After Discharge

General Information

You should not smoke during the healing period as this may slow down the healing process. Avoid knocking or rubbing the graft area. The graft remains very fragile for at least 6 to 8 weeks.

Showering and Bathing

You are advised not to have a bath for two weeks after your surgery. In general showering is preferable to bathing.

For a few weeks you should not bath your skin graft for more than five minutes. Furthermore you should use a mild soap and rinse well, patting the graft dry gently with a soft towel. Once your graft has healed completely you may bath and shower normally.

Sports

You should wait till your clinic visit approx. 6 weeks after your surgery before resuming any sportive activities. Wait for further instructions of your healthcare professional.

Sunbathing

It is important to completely block the sun from the graft area using either clothing, a hat or high factor sun block.

Massages and Skin Care

After the dressing has been removed, both the graft and the donor site have to be daily softened and massaged to reduce redness. You should use a non perfumed-creme or lotion.

Note: The instructions included in this brochure are designed to serve only as a general guideline and not to supersede your healthcare professional's instructions. Please contact your healthcare professional if you have any problems with wound healing or any other wound related issues.

References:

1. De Vries et al., Reduced wound contraction and scar formation in punch biopsy wounds. Native collagen dermal substitutes. A clinical study., Br. J. Dermatol., 1995; 132: 690-697
2. Cligg, R., Patient Information Leaflet for: Wound care advice following an excision with a skin graft. Information for patients and carers, Trust docs, 2017
3. Haslik et al., First experiences with the collagen-elastin matrix MatriDerm® as a dermal substitute in severe burn injuries of the hand, Burns 2007, 33(3): 364-8

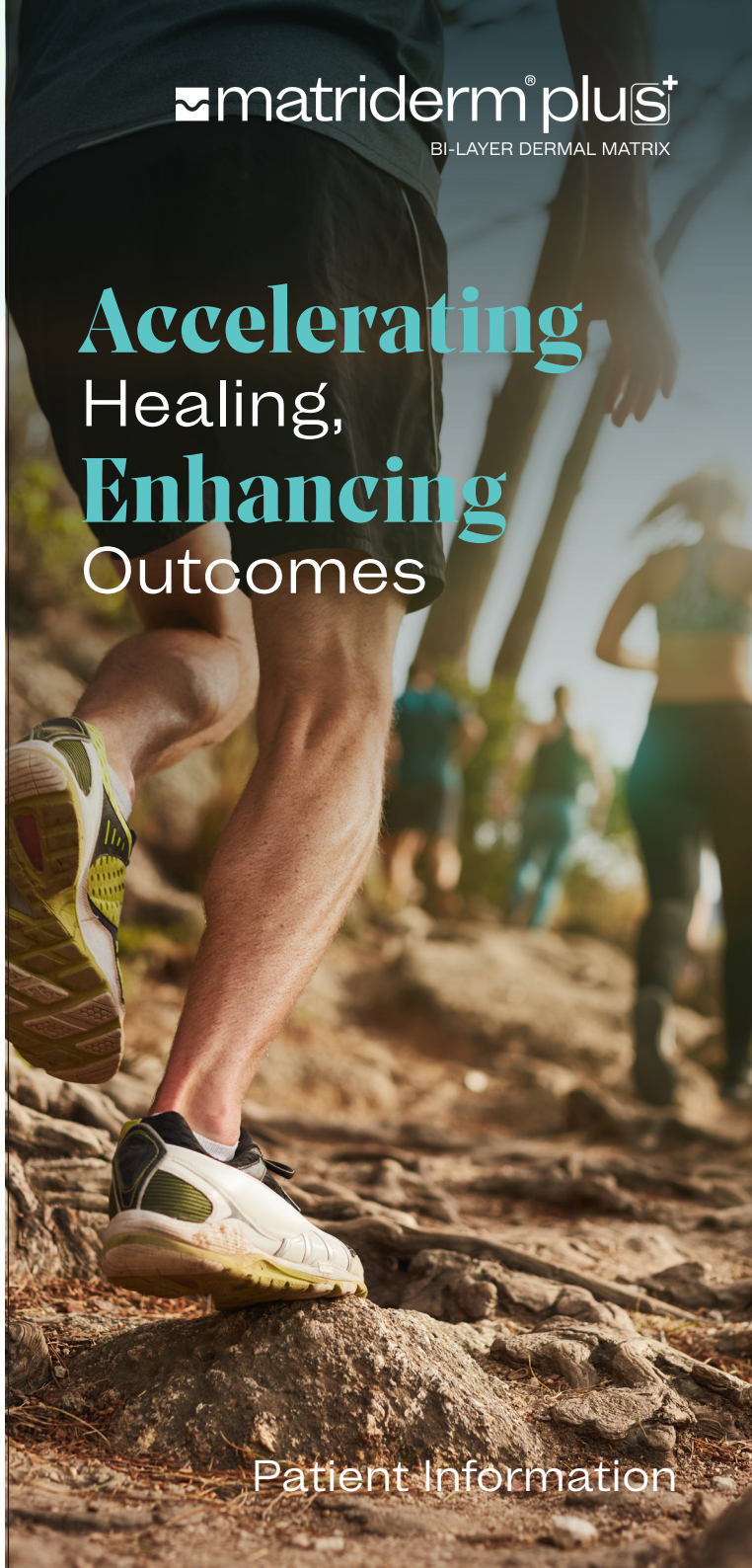
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Material number 89685-001

matriderm® plus+
BI-LAYER DERMAL MATRIX

Accelerating Healing, Enhancing Outcomes



Patient Information

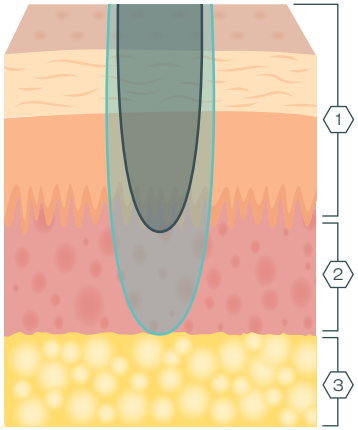
Function of the Skin

The skin is the largest sense organ of humans. Structure and color look slightly different for each person. Nevertheless, the skin always has the same composition and functions.

The skin is composed of three skin layers. First comes the upper skin layer (“epidermis”). Underneath lies the sclera (“dermis”) and below lies the underskin (“subcutaneous tissue”).

The skin gives us the ability to perceive touch, pressure, tension and temperature differences. At the same time it protects our internal organs from bacteria and regulates our body temperature.

Layers of the Skin



■ Partial-thickness wound
■ Full-thickness wound

1. Epidermis
Protects underlying tissue from infection, dehydration, chemicals and mechanical stress.

2. Dermis
Contains connective tissue (collagen, elastin) as well as different types of cells. The dermis provides tensile strength and elasticity to the skin.

3. Subcutaneous tissue
Made up of fat and connective tissue, its purpose is to attach the skin to underlying bone and muscle as well as supplying it with blood vessels and nerves.

If the skin is damaged the protection is lost. The resulting wound may differ in depth depending on how much of the different layers are affected (partial-thickness wound, full-thickness wound). If a wound is deeper than the upper layer of the skin a skin graft may be required.

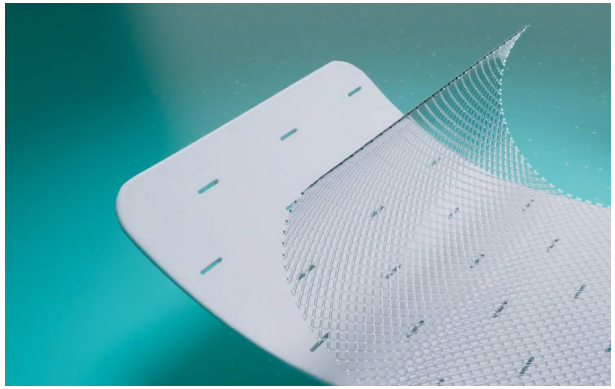
Your Treatment

Depending on your condition, MatriDerm may be used on its own or together with other treatments, such as a split thickness skin graft. If a split thickness skin graft was part of your procedure, your surgeon has taken a thin layer of skin from another area of your body (donor site) to support healing of the treated area.

Note that both the graft and the donor site will need nursing attention.

MatriDerm® pluS+

MatriDerm pluS+ consists of two layers: The first layer consists of a silicone grid. The second layer is a three-dimensional fenestrated matrix composed of native structurally intact collagen fibrils and elastin. For the reconstruction of dermal tissue MatriDerm pluS+ serves as a dermal substitute and may be used in combination with a split-thickness skin graft (STSG) in a second stage, after prior removal of the silicone grid. The aim of treatment is to construct a neo dermis, to improve the quality of reconstructed tissue, reduce scarring, prevent wound contraction and restore functionality.



Example of MatriDerm® pluS+ with the silicone grid

During the wound healing, your body uses MatriDerm® pluS+ as guiding structure and replaces it by body’s own dermis components. After 6 weeks, the collagen-elastin layer is integrated, and a newly formed neodermis is present.

After Surgery

Care of the Treated Area

A healthcare professional will look after the dressing at the graft site and, if applicable, the donor site. The type of dressing depends on your surgery and your healthcare professional’s recommendations. Please keep your dressing clean and dry.

If a skin graft was part of your treatment:

Appearance of the Donor Site

The donor site looks like a graze. It will be red and raw and you may have more pain at the donor site than at the graft.[1] Once healed the area may appear pale and will be more sensitive to the sun at first.

Appearance of the Graft

Sometimes the wound may look pale and whitish at the beginning until the graft is fully supplied with blood and turns pink. Initially, the area may feel quite numb, as the nerves will have been damaged during the surgery. The nerves begin to grow into the area after 4 or 5 weeks but it may take one to two years until the sensation fully returns.[2]

First Movements

MatriDerm® pluS+ enables you to start early with your physical therapy after surgery. You can also achieve a high functionality of the treated area, improving your quality of life.[3]

For the first 3 to 5 days in hospital you should keep bed rest and do as little movements as possible. Your healthcare professional will advise you if you will need more days of bed rest.

After 5 to 7 days you can do the first careful and slow movements yourself. After 2 weeks you can start with passive movements with your physical therapist.



Example of a passive movement