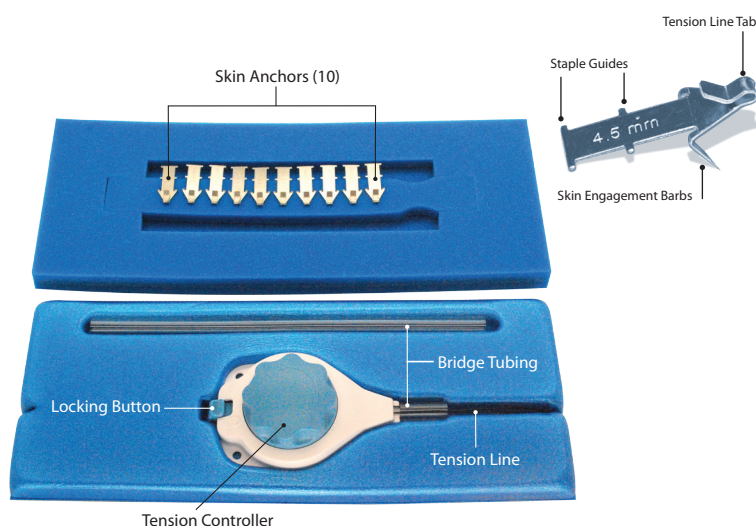


## Quick Reference Guide

**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.**

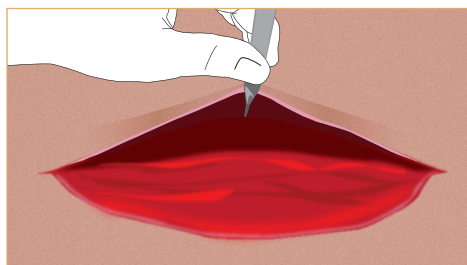
**Indications for Use:** The DermaClose Continuous External Tissue Expander is indicated for use in reducing or assisting with the closure of full-thickness wounds of the skin.

**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.



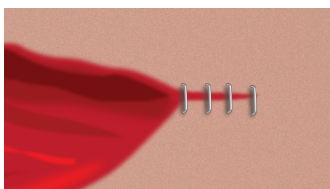
### 1. Undermine wound edges

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



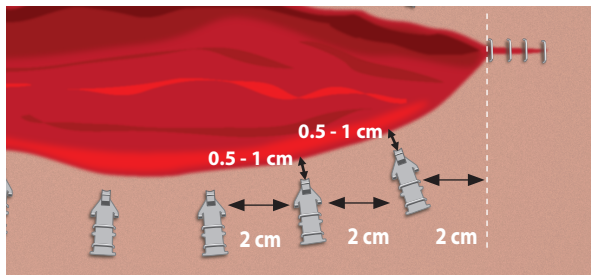
### 2. Close wound ends

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



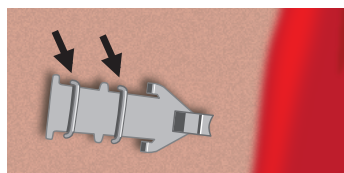
### 3. Position skin anchors

Space skin anchors a maximum of 2 cm apart from each other. Position the tips of the skin anchors approximately 0.5 - 1 cm from the wound edge. The DermaClose is intended to be used with three skin anchors per side of wound and one tension controller for each 10 cm of length of wound. Use multiple devices for longer wounds. Pearl: Some surgeons put a strip of loban™ or thin DuoDERM™ along wound edges and place anchors through the loban or DuoDERM.



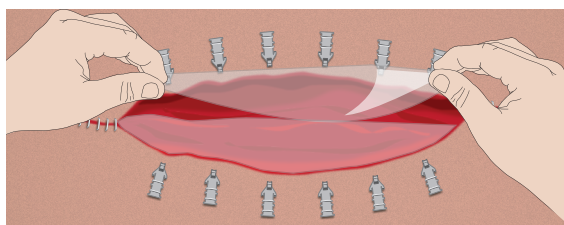
### 4. Staple skin anchors in place

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.

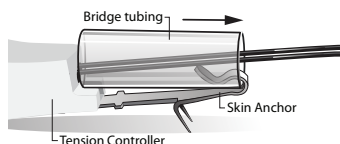


See DermaClose package inserts for full instructions, warnings, contraindications and precautions.

Adaptic and Xeroform are registered trademarks of their respective owners.

## 6. Lace the line around the skin anchors

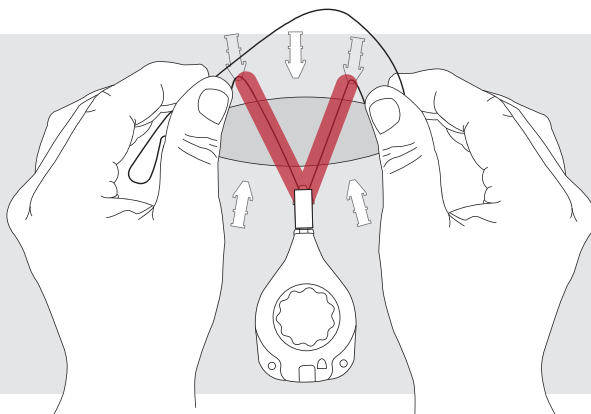
Seat the distal end of the bridge tubing on the center anchor by firmly pressing the lumen of the tubing into the top of the skin anchor tab.



## When lacing the DermaClose® think... **Very Manageable Wound™**



**VERY**

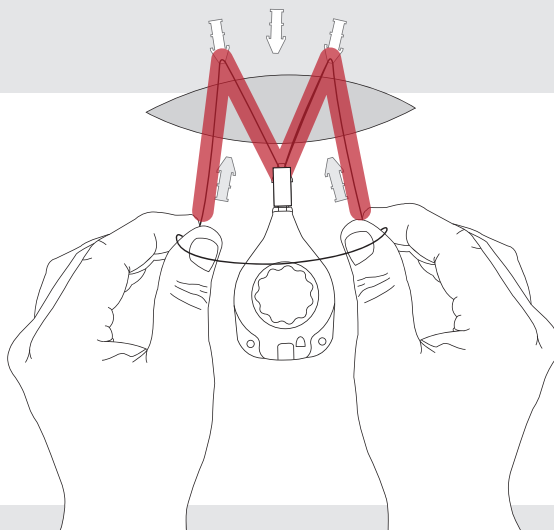


Using both hands, grasp the tension line near the front of the tension controller and with the first movement form the letter **V** by going around the tabs of the top two outer anchors.

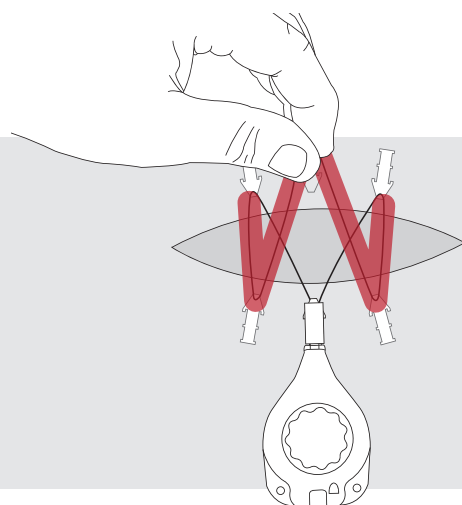


**MANAGEABLE**

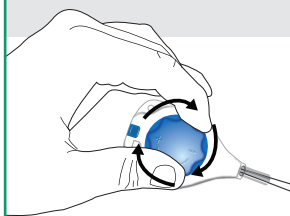
With the next movement form the letter **M** by guiding the tension line around the tabs of the opposing two outer anchors.



**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 to within 1 cm in 3 to 7 days and can then be sutured or stapled closed. Use standard wound therapy or if considering Negative Pressure Wound Therapy (NPWT), see Using DermaClose With Negative Pressure Wound Therapy Guide.

Manufactured by:



For more information call 800-896-0436 or visit [www.dermaclose.com](http://www.dermaclose.com)

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