

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. AmnioBand Membrane should not be applied until excessive exudate or bleeding, acute swelling, and infection are controlled. Each package of AmnioBand Membrane is intended for use on a single patient on one occasion.

1. Prepare wound bed

- a. Perform local wound debridement followed by irrigation to ensure disruption of biofilm and facilitate removal of cellular and tissue debris. Ensure wound edges and base contain no devitalized tissue prior to placement of AmnioBand Membrane.

2. Remove AmnioBand Membrane from packaging

Note: The outer pouch is NOT sterile and should be handled accordingly. The inner pouch containing AmnioBand Membrane 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 AmnioBand Membrane with sterile atraumatic forceps.

3. Prepare AmnioBand Membrane

- a. In a dry state, use sterile dry scissors to cut AmnioBand Membrane so that there is no more than a 0.5mm-2.0mm overlap onto the adjacent wound margin.

Note: To accommodate wounds that have expected exudate, AmnioBand Membrane can be meshed or fenestrated by small slits through the graft to facilitate drainage.

4. Apply AmnioBand Membrane to wound

- a. Place AmnioBand Membrane on wound.
- b. Anchor AmnioBand Membrane with tissue adhesives or by suturing the sheet, ensuring first that graft overlaps adjacent intact skin.

Note: While on the wound site, if needed, hydrate AmnioBand Membrane with sterile saline solution.

- c. Use an appropriate, non-adherent, primary dressing and secondary dressing to maintain a moist wound environment and the placement of the tissue.

Note: See “Off-loading foot wounds” section in “Additional Notes” section

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5. Patient follow-up

- a. AmnioBand Membrane 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 AmnioBand Membrane that are adhered to the wound.
- d. When the clinician deems that an appropriate response has been obtained, discontinue AmnioBand Membrane treatment.

Additional Notes:

Graft orientation:

There is no specific orientation required for AmnioBand Membrane when placed on the wound bed.

Using two or more grafts:

If the wound is larger than a single graft, multiple grafts of AmnioBand Membrane may be used to cover the open wound area by taping the grafts or suturing the grafts together as determined by the clinician.

Suggested primary dressings:

AmnioBand Membrane 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 AmnioBand Membrane by placing over an appropriate non-adherent dressing.

Suggested secondary dressings:

AmnioBand Membrane requires a moist wound environment. Use appropriate moisture management dressings for the wound type, wound etiology and exudate amounts.

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:

AmnioBand Membrane may be used under compression, negative wound therapy devices and offloading devices using the institution's standard protocols. Adequate offloading of plantar foot wounds should strongly be considered in the management to encourage the best possible clinical outcome.



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