

A Natural Match



Digital rendering of the stepwise application of VERIS™ as a primary dressing followed by Zetuvit® Plus Silicone Border as a secondary cover.



VERIS™ supports the wound microenvironment by: ¹⁻⁷

- Promoting granulation tissue formation
- Helping re-volumize tissue defects
- Encouraging a balanced inflammatory response



Zetuvit® Plus Silicone Border manages exudate effectively by: ⁸⁻⁹

- Absorbing and permanently retaining excess fluid
- Supporting optimal microclimate via a unique SAP core
- Balancing reliable wear time with nearly painless removal
- Protecting the wound surface



Together, they create a complementary healing environment that:

- Supports progression toward wound closure
- Provides surface protection
- Offers clinicians a reliable, easy-to-prescribe solution
- Balances strong performance with cost-conscious care



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A Patient-Managed Dual-Product Dressing Strategy Post Mohs Surgery: Collagen– Mānuka Honey–Hydroxyapatite with Silicone Bordered SAP Dressing

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Introduction

Post-Mohs surgical defects managed by secondary intention can present challenges related to tissue depth, exudate management, and patient adherence. This case series evaluates a reimbursable, patient-applied dual-dressing strategy designed to support the wound environment while providing protective, absorbent surface coverage.

Materials + Methods

Nine patients undergoing Mohs micrographic surgery were managed postoperatively by secondary intention using a dual-dressing regimen. Patients received home-delivered VERIS™ (collagen–Mānuka honey–hydroxyapatite) and Zetuvit® Plus Silicone Border (silicone bordered SAP) dressing through a durable medical equipment (DME) model. Dressings were applied per manufacturer instructions and changed daily or as directed by the treating physician. Wound progression was assessed through serial photography and clinical evaluation of granulation tissue, depth reduction, and periwound condition over time.



Images depicting wound healing progression of five sites post-MMS.

Results

All nine wounds showed consistent, measurable improvement. Full re-volumization occurred within 6 weeks (average), with visible granulation tissue formation, epithelialization, and reduced periwound erythema. Notably, even wounds with exposed underlying structures (e.g., fascia or periosteum) demonstrated healing without need for additional intervention.

Photographic comparisons showed progressive wound depth reduction and closure over time (Figure 2). Patients were able to self-manage dressing changes at home, indicating high usability and compliance.

Discussion

This case series supports the use of a dual-dressing, patient-applied strategy as a clinically effective and accessible approach for managing post-Mohs defects by secondary intention. The collagen–Mānuka honey–hydroxyapatite dressing supports the wound microenvironment, while the silicone bordered SAP secondary cover absorbs exudate and protects the primary dressing and surrounding skin. Delivered through an insurance-reimbursed DME model, this approach increases access for elderly, rural, or mobility-limited patients and encourages active participation by patients and caregivers. Limitations include small sample size, lack of quantitative wound measurement follow ups, and absence of a comparator group. Larger prospective studies are warranted.

Conclusion

The combination of a collagen–Mānuka honey–hydroxyapatite dressing with a silicone bordered SAP secondary demonstrates strong potential as a patient-friendly, dual-product solution for managing post-Mohs defects by secondary intention. Clinically effective, affordable, and accessible through a home-delivered DME model, this strategy supports health equity in advanced wound care and helps remove barriers to healing.

References

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