

# Post-Surgical & Wound Healing Protocol

## Overview

A structured clinical framework optimizing post-surgical recovery and wound healing across three biological phases: inflammation, proliferation, and remodeling. Integrates angiogenic peptides, collagen-stimulating compounds, immune modulators, and growth hormone secretagogues to accelerate tissue regeneration, improve vascularization, and reduce delayed or chronic wound healing risks.

## Clinical Targets

- Post-operative recovery
- Chronic non-healing wounds
- Diabetic wounds
- Surgical incision healing
- Skin graft integration support

## Expected Outcomes

- Accelerated wound closure
- Improved angiogenesis and tissue perfusion
- Enhanced collagen I and III synthesis
- Reduced inflammatory burden
- Improved structural integrity during remodeling phase

## Core Stack

| Peptide                     | Route              | Dose                                 | Frequency                                         | Duration   |
|-----------------------------|--------------------|--------------------------------------|---------------------------------------------------|------------|
| BPC-157                     | SubQ, perilesional | 250–500 mcg                          | Twice daily                                       | 6–8 weeks  |
| TB-500 (Thymosin $\beta$ 4) | SubQ               | 1.0–2.0 mg                           | Twice weekly (loading), then weekly (maintenance) | 8–12 weeks |
| GHK-Cu                      | SubQ or Topical    | 1–3 mg (SubQ) or topical formulation | Daily                                             | 8–12 weeks |

## Enhanced Stack (if indicated)

| Peptide                            | Route           | Dose              | Frequency            | Duration   |
|------------------------------------|-----------------|-------------------|----------------------|------------|
| Thymosin $\alpha$ 1 (T $\alpha$ 1) | SubQ            | 1.6 mg            | Twice weekly         | 6–8 weeks  |
| CJC-1295 / Ipamorelin              | SubQ            | 100 mcg / 100 mcg | Once daily (evening) | 8–12 weeks |
| KPV                                | SubQ or Topical | 200–500 mcg       | Daily                | 4–6 weeks  |

## Phase Structure

### Pre-Surgical Optimization (Elective Cases — 2 weeks prior)

- BPC-157: 250 mcg twice daily
- GHK-Cu: Topical daily
- CJC-1295 / Ipamorelin: Nightly to optimize GH elevation

### Acute Post-Operative Phase (Weeks 1–3)

- BPC-157: 500 mcg twice daily near incision
- TB-500: Twice weekly loading
- GHK-Cu: SubQ plus topical support
- KPV: Daily for inflammatory control

### Proliferative Phase (Weeks 4–8)

- Maintain BPC-157
- TB-500: Weekly maintenance
- Continue GHK-Cu
- T $\alpha$ 1: Twice weekly (if enhanced stack used)
- CJC-1295 / Ipamorelin: Nightly

### Remodeling Phase (Weeks 9–12)

- Taper BPC-157 to once daily, then discontinue
- Transition GHK-Cu to topical-only maintenance
- Maintain CJC-1295 / Ipamorelin if remodeling support needed
- Discontinue TB-500

## Rationale

The protocol targets all three wound healing phases simultaneously. BPC-157 supports angiogenesis and VEGF expression to establish vascular supply. TB-500 enhances actin-mediated cellular migration into the repair matrix. GHK-Cu stimulates collagen synthesis and glycosaminoglycan production while attracting reparative stem cells. Thymosin  $\alpha$ 1 modulates immune surveillance to reduce infection risk without excessive inflammation.

CJC-1295/Ipamorelin elevates systemic growth hormone and IGF-1, enhancing tissue remodeling during sleep-driven recovery cycles.

## Monitoring

- Weekly wound measurement (length × width × depth)
  - Photographic documentation
  - Assessment of infection signs
  - Inflammatory markers (CRP) if clinically indicated
  - IGF-1 monitoring if GH secretagogues are used
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## Contraindications

- Active malignancy
  - Pregnancy or breastfeeding
  - Uncontrolled systemic infection
  - Severe hepatic or renal impairment
  - Known hypersensitivity to any compound
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## Clinical Disclaimer

This protocol framework is intended for educational and informational purposes for licensed healthcare professionals. These compounds and protocols are not intended to diagnose, treat, cure, or prevent any disease.