

ABRA® Abdominal Wall Closure

Post-Operative Instructions

Nursing Care

Maintenance of good skin condition under Button Tails and Button Anchors is vital. Regularly clean and dry around and under Button Tails and Button Anchors.

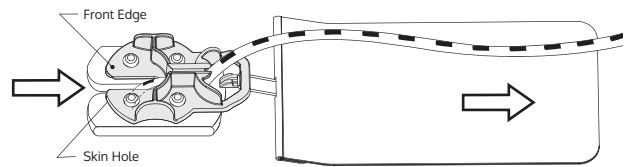
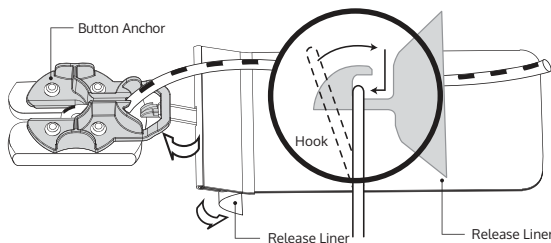
At All Times

- Monitor peak ventilator pressure to minimize pressure on the diaphragm. Sharp increases may indicate an inflammatory response and the need to call a physician in order to decrease or release elastomer tensions.

Once Per Shift

- Check, clean, and dry skin under the Button Anchors.
- Avoid greasy, petroleum jelly-impregnated dressing or ointments which may lubricate and result in slippage.
- Check that Button Tails are firmly attached and engaged with the Button Anchors.
- Check that Button Anchors have not migrated over the elastomers where they exit skin.

Installing Button Tails



- Clean skin area 10 cm beyond Button Anchors. A skin prepwipe to increase skin adhesion may be used after cleaning.
- Fold the front of release liner under, without exposing the adhesive, then hook a Button Tail on each button anchor. To fully secure hook to button anchor, tilt the hook vertically to allow it to drop into the slot. Lifting the button anchor can help.
- Starting at the widest point (midpoint) of the wound, slide the button anchors back until the skin hole is in line and perpendicular to the lateral end of the button anchor notch.
- Holding the button firmly in position, peel off the tail liner and press onto the skin. Gently rub the entire tail surface onto the skin.

Removing Button Tails

- Separate the end of the Button Tail from the skin. Peel forward towards wound. Any remaining residue can be removed with soap and water, any medical adhesive remover, or left moist and rubbed off.

Negative Pressure Wound Therapy

If a Health Care Professional proactively decides to use Negative Pressure Wound Therapy, please note the following:

- The occluding top dressing must not cover the Button Anchors, nor impede elastomers.
- Trim the dressing and seal to the skin within the 5 cm margin in front of the elastomers.
- The leading edge of the Button Anchor may sit on top of the occluding dressing.
- Do not use small dressings that could be left behind under rapidly-closing wound edges.

Other Tips and Instructions

Overlapping the Button Tails	The Button Tails will overlap, but trimming the ends is usually only required to accommodate wound drains or defects.
During dressing changes	Hydrocolloid or equivalent dressings may be placed under buttons to assist in moisture collection and load distribution.
If a skin tear is detected under Button Anchor	Reduce tension on the elastomer, relocate anchor to original position, and re-install Button Tail with adequate tension to hold anchor in position.
If a pressure sore/ulcer is detected under Button Anchor	Reduce elastomer tension at anchor and add non-adhesive keyhole / drainage sponge padding under the anchor. Ensure elastomer is not obstructed by the pad.
Do not trim elastomer ends	The added length may be required in the event of an inflammatory response. Do not restrain or knot the ends of the elastomer beyond the cleat of the Button Anchor.
Patient transfers	During patient transfers, abdominal binders may be used to temporarily support the mass of adipose tissues. Do not leave binder in place for more than 10 minutes.
Button Tails are one time use	The Button Tail uses a single contact adhesive and cannot be re-positioned once it is applied to the skin. It should be replaced if the adhesive fabric becomes ineffective, tears, or peels off significantly from the skin. If re-positioning is required, peel off and replace with a new Button Tail.

Tension Indicator

The back bars on the elastomer provide a visual indication of elastomer tension.

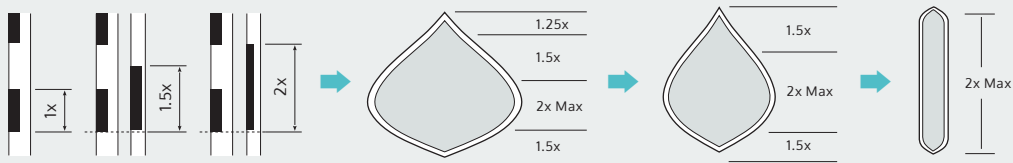
Check Elastomer Tension

Release elastomer from cleat and compare tensioned marks to untensioned marks.

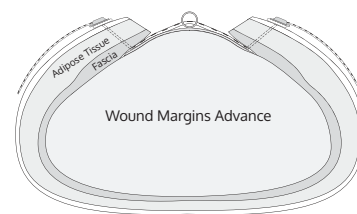
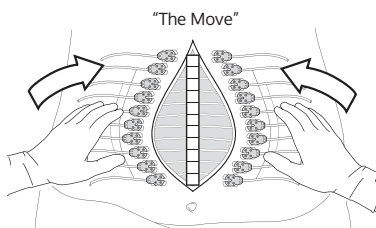
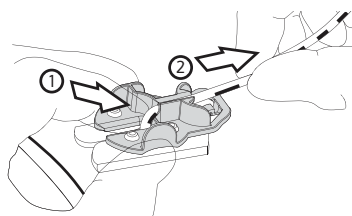
Double Elastomers

Double Elastomers set at 1.5x stretch have the same tension as a single elastomer at 2x stretch.

After the Move, wound margins should be as close to parallel as possible with highest tension at 2x stretch.



Physican Care



Before the Move*

- Set elastomer tensions to a maximum of 2x stretch by securing elastomer with your finger, then drawing back on loose end with the opposite hand until elastomer drops into cleat, then release.
- To release elastomer, hold the Button Anchor by the finger grips and pull the elastomer towards the wound.

Do the Move

- A repeated sequence to reshape the abdomen by changing its aspect ratio.
- Starting from the patient's sides, apply a palmar, massaging, tension-reducing force toward the midpoint.
- Observe margin advancement and the reduction in elastomer tension.

After the Move

- Re-set all elastomer tensions to a maximum of 2x stretch.
- Repeat Move once more.
- Re-set elastomers to maximum 2x stretch in areas such as upper and lower aspects to adjust wound shape.
- Elastomers can be released and re-set repeatedly.

* For instructions for full "Move," see pg 9 of IFU 0257.