Application Protocol

Materials Needed
**Use aseptic techniques at all time**
Sterile gloves
Sterile forceps
Choose fixation (see 2 below)
Primary Interface Dressing (eg. TheraGauze+FN®)
Secondary dressing(s)

Pre-Application
• Follow TheraSkin Preparation Protocol to prepare TheraSkin prior to application.
• Prepare the wound bed by removing all necrotic tissue, residual blood or exudate, and cytotoxic agents. Ensure there is no apparent infection present.
• Verify patient arrival before opening TheraSkin container.

Placement of TheraSkin: Apply TheraSkin over the wound bed using aseptic technique (Fig.1). The dermis side of the graft should be face down and in contact with the wound bed. The dermis side is white, opaque and shiny while the Epidermis side is pigmented side of the graft with a duller appearance (Fig.2).
When applying TheraSkin it is beneficial to have as much of the dermal layer of TheraSkin in contact with the wound bed. By gently pulling the graft (Fig.3), with moistened thumbs, one can minimize the meshed areas assuring maximum dermal contact without doubling the layer of Theraskin.

Fixation of TheraSkin: If possible, trim away excess TheraSkin leaving a 5-10mm rim of overlapping TheraSkin around the wound (Fig.4). Secure TheraSkin using sutures (Fig.4), staples, steri-strips (Fig.5), Hypafix® tape or Dermabond® as needed.

For large wound and/or multiple gfts, consider placing a suture in the center of the wound or creating a bolster dressing (Fig.6) to ensure that TheraSkin stays in direct contact with wound bed.

Dressing(s) Application: A non-stick interface dressing is recommended as the primary dressing for TheraSkin (i.e. TheraGauze+FN®, Mepitel®, Adaptic Touch®, Wound Veil®). Remove dressing from the sterile package and place dressing over the wound (Fig.7). Non-cytotoxic antimicrobials may also be applied at this time.

Apply an appropriate secondary dressing(s) and cover as determined by the wound type. (Fig. 8,9)