ENLUXTRA WOUND CARE PROTOCOL

Indicated for: acute, traumatic and chronic wounds, and thermal, chemical or radiation burns

CLEANSING

Cleanse the wound with sterile saline. No need to pat dry.

SELECTING ENLUXTRA SIZE

Size Enluxtra to **cover ALL of the following** areas:

- Wound
- COMPROMISED peri-wound skin
- HEALTHY skin with a minimum 1" overlap

APPLYING

1. **Center** Enluxtra over the wound. Unprinted white fiber side should face the wound.
2. Ensure Enluxtra is in **full contact** with the wound bed.
3. **Secure** Enluxtra with any of the following: medical tape, film adhesive dressing, self-clinging or compression wrap.

TIPS AND PRECAUTIONS:

- **Do not cut** Enluxtra to the wound size.
- **Enluxtra can be trimmed** for a better fit in difficult areas.
- **Avoid** placing other dressings under Enluxtra.
- **Avoid** topical use of thick, viscous products, moisture barriers, and skin preps under Enluxtra.
- **Use wound filler** if the wound has depth.
- If using several Enluxtra dressings on a large area wound, never overlap one Enluxtra dressing over the other under compression.

CHANGING ENLUXTRA

Initial Enluxtra dressing change frequency:

- Change the first Enluxtra dressing after 2-3 days. If the wound is highly draining then change after 1 day.

Subsequent Enluxtra dressing changes—always assess the wound bed and drainage pattern at each dressing change and follow these recommendations:

- If the wound bed has slough or odor continue changing Enluxtra every 2-3 days
- If the drainage footprint is not centered on Enluxtra dressing correct the next Enluxtra dressing position to center it on the wound.

Extend the wear time progressively to up to a 7-day interval if:

- The drainage footprint did not reach Enluxtra's edge, AND
- Slough area is reduced to less than 30% of wound bed, AND
- Odor is almost eliminated.

Carefully monitor drainage nearing Enluxtra's edge (if possible to observe).

- If unable to check the drainage spread, check for patient discomfort or unusual pain. If the patient complains, change Enluxtra sooner than scheduled.

SPECIAL CASES

SLOUGHY AND INFECTED WOUNDS

- Initial change frequency: daily or twice daily to gain control over bioburden level.
- Follow the regular Enluxtra protocol after the bioburden level has been significantly reduced.

TUNNELING, UNDERMINING OR CAVITY WOUNDS

Important: Do not use Enluxtra as a wound filler!

- Fill dead space with filler material that does not shrink with moisture. **Important:** Avoid alginates or carboxymethyl cellulose (CMC) fiber fillers that are incompatible with Enluxtra.
- Leave a portion (about 2") of the filler material out and drape it across the periwound area. This technique will ensure that the maintained.

Acceptable filler materials: gauze or AMD gauze moistened with saline or hydrogel or antiseptic, Iodoform or AMD gauze strips, Hydrofera blue or RTD foam strips.

LARGE AREA WOUNDS

To achieve proper coverage use 2 or more dressings taped together.

- When covering a large area with several Enluxtra dressings taped together, cut off the sides to straighten the dressing edges and to ensure there are no gaps where their corners meet.

For clinical support call 888.519.2297 ext.7 or email contact@osnovative.com
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COMPRESSION APPLICATIONS

For all compression applications, follow these rules for the first 3-5 dressing changes:

- Establish frequent initial follow-up
- Reduce compression to 2 layers
- Decrease pressure to 10-15% mmHg.

As drainage decreases, increase pressure.

PITTING EDEMA OR OTHER EDEMATOUS CONDITIONS

Important: For compression applications on lower extremities bevel and bolster Enluxtra's edges to prevent them from indenting into the surrounding tissue.

1. Using scissors, form a bevel of up to 0.5" wide around the entire Enluxtra's edge on the wound contact side.
2. Place Enluxtra dressing on the wound.
3. *Optional:* Place cotton batting around Enluxtra's edge (rope-like framing) to further reduce and redistribute the compression bandage pressure on Enluxtra's edge.
4. Apply compression bandage.

DRY OR MINIMALLY DRAINING WOUNDS

1. Moisten the wound with saline or distilled water, or apply amorphous hydrogel to wound bed area or exposed tendon and bone. No need to pat dry.
2. Apply and secure Enluxtra with one of the following:
   - A moisture-resistant adhesive tape along Enluxtra's edges
   - A transparent film dressing that completely covers Enluxtra and extends beyond Enluxtra edges at least 1".

SKIN GRAFT DONOR SITES

- Apply Enluxtra while the donor site is bleeding, and leave it on for 5-7 day undisturbed.
- If the donor site has not healed completely after the first Enluxtra application, apply one more Enluxtra dressing, and leave it on for 1 more week undisturbed.

SKIN GRAFT OR BIOENGINEERED SKIN REPLACEMENT PRODUCT PLACEMENT SITES

1. Apply the skin graft or bioengineered skin replacement product following the manufacturer instructions.
2. Apply a manufacturer-recommended securement and/or non-adherent wound contact layer dressing over the graft.
3. Apply, secure and leave Enluxtra undisturbed for 5-7 days.
4. Repeat Enluxtra applications until the wound is healed.

ACUTE RADIOTHERAPY/CHRONIC RADIATION BURNS, NON-HEALING SURGICAL WOUNDS

Important: Apply Enluxtra at first indications of erythema to decrease discomfort and reduce inflammation.

Enluxtra can be used on areas with or without skin integrity breakdown.

- Radiation burns, non-healing surgical wounds: Follow the above instructions for dry or wet conditions.
- Mild erythema, dry desquamation: Lightly moisten skin with saline and place Enluxtra to cover all the affected areas.
- Moist desquamation, confluent wet desquamation: Cleanse, pat dry, and place Enluxtra to cover all the affected areas.

PATIENTS WITH INCONTINENCE OR C.DIFF

Secure Enluxtra with a transparent film dressing (Tegaderm, Opsite, or similar) completely covering the Enluxtra dressing edges and skin around Enluxtra.

VASCULAR WOUND BED

Wound bed may appear highly vascular after several Enluxtra applications. This indicates wound improvement and does not require special attention. It is safe to continue Enluxtra treatment for all patients, including those on anticoagulants or with blood disorders.

HYPERGRANULATION

To resolve existing or prevent new hypergranulation: Apply Enluxtra using the bolstering technique and additional pressure to ensure close contact of Enluxtra's undersurface with the wound bed.

ALLERGIC REACTIONS

If a patient has an allergic reaction to the Enluxtra dressing polymer materials, discontinue its use. Frequently, placement under Enluxtra of a non-adhering wound contact layer known to be tolerated by the patient resolves the problem, and Enluxtra use can be continued.

PATIENT EDUCATION

- Enluxtra application and wear should be comfortable.
- No more than the usual wound site discomfort should be experienced.
- Enluxtra dressing should not have any observable wound drainage at its edge. If outer layers are not removable, leave Enluxtra dressing in place till the scheduled change date, unless wear is painful or there is unusual discomfort.
- Patient should notify a medical professional or caretaker of any discomfort and pain during wear of Enluxtra.

Important: Discomfort, pain, and visual inspection of the backing of Enluxtra should guide the necessity of dressing change.