

DermaClose High Tension Offloading

DermaClose can be used to offload high tension closures. Applications for DermaClose as an offloading device include, but are not limited to:

- Surgery in the extremities (e.g., knees and ankles)
- Amputations
- Spine surgery
- Cases of poor wound healing (to help avoid dehiscence)
- Abdominal or trunk wounds
- Obese patients

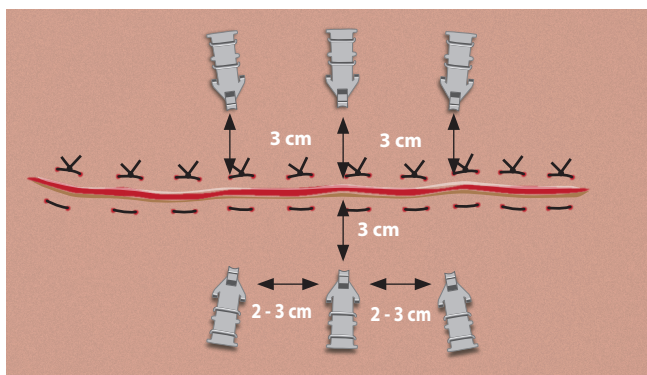
Key concepts

While the procedure is very similar to the use of DermaClose for re-approximating wounds, there are some differences. These are:

- Skin anchors are placed further away from the skin edges (3 cm)
- **The tension controller knob is turned clockwise only until sufficient offloading has been achieved, as determined by the clinician. This is typically less than 11 half rotations**
- Apply Telfa[®] Pad or Adaptic over the closed suture before lacing the line from the tension controller
- Do not apply on fragile or ischemic tissue

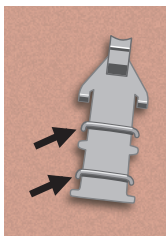
1. Position skin anchors

Position the tips of the skin anchors approximately 3 cm from the wound edge. Space skin anchors 2-3 cm from each other.



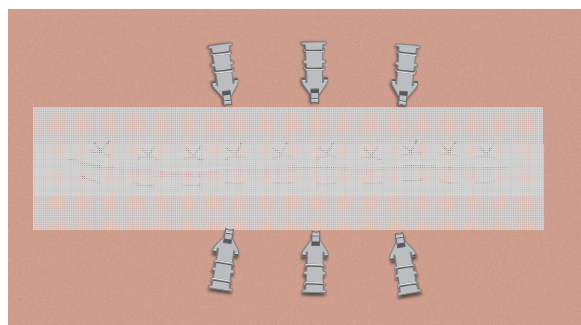
2. Staple skin anchors in place

Affix each skin anchor with a minimum of two skin staples. Press stapler firmly against each anchor and staple between each of the staple guide tabs found on the skin anchors.



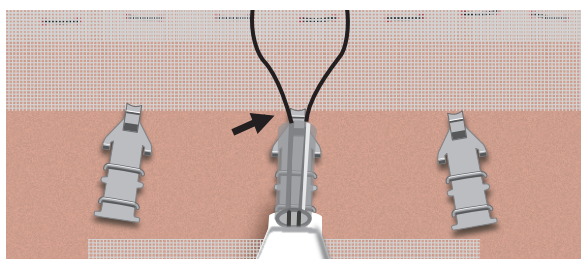
3. Apply Telfa Pad

Place Telfa Pad over closed suture line.



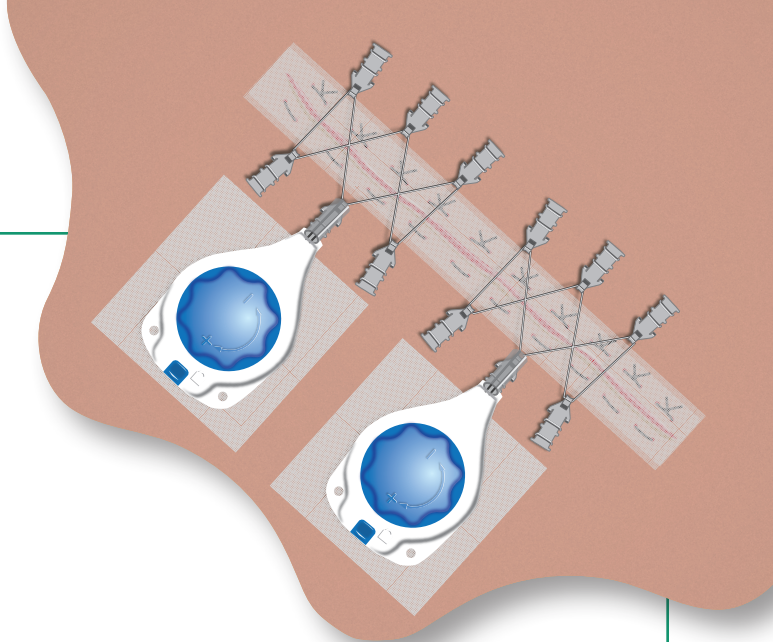
4. Place the tension controller in center of high load areas

Seat the distal end of the bridge tubing on the center anchor by firmly pressing the lumen of the tubing into the top of the middle skin anchor tab.



Indications for Use: The DermaClose Continuous External Tissue Expander is indicated for use in reducing or assisting with the closure of full-thickness wounds of the skin.

Contraindications: The DermaClose Continuous External Tissue Expander should not be used on ischemic or infected tissue. It should not be used on fragile tissue at the edges of a wound.

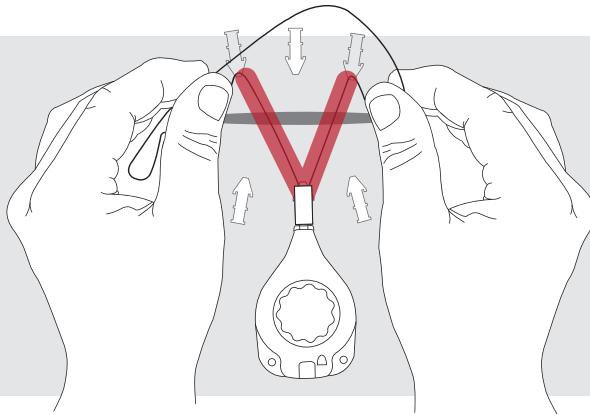


5. Lace the line around the skin anchors

When lacing the DermaClose think... **Very Manageable Wound**



VERY

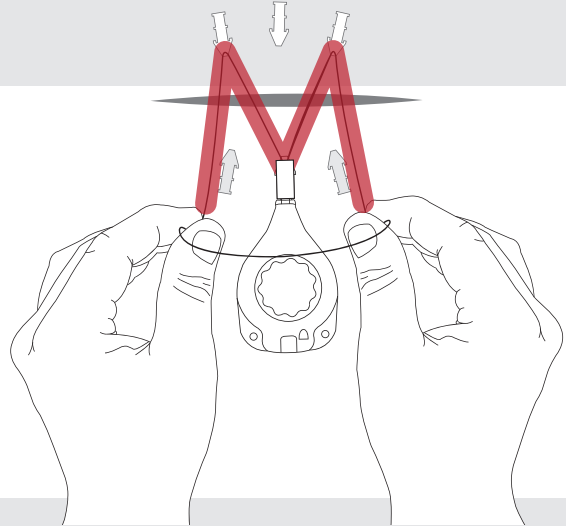


Using both hands, grasp the tension line near the front of the tension controller and with the first movement form the letter **V** by going around the tabs of the top two outer anchors.

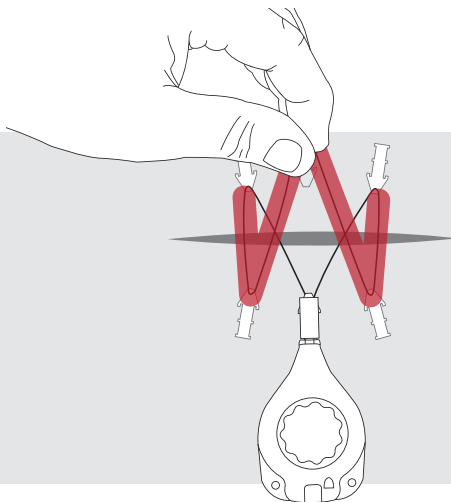


MANAGEABLE

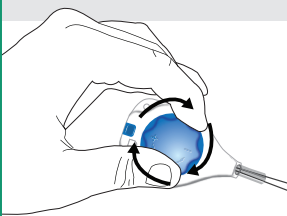
With the next movement form the letter **M** by guiding the tension line around the tabs of the opposing two outer anchors.



WOUND



Holding the tension line with one hand, guide line over the final anchor tab opposite the tension controller, completing the letter **W**. Gently pull back on the tension controller to remove any slack in the line.



6. Wind tension controller

Turn tension controller knob clockwise only until sufficient offloading has been achieved, as determined by the clinician. This is typically less than 11 half rotations. For offloading applications you should stop before hearing a clicking sound.



7. Push in the lock button

Lock the device to prevent accidental tension line release by pushing in the locking button at the rear of the tension controller.

Removal

DermaClose is typically left on the patient for 2 to 5 days and can be removed in the clinic. Unlock the lock button and push blue knob down to release tension force. The line can also be cut. Remove staples and skin anchors with a staple remover.