

APPLICATION KEY POINTS

Enluxtra dressing size

- Use Enluxtra dressing large enough to cover the wound, the compromised peri-wound skin, and to overlap healthy skin by 1".
- No need to cut Enluxtra to the size of the wound.
- Trim or slit Enluxtra for difficult area placement.

Peri-wound skin area

Consider the compromised peri-wound skin areas (irritation/inflammation/maceration/dry/scaly) as parts of the wound and cover them with Enluxtra—this will improve healing results.

Enluxtra dressing contact with wound bed

- For shallow wounds and wounds that allow Enluxtra to be contoured to the bottom of the wound: bolster the dressing down by placing folded gauze (about 0.1”-0.3” thick) on top of the Enluxtra dressing center area, and compress down with a securing wrap or adhesive tape.
- Make sure that no gap or void is formed between Enluxtra dressing and wound bed. Check by lightly pressing on Enluxtra’s center with your finger — it must not bend inward under the finger.
- If Enluxtra dressing bends inward to wound under your finger, place more folded gauze on top of Enluxtra and secure with a wrap or adhesive tape.

Enluxtra dressing change frequency

Monitor the spread of drainage! Make sure Enluxtra is removed when wound drainage is nearing Enluxtra’s edge, or after 7 days.

Correct packing material choice

Avoid alginates or other gelling fibers for packing into wound cavity or tunneling wounds.

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 the backing of Enluxtra is obstructed and the drainage is not visible, instruct the patient to carefully remove the outer dressing or wrap.
 - 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 must not be allowed to remove Enluxtra dressing for wound observation before the scheduled dressing change date.
- 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.

Questions?

Call 888.519.2297 ext.7 for clinical support.

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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:

- The wound
- The COMPROMISED peri-wound skin
- The HEALTHY skin with a minimum 1” overlap

Applying

- **Do not cut** Enluxtra to the wound size.
- **You may trim** or slit it 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.
- **Use wound filler** if the wound has depth.
- **Center** Enluxtra over the wound.
- **Secure** with any of the following: medical tape, film adhesive dressing, self-clinging or compression wrap.
- Ensure Enluxtra is in **full contact** with the wound bed.

This document does not contain medical advice.
It cannot replace doctor recommendations.



Changing Enluxtra

► Initial change frequency:

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

► Subsequent changes—always assess the wound bed and drainage pattern at each dressing change to determine whether to:

- Continue changing Enluxtra every 2-3 days if the wound bed has slough or odor
- Correct the next Enluxtra dressing position if the drainage footprint is not centered on it

► Extend the wear time progressively to an up to 7 days 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

Enluxtra Dressing Overlap

Never overlap one Enluxtra dressing over the other under compression.

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.

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.

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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.

Tunneling or Cavity Wounds

Important: Enluxtra is NOT a packing material! Do not pack with Enluxtra!

- Pack dead space or fill tunnel with packing material that does not shrink with moisture.

Important: Avoid alginates or cellulose fibers.

- Acceptable packing materials: gauze moistened with saline or hydrogel, AMD gauze moistened with saline, Iodoform strips, Hydrofera blue foam strips
- Ensure that packing material is in contact with the undersurface of Enluxtra.

Sloughy and Infected Wounds

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

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.

Skin Graft Donor Sites

- Apply Enluxtra while the donor site is bleeding, and leave it 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 for 1 more week undisturbed.

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

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 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.

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