



For Healthcare Professionals

Recommended Protocols for the Use of TheraGauze™

TheraGauze™ is one of the most technically advanced and versatile dressings currently available for a variety of wounds. Use TheraGauze™ when you want to:

- Moisturize without maceration
- Reduce pain at a wound site
- Reduce bandage adherence
- Re-hydrate dry wounds
- Deliver aqueous fluids to the wound site

NOTE: CREATE FENESTRATIONS (SLITS) FOR MODERATELY TO HEAVILY EXUDATING WOUNDS. For all moderately to heavily exudating/bleeding wounds, fenestrate (slit) the TheraGauze™ dressing with a sterile instrument prior to application. Fenestration (slitting) will allow excess exudate/blood to be absorbed into an absorbent secondary dressing. Increase number of fenestrations (slits) as level of exudation/bleeding increases. Cover TheraGauze™ with absorbent secondary dressing of choice. The fenestrations (slits) will not compromise the moisture balancing attributes of TheraGauze™.

Recommended Use protocols for the following wound types:

Diabetic Foot Ulcers (DFU's)

Diabetic foot ulcers usually have a complex need for moisture balance. Wounds are frequently exudative and may also show evidence of infection. Under normal circumstances, the TheraGauze™ is changed 2-3 times per week, but can be left in place for up to one week if no obvious infection is present. One outstanding factor about TheraGauze™ is its lack of adherence to the wound bed. Following wound debridement, bleeding results in a cascade of events: platelets move into the wound site to stop bleeding and achieve hemostasis. Next, the platelets degranulate, releasing growth factors and hormones which trigger a cascade of events, including angiogenesis, mitogenesis, and chemotaxis. The peak of cellular proliferation

occurs about 9-12 days after debridement, so ideally, the wound should not be disturbed before that time. Because TheraGauze™ does not stick to the wound surface, the newly formed and delicate tissues are not damaged during dressing changes.

Here is the best way to use TheraGauze™ in a variety of situations involving DFU's.

- *Exudative, non-infected wounds*

Apply TheraGauze™ right out of the pack. It comes loaded with saline, and it will deliver the saline to the sites needed, but not to the areas that are already moist. Upon application, the TheraGauze™ will begin to balance out the moisture within the wound. It will absorb exudates, but not dry out the wound to the point of desiccation. If the wound is moderately to highly exudative, TheraGauze can be fenestrated (slitted) and backed with a dry absorbent gauze, ABD pad, or other absorptive secondary cover dressing of choice.

- *Infected wounds*

Simply add a few drops of any liquid antibiotic that you prefer. Only a few drops are necessary, because TheraGauze™ will recycle the fluid added. Most wounds can be treated with a few drops of full strength Dakin's Solution or Betadine solution. Remember that any topical antibiotic solution should only be used for up to 2 weeks. After that, the antibiotic may actually hinder wound healing by damaging the fragile epithelial cells and keratinocytes.

- *Deep wounds with exposed tendon, muscle, or bone (i.e. Wagner 2)*

The biggest difficulty with these types of wounds is desiccation of deep structures such as tendons, with maceration of adjacent tissues. TheraGauze™ will keep these deep structures hydrated without macerating the surrounding soft tissues. We recommend more frequent dressing changes with this type of wound (daily, or every other day is recommended).

Burns

1st and 2nd degree burns frequently involve considerable pain, and require precise moisture control to minimize scarring and contractures. TheraGauze™ can be applied directly from the package to the painful wound site. Upon application, the soothing and cooling polymer found in TheraGauze™ will give relief of burning pain within a few minutes. These wounds can be redressed every day, and can be backed with a simple gauze dressing. If covered with Tegaderm, the dressing can stay in place for up to

2 days. Upon dressing change, the wound should be moistened with saline and allowed to sit for 2 minutes, before attempting to remove. The dressing should simply slide off with virtually no discomfort to the patient.

Blistering Lesions

These lesions frequently involve painful bullae which can open, leaving behind irritated dermis. TheraGauze™ is beneficial in 2 ways. First, it will not adhere to intact bullae, allowing the clinician to apply some gentle pressure to the wound without sticking to, or adhering to the fragile overlying skin. Second, it will soothe without sticking to areas where the bullae has been opened and the dermis is exposed. This dressing should be changed daily, and should be thoroughly moistened with saline for 2 minutes, before attempting to remove.

Bunionectomy Surgery

When used after a Bunionectomy, the moisture control feature of TheraGauze™ minimizes patient pain and enhances healing.

After suturing and placing steristrips in place, dip the TheraGauze™ in a 50/50 mixture of Betadine and saline solution, and drag it across the top of the basin to knock off any extra fluid. TheraGauze™ is used as the contact layer directly over the surgical incision (surrounding skin can be overlaid without concern of maceration).

Next, cover TheraGauze™ with a few 4x4 sized gauze. Use a layer of sterile Webril next, to allow for swelling (optional) and then wrap with gauze or Kling, then an ace bandage. The patient should wear protective boot or surgical shoe as well.

Re-dress the wound the same way every 5 to 7 days until healed. Complete closure can be expected within 1 week. TheraGauze™ provides moisture regulation for 2 to 3 days and then dries out and stiffens to provide structure and support to the wound site. Normally the dried TheraGauze™ slips right off when changing, but if blood has dried and stuck to the TheraGauze™, moisten it with saline or wound cleanser, leave for a few minutes to rehydrate and then lift off.

Split Thickness Skin Grafts – Donor Sites

TheraGauze™ is an ideal dressing for donor sites because it provides moist healing to minimize scarring, and is completely non-adherent to minimize pain when dressing changes are necessary. We recommend applying TheraGauze™ to the harvest site at the time of surgery, fenestrated (slitted) and backed by an ABD pad, or similar bulky dressing. The dressing should be changed daily to reduce pain and scarring. This should be done until full

epithelialization is observed, and healing is complete. Alternatively, the dressing can be applied and left in place until it falls off, similar to what is commonly done with Xeroform dressings.

Split Thickness Skin Grafts – Recipient Sites

TheraGauze™ can be used as part of the contact layer of stent dressings, and should remain in place until full graft incorporation is noted. Alternatively, the dressing can be changed on a daily basis to minimize scarring, by providing a moist healing environment. With daily dressing changes, the dressings should not stick to the wound site. It is recommended that the wound dressing be moistened with saline 2 minutes prior to removal to insure that it will not stick.

Complex Skin Flaps

Complex skin flaps will benefit greatly from the use of TheraGauze™ because its moist healing environment reduces the formation of thickened scars along the wound margins. We recommend daily dressing changes during the 1st week, to insure constant hydration without maceration. After the flap appears stable, and exudate is minimal, TheraGauze™ can be changed every 2-3 days until full epithelization is observed. All dry wound dressings should always be moistened with saline at least 2 minutes prior to removal, to insure non-stick action by rehydrating the polymers in TheraGauze™.

Wounds with High Risk of Scarring

In order to minimize scarring, wounds require moisture and some slight compression in order to relieve tension on the margins. TheraGauze™ is ideal for this. The polymer coating simulates the pressure redistribution frequently associated with silicone, but without the maceration seen with silicone. The moisture balance is optimally maintained with daily dressing changes during the first 7 to 10 days, while the wound is maturing. Once stable, without dehiscence, the TheraGauze™ can be changed 2-3 times a week. Remember to remoisten the dressing with saline 2 minutes before removal to insure that the dressing does not adhere to the wound site.