

A novel wound matrix containing antimicrobial silver and local anesthetic lidocaine for managing infection risk and pain in burns

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Introduction

- **Pain management** and **infection control** are critical challenges in the treatment of partial-thickness burn wounds.
- Wound pain can impede healing and lead patients to resist dressing changes, thus **disrupting treatment adherence and prolonging recovery**.
- Topical antimicrobials help mitigate infection risks but do not address pain, often necessitating opioids with associated risks.
- Local anesthesia (e.g., from topical lidocaine gels) has potential for improved pain relief, patient satisfaction, and opioid reduction, and yet challenges such as non-uniform dosing and potential systemic toxicity in large burns limit their utility.
- To address these gaps, we developed a **novel 510(k)-cleared ultra-thin synthetic matrix incorporating both silver and lidocaine HCl** (equivalent to 4% w/w ointment).

Methods

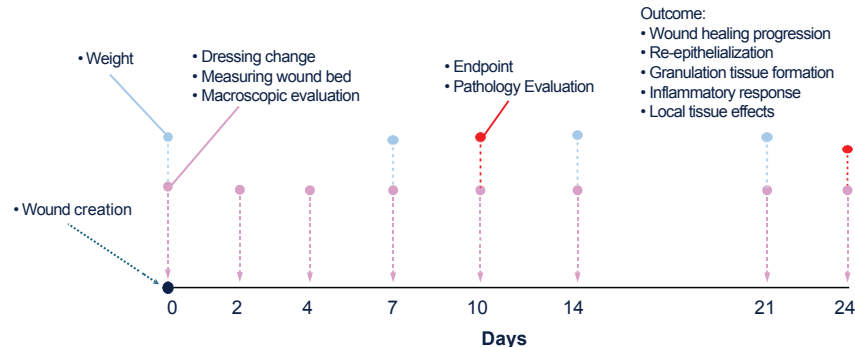


Antimicrobial efficacy of the matrix was assessed in vitro, using ISO 22196, against eight clinically relevant bacterial strains.



In vivo performance compared to non-adherent dressing pads was evaluated in a porcine full-thickness excision burn model following ISO 10993 biocompatibility protocols.

Study Timeline



In initial evaluations of clinical performance across 5 facilities, the synthetic matrix was applied to 20 patients with a range of wound types, and patient pain was assessed.

Results

- The matrix demonstrated $\geq 4 \log^{10}$ reduction in microbial CFUs at both 24 and 72 hours versus control in ISO 22196 testing (Fig. 1). In vivo, the matrix showed **no impairment of wound re-epithelialization** (Fig. 2), **granulation tissue development**, or **inflammatory response** (Fig. 3) compared to controls.

Figure 1. Antimicrobial Activity of Synthetic Matrix Against Clinically Relevant Bacterial Strains

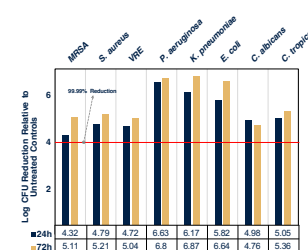


Figure 2. Wound Area Reduction & Re-epithelialization with Application of Synthetic Matrix vs. Non-adherent Dressing

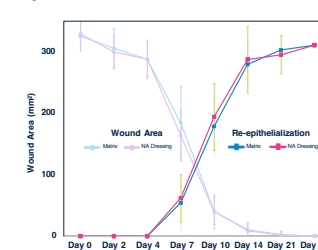
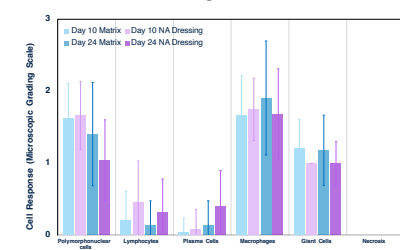


Figure 3. Inflammatory Cell Response Following Application of Synthetic Matrix vs. Non-adherent Dressing

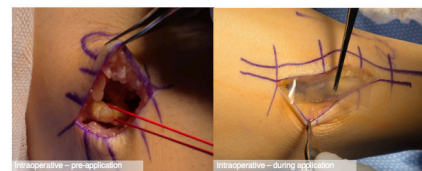


- Clinical case observations demonstrated **successful wound coverage, pain relief, and absence of infection-related complications**.

Patient's Reported Pain (1 - 10 Scale)

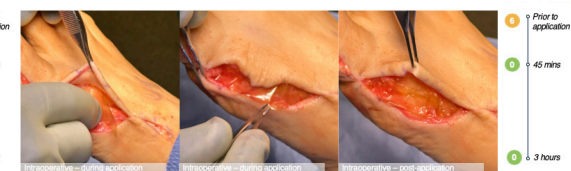
Surgical wound following neurolysis of common fibular and superficial fibular nerve

Synthetic matrix placed at the level of subcutaneous tissue and dermis prior to primary closure



Surgical wound following Lapidus / Akin bunionectomy

Synthetic matrix placed at the level of subcutaneous tissue and dermis prior to primary closure



Case examples provided by Damien M. Dauphinee, DPM, FACFAS, FAENS, CWS-P (Carrollton Regional Medical Center, TX)

Conclusions

1. The novel silver/lidocaine matrix represents a meaningful advance in burn care, **integrating antimicrobial protection with localized anesthesia in a single dressing**.
2. Its thin film format **ensures unit-dose lidocaine delivery**, reducing toxicity risks while potentially streamlining wound care procedures and decreasing opioid reliance.
3. Future research should assess the matrix's ability to **provide early pain relief and reduce narcotic requirements** in controlled comparative trials to confirm preliminary findings.

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Instructions for Use

Preclinical Study Results

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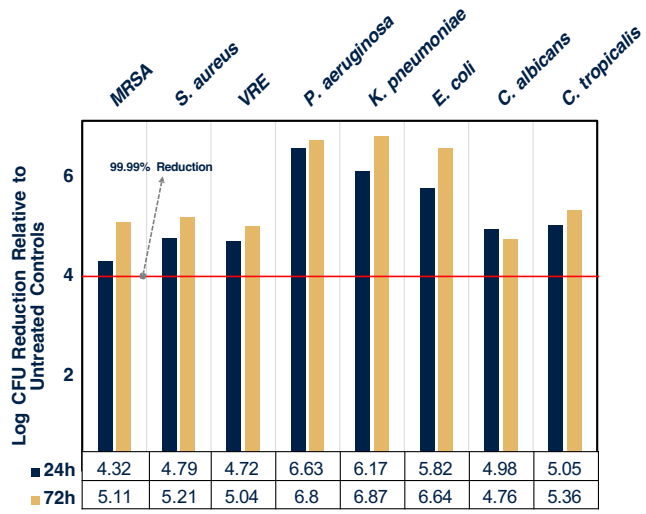


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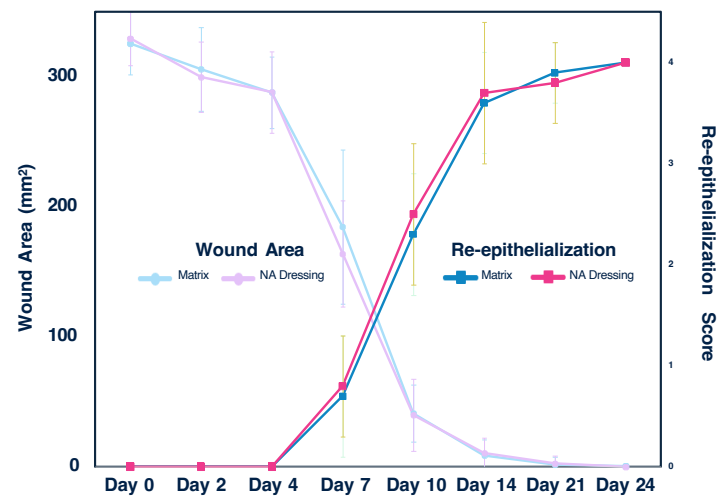


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