

Post-operative Instructions

This document is to follow the patient, along with the Floor Pack.

Nursing Care

1. **At all times** - Monitor peak ventilator pressure.
2. **Once per shift (or every 12 hours)** - Clean and dry the skin under the Button Anchors.
3. **Once per shift (or every 12 hours)** - Check that Button Tails are attached and engaged.

NOTE: The ABRA[®] Abdominal Wall Closure Set has been fully MRI-compatible since 2007. To ensure you are using MRI-compatible Button Tails, **confirm that the color of the printed illustrations on the Button Tails is blue.** If the printing on the Button Tails is black, simply remove the Button Tails prior to the MRI procedure, then replace afterwards.

Monitoring Peak Ventilator Pressure

- 1 Monitor peak ventilator pressure at all times. Sharp increases may indicate an inflammatory response, and a need to call the attending physician to decrease elastomer tensions.
 - Monitor the patient's fluid balance. If appropriate, consider steps to reduce interstitial volumes. High fluid balance increases abdominal volumes and makes fascial re-approximation more difficult.
 - Constipation may increase bowel volume, which may slow wound closure progress.
 - 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.
 - Maintain lower respirator volumes, if possible, to minimize pressure on diaphragm.

Care of Button Anchors

- 2 Negative Pressure Wound Therapy (NPWT) dressings should be changed per manufacturer's protocol. During dressing changes, lift each Button Anchor, clean skin with an alcohol wipe, then dry to prevent skin maceration. Hydrocolloid or equivalent dressings may be placed under the buttons to assist in moisture collection and load distribution.

If a skin tear is detected under the 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.

NOTE: Skin tears can result either from excessive elastomer tension or failure to install Button Tails properly.

If an ulcer is detected under the Button Anchor:

Reduce elastomer tension at that anchor and add padding under the anchor.

NOTE: Button Anchors and Button Tails must remain dry, do not cover with occlusive dressings.

Installing and Removing the Button Tails

- 3 **Button Tails are critical to the functioning of this system. Skin tears will result if not properly installed.** Button Tails should be replaced when their load decreases, or if the adhesive fabric peels off significantly from the skin. Insufficient load on the Button Tails increases lateral tension on the Button Anchors, which could cause unnecessary skin tears.

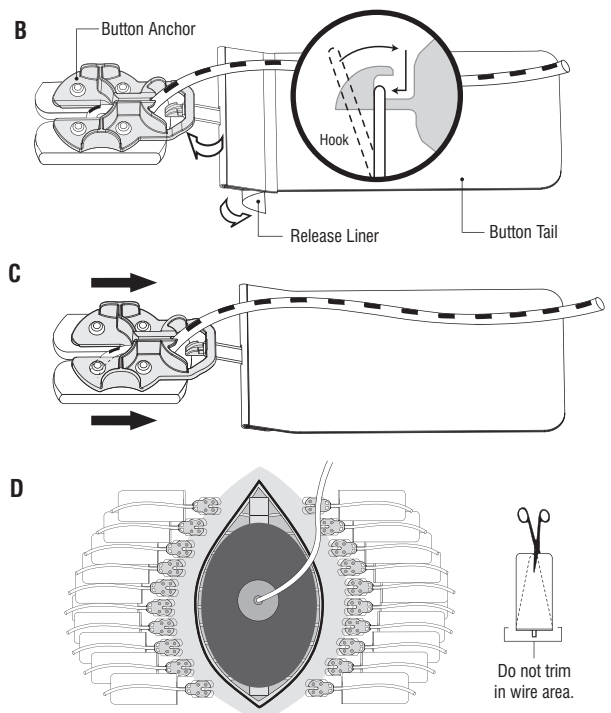
Installing the Button Tails

- A. Clean the skin area 10 cm beyond the Button Anchors with an alcohol wipe. A skin preparatory wipe designed to increase skin adhesion may also be used after cleaning.
- B. Fold the front of the release liner under, without exposing the adhesive, then hook a Button Tail on each Button Anchor. To fully secure hook to Button Anchor, lift back of Button Anchor and tilt the hook vertically to allow it to drop into the slot.
- C. Starting at the widest point of the wound, slide the Button Anchors back slightly (< 0.5 cm). Keeping the Button Tail firmly in position, peel off the liner and press onto the skin. For optimal adhesion, gently rub the entire surface of the Button Tail onto the skin. (Avoid touching the adhesive side while peeling off the liner.)
- D. Button Tails will overlap, but trimming the tails is usually only required to accommodate wound drains or defects.

NOTE: The Button Tail uses a single contact adhesive and cannot be re-positioned once it is applied to the skin. If re-positioning is required, peel off and replace with a new Button Tail.

Removing the 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.



Physician Care (once per 24 hours)

1. Re-set elastomer tensions to 2X stretch.
2. Do "The Move". (See Page 8)
3. Re-set all elastomer tensions to a maximum of 2X stretch, then reduce low-tension areas to a maximum of 1.5X stretch.

Tips:

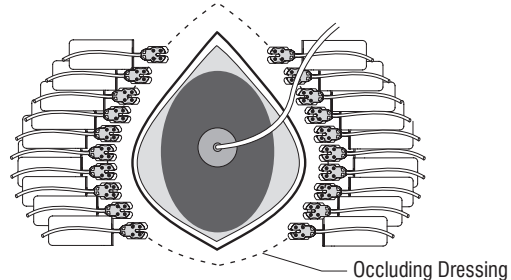
- Normalize fluid balance, if possible, to minimize abdominal volumes.
- Maintain lower respirator volumes, if possible, to minimize pressure on the diaphragm.
- ABRA can be used with standard abdominal drainage regimes and protocols.

NOTE: Avoid any greasy, petroleum jelly-impregnated dressings or ointments which may lubricate the elastomer resulting in slippage from the anchor.

Dressing Changes

NPWT dressings should be changed per manufacturer's protocol.

1. Remove dressings and inspect wound.
2. Clean the skin under the Button Anchors with an alcohol wipe, then dry.
3. Re-set elastomer tensions to 2X stretch.
4. Do "The Move".
5. Re-set elastomer tensions to 2X stretch.
6. Re-install NPWT dressings and draw down.
7. Re-set all elastomer tensions to a maximum of 2X stretch, then reduce low-tension areas to a maximum of 1.5X stretch.



Tips:

- Ensure that the Silicone Sheet is clear of stomas. The sheet can be trimmed and drawn out of the way at the surgeon's discretion (see Instructions for Use*).
- Do not cover Button Anchors with occluding dressings.

Negative Pressure Wound Therapy (NPWT)

It is important that the occluding top dressing does not cover the Button Anchors. 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 get left behind under rapidly-closing wound edges.

Elastomer Tension

The elastomer can be released and re-set repeatedly.

A. Reading Elastomer Tension

The black bars on the elastomer provide a visual indication of elastomer tension. Recommended maximum tension is 2.0X stretch. To check elastomer tension, release elastomer from cleat and compare tensioned marks to untensioned marks, as shown.

Warning: Tension must not exceed 2X stretch.

B. Releasing Tension

To release the elastomer, hold the Button Anchor by the finger grips and pull the elastomer end towards the wound.

C. Re-setting Tension

Secure elastomer with your finger (#1) then draw back on loose end with opposite hand until elastomer drops into cleat (#2), then release.

D. Re-setting Tension (Double Elastomers)

Double elastomers refers to two elastomers per Button Anchor. Secure and lock double elastomers as a pair.

NOTE: Double elastomers set at 1.5X stretch have the same tension as a single elastomer at 2X stretch.

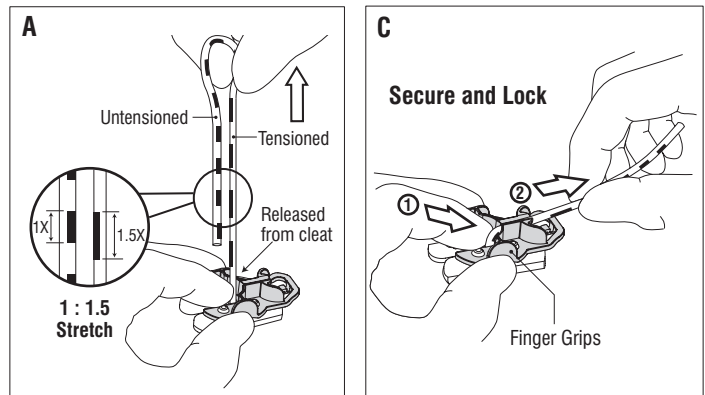
E. Tensioning ABRA with NPWT Installed

After the vacuum has been applied, the elastomer tension will usually decrease. Re-set the elastomer tension after vacuum is applied. No significant movement of the wound margins should be expected at this time.

Tips:

- During the post-operative period, the system may be loosened and the viscera protector re-positioned to allow for inspection and cleaning of the wound.
- 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!)**

*To view ABRA Abdominal Wound Closure Instructions for Use, go to www.canica.com.



Emergency Contact Information

CANICA®

Questions or concerns?
1-800-705-8312 North America
+1-613-256-0350 International

www.canica.com