Stratamark is clinically proven to prevent and treat stretch marks

- Over 500 pregnant women have participated in clinical studies with Stratamark.10,11
- Stratamark is suitable for pregnant women, breastfeeding mothers, children and people with sensitive skin.10,11

Prevention studies

<table>
<thead>
<tr>
<th>Stratamark group</th>
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| 80% of women demonstrated a significant level of improvement in their stretch marks
| 18.2% |

Control group

| 60–70% |
|-----------------|-----------------|-----------------|
| 91% of patients rated the ease of use of Stratamark very good - excellent
| 81.8% did not develop stretch marks10 |

Treatment studies

<table>
<thead>
<tr>
<th>Stratamark as monotherapy</th>
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<tbody>
<tr>
<td>87% of patients rated the feeling on the skin to be very good - excellent</td>
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<tr>
<td>66% of patients in the treatment group reduced the severity of their existing stretch marks only using Stratamark (=monotherapy)</td>
</tr>
</tbody>
</table>

www.stratamed.com
Stratamed promotes faster wound healing and prevents abnormal scarring.
During wound healing
- Promotes faster wound healing by creating a moist wound healing environment
- Suitable for breastfeeding mothers

www.strataderm.com
Strataderm – for the professional treatment of scars both old and new.
After wound healing (suture removal)
- For effective management of abnormal and excessive scar formation
- Suitable for breastfeeding mothers

Stratamed and Strataderm help mothers to get the best possible scar outcome after a caesarean section.
Stratamed promotes faster wound healing and prevents abnormal scarring.
During wound healing
- Promotes faster wound healing by creating a moist wound healing environment
- Suitable for breastfeeding mothers

90% of patients rated the efficacy of use of Stratamark very good - excellent

87% of patients rated the feeling on the skin to be very good - excellent

66% of patients in the treatment group reduced the severity of their existing stretch marks only using Stratamark (=monotherapy)

www.stratamark.net

The breakthrough medical product for the prevention and treatment of stretch marks
- Softens and flattens raised and depressed stretch marks
- Reduces redness and discoloration of stretch marks
- Relieves itching and discomfort of stretch marks
- Suitable for pregnant women, breastfeeding mothers, children and people with sensitive skin

www.stratamed.com
www.strataderm.com

References:

Caution:
For external use only. Always read the label. Use only as directed. Keep out of reach of children. For further instructions please refer to the Patient Information Leaflet (PIL).
Striae Distensae are a form of pathological scarring

Histological comparison of normal skin, Striae Rubrae and Striae Albae

Distribution of gestational ages when Striae first appear

Symptomatic relief
Stratamark relieves the itching and discomfort of stretch marks.

Reduces redness and discoloration
Stratamark reduces redness and discoloration of stretch marks.

Light adherence
Lightly bonds to the most superficial layer of the skin.

Softens and flattens
Stratamark softens and flattens raised and depressed stretch marks.

Mode of action
Hydration
Stratamark is semi-occlusive and gas permeable, which allows the skin to breathe and remain hydrated.

Non-reactive
Stratamark is non-reactive. It is suitable for pregnant women, breastfeeding mothers, children and people with sensitive skin as it does not contain alcohol, fragrances or parabens.

Protection
Stratamark protects the skin from irritants and microbial invasion while reducing the risk for contact dermatitis.

Prevention of stretch marks during pregnancy:
Stratamark is recommended for use from the beginning of the second trimester (13 weeks) or at the first sign of stretch marks. Treatment should be continued following birth for a minimum of 60 to 90 days.

Treatment of existing stretch marks:
Stratamark should be used for at least 60 to 90 days. Treatment should be continued following birth for a minimum of 60 to 90 days. Continuation use is recommended until no further improvement is seen. Severe and/or older stretch marks may need longer treatment. Stratamark may also be used in combination with other stretch mark treatments including laser therapy (non-ablative lasers, PDL, IPL, etc.).

When the use of Stratamark is initiated in the 13th week of pregnancy, approximately 3 50g tubes are required for a full treatment including 60-90 days post partum, when used on breast, thighs and abdomen.

One 50g tube contains enough gel for approximately one month of treatment in the late stages of pregnancy.

One 20g tube contains enough gel for approximately two months of treatment in the late stages of pregnancy.

Hormonal changes are one of the main risk factors for the development of stretch marks.

Striae are a pathological condition of the connective tissue. The pathogenesis is changes in the extracellular matrix, especially in collagen, elastin and fibrillin.

Histologically, Striae are atrophic scars. The collagen ruptures and the gap is filled with newly synthesized collagen, which aligns in accordance with the local stress forces.

Although Striae are not detrimental to health, they can cause physical symptoms such as itchiness, tenderness and pain. Because of their visibility, they can also significantly affect a woman's self-esteem and image.

Collagen, elastin and fibrillin are main components of connective tissue. The pathogeneses are accordance with the local stress forces.

Newly synthesized collagen, which aligns in accordance with the local stress forces, can cause physical symptoms such as itchiness, tenderness and pain. Because of their visibility, they can also significantly affect a woman's self-esteem and image.

Itching, tenderness and pain.

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Connective tissue.

Pathological condition of the connective tissue.

Pathological condition of the connective tissue.

Connellive tissue.

Proponents are.

Pathological condition of the connective tissue.

Histological comparison of normal skin, Striae Rubrae and Striae Albae.

Normal skin:

Randomly arranged small collagen and thin elastic fibres in the papillary dermis, coarse elastic fibres and thick bundles of collagen parallel to the direction on the skin in the reticular dermis.

Striae Rubrae:

Fine elastic fibres predominate in the dermis with thicker fibres in the papillary, there is a reduction and reorganization of elastic and fibrillin fibres and structural changes in collagen are seen.

Striae Albae:

Histology demonstrates epidermal atrophy and loss of the rete ridges; densely packed, eosinophilic collagen bundles are arranged horizontally, parallel to the surface of the skin in a similar way to a scale.

Distribution of gestational ages when Striae first appear

15% 
40% 
55% 
70% 
85% 
100% 
0 weeks 
7 weeks 
13 weeks 
20 weeks 
27 weeks 
34 weeks 
40 weeks 
46 weeks 
52 weeks 
59 weeks 
65 weeks 
72 weeks 
78 weeks 
84 weeks 
90 weeks 

Histological comparison of normal skin, Striae Rubrae and Striae Albae.

Striae Rubrae:

Elastin Collagen

Striae Albae:

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