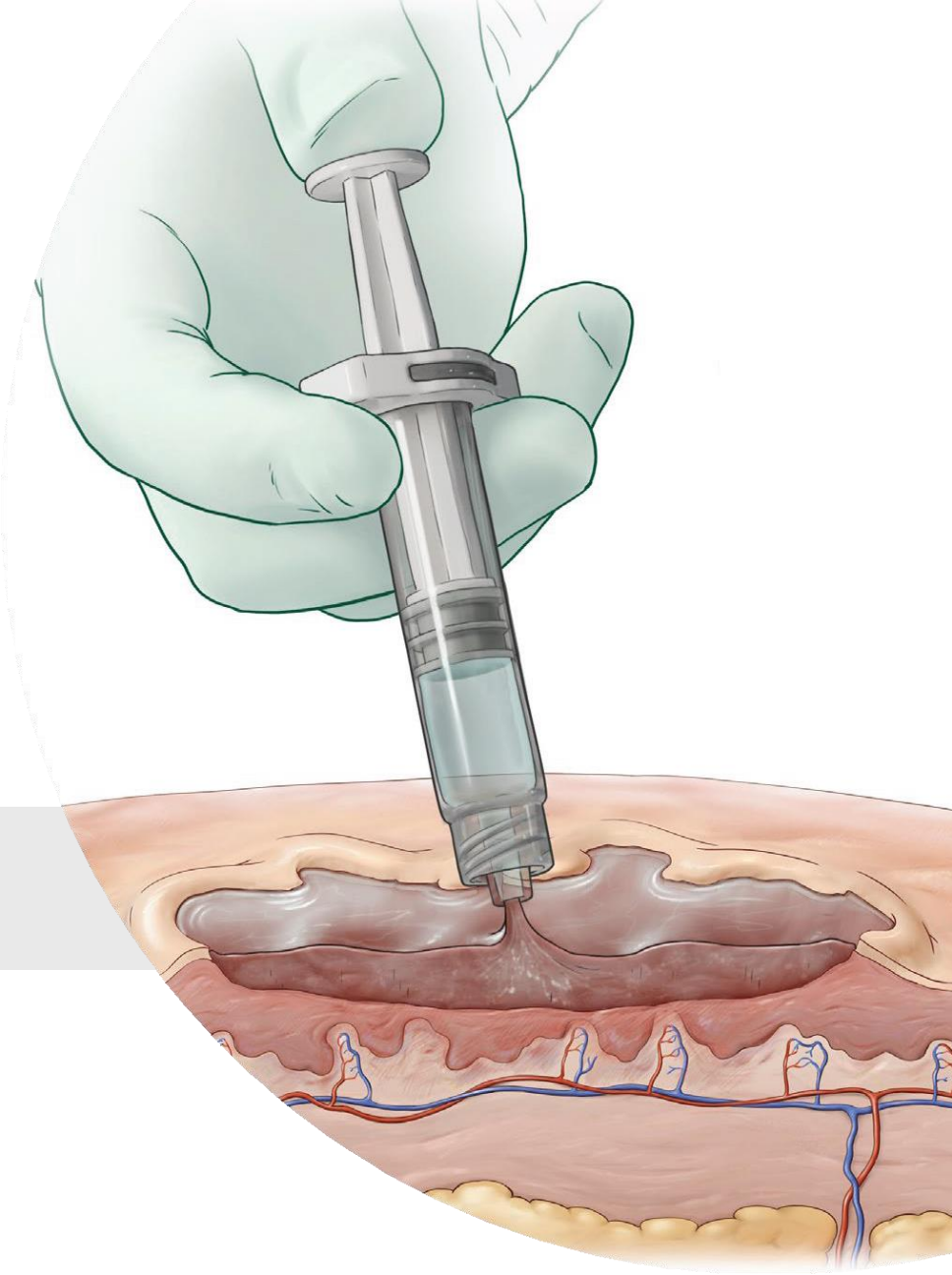
G4Derm plus

Biomimetic Matrix



Case Studies

Scott Boynton, DPM | Foot and Ankle Surgeon
OHSU | Portland, OR

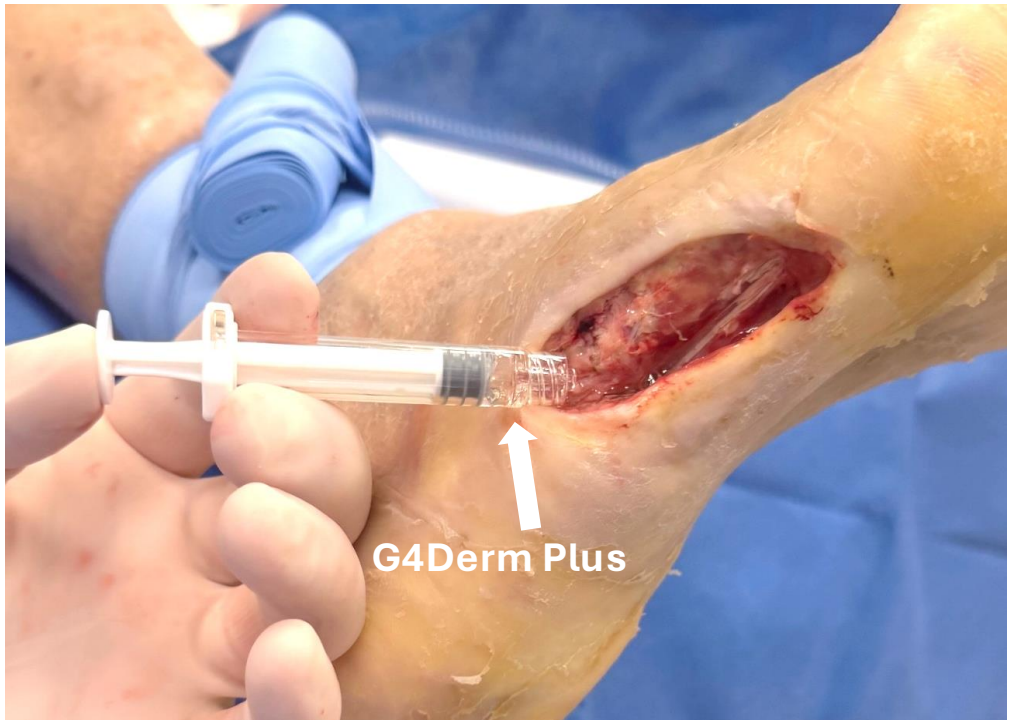
Distributed By MIMEDX

Right Foot Wound With Exposed Tendon

Patient Background: 63-year-old male presented to the emergency department with a right foot abscess and exposed tendon.

Comorbidities & History: Type 2 diabetes mellitus with associated peripheral neuropathy, hypertension, and depression.

Clinical Goal: G4Derm® Plus was applied to support wound management by providing a scaffold and antibacterial barrier on the wound surface and help facilitate granulation tissue formation and cover exposed tendon.



Day 0

- **Wound size: 8.0 cm (L) x 2.5 cm (W) x 1.0 cm (D).**
- Surgical debridement revealed exposed fascia, tendon, and periosteum.
- There were no signs of infection.
- **G4Derm Plus** was applied to the wound bed to support wound management by providing a scaffold and antibacterial barrier on the wound surface. After the product was applied to the wound, a Freer elevator (surgical spatula) was used to evenly spread the product across the wound surface.
- Nonadherent layer was stapled in over wound and secondary dressings protocol was applied (ABD fluff pad 4x4, Kerlix®, and Coban®).
- Offloaded in CAM boot.

CAM: Controlled Ankle Motion.

Scott Boynton, DPM | Foot and Ankle Surgeon | Portland, OR

Distributed By MIMEDX

Right Foot Wound With Exposed Tendon (cont.)

G4Derm plus



Day 11

- **Wound size: 8.0 cm x 2.5 cm x 0.6 cm.**
- Granulation tissue formed over the exposed structures.
- Observed peri wound maceration from expected exudate under undisturbed dressing.
- Surrounding erythema was consistent with standard post-inflammatory changes.



Day 17

- **Wound size: 7.8 cm x 2.1 cm x 0.4 cm.**
- Wound progressed toward closure with granulation tissue.
- Macerated tissue was debrided at the wound edges.
- Wound was re-dressed. Home health nurse changed dressings 3x/week.
- Patient changed the dressings during the days between home health care. Patient was instructed to leave Adaptic intact and undisturbed.

Scott Boynton, DPM | Foot and Ankle Surgeon | Portland, OR

Right Foot Wound With Exposed Tendon (cont.)

G4Derm plus



Day 25

- **Wound size: 6.5 cm x 1.6 cm x 0.3 cm.**
- **Wound volume was reduced ~84% from Day 0 to Day 25** and continued to progress toward closure with granulation tissue.
- Dressing changes daily with saline moistened 4x4 gauze and Kerlix. Offloaded in CAM boot.



Day 33

- **Wound size: 6.0 cm x 1.3 cm x 0.2 cm.**
- Wound progressed toward closure with granulation tissue.
- Continued dressing changes daily with saline moistened 4x4 gauze and Kerlix. Offloaded in CAM boot.

Scott Boynton, DPM | Foot and Ankle Surgeon | Portland, OR

Right Foot Wound With Exposed Tendon (cont.)



Day 40

- **Wound size: 5.5 cm x 1.1 cm x 0.2 cm.**
- Wound progressed toward closure with granulation tissue.
- Wound was re-dressed.



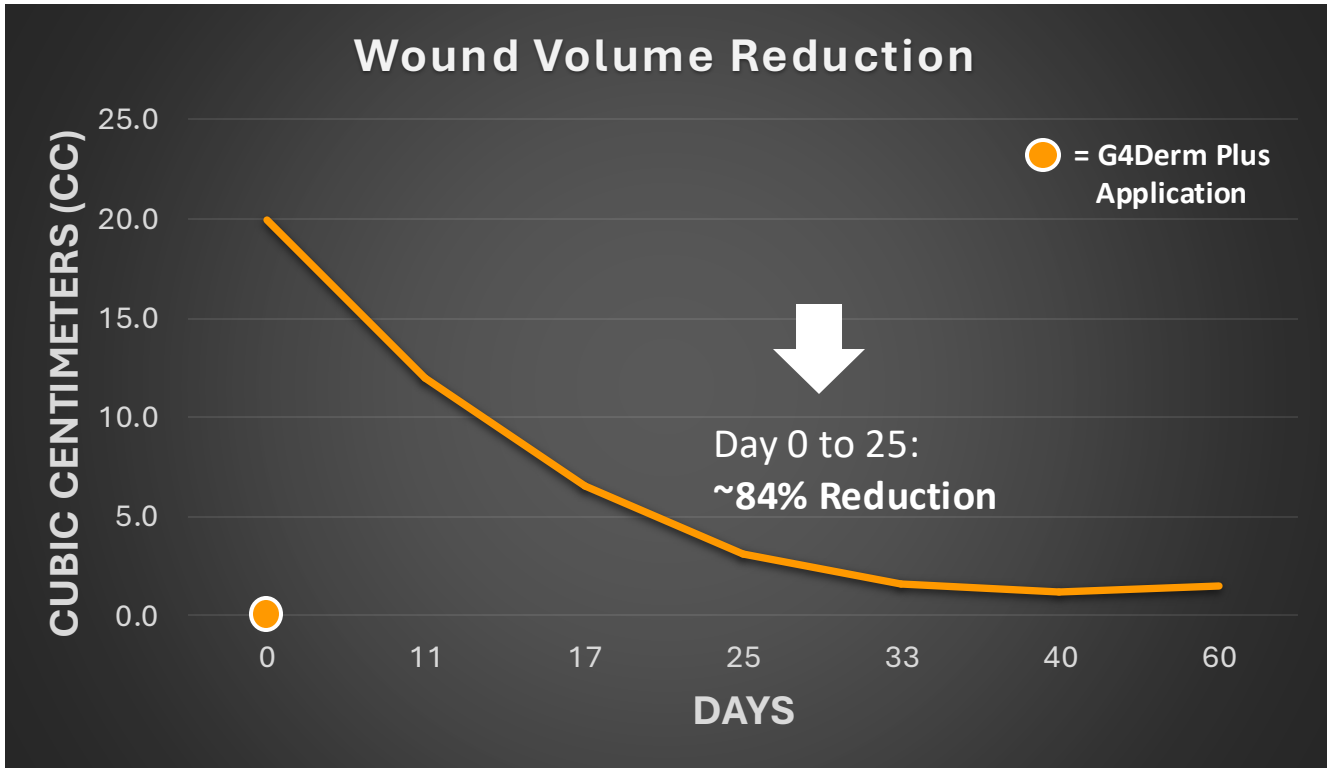
Day 60

- **Wound size: 5.3 cm x 1.4 cm x 0.2 cm.**
- Wound was re-dressed and left to close by secondary intention.

Scott Boynton, DPM | Foot and Ankle Surgeon | Portland, OR

Distributed By MIMEDX

Right Foot Wound With Exposed Tendon (cont.)



"I was very happy with the observed results after using G4Derm Plus and not needing Negative Pressure Therapy for this patient."

- Scott Boynton, DPM

Scott Boynton, DPM | Foot and Ankle Surgeon | Portland, OR

Open TMA Wound After Failed STSG

Patient Background: 58-year-old male presented with a partially failed split-thickness skin graft (STSG) secondary to a prior left TMA.

Comorbidities & History: Type 2 diabetes mellitus with peripheral neuropathy, peripheral arterial disease (S/P popliteal balloon angioplasty), former pack per day smoker.

Clinical Goal: G4Derm® Plus was applied to support wound management by providing a scaffold and antibacterial barrier on the wound surface and help facilitate granulation tissue formation across the failed STSG site.

S/P = Status Post. TMA = Transmetatarsal Amputation.

Scott Boynton, DPM | Foot and Ankle Surgeon | Portland, OR

Open TMA Wound Post Failed STSG (cont.)

G4Derm plus

Patient Treatment Prior to G4Derm Plus Application



S/P open TMA ~2 months prior: Ongoing NPWT in preparation for STSG



~14 weeks later: STSG has been in place for 3 weeks



~2 weeks later: Follow-up appointment, wound stalled with graft failure. **Wound size: 2.0 cm (L) x 1.7 cm (W) x 0.3 cm (D).**

STSG = Split Thickness Skin Graft.

Open TMA Wound Post Failed STSG (cont.)

G4Derm Plus





Day 0:

- **Wound size: 1.9 cm x 1.6 cm x 0.3 cm.**
- Post sharp debridement with #15 blade, Gel4Derm Plus was applied to support wound management by providing a scaffold and antibacterial barrier on the wound surface using a flexible Applicator Tip.
- Dressed with fenestrated Telfa®, 4x4 gauze, and Kerlix.
- Patient left dressings intact until follow up.

VIDEO

G4Derm Plus Application

Scott Boynton, DPM | Foot and Ankle Surgeon | Portland, OR

Open TMA Wound Post Failed STSG (cont.)



Day 8 (Post G4Derm Plus Application)

- **Wound size: 1.5 cm x 1.3 cm x 0.2 cm.**
- Wound progressed toward closure.
- Fenestrated Telfa, 4x4 gauze, and Kerlix applied.
- Patient changed dressings every 2-3 days.



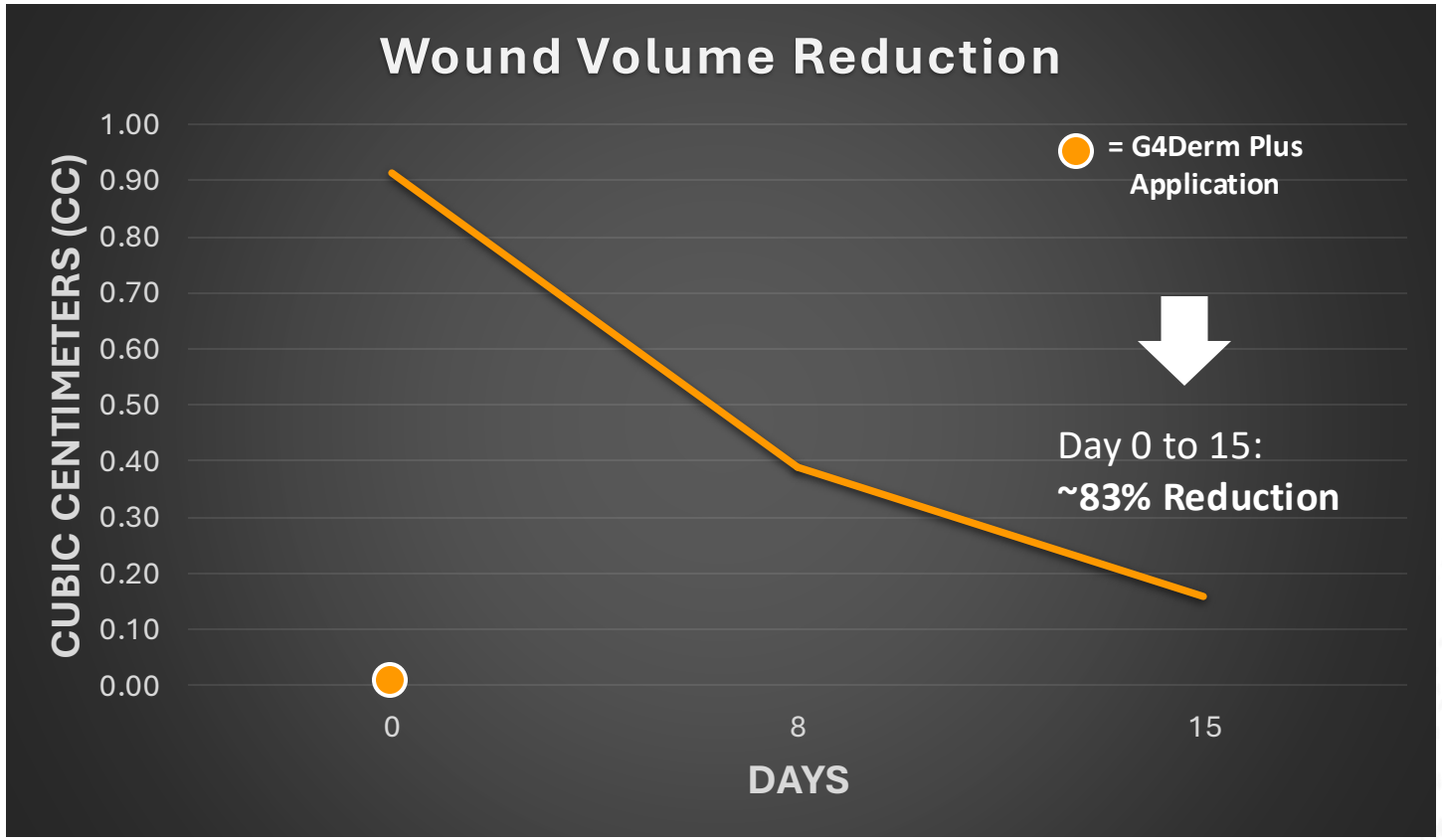
Day 15 (Post G4Derm Plus Application)

- **Wound size: 1.0 cm x 0.8 cm x 0.2 cm.**
- **Wound volume was reduced ~83% from Day 0 to Day 15** and progressed toward closure with granulation tissue.
- Wound was left to close by secondary intention.

Scott Boynton, DPM | Foot and Ankle Surgeon | Portland, OR

Distributed By MIMEDX

Open TMA Wound Post Failed STSG (cont.)



Surgeon and patient were very happy with the observed results after using G4Derm Plus.

Scott Boynton, DPM | Foot and Ankle Surgeon | Portland, OR

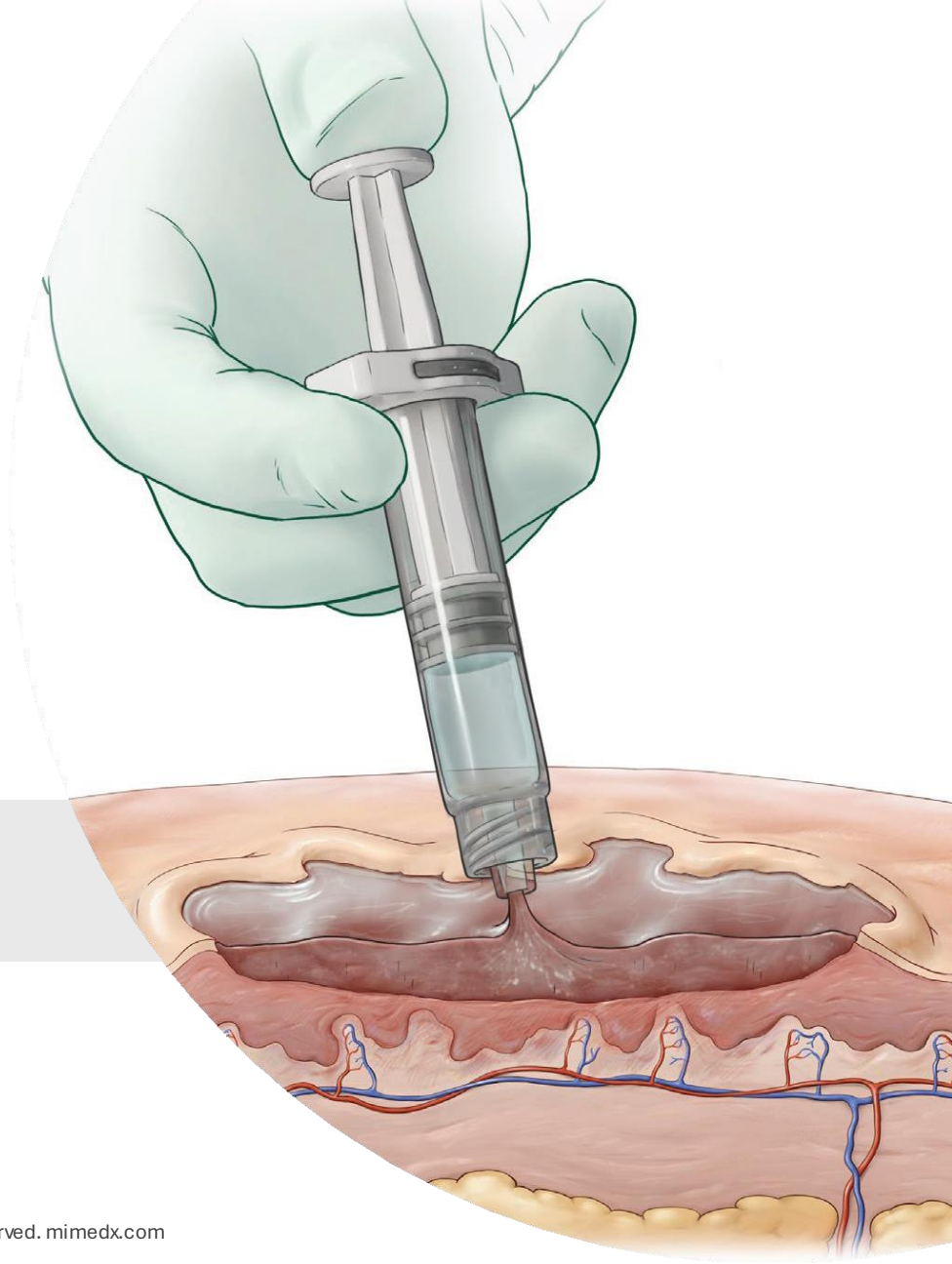
G4Derm plus

Indication for Use: G4Derm Plus may be used under the supervision of health care professionals for the local management of partial-and full-thickness wounds including pressure, and diabetic ulcers; lower extremity ulcers including those of venous, arterial and mixed etiology; surgical wounds; first-degree and partial thickness burns.

Healthcare professionals must use their own clinical judgment in evaluating appropriate treatment options for a particular patient. Treatment of a specific patient should be based on individual needs and the medical care deemed necessary by the patient's treating physician and institutional protocols. Always refer to the package insert, product label, and/or instructions for use before using any MIMEDX product. Please contact your MIMEDX representative if you have questions about MIMEDX products.

G4Derm plus

Biomimetic Matrix



LEARN MORE ABOUT MIMEDX PRODUCTS

866.477.4219
customerservice@mimedx.com

G4Derm Plus is owned and manufactured by Gel4Med Inc. and distributed by MIMEDX Group, Inc.

MIMEDX is a trademark of MIMEDX Group, Inc. All other trademarks are owned by their respective owners. ©2026 MIMEDX Group, Inc. All rights reserved. mimedx.com