Stop grafting, start closing.

DermaClose gives your patients a more attractive, less painful, and more satisfying option with no donor site

Typical results achieved with DermaClose compared to skin grafts

Initial appearance

After 1 year

Skin graft **Forearm fasciotomy**





Initial appearance

After 15 months

DermaClose Forearm fasciotomy





Linear closure. No donor site.

In a recent independent survey with 63 surgeons:1

of surgeons are not confident of achieving a good clinical outcome with skin grafts

of surgeons believe skin grafts have a high risk of complications

of surgeons believe their patients are not satisfied with the results of skin grafts

This same survey found that 99% of surgeons believe high patient satisfaction is the most important factor in considering a course of treatment.



88% of surgeons surveyed would recommend DermaClose to a colleague¹



"I am very thankful for my surgeon introducing me to DermaClose because I wouldn't have been able to recover as fast as I did."

—Jamie Mendoza, DermaClose patient

(see her video testimonial at: http://dermaclose.com/testimonials)

Complex wound treatment method	Average treatment days*	Inpatient cost per patient	Cost savings with DermaClose
DermaClose	5	\$11,650	
Skin grafting	9.8	\$22,834	\$11,184
NPWT (VAC) therapy	7	\$16,310	\$4,660
Vessel Loops	9	\$20,970	\$9,320

^{*}Cost savings data from independent study presented at Northeastern Society of Plastic Surgeons, Sept. 2013, and Technomics.

DermaClose Reduces ^{2,5}	DermaClose Improves ²⁻⁴
 Time to closure (mean of 4.4 days) Wound size	Clinical outcomes Patient satisfaction
Risk of open wound complications and dehiscenceCost of care	Primary closure success rate Cosmesis



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.

References: 1. Data on file, Vennli, Inc. Corporation Survey, WCT, Inc. 2. Santiago GF, Bograd G, Basile PL, Howard RT, Fleming M, Valerio IL. Soft tissue injury management with a continuous external tissue expander. Ann Plast Surg. 2012;69(4):418-421. 3. Silver AG, Baynosa RC. Utilization of a continuous external tissue expansion system to assist in primary closure of a large anterolateral thigh donor site defect. Case Rep Surg. 2014: 2014; 860749. 4. Tauber D, Lee J, Patel A, et al. Efficacy And Cost Effectiveness In Fasciotomy Closure Using Continuous External Tissue Expansion. Poster Presented at the Northeast Society of Plastic Surgeons Meeting, September 21st, 2013, Washington, DC; Albany Medical Center, Albany, NY. The Mayo Clinic, Rochester, MN. 5. Lander J, Ebertz M, Farrell A, et al. Novel Continuous Tension Tissue Expansion Device For Reducing Or Closing Surgical Defects Of Moderate And Large Size; Podium presentation at the American Society of Dermatologic Surgery meeting October 13th, 2007.



