

*This document to follow patient along with Floor Pack.*

### Post-operative Instructions

#### Applying the Adhesive Anchors

**1** **A.** Clean the skin area 15 cm from wound edge with an alcohol wipe. A skin preparatory wipe designed to increase skin adhesion is recommended after cleaning. Adhesive anchors must be kept dry to prevent adhesive breakdown.

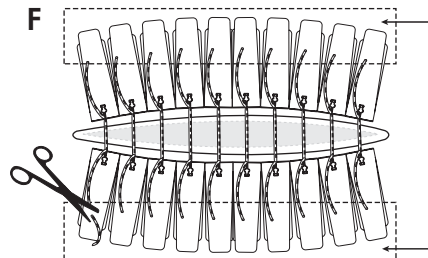
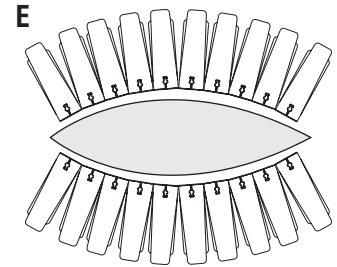
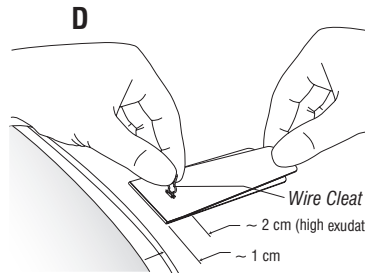
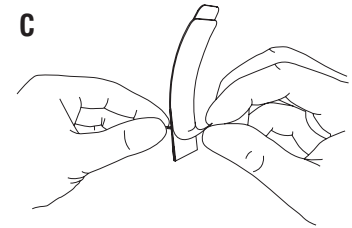
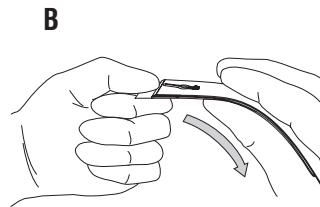
**B.** Bend adhesive anchors to match the curvature of the skin surface on which they will be installed. Gently bend along the length of the anchor to create a continuous curve and to avoid creating kinks.

**C.** Hold the adhesive anchor by the wire cleat, then peel the release liner from the anchor to expose the skin adhesive.

**D.** Locate ~ 1 cm from wound margin and press onto the skin without stretching the anchor. For wounds with **high exudate**, locate ~ 2 cm from wound margin.

**E.** Place adhesive anchors along each wound margin so that they are side-by-side but not over-lapping.

**F.** Elastomer is installed into opposing pairs of anchors. Untensioned elastomers may be trimmed, leaving a **minimum of 5 cm** extending beyond the cleat at each end.



Installation can be reinforced with wound dressing tape, as shown, if required.

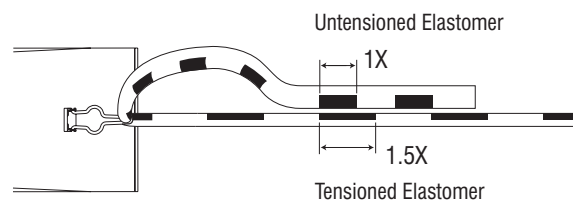
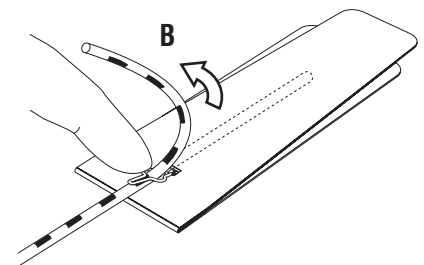
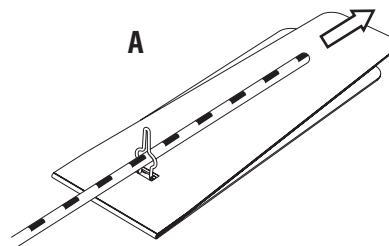
#### Securing the Elastomer

**2** **A.** Feed the elastomer end through the eye of the wire cleat and draw to the desired tension.

**B.** Holding the wire cleat down with one finger, pull the elastomer up to lock.

**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

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### A. Dressings can go above or below the elastomers.

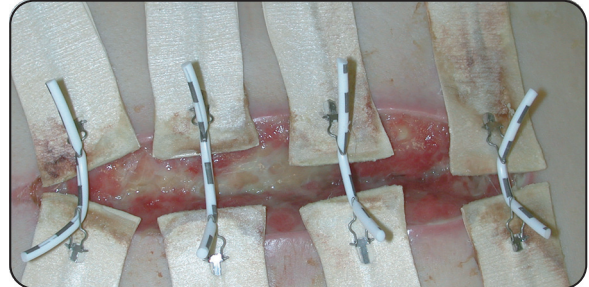
Deep wounds require dressing placement under the elastomers. Do not use small dressings that could get left behind under rapidly-closing wound edges. Shallow and approximated wounds may require dressing placement over the elastomers.

**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.

### C. Replace adhesive anchors if they have been saturated with exudate and/or the leading edge has separated from the skin and has crept over the wound margin (refer to image).

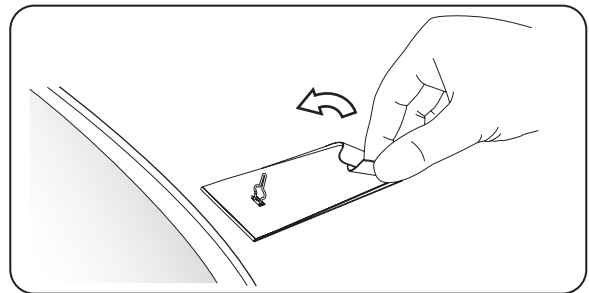
**Note:** Adhesive anchors must be kept dry to prevent adhesive breakdown.



Adhesive anchors that require replacement.

### D. Removing the Adhesive Anchors

Separate the tail of the adhesive anchor from the skin. Peel forward towards wound. Any remaining residue can be removed with soap and water or any medical adhesive remover.



Removing adhesive anchor.

## Adjusting Elastomer Tension

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As wound margins advance, elastomer tension decreases. Elastomers can be released and tension re-set at each dressing change, or at an interval prescribed by the physician.

## Critical Points

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- Therapeutic benefit is derived from the cumulative reduction force applied by all elastomers.
- Over-tensioning any individual elastomer will result in unnecessary localized trauma and lead to premature anchor failure, thereby transferring additional load to the remaining anchors and 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.**
- Adhesive anchors must be kept dry to prevent adhesive breakdown.
- Do not restrain or knot the end of the elastomer behind the cleat of each adhesive anchor.

## Emergency Contact Information

CANICA®

Questions or concerns?

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