Stratamark®

for the prevention and treatment of stretch marks

A breakthrough in the prevention and treatment of stretch marks





www.stratamark.net

Heal Better™
Stratpharma
Australia

Striae Distensae are a form of pathological scarring

Striae Distensae, or stretch marks, are a well recognised and common skin condition that affect **60–70% of pregnant women**[1] and **83% of teenagers**[2] that can be a cause of **great concern and insecurity**.

Striae are a pathological condition of the connective tissue. The pathogeneses are changes in the extracellular matrix, especially in collagen, elastin and fibrillin.[3–7]

Histologically, Striae are **atrophic scars**. The collagen ruptures and the gap fills with newly synthesised collagen, which aligns in accordance with the local stress forces.[8]

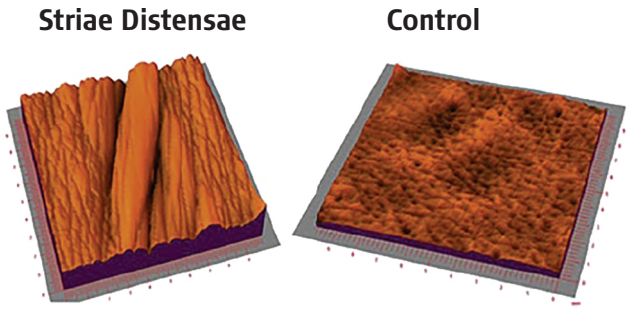
Although they are not detrimental to health, stretch marks can cause **physical symptoms** such as itchiness, tenderness and pain. Because of their visual appearance, they can also significantly affect one's **self-esteem and image**.[1]

The development of Striae has been **likened to wound healing or scar formation**.[9] Studies found **no correlation** between[5]:

- Striae Gravidarum and weight gain per week.
- Greater percentage increase of abdominal/hip girth during pregnancy and a greater number of Striae.

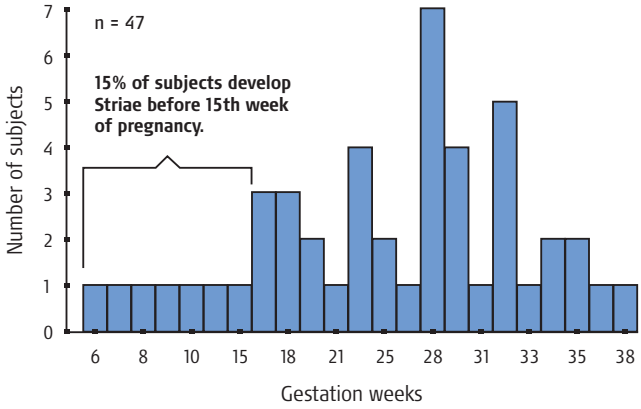
The strength of the skin's strain is not the primary cause of Striae.[5]

Hormonal changes are one of the main risk factors for the development of stretch marks.[1,10]



Three-dimensional representation of skin replicas.[15]

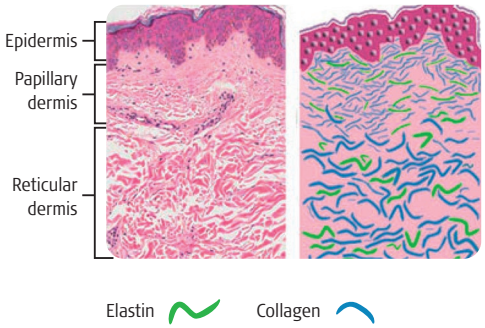
Distribution of gestational ages when Striae first appear[5]



There is no statistically significant average difference in the development of stretch marks in women who received topical preparations with active ingredients compared to women who received a placebo or no treatment.[10] Those products that have shown to be successful in treating Striae, for example; tretinoin or invasive procedures (i.e. lasers, microneedling, RF etc.) are contraindicated in pregnancy.[11–14]

Histological comparison of normal skin, Striae Rubrae and Striae Albae[16]

Normal skin



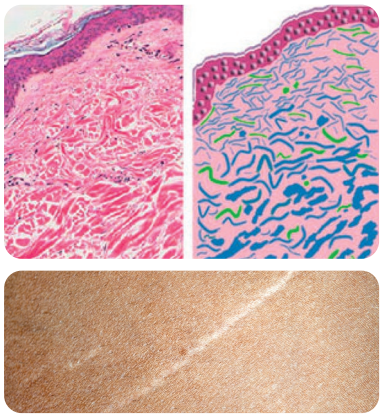
Normal skin: randomly arranged small collagen and thin elastin fibres in the papillary dermis, coarse elastic fibres and thick bundles of collagen parallel to the direction on the skin in the reticular dermis.

Striae Rubrae



Striae Rubrae: fine elastic fibres predominate in the dermis with thicker fibres in the periphery; there is a reduction and reorganisation of elastin and fibrillin fibres and structural changes in collagen are seen.

Striae Albae



Striae Albae: histology demonstrates epidermal atrophy and loss of the rete ridges; densely packed, thin eosinophilic collagen bundles are arranged horizontally, parallel to the surface of the skin in a **similar way to a scar.**

Stratamark® – a breakthrough medical product for the prevention and treatment of stretch marks

Stratamark is a rapidly drying, transparent gel formulation for the prevention and treatment of Striae Distensae (stretch marks).

Stratamark was developed for the prevention and treatment of all types of stretch marks, particularly those covering a wide surface area, resulting from pregnancy, adolescent growth spurts, weight gain or loss, or bodybuilding.

Stratamark was developed to spread easily over large surfaces of the body (i.e. buttocks, abdomen, thighs, breasts and back), as well as exposed and sensitive areas.

FILM-FORMING, FLEXIBLE, FULL CONTACT

Stratamark dries to form a thin, transparent and durable protective film that ensures constant contact with the skin (24 hours a day/7 days a week).

SOFTENS AND FLATTENS

Stratamark softens and flattens raised and depressed stretch marks.

SYMPTOMATIC RELIEF

Stratamark relieves the itching and discomfort of stretch marks.

REDUCES REDNESS AND DISCOLOURATION

Stratamark reduces redness and discolouration associated with stretch marks.

NON-REACTIVE

Stratamark is inert, has no measurable pH, and contains no alcohol, parabens or fragrances and does not penetrate below the level of stratum corneum, making it suitable for pregnant women, breastfeeding mothers, children and people with sensitive skin.

Mode of action

Hydration: Stratamark is semi-occlusive and gas permeable, which allows the skin to breathe and remain hydrated. It is also hydrophobic, which prevents water being lost from the dermal layers of the skin. It helps in decreasing the Trans-Epidermal Water Loss (TEWL) and therefore increasing stretch marks hydration.[8,17]

Protection: Stratamark forms a durable, flexible and waterproof sheet. It does not penetrate into the epidermis or dermis. Stratamark protects the stretch mark from local irritants including friction from clothing. This assists in normalising the level of collagen production.[8]

Modulation: Stratamark influences on the epidermal-dermal signaling cascade via a regulation role of the epidermis on fibroblast production. Keratinocytes have shown to activate the fibroblasts, hence collagen and glycosaminoglycan production. This leads to the normalising of the keratinocyte hydration status and the normalising of tissue growth factors, which signals dermal fibroblasts to normalise the collagen synthesis cycle of Striae.[8]

Stratamark® is clinically proven to prevent and treat stretch marks

A study in Europe was conducted to evaluate the clinical efficacy of Stratamark for the prevention and treatment of Striae Distensae. A total of 303 patients were split into 2 arms and evaluated by 61 obstetricians[18].

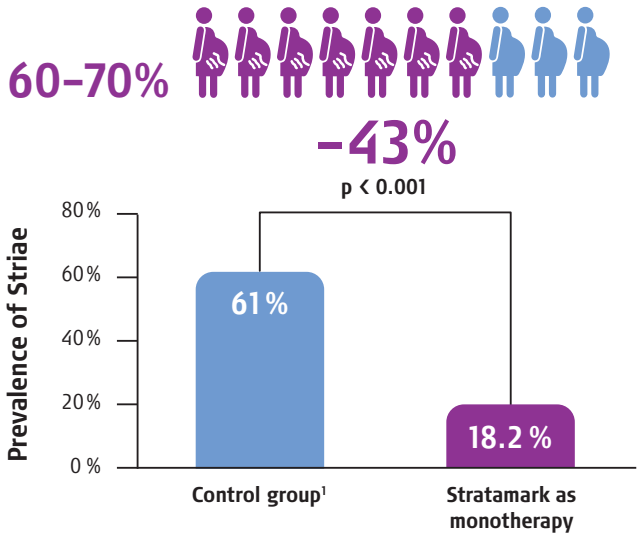
Malkova, S. (2014). 'The Effect of Innovative Gel in the Prevention and Treatment of Striae (Stratamark Gel)', New EU Magazine of Medicine, 1–4/4, pp. 1–7.

Prevention arm
n=148 pregnant women with no existing Striae at the abdomen area

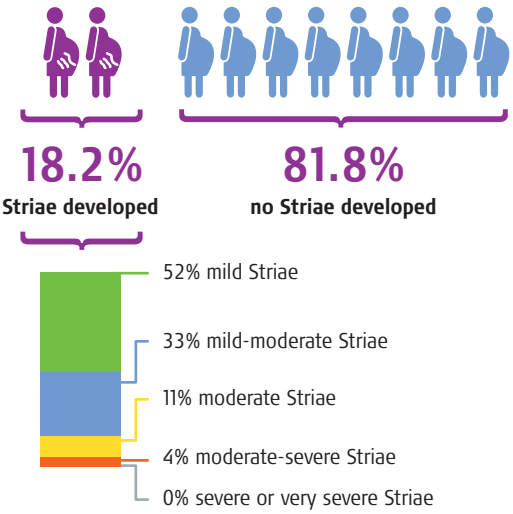
Treatment arm
n=155 pregnant women with **existing** Striae at the abdomen area

Results – prevention arm

Control group



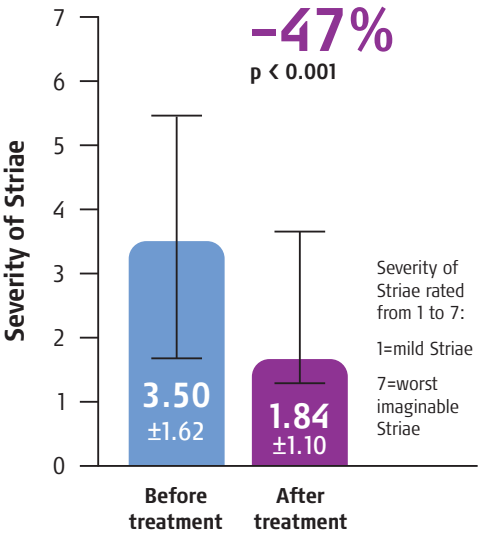
Stratamark as monotherapy group



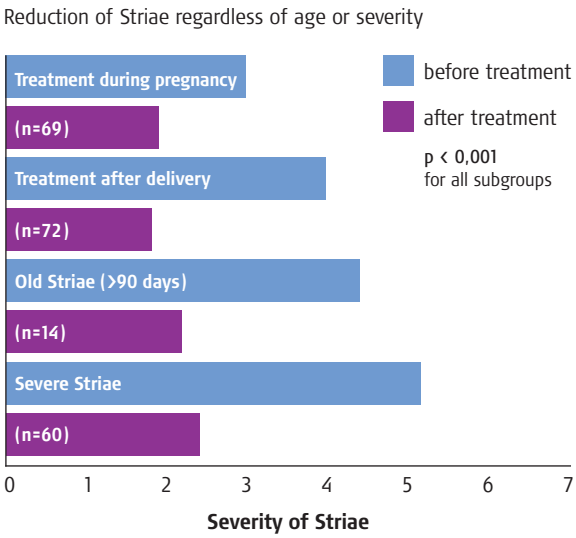
The reported prevalence of Striae ranges between 50–90%, with most control groups showing between 60% and 70% developed during pregnancy, depending on the population studied.[1]

Results – treatment arm

Significant reduction in severity of Striae



Subgroup analysis





88% reported improvement in colour



86% reported reduction in visibility



83% reported reduction in pruritus

Stratamark® is a standalone topical treatment of stretch marks

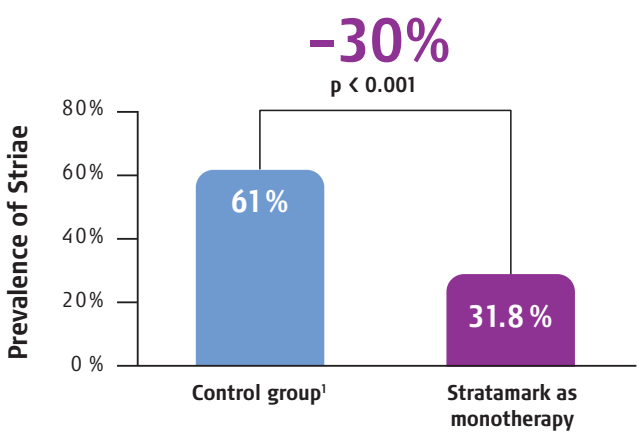
In a multicenter study in Australia, a total of 272 patients were analysed in the use of Stratamark in preventing and treating stretch marks[19].

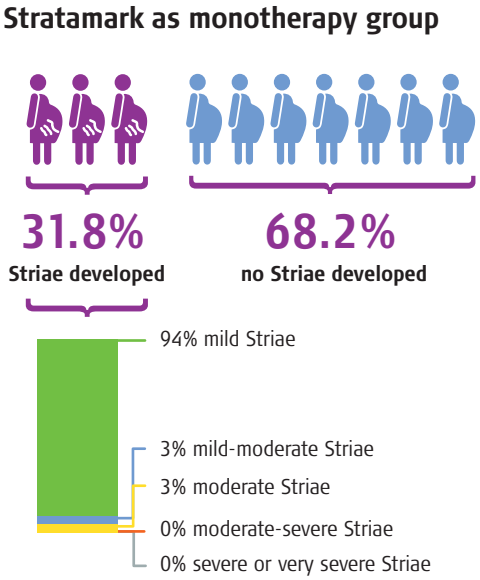
Hughes, CD, Hedges, A. (2018).'The use of an innovative film-forming gel in preventing Striae Gravidarum and treating Striae Distensae', Australasian Journal of Dermatology, doi: 10.1111/ajd.12893.

Prevention arm
n=139 pregnant women **without** stretch marks recruited from 26 weeks of gestation

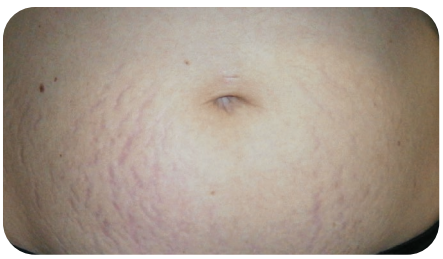
Treatment arm
n=133 post-partum women **with** stretch marks from any cause

Results – prevention arm





Results – treatment arm



2 months post-partum.
Start of treatment with Stratamark



6 months post-partum.
4 months treatment with Stratamark

73%
of patients reported improvement in colour

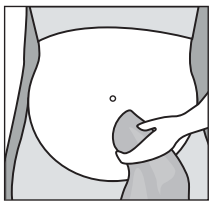
90%
of HCPs rated Stratamark efficacy as Excellent or Very good

North Eastern COMMUNITY HOSPITAL

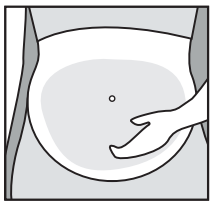
"Considering other effective topical products and invasive procedures are contraindicated during pregnancy, Stratamark currently sits as a standalone topical treatment that is efficacious and safe".

Christopher David Gildas Hughes, Obstetrician and Gynecologist, Adelaide, SA, Australia

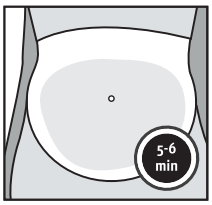
Directions for use



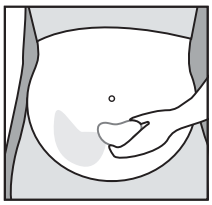
1. Ensure that the skin is clean and dry.



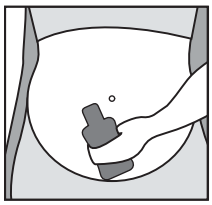
2. Apply a **very thin layer** of Stratamark to the relevant areas with the fingertips and distribute evenly to form a very thin layer and allow the gel to dry.



3. When applied correctly, Stratamark should be **dry in 5-6 minutes**.



4. If it takes longer to dry you have probably applied too much. Gently remove the excess with a clean tissue or gauze and allow the drying process to continue.



5. Once dry, Stratamark can be covered with undergarments, sunscreens or cosmetics.

Additional directions

- Stratamark should be applied **once per day** or as required to maintain contact with the affected surface.
- Stratamark may be re-applied **more often** to ensure constant contact with the skin, or to reduce symptoms.
- Washing will likely remove Stratamark. Re-apply Stratamark **after each wash**.
- For best results Stratamark should be maintained in continuous contact with the skin (24 hours a day/7 days a week).
- **Stratamark does not need to be rubbed in or massaged**, as it does not penetrate below the level of stratum corneum and will not enhance its effect.
- Stratamark may stain clothing if not completely dry. If staining occurs, dry cleaning should be able to remove it without damaging the fabric.

Stratamark® and other products

Moisturisers, lotions, etc. are not required. Stratamark can be re-applied more often to avoid a dry and tight skin feeling, as Stratamark prevents water evaporation through the damaged skin that may cause this feeling. Moisturisers may be applied after Stratamark dries to maintain the first contact of Stratamark with the skin. Unlike Stratamark, moisturisers can cause irritation. Adding any additional products over Stratamark may reduce the effectiveness of Stratamark.

Stratamark **should not be applied over topical medications** unless advised by the physician.

Stratamark may also be used in combination with other invasive stretch mark treatments including laser therapy (non-ablative lasers, microneedling PDL, IPL, Radio Frequency devices) after the reepithelialisation.

IMPORTANT

Because Stratamark is semi-occlusive:

- Stratamark may enhance the effect of an active ingredient if Stratamark is applied over the active ingredient.
- Stratamark may prevent or reduce absorption of active ingredients if they are applied over Stratamark.

Duration of treatment

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.

Prevention of stretch marks during growth spurts
Stratamark should be used for the duration of the growth spurt or until the skin is no longer tightly stretched. Treatment should then be continued for 60 to 90 days.

Treatment of existing stretch marks
Stratamark should be used for at least 60 to 90 days (24 hours a day/ 7 days a week).
Continued use is recommended until no further improvement is seen.
Severe and/or older stretch marks may need longer treatment.

How much Stratamark® is needed?

Stratamark gel is an advanced formulation that requires substantially less product per application than typical moisturising creams or cosmetic preparations.



Stratamark 20g tube
contains enough gel for approximately one month treatment for women in the late stages of pregnancy



Stratamark 50g tube
contains enough gel for approximately two months treatment for women in the late stages of pregnancy

In the beginning of pregnancy or after delivery, one tube will last longer due to the smaller application area. 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 postpartum, when used on breast, thighs and abdomen.

Stratamark®

for the prevention and treatment of stretch marks



A breakthrough in the prevention and treatment of stretch marks

- Prevents abnormal and excessive stretch marks formation
- Softens and flattens raised and depressed stretch marks
- Relieves itching and discomfort of stretch marks
- Reduces redness and discolouration associated with stretch marks
- Suitable for pregnant women, breastfeeding mothers, children and people with sensitive skin

www.stratamark.net

Also available from Stratpharma:

Stratamed and Strataderm help mothers achieve the best possible scar outcome after a caesarean section.

Stratamed®

advanced film-forming wound dressing

Step 1 – Stratamed:

Faster healing and early abnormal scar prevention



www.stratamed.com

Strataderm®

scar therapy gel

Step 2 – Strataderm:

For the professional treatment of abnormal scars, both old and new



www.strataderm.com

www.stratamark.net

Caution: Always read the label, use only as directed. For external use only. Stratamark should not be applied to third degree burns or to open wounds. Stratamark should not be placed in contact with mucous membranes or the eyes. Stratamark should not be applied over other skin treatments without the advice of your physician. Stratamark may stain clothing if not completely dry. If staining occurs, dry cleaning should be able to remove it without damaging the fabric. For correct storage please reclose the tube tightly with the cap. If irritation occurs, discontinue use and consult your physician. Keep out of the reach of children. Do not use after the expiration (EXP) date printed on the tube. Stratamark does not require special disposal methods. Please follow your local disposal regulations. **Ingredients**: Polydimethylsiloxanes, siloxanes, alkylmethyl silicones.

References: 1. Osman, H., et al. (2008). *BJOG*, 115(9), pp. 1138–1142. 2. Cho, S., et al. (2006). *J of the European Academy of Dermatology and Venerology*, 20(9), pp. 1108–1113. 3. Viennet, C., et al. (2005). *Archives of dermatological research*, 297, pp. 10–17. 4. Rotsztein, H., et al. (2010). *Advances in Medical Sciences*, 55(2), pp. 343–345. 5. Chang, AL, et al. (2004). *J of the American Academy Dermatology*, 51(6), pp. 881–885. 6. Lee, KS, et al. (1994). *Clinical and experimental dermatology*, 19(4), pp. 285–288. 7. Klehr, N. (1979). *Acta dermato-venereologica. Supplementum*, 59(85), pp. 105–108. 8. Hildago, LG. (2002). *American J of Clinical Dermatology*, 3(7), pp. 497–506. 9. Atwal, GS, et al. (2006). *British J of Dermatology*, 155, pp. 965–969. 10. Elsaie, ML, et al. (2009). *Dermatologic Surgery*, 35(4), pp. 563–573. 11. Rangel, O., et al. (2001). *Advances In Therapy*, 18(4), pp. 181–186. 12. Cho, SB, et al. (2010). *J of Cosmetic and Laser Therapy*, 12, pp. 118–119. 13. Buchanan, K., et al. (2010). *International Journal of Gynaecology and Obstetrics*, 108, pp. 65–68. 14. McDaniel, DH. (2002). *Dermatologic Clinics*, 20(1), pp. 67–76. 15. Bertin, C., et al. (2013). *Skin Research and Technology*, o, pp. 1–6. 16. Al-Himdani, S., et al. (2014). *British J of Dermatology*, 170, pp. 527–547. 17. Chan, KY, et al. (2005). *Plastic and Reconstructive Surgery*, 116(4), pp. 1013–1020. 18. Malkova, S. (2014). *New EU Magazine of Medicine*, 1-4/4, pp. 1–7. 19. Hughes, CD, Hedges, A. (2018). *Australasian Journal of Dermatology*, 60(1), pp. 78–80.

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CE 2797

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Stratamed is Class IIa Medical Device
TGA Registered

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