁽¹⁾

Application observation

Prof. Axel Kramer, Jana Göhring

UNIVERSITÄTSMEDIZIN GREIFSWALD



⁽¹⁾ Conclusion The results indicate that RheoDol® Oral Hygiene Liquid plus, in addition to the mechanical effect of a mouthwash such as that achieved with Ringer's solution, demonstrably reduces the colony count and lasts for up to 60 minutes. RheoDol® Oral Hygiene Liquid plus is significantly less effective than the polyhexanide-containing comparator product without added tosylchloramide sodium one minute after rinsing. However, after 10 and 30 minutes, RheoDol® Oral Hygiene Liquid plus tends to be more effective than the control.

Acceptance assessment RheoDol® Oral Hygiene Liquid plus was rated as pleasant and refreshing by all test subjects.



Oral Hygiene Gel plus

RheoDol®

since 2013

Care product with case observation

unique

Oral Hygiene

A B C

Oral mucosa-protective cleansing ^A & wound care ^C

Tongue, teeth, mouth and implant care without the use of water and without foaming: biocompatible, long-lasting, mild gel that promotes epithelialization

without alcohol, abrasives and sugar



REF 40020

e 50 ml Bottle



Case observation
**ANAMNESIS
PROGRESS**

Documentation
**EXPERT
STANDARD**

unique

Oral mucosa-protective cleansing^A & wound care^C

Biocompatible oral hygiene gel, usable without water, with a gentle cleansing effect. RheoDol® Oral Hygiene Gel plus uses mild ingredients and is free of abrasives. This oral hygiene gel is gentle on teeth, gums, and dentures. Suitable for long-term use, it reliably removes plaque without foaming and has gentle cleaning properties while effectively removing deposits on the tongue and mucous membranes. Through active and passive moisturizing of the oral cavity, it prevents dry mouth. The natural defenses of the oral cavity are maintained and strengthened. The ideal product for at-risk groups. Suitable for professional oral hygiene with comprehensive dental protection thanks to its fluoride content. This oral hygiene gel is suitable for diabetics and children from approximately 2 years of age. Use about a pea-sized amount morning, evening, and as needed to brush teeth and clean the entire oral cavity and tongue. For tongue cleaning and removal of plaque, simply use commercially available oral hygiene swabs. Rinsing is not necessary. Distribute any remaining oral hygiene gel throughout the mouth and on the tongue. Natural teeth, implants, and removable dentures can all be cleaned.



- Biocompatible: Maintains the ecological balance of the oral flora, supports regeneration
- Suitable for intensive care and oncology, clinical settings, and home use
- Cleans teeth, gums, and dentures by removing plaque
- Can be used continuously without water or foaming
- Moisturizes the oral cavity to prevent dry mouth
- Protects mucosal wounds and promotes epithelialization
- Protects tooth surfaces from erosion and caries
- Maintains eubiotic conditions
- Alcohol-free, abrasive-free, and sugar-free
- Suitable for children and adults
- Ready to use

also
online

Combination products

**RheoDol®
Oral Hygiene
Gel plus**

REF40020

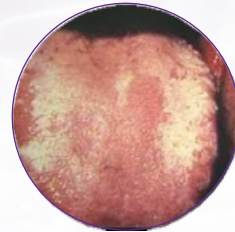
Liquid plus

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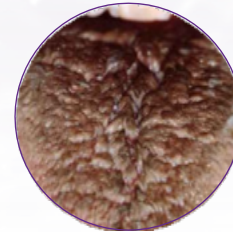
The anamnesis clearly demonstrate the high demands placed on oral care to achieve a sustainable improvement for the patient compared to traditional aids



Xerostomia is dryness of the oral cavity due to various causes. This can lead to difficulty swallowing, speech problems, difficulty consuming dry foods, and sleep disturbances. Causes include: dehydration; mouth breathing; drinking restrictions; PEG tube feeding; reduced saliva flow; autoimmune diseases; radiation therapy; chemotherapy; negative fluid balance; medication side effects; and fever.



Candidosis refers to diseases caused by fungi of the genus *Candida*, most commonly *Candida albicans*. When only mucous membranes are affected, it is also called thrush. The main symptom is a white to yellowish, small-spotted, sometimes confluent coating on the mucous membranes of the mouth and throat. Underneath the coating, which can be wiped away (e.g., with a tongue depressor), the oral mucosa is reddened. In addition to the main symptoms, bad breath, swollen lymph nodes, and softening of the tissue with bleeding occur as further symptoms. Causes: candidiasis; tracheostomy; immunosuppression; inadequate oral and dental hygiene.



Coatings and bark are yellowish-brown layers, often associated with halitosis (bad breath). Causes: inadequate primary oral hygiene (lack of mechanical cleaning); dehydration; mouth breathing.



Periodontitis is a bacterial inflammation of the gums that causes lasting damage to the supporting structures of the teeth. It is characterized by typical signs of inflammation such as redness, swelling, and impaired function, leading to loosening of the teeth due to gum recession. In active stages of inflammation, bleeding gums and pus formation on the gums are also observed. Unlike gingivitis, periodontitis can originate from deeper tooth structures (root tip) and not just from the gums. Causes include: inadequate primary oral hygiene; wiring in cases of jaw fracture; genetic predisposition; and triggering by bacterial plaque.



Gingivitis is an acute or chronic inflammation of the gums. It can be triggered by bacteria, but can also arise from other gum diseases. Symptoms include bleeding (especially after touch), redness, edematous swelling, and ulceration. Gingivitis is usually painless. Chronic gingivitis can develop into periodontitis. Causes: accumulation of bacteria on the tooth surface (such a bacterial film can form within a few days); mechanical irritation of the gums without bacterial infection.

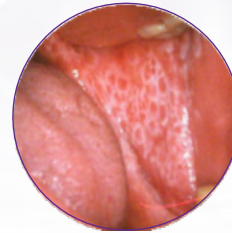
Moisturizing of the oral mucosa, prevention of dryness, crusting and erosion, promotion of epithelialization and maintenance of eubiotic conditions



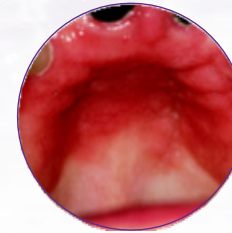
Aphthous ulcers are a defect of the oral mucosa (gums, oral cavity, tonsils, tongue) that manifests as a painful ulcer surrounded by an inflamed border and covered with white fibrin. Multiple aphthous ulcers often occur simultaneously. Small ones have a diameter of 0.3–1 cm, but large aphthous ulcers can grow to ≥ 1 cm. Causes include: underlying oncological disease; radiation and chemotherapy; mechanical causes, e.g., jaw wiring, tube fixation, or similar; minor mechanical injuries in the oral cavity, e.g., from poorly fitting dentures and bite injuries from instruments.



Leukoplakia are lesions of the oral mucosa and often appear as whitish, non-removable patches (oral leukoplakia). They are frequently characterized by a warty surface. The lesions are most commonly found on the buccal mucosa, palate, tongue, floor of the mouth, and lips. They usually do not cause any discomfort; however, occasionally forms that are painful or cause burning may occur.



Lichen ruber planus, when it manifests on mucous membranes, is called lichen ruber mucosae. Its oral manifestation - oral lichen planus (OLR) - appears on the buccal mucosa, gums, tongue, and lips. It is a non-contagious skin disease. Common skin changes are reticular, branching, whitish streaks. However, vesicular and flat lesions also occur. While some lesions are painful, the whitish changes are often asymptomatic, with only a rough sensation being perceived in the affected area.



Stomatitis is an inflammation of the oral mucosa that can be caused by pathogenic microorganisms (bacteria, viruses, fungi), chemical irritants (alcohol, cigarette smoking), malnutrition, allergies, weakened immune systems, poor oral hygiene, lack of dentures, excessive oral hygiene, and medications. Key symptoms include: reddened, swollen mucosa; pain when eating; and bad breath. Causes include: underlying cancer; radiation and chemotherapy; and poor general health ("During intensive chemotherapy, approximately four out of ten patients develop such inflammation, after bone marrow transplantation approximately seven out of ten, and during radiation therapy to the head and neck area as many as nine out of ten patients.").



Requirements are far higher for patients with anamnesis of the so-called "fifth extremity".

WOUND CARE GERM REDUCTION CLEANING

A

- Status: own teeth, partial-, full-prostodontics, remaining teeth, toothlessness
- Risk factor: aspiration, damage, rejection, motoric limitations
- Effect: more than normal pathological coverings (encrustations, barks, flush)



B

- Status: sensitive oral mucosa up to inflammation
- Risk factor: alcohol, sugar, chlorhexidine, rejection due to pungency
- Effect: antiseptic substances with proven activity



C

- Status: sensitive oral mucosa up to inflammation
- Risk factor: dry mouth (xerostomia), contamination
- Effect: wound protection of mucosa, stimulation of epithelialization processes and maintenance of eubiotic conditions



Promoting oral health

How is the RheoDol® Oral Hygiene ABC used?



1. Teeth
2. Tongue
3. Palate
4. Gums
5. Oral mucosa
6. Lips
7. Dental Implants
8. Dentures

A



RheoDol® Oral Hygiene Gel plus

Oral cleaning

Use pea-sized portion of gel in the morning, evening and after meals to brush the teeth and clean the entire oral cavity and tongue. For tongue cleaning and the removal of pathological coatings simply use cotton or oral care sticks. If possible, do not rinse; spread remaining gel in the oral cavity and on the tongue. Natural dentition, implants and removable dentures can also be cleaned with the gel.

B



RheoDol® Oral Hygiene Liquid plus

Oral germ reduction

Apply rinsing solution (Liquid) after oral cleaning or more often for inflammatory processes. Dose with measuring cup approx. 5-10 ml to rinse or swab (e.g. with cotton stick or oral swab) the gums, buccal cavity and front part of the mouth for about 1-2 minutes. In case of a sore throat, gargling is recommended. If possible do not rinse with water.

C



RheoDol® Oral Hygiene Gel plus

Oral wound care

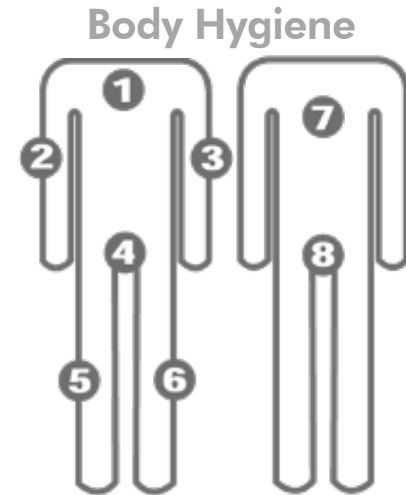
After application of the mouth rinse (Liquid), apply pea-sized portion of gel to the oral cavity, tongue and mucous membranes. Apply several times a day in case of xerostomia (dry mouth) and inflammations such as mouth ulcer for moistening and anti-inflammatory measure. In case of a heavily coated tongue for tongue cleaning using cotton or oral swabs to carefully loosen and remove coatings.

RheoDol® Body Hygiene

What is the RheoDol® Body Hygiene?



RheoDol® Body Hygiene Liquid plus



RheoDol® Body Hygiene offers, especially for clinic, long-stay and elderly patient groups including intensive care, oncology, radiation medicine, wound care and similar, an innovative product system based on bioscience for gentle body cleansing without the use of water or soap and without foaming. It is a biocompatible, pH-skin-neutral, continuously usable, mild liquid for whole-body washing of face, neck, ears, upper body, lower abdomen (front/back), arms, hands, legs and feet.

For these patient groups, RheoDol® Body Hygiene provides a long-lasting, cost-effective, and optimal solution, counteracting skin irritations such as peristomal skin lesion at tracheostomy, xerosis cutis, IAD (incontinence-associated dermatitis), diaper rash, intertrigo, and skin tears.

Why the SKIN INTEGRITY important in medical care?

The focus is on selected skin risks and skin problems, because adequate skin care interventions make a crucial contribution to prevention and/or treatment.

RheoDol® Body Hygiene promotes a positive effect in patients with peristomal skin lesion at tracheostomy, xerosis cutis (dry skin), IAD (incontinence-associated dermatitis), intertrigo, or skin tears ("parchment skin"). These anamnesis are frequently observed in geriatric, intensive care, and oncology patients.

Objective: Every person with a need for nursing support and a skin-related risk or problem receives nursing interventions that maintain and promote skin integrity, based on existing medical histories as described.

Reason: Skin problems can significantly impact health, quality of life, and well-being. Impaired skin integrity disrupts vital functions, such as protection against external influences, and can lead to wounds, infections, and severe limitations in physical well-being.

Early identification of individuals with known risk factors and specific skin problems, comprehensive information and counseling on managing these risks and problems, implementation of **evidence-based skin cleansing and care practices**, and **regular evaluation of these practices can prevent or improve these skin problems.**



Documentation
EXPERT STANDARD



The use of RheoDol® Body Hygiene is recommended for the long-term application of products for people with weakened immune systems, as well as for the prevention of skin problems and to support skin integrity.



Body Hygiene Liquid plus

RheoDol®

since 2023

unique

Care product with case observation

Cleansing care for IAD and skin irritations

For gentle body cleansing without the use of water or soap and without foaming: biocompatible, pH-skin-neutral, long-lasting, mild liquid

alcohol-free, lanolin-free and paraben-free

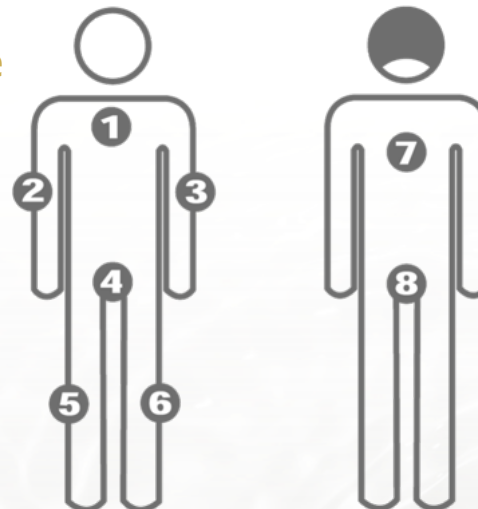


REF 40050

e 350 ml Bottle



-10°C min. 30°C max.



Case observation
ANAMNESIS
PROGRESS

Documentation
EXPERT
STANDARD

unique

Cleansing care for IAD and skin irritations

Biocompatible, pH-neutral body hygiene liquid for use without water or soap, with a gentle cleansing effect. RheoDol® Body Hygiene Liquid plus uses mild ingredients and is free of parabens, alcohol, and lanolin. This body hygiene liquid is gentle on the skin and body. Suitable for continuous use, it reliably removes skin impurities without foaming and has gentle cleansing properties while effectively removing skin contaminants. Active and passive substances help prevent inflammation. The skin's natural defenses are maintained and promoted. Suitable for professional body cleansing with comprehensive skin protection. This body hygiene liquid is suitable for adults and children. Use approximately 10-20 ml morning, evening, and as needed to cleanse the face, upper body, extremities, and genital area. To cleanse and remove deposits such as excretions, simply use commercially available disposable patient wipes or washcloths. Rinsing is not necessary. Residues of the body hygiene liquid remain on the skin for its nourishing effect.



- ▶ Biocompatible: Maintains the skin's ecological balance and supports regeneration
 - ▶ Suitable for intensive care and oncology, clinical settings, and home use
 - ▶ The ideal product for at-risk groups (see ICD list)
 - ▶ Hypoallergenic (also suitable for sensitive skin)
 - ▶ Full-body cleansing without water and soap
 - ▶ FREE of parabens, alcohol, and lanolin
 - ▶ Suitable for children and adults
 - ▶ Promotes healing of skin irritations
 - ▶ No drying required
 - ▶ Maximum comfort
 - ▶ Saves time and money
 - ▶ Ready to use
- ✓ Peristomal skin lesion at a tracheostomy (There is no specific ICD-11 code; instead, a general classification for irritant contact dermatitis due to friction, sweating or contact with body fluids is used, ICD-11 code U75.21)
 - ✓ Xerosis cutis (ICD-11: ED54 Xerosis cutis or asteatosis)
 - ✓ IAD (ICD-11: EK02.22 Toxic contact dermatitis due to incontinence)
 - ✓ Diaper dermatitis (ICD-11: EH40.10 Primary irritant diaper dermatitis)
 - ✓ Intertrigo (ICD-11: EK02.20 Intertriginous dermatitis due to friction, sweating, or contact with body fluids)
 - ✓ Skin tear (not adequately represented in either ICD-10 or ICD-11: Traumatic wound caused by shear forces, friction, and/or blunt force trauma, resulting in separation of the skin layers)



The anamnesis clearly demonstrate the high demands placed on whole-body cleansing and care to sustainably improve skin integrity for the patient

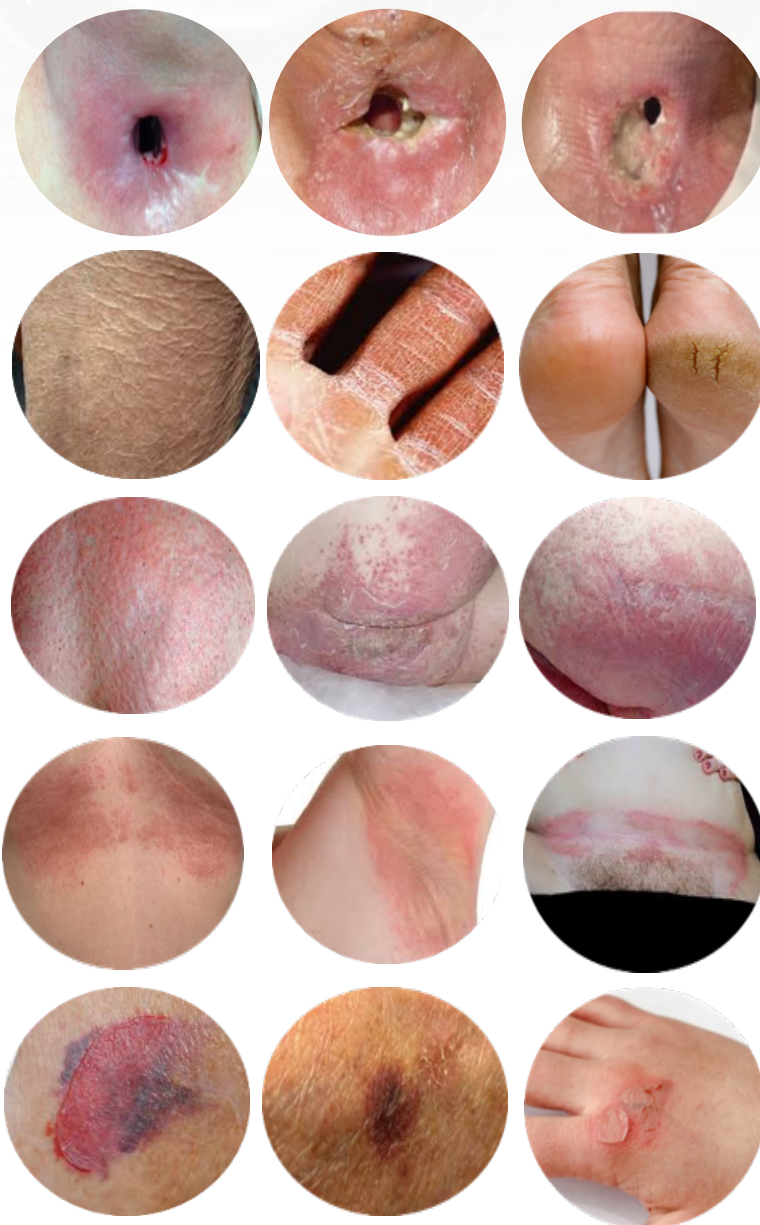
Peristomal skin lesion around a tracheostomy are skin injuries in the area surrounding the stoma opening. These can be caused by a variety of factors, such as leakage (excretions that get under the stoma base plate and irritate the skin), mechanical irritation, poor hygiene, or skin intolerance (allergic reactions to ingredients in the stoma appliance). Such lesions can cause pain, itching, and inflammation, and can compromise the secure fit of the stoma appliance.

Xerosis cutis is dry skin characterized by a lack of moisture and lipids. This leads to a disruption of the skin barrier, manifesting in symptoms such as rough, flaky, tight, and itchy skin. The causes can be varied, ranging from environmental factors like dry air from heating systems and frequent washing till to age-related changes or diseases such as diabetes.

IAD is the skin inflammation that can occur with incontinence. Constant skin contact with urine and stool damages the skin barrier, dehydrates it, and leads to redness, inflammation, and painful skin lesions. The aggressive components of stool can further irritate the skin. Harsh soaps, frequent use of water, and the use of rough washcloths can further stress the skin.

Intertrigo also known as chafing, is an inflammation and irritation of the skin in skin folds caused by friction or constant rubbing of two skin surfaces together, as well as trapped moisture, for example, from sweating, incontinence, or a warm, moist environment in a diaper. Symptoms include redness, which can appear on both sides of the fold, itching, burning, and weeping or cracked areas. Without treatment, secondary infections with fungi or bacteria can occur.

Skin Tear is a crack in the skin caused by mechanical forces such as friction or shearing, especially in fragile skin, as is common in older people, newborns, or individuals with chronic illnesses. Certain underlying medical conditions and medications (e.g., cortisone) can weaken the skin. Removing a tightly adhering dressing can also lead to this. These acute, traumatic wounds occur when the upper layers of skin (epidermis and dermis) separate.



Promoting skin integrity

How is the RheoDol® Body Hygiene used?



RheoDol® Body Hygiene Liquid plus

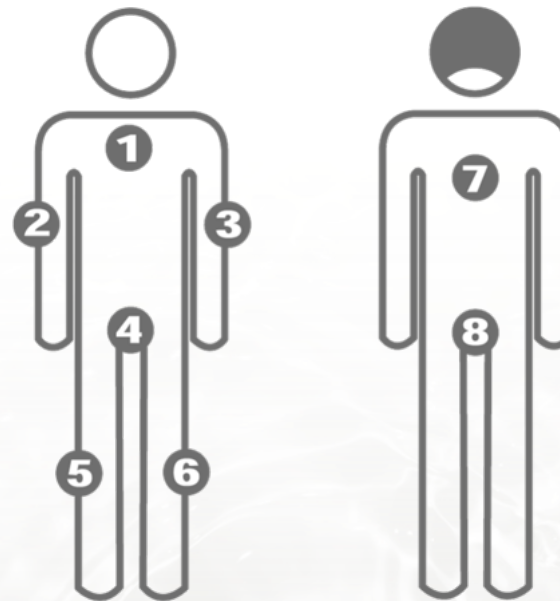
Body cleansing & care

Use approximately 10-20 ml in the morning, evening, and as needed for cleansing and caring for the body areas shown in Figures 1 to 8.

For full-body cleansing/care and removal of deposits such as excretions, use commercially available disposable patient wipes or disposable wash mitt. Use one wipe per body part or area, as indicated above.

Rinsing is not necessary. Residue of the liquid remains on the skin for its nourishing effect. Avoid rinsing with water if possible.

1. Face, neck, and chest
2. Right arm and armpit
3. Left arm and armpit
4. Lower abdomen (front)
5. Right leg and foot
6. Left leg and foot
7. Back
8. Lower abdomen (rear)





Evidence-based solutions. Rethinking medical care.

ELISCHA® Medical stands for evidence-based medical care products and care concepts in areas of healthcare that have often received too little attention. We develop and position solutions that combine professional substance, regulatory compatibility and practical applicability.

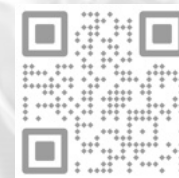
With RheoDol®, we bring the oral mucosa into focus as a clinically and care-relevant field of treatment. Our aim is not merely to provide products, but to rethink care delivery in a structured, reliable way with clear benefits for hospitals, nursing care and homecare.

Our customers include clinics, hospitals, specialist facilities, nursing care institutions and other healthcare organisations. At the same time, we work closely with international distribution and manufacturing partners. Since 2011, ELISCHA® Medical has been establishing innovative branded products with a clear practical focus for clinical and non-clinical care settings.

Our work is guided by responsibility, practical relevance and the commitment to sustainably improve care for users, institutions and patients alike.

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