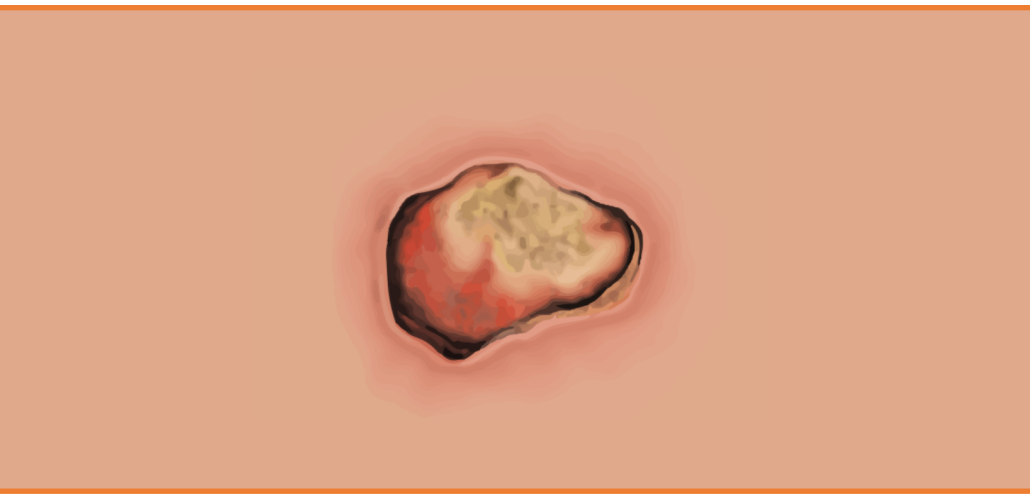
EPIPROTECT®

User instructions wound healing



READ THIS BEFORE USING EPIPROTECT ®

S2Medical®

-Highway to healing.®

Index

1. Packaging and safety

Check the expiry date, do not use dressings after this date.

If the inner package is damaged, do not use the dressing.

Once a package is open, discard leftovers.
Do not re-use or re-sterilize EPIPROTECT®.

If you have any questions or concerns, contact S2Medical.
Call +46 (0)8 – 70 00050 or send a mail to contact@s2m.se

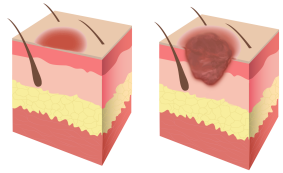
When opening the packaging, use clean or sterile routines.

Warning! Risk for injuries

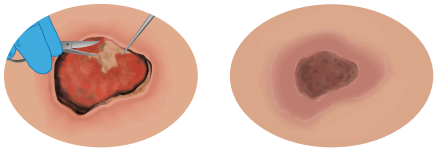
When opening the lid of the vial, do not use your fingers.
The edge of the lid is very sharp.

We recommend the use of a sterile tweezer when opening the lid.

2. Partial thickness wounds



A partial thickness wound holds a vascularized tissue that can support healing of the wound. If the wound is caused by an underlying pathology, this should be treated to optimize chances for wound healing. Offloading the wound bed is recommended for most wounds.



Debridation › Re-Epithelization

EPIPROTECT® has a nanostructure that makes it impossible for the dressing to permanently integrate with the wound. However, the nanostructure will absorb proteins from the healing wound and thereby adhere and make a safe barrier that protects parts of the wounds that undergo healing. The dressing will normally not adhere to parts of the wound that are too deep for self healing.

It is important to make sure that infections are monitored and treated correctly. EPIPROTECT® can be combined with any antibiotic or antibacterial substance.

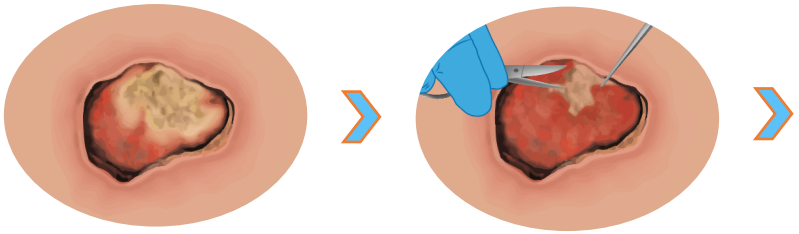
Re-epithelization

Epiprotect is intended for the re-epithelization during wound healing. Deeper parts of wounds might need to be transplanted and EPIPROTECT® can be used as a protection before and after the transplantation. We recommend the use of minimally invasive devices such as Instagraft® when transplanting smaller wounds.

Debridation

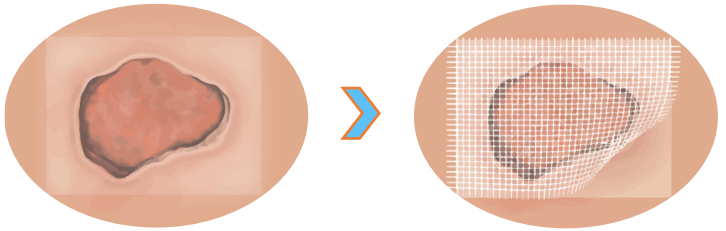
Remove fibrin, biofilm and unviable tissue. The goal is to expose a clean granulation bed by reducing the bacterial and unviable tissue contamination. Debriding is necessary to get the best chances for a wound to heal and avoid the risk of developing into a more extensive wound.

2. Partial thickness wounds



1. Inspect the wound

2. Debride & Clean



3. Apply EPIPROTECT®, press out any bubbles

4. If needed, fixate with sutures, staples or gauze. Never use an occlusive dressings over EPIPROTECT®

5. Remove gauze and inspect the wound after 3 days

Normal healing

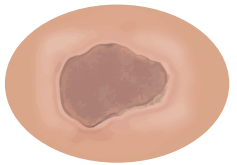
The dressing is fully attached, repeat control of wound with 4-14 days interval. The dressing will disattach when the wound is healed. Slight itching is frequently experienced during healing. This is normal and can be relieved by applying a thin layer of moistening skin cream over the dressing. Treat possible infection according to standard protocol.

Partly no healing

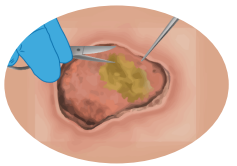
Formation of pus or other liquid under parts of the dressing can be a sign of a full thickness wound, autolytic debridement or infection. If the dressing is partly not attached remove the non attached part, clean the exposed wound and apply EPIPROTECT® over that part (use1 cm overlap). Follow up after 3 days, treat possible infection according to standard protocol.

No healing

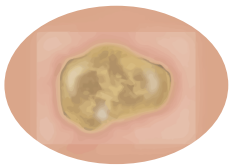
If the dressing is not attached, remove the dressing, clean and apply a new EPIPROTECT® over the wound. Follow up after 3 days. Treat possible infections according to standard protocol. If wound is too deep for self healing use NPWT followed by skin transplantation



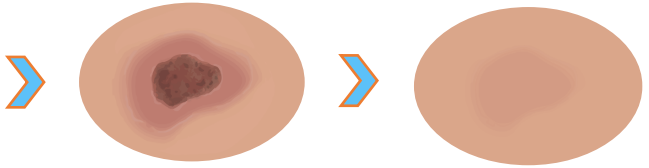
Normal healing



Partly no healing

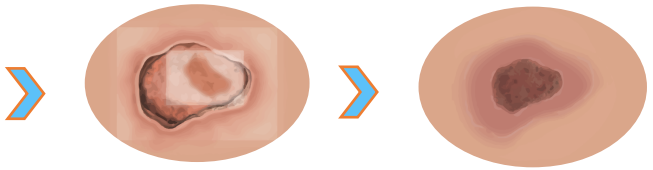


No healing



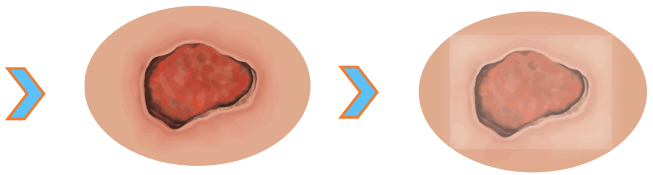
Gradual healing

When the wound is healed the dressing will automatically disattach



Attachment of the dressing

Gradual healing



Attachment of the dressing

3. Tissue protection / Full thickness wounds

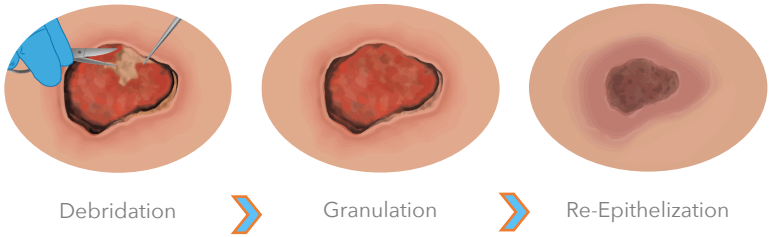
A full thickness wound does not hold a vascularized tissue that can support healing . The first goal is therefore to achieve a granulation bed that can support the re-epithelization of the wound. If the wound is caused by an underlying pathology, this should also be treated to optimize chances for wound healing.

Offloading the wound bed is recommended for most wounds.

EPIPROTECT® has a nanostructure that makes it impossible for the dressing to permanently integrate with the wound or underlying tissue. The dressing will remain non-adherent on a full thickness wound while giving mechanical protection to the underlying tissue and help the assessment before further treatments.

It is important to make sure that possible infections are monitored and treated correctly.

EPIPROTECT® is not intended to be used for healing of extensive full thickness wounds solely by secondary intent.



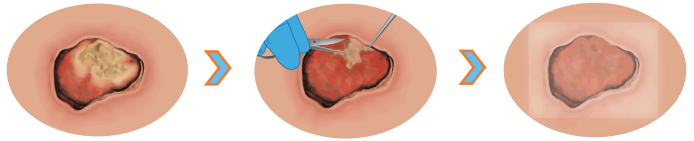
Debridation

Remove fibrin, biofilm and unviable tissue. The goal is to reduce bacterial and unviable tissue contamination to facilitate the formation of a granulation bed.

Granulation

Deep parts of wounds that are lacking a vascularized granulation bed need a granulation bed before its possible to transplant the wound or get a healing by secondary intent. EPIPROTECT® can be used prior transplantation as a protection before assessment of the wound bed. EPIPROTECT® will protect underlying tissue and help to avoid contamination and fluid loss.

EPIPROTECT® placed on parts of a full thickness wound will normally not adhere, but can in some cases dried in. If dried in, remoisten the dressing for 20 minutes before removal.



1. Inspect the wound
2. Debride & Clean
3. Apply EPIPROTECT®

4. If needed, fixate with sutures, staples or gauze. Never use an occlusive dressings over EPIPROTECT®
5. Inspect the wound bed within 3 days by removing EPIPROTECT®

Re-epithelization

Parts of wounds might need to be transplanted. EPIPROTECT® can be used as a protection over skin transplants. We recommend the use of minimally invasive devices such as Instagraft® when transplanting smaller wounds.

Innovative, high-tech medical products available to everyone.