

**AWBAT™ Temporary Wound Dressing
Care and Handling Instructions**

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Care and Handling Instructions

Description:

- AWBAT™ is composed of a very thin, porous silicone membrane bonded to a finely knit nylon fabric, which is coated with a non-toxic mixture of porcine collagen peptides. AWBAT™ has a 3-dimensional structure provided by the nylon loops. AWBAT™ is designed to maximize acute adherence to the wound and minimize fluid accumulation beneath the dressing. AWBAT™ is available in three configurations: AWBAT™-D, AWBAT™-M and AWBAT™-S.

Indications for use:

- **AWBAT™-D:** is intended for donor sites after hemostasis has been established.
- **AWBAT™-M:** is to be used as a protective covering for meshed autografts.
- **AWBAT™-S:** is intended for clean, superficial burn wounds.

Instructions for use:

- AWBAT™ is intended for use on acute, clean, non-infected wounds. Remove any debris and non-viable tissue prior to the application of AWBAT™. Hemostasis of the donor site should be achieved prior to application of AWBAT™-D. Place the nylon side of the product in contact with the wound. A non-toxic label identifying the product (AWBAT™-D, AWBAT™-M, or AWBAT™-S,) is printed on the silicone side of the product. This label is to be placed face up, away from the wound surface.
- AWBAT™ should be minimally stretched to remove wrinkles while maintaining the bioengineered, three dimensional structure of the wound dressing.
- Secure AWBAT™ with staples, sterile tape, glue or other anchoring method.
- Place outer dressing (e.g. fluffs or ABD pad) over the AWBAT™ to absorb exudate and/or blood that may pass through the AWBAT™. Place an outer gauze wrap to firmly secure the AWBAT™. Leave this outer wrap in place for 24-36 hours. At 24 hours, remove the outer dressing and inspect the wound. If the desired adherence has been achieved and there is no exudate, the AWBAT™ can be left open to air. A light outer dressing may be applied to protect the wound if desired.
- AWBAT™ should be left in place until healing occurs. For the superficial burn and donor sites, this is typically 7 – 14 days. As areas of the wound heal, the dressing may begin to lift off. Loose areas of the dressing may be trimmed as this occurs. For meshed autografts, it depends on the degree of meshing. Larger meshed autografts may take longer to heal across the interstices. As areas of the wound heal, the dressing may begin to lift off. Loose areas of the dressing may be trimmed as this occurs.

Warning:

- The use of AWBAT™ in any patient with a known allergy to porcine materials is contraindicated.
- If a patient has an allergic reaction to AWBAT™, remove it immediately and discontinue use of AWBAT™.
- If suppuration occurs beneath AWBAT™, the dressing should be removed, the wound cleansed, and wound care altered to include topical application of an antimicrobial agent.

Postoperative Care Instructions

0 to 24 Hours Post Application:

- Maintain the outer gauze wrap. Keep the dressing dry.
- Minimize contact and movement of the treated area.

24 to 36 Hours Post Application:

- Remove the sterile outer wrap (gauze) and underlying dressings to reveal the AWBAT™ layer. Observe for the following:
- Adherence – If AWBAT™ is adherent and no fluid accumulation is present, rewrap with sterile gauze for protection.
- Fluid Accumulation – If fluid has accumulated under the AWBAT™, aspirate or roll fluid out from under dressing. Rewrap the wound with firm but gentle pressure. Observe in another 24 hours for adherence.
- Purulence – If AWBAT™ is loose and there is purulent accumulation underneath, remove the associated non-adherent areas of the AWBAT™. Use appropriate antimicrobial therapy to treat infection.

48 to 72 Hours Post Application:

- Remove the outer dressings to reveal the AWBAT™ layer and check for adherence. If adherent, the AWBAT™ covered wound may be left open to air. If non-adherent, treat as referenced above.
- Observe the AWBAT™ covered wound daily for fluid accumulation or purulence and treat as referenced above. AWBAT™ should be removed from the wound if there are signs of infection.
- When adherence is achieved, remove staples, sterile tape, sutures, or other anchoring device. This may be as early as day 3 or 4.
- Once AWBAT™ is adherent and the outer dressings are removed, the patient may shower. Avoid soaking of the covered areas. Activity and movement may be resumed.

Removal:

- Remove the AWBAT™ dressings when the underlying tissue is healed. As the dressing dries and loosens the patient may report some itching.
- Trim away loose portions as healing takes place until the entire wound has healed and the AWBAT™ is completely off.
- To remove an intact dressing, start at one corner and pull gently. AWBAT™ will peel away from healed tissue relatively easily.
- **Caution:** If bleeding occurs, or if patient complains of excessive pain, discontinue removal and wait 1 to 2 more days. Forced removal may result in wound injury.

Storage and Availability: Store product at ambient temperature in a clean environment. Sterile, individually packaged pieces of AWBAT™ are available in the following sizes:

<u>Size</u>	<u>Quantity per Box</u>
6" x 6" (15 cm x 15 cm)	6
6" x 12" (15 cm x 30 cm)	6
12" x 12" (30 cm x 30 cm)	3