

# Expedite™ in the Treatment of Chronic and Non-Healing Wounds

## A Case Series Review

This case series describes 13 patients who presented with a non-healing wound along with varying co-morbidities. Expedite was added to each patient's treatment plan because of lack of progress in healing. After the addition of Expedite, each patient experienced progressive improvement in wound area and wound volume and ultimately achieved complete wound closure.

Expedite is a ready-to-drink, once-a-day, 2-ounce nutrition product to support wound healing. Expedite is a blend of highly concentrated collagen dipeptides (Prolyl-Hydroxyproline (PO) and Hydroxyprolyl Glycine (OG)) and L-Citrulline, which delivers 30 times the dipeptides of regular collagen. Expedite enhances collagen synthesis and nitric oxide production to fast-track the healing process.



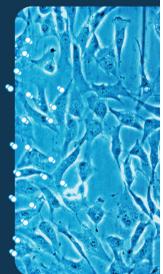
### Expedite increases the production of collagen at the wound site

PO & OG are readily absorbed



ABSORPTION THROUGH THE WALL OF THE SMALL INTESTINE

PO & OG reach the wound site and stimulate the receptors in dermal fibroblasts (skin cells) to proliferate and grow.



FIBROBLASTS

### L-Citrulline is a more powerful stimulator of nitric oxide than L-arginine



- L-citrulline, an amino acid, is absorbed easily and passes through the liver unchanged.
- Unlike ingested **L-arginine** where **40% is filtered and removed**.

- L-citrulline is converted to **bioavailable arginine** in the kidneys

- Arginine **stimulates the production of nitric oxide** bringing blood flow to the wound site

## Diabetic Wounds

**AM—49-year-old male** with diabetes with left below knee amputation. Patient developed osteomyelitis involving the distal stump requiring debridement of bone and soft tissue. Patient followed protocol laid out by clinical team with minimal results. After resolution of infection and addition of Expedite to protocol, patient's wound healed in 12 weeks.



**TC—57-year-old male** with diabetes initially presented with cellulitis and most recent HbA1c of 8.7%. Patient was status post left partial hallux amputation. Dressing changes, betadine painting, and Expedite supported the wound to closure in 3 weeks.



**TR—77-year-old male** with chronic kidney disease and diabetes presented with a diabetic foot ulcer on his right foot. He also reported chronic neuropathy and bloody drainage. Patient was treated with serial debridement, off-loading, antibiotics, and standard topical wound care. Expedite was added to the treatment plan and supported the healing of the wound in 4 weeks.



**AW—54-year-old female** with poorly controlled diabetes (HbA1c of 11%) with history of lymphedema was experiencing a non-healing wound to the right great toe that resulted in amputation. Patient required antibiotics as well as mild compression to control edema. These interventions combined with Expedite aided in significant decrease in wound size in 11 weeks. The wound ultimately closed after a few additional weeks of treatment.



## Venous/Lymph Wounds



**BW—54-year-old female** with a history of hypertension presented with Pyoderma gangrenosum (PG), edema, and a non-pressure chronic ulcer of the left calf with fat layer exposed post successful graft placement. Patient was on Humira® for PG. Wound closed with standard interventions and Expedite in 12 weeks.



**TR—76-year-old male** with significant past medical history including chronic kidney disease, lymphedema, hypertension, multiple toe amputations on right foot and diabetes presented for wound care of his right diabetic foot ulcer. In addition, it was noted that he developed venous ulcers. Interventions included dressing changes, antibiotics, and Expedite, which helped close the wound in 7 weeks.



**PH—88-year-old female** with history of chronic venous hypertension and lymphedema presented to wound care for left lower extremity laceration. Patient was given antibiotics, dressing changes and instructed on compression. Patient was compliant with treatment plan and consumption of Expedite. The wound closed in 5 weeks.



**DJ—80-year-old female** presented to wound care for a left lower extremity wound. She had undergone a left hip replacement and 3 days later, she noticed bruising and a blister to her left calf. Patient was diagnosed with chronic venous hypertension with ulcer and inflammation of left lower extremity. With interventions including compression stockings, dressing changes, and Expedite, patient was able to heal the wounds in 7 weeks.



**JS—77-year-old female** with history of diabetes and lymphedema presented with a right lower extremity ulcer. Patient reported the ulcer developed 6 weeks prior, and she rated her pain as a level 10 on a scale of 10. Patient was diagnosed with venous disease and lymphedema. Intervention consisted of compression wrapping, elevation, and Expedite. The prescribed interventions supported healing in 4 weeks.

## Post-operative/Traumatic Wounds

**AI—49-year-old male** with a history of leiomyosarcoma presented for treatment of a non-healing post-operative wound. Patient had undergone radical excision including a portion of the biceps femoris muscle. Patient presented with a post-operative compromised graft. He was treated with wound dressings and standard interventions as well as Expedite with noted closure in 12 weeks.

**SR—33-year-old male** seen for wound care of a post-operative pilonidal cyst. Patient was diagnosed with a disruption of the internal operation wound from cyst removal. With dressing changes and Expedite, patient was able to close wound in 7 weeks.

**RA—70-year-old female** presented status post bilateral mastectomy. She was noted to have two non-healing areas. She was treated with standard of care interventions. Expedite was added to her plan of care and her wounds healed in 3 weeks.

**JD—57-year-old female** presented for post-operative wound care after undergoing wide excision and lymph node removal of a lower left extremity melanoma. The wound reopened and multiple topical interventions were unsuccessful in closing wound. Expedite was added to the treatment plan and wound healed in 8 weeks.



### Nutrition Facts

1 serving per container	
<b>Serving Size:</b>	<b>1 Bottle (60 mL)</b>
<b>Amount Per Serving</b>	
<b>Calories</b>	<b>100</b>
<small>% Daily Values*</small>	
<b>Total Fat</b> 0g	<b>0%</b>
Saturated Fat 0g	<b>0%</b>
Trans Fat 0g	
<b>Cholesterol</b> 0mg	<b>0%</b>
<b>Sodium</b> 25mg	<b>1%</b>
<b>Potassium</b> 25mg	<b>0%</b>
<b>Phosphorus</b> 0mg	<b>0%</b>
<b>Total Carbohydrate</b> 15g	<b>5%</b>
Dietary Fiber 0g	<b>0%</b>
Total Sugars 15g	
Includes 15g Added Sugars	<b>30%</b>
<b>Protein</b> 10g	
Vit. D 0mcg 0%	• Calcium 0mg 0%
Iron 0mg 0%	

\*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

### Dosing and Administration

**Oral:** 1 bottle can be taken directly or poured into a cup depending upon patient/resident need/preference. No mixing/diluting required.

**Tube Feeding:** Pour 1-60 mL bottle of Expedite into a cup. Mix with 30 mL water, stir to combine/disperse. Syringe mixture and infuse through feeding tube slowly. Flush tube with 30 mL water before and after administration.

*Recommended product dosing is once-a-day but should be based on clinical discretion and specific patient need.*

**Ingredients:** Water, Sucrose, Hydrolyzed Collagen Peptides, L-Citrulline, Malic Acid, Natural Flavors, Citric Acid, Sodium Benzoate and Potassium Sorbate (preservatives), L-Tryptophan, Organic Stevia Leaf Extract.



For more information visit [expeditehealing.com](http://expeditehealing.com).



P.O. Box 5387  
Lancaster, PA 17606  
United States  
877.271.3570  
[info@medtrition.com](mailto:info@medtrition.com)  
[www.medtrition.com](http://www.medtrition.com)