These recommendations are designed only to serve as general guidelines. They are not intended to supersede institutional protocols or professional clinical judgment concerning patient care. AlloPatch Pliable should not be applied until excessive exudate or bleeding, acute swelling, and infection are controlled. Each package of AlloPatch Pliable is intended for use on a single patient on one occasion.

1. **Prepare wound bed**
   - a. Prepare wound area using standard methods to ensure wound is free of debris and necrotic tissue. If necessary, debride wound to ensure edges and base contain viable tissue prior to placement of AlloPatch Pliable.

2. **Remove AlloPatch Pliable from packaging**
   - Note: The outer pouch is NOT sterile and should be handled accordingly. The inner pouch containing AlloPatch Pliable is sterilized and may be placed on the sterile field.
   - a. Carefully peel open the chevron seal of outer pouch and present the inner pouch onto sterile field. Ensure the inner pouch does not come in contact with non-sterile surface of the outer pouch.
   - b. Carefully peel open the chevron seal of the inner pouch and allow clinician to grasp AlloPatch Pliable with sterile atraumatic forceps.

3. **Prepare AlloPatch Pliable**
   - a. Rinse AlloPatch Pliable in sterile saline or other sterile isotonic solution.
   - b. Trim AlloPatch Pliable to desired shape and size using sterile dry scissors.
      - Note: To accommodate wounds that produce copious amounts of exudates, AlloPatch Pliable can be meshed or fenestrated by small slits through the graft to facilitate drainage.

4. **Apply AlloPatch Pliable to wound**
   - a. Place graft on wound ensuring as much contact as possible with prepared wound bed and ensuring no more than 0.5mm-2.0mm overlap of wound edges.
   - b. Anchor AlloPatch Pliable by suturing, taping or stapling the sheet, ensuring first that graft overlaps adjacent intact skin.
   - c. Use an appropriate, non-adherent, primary dressing and secondary dressing to maintain a moist wound environment and the placement of the tissue.

Co-authored by:
- Charles M. Zelen, DPM, FACFAS
  Director, Professional Education and Research Institute
  Roanoke, Virginia
- Catherine T. Milne, APRN, CWOCN-AP
  Connecticut Clinical Nursing Associates
  Bristol, Connecticut
5 Patient follow-up

a. AlloPatch Pliable should be applied and dressings should be changed weekly or as needed. If an infection occurs at the graft site, treat infection per institution’s protocol.

b. Change the secondary dressings as needed to maintain a moist, clean wound area. Wound type, location, size, depth, amount of exudate, and user preference determine the optimal dressings.

c. Do not forcibly remove sections of AlloPatch Pliable that are adhered to the wound.

d. When the clinician deems that an appropriate response has been obtained, discontinue AlloPatch Pliable treatment.

Additional Notes:

Graft orientation:
There is no specific orientation required for AlloPatch Pliable when placed on the wound bed. If a specific orientation is desired, the epidermal facing side vs. dermal side of AlloPatch Pliable can be discerned by positioning the graft with the indicating notch in the upper left-hand side of the tissue. This will assure that the epidermal facing side is positioned facing up (Figure 1).

Using two or more grafts:
If the wound is larger than a single graft, multiple grafts of AlloPatch Pliable may be used to cover the open wound area by suturing, taping, or stapling the grafts together as determined by the clinician.

Suggested primary dressings:
AlloPatch Pliable should be covered with a non-adherent dressing. Examples of non-adherent dressings include ADAPTIC TOUCH®, Mepitel®, DRYNET® Wound Veil, TELFA™ and XeroForm®.

If appropriate, negative-pressure wound therapy (NPWT) can be used in conjunction with AlloPatch Pliable by placing over non-adherent dressing.

Suggested secondary dressings:
AlloPatch Pliable requires a moist wound environment. Use appropriate moisture management dressings for the wound type and treatment ideology. Examples of appropriate moisture management dressings include Tegaderm™, Kerlix®, Curity™ 3M™ Coban™ Self-Adherent Wrap, DYNA-FLEX® Multi-Layer Compression System, PROFORE® and PROFORE® Lite.

Off-loading foot wounds:
To further encourage healing, patient should be appropriately off-loaded following each visit as per institution’s standard protocols.