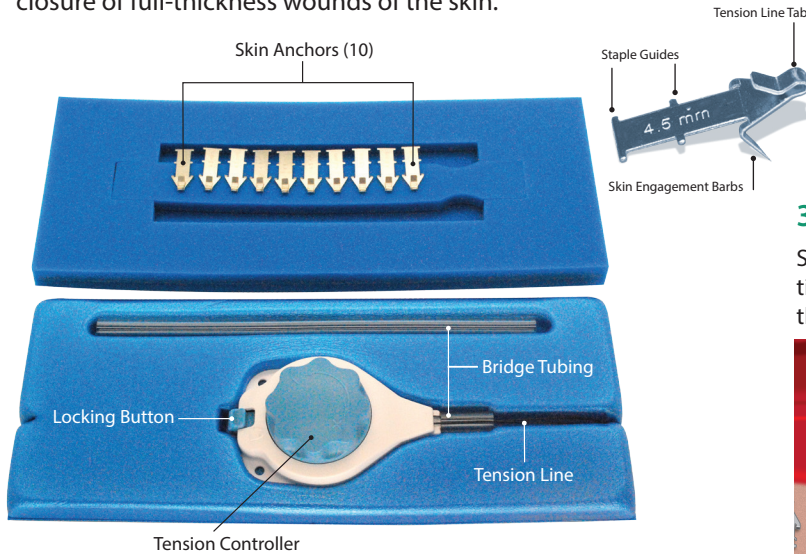


Quick Reference Guide

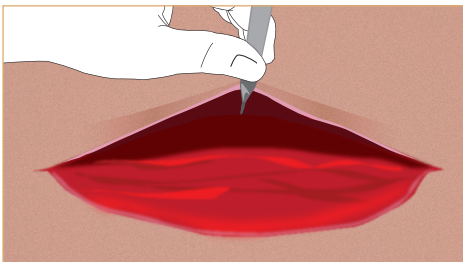
Product Description: DermaClose is a continuous external tissue expander that facilitates rapid tissue movement to reduce or reapproximate wounds. **Once the initial application has been completed the DermaClose device does not require any additional tightening.**

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.



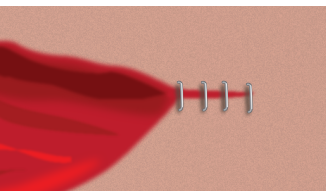
1. Undermine wound edges

Undermine or elevate wound margins on a supra-fascial plane by approximately half the width of the wound.



2. Close wound ends

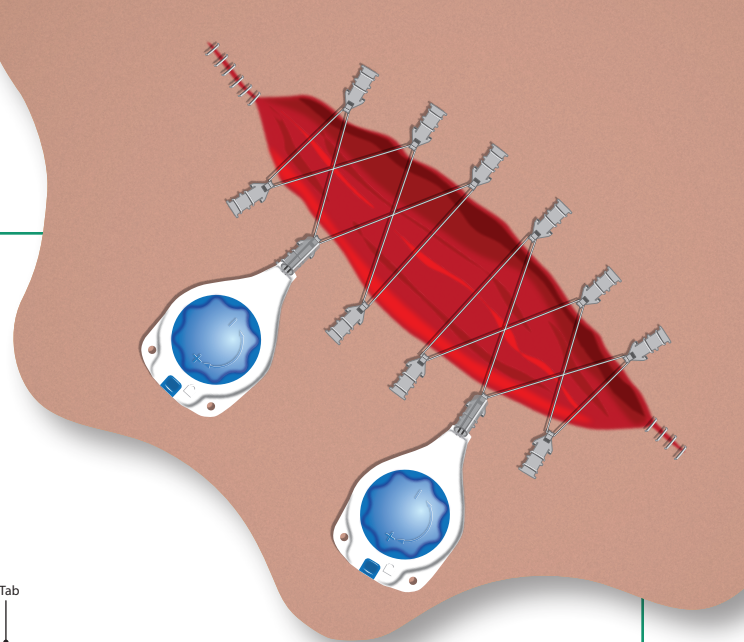
Prior to applying DermaClose, close as much of the distal and proximal wound ends as possible.



See DermaClose package inserts for full instructions, warnings, contraindications and precautions.

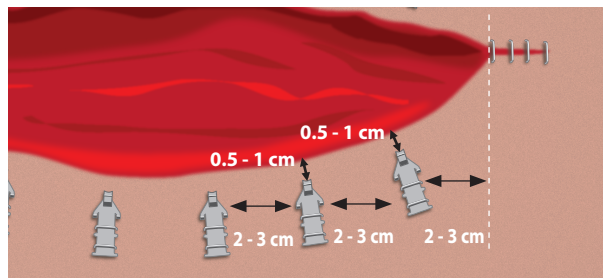
Visit www.dermaclose.com or contact 1-800-896-0436 for more information.

Adaptic and Xeroform are registered trademarks of their respective owners.



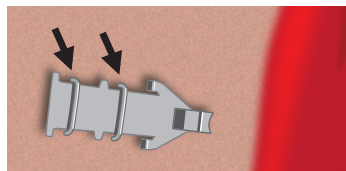
3. Position skin anchors

Space skin anchors 2-3 cm from each other. Position the tips of the skin anchors approximately 0.5-1 cm from the wound edge.



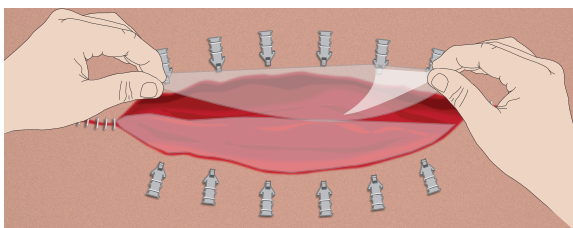
4. Staple skin anchors in place

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.



5. Protect the wound bed

Protect the wound bed with a contact layer of Xeroform™ or Adaptic™ dressing prior to applying the tension line to the anchors. The Xeroform or Adaptic can be extended under the elevated wound margins to prevent tissue adherence during the tissue expansion process.



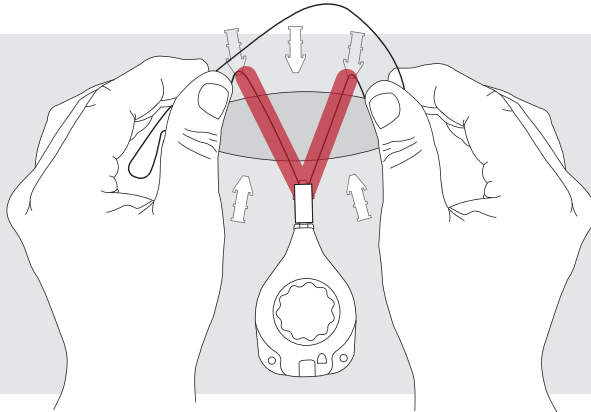
6. Lace the line around the skin anchors

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 skin anchor tab.

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



VERY

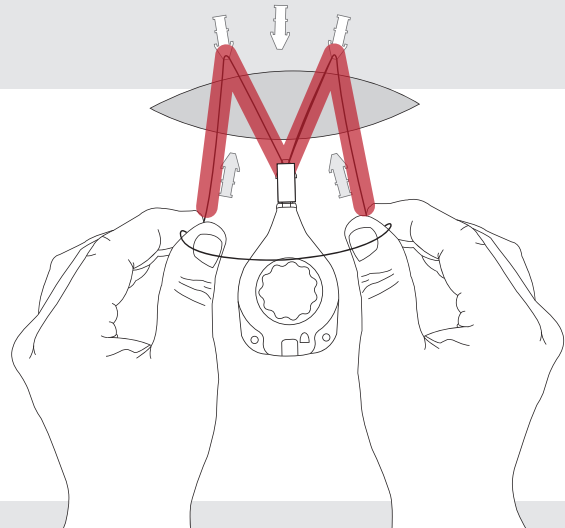


Using both hands, grasp the tension line near the front of the tension controller and with the first movement form the letter **V** by going around the tabs of the top two outer anchors.

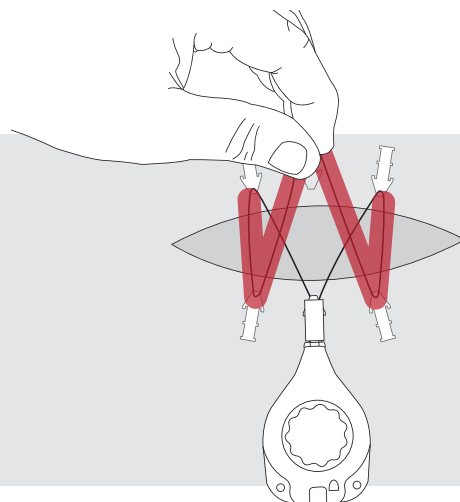


MANAGEABLE

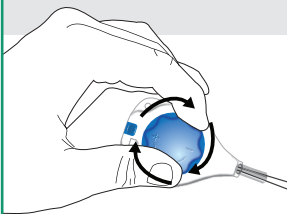
With the next movement form the letter **M** by guiding the tension line around the tabs of the opposing two outer anchors.



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.



7. Wind tension controller

Apply tension to line by turning tension controller knob clockwise (approximately 22 rotations) until multiple audible clicking sounds are heard. A built-in clutch automatically prevents over-tensioning. At this point the spring motor is fully engaged and no additional tightening is required.



8. 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.

9. Post op follow-up

Evaluate tissue movement after 48 to 72 hours. Typically wounds are re-approximated within 3 to 7 days. Use standard wound therapy or if considering Negative Pressure Wound Therapy (NPWT), see Using DermaClose With Negative Pressure Wound Therapy Guide.