

This document to follow patient. Fill in information below.

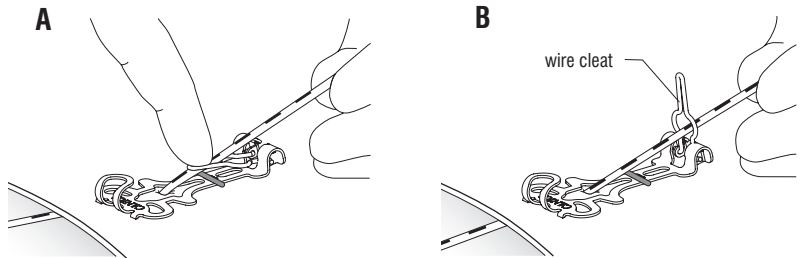
Patient: _____ Chart #: _____

Post-operative Instructions

Releasing Elastomer

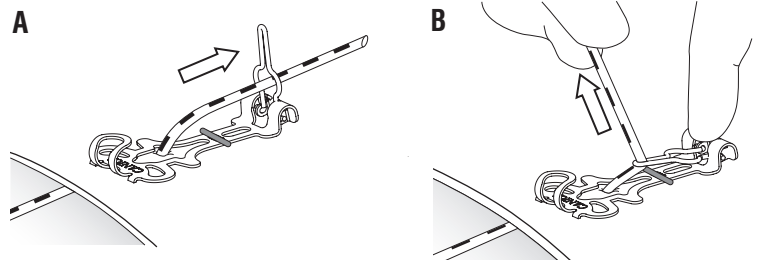
- 1 **A.** Hold the wire cleat down with one finger while pulling the free end of the elastomer taut.
- B.** Release the wire cleat.

Note: The elastomer can be released and re-set repeatedly. Since tension will decrease as the wound edges close, the recommended tension level should be re-set at each dressing change or at intervals prescribed by the physician.



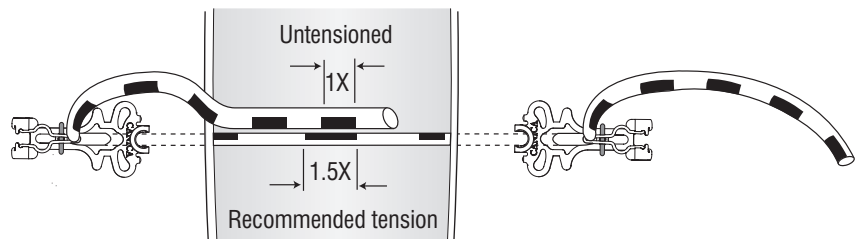
Re-setting Elastomer Tension

- 2 **A.** Thread the elastomer through the wire cleat.
- B.** While stabilizing the anchor with one finger, pull up on the elastomer end to lock into wire cleat.



- C.** The black bars on the elastomer provide a visual indication of elastomer tension. Recommended tension is 1.5X stretch.

Warning: Tension must not exceed 2X stretch.



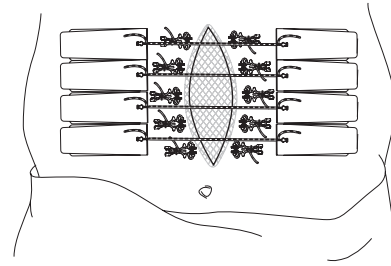
Dressing Changes

- 3 **A. Dressings above or below the elastomers?**
Deep wounds require dressing placement under the elastomers. Do not use small dressings that could get left behind under rapidly closing wound edges. Shallow or approximated wounds may require dressing placement over the elastomers.
Note: Avoid any greasy, petroleum jelly impregnated dressings or ointments which may lubricate the elastomer resulting in slippage from the anchor.
- B.** Change dressings according to established protocols.

Bolstering with Adhesive Anchors

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Large abdominal closure using skin anchors with adhesive anchors for support.



Place adhesive anchors behind skin anchors.

Note: Refer to *Post-operative Nursing Care* instructions for *ABRA Adhesive Skin Closure* at www.canica.com for further information.



Critical Points

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- Therapeutic benefit is derived from the cumulative reduction force applied by all elastomers.
- Overtensioning any individual elastomer will result in unnecessary localized trauma creating individual anchor failure, thereby transferring additional load to the remaining anchors, creating a cascade toward general system failure.
- Wound movement of several centimeters following respiration cycles or body movement (e.g. sitting up) is normal with a dynamically closing wound, and an indication of correct overall tension. Movement will reduce as the wound approaches closure.
- Do not place any restrictive device on top of the system, as it will limit the therapeutic effect, and may create traumatic pressures on the skin. **Do not use an abdominal binder or pressure stocking over the system.**
- Do not restrain or knot the end of the elastomer behind the cleat of each skin anchor.

Emergency Contact Information

CANICA[®]

Questions or concerns?
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