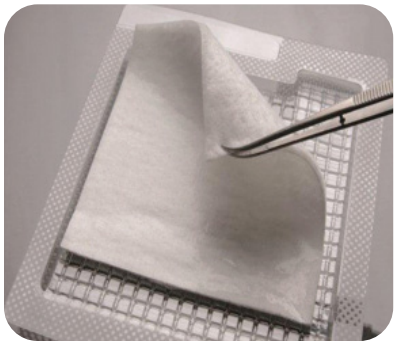
Pipeline Medical | Corius™ Tissue Regeneration

Hyalomatrix® application guide

Inspecting

- Hyalomatrix should be used on a clean wound bed free of debris and infection
- Debridement and/or infection management may be required prior to application
- Hyalomatrix is not contraindicated with the use of any wound cleansers (i.e. PHMB, Hypochlorous Acid)
- For lightly-to-moderately draining wounds, the silicone layer should be fenestrated with a scalpel. Consider using Hyalomatrix Non-silicone for heavily draining wounds



Applying

- Fibrous HYAFF® layer should directly contact wound bed
- Hyalomatrix should slightly overlap wound edges
- Skin protectant (Marathon, SurePrep) should be used to protect the periwound
- Hyalomatrix does not require pre-moistening prior to application
- Hyalomatrix Non-silicone is recommend when used in conjunction with negative pressure wound therapy

Fixating/Protecting

- Sterile adhesive strips and/or contact layer (Versatel) can be used to secure Hyalomatrix
- Sutures/staples/surgical glue can also be used for securement
- Antimicrobial absorbent layer should be used over contact layer/sterile strips (Opticell Ag/ Optifoam Ag—low/moderate drainage, OptiLock/Qwick—heavy)
- Hyalomatrix is not contraindicated for use with other medical devices, negative pressure wound therapy and silver/iodine dressings

Following up

- Reassessment is often performed weekly or at the physician's discretion
- Hyalomatrix wear time is typically 14-21 days, depending on etiology and drainage
- Hyalomatrix can be removed when HYAFF layer is resorbed into wound bed (silicone layer often naturally releases and floats)
- Additional Hyalomatrix application can be placed over remaining HYAFF of first application

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Don't be alarmed if...

...a malodor is detected

- As HYAFF degrades via normal enzymatic activity, the degradation products may release an odor noticed by the patient and/or clinician
- This odor is not necessarily indicative of a local infection. Use other indicators (fever, swab test, increase in erythema or pain) if infection is suspected

...discoloration is present

- HYAFF may turn a greenish/yellowish color – this is normal as the product incorporates and is not necessarily indicative of infection
- After the HYAFF layer incorporates, healthy red dermal tissue should be visible to demonstrate wound progress

...inflammation or erythema is noted

- Hyaluronic acid can initially be pro-inflammatory, leading to a productive inflammation phase
- While some wounds may initially become inflamed, this inflammation often dissipates within days
- If inflammation does not dissipate, Hyalomatrix should be discontinued for a week or two, and Hyalomatrix can then be re-applied once inflammation is under control

Scan to view the Hyalomatrix IFU and learn more about potential color change and odor.

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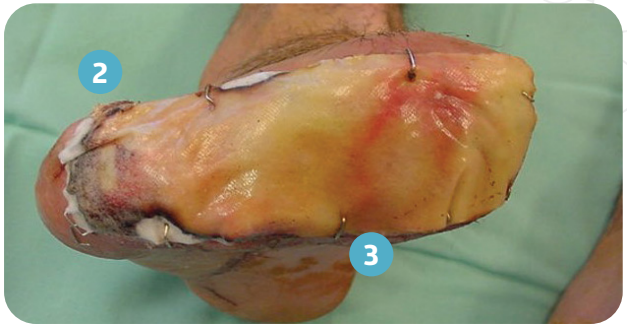
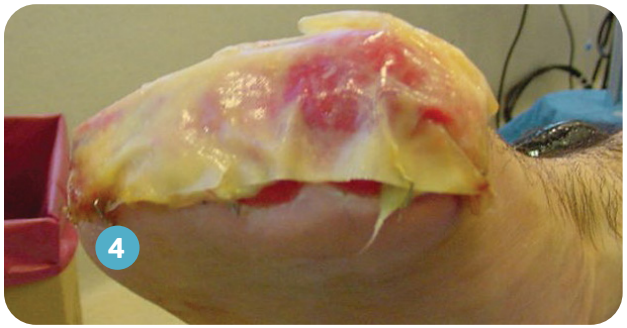
Application details and notes

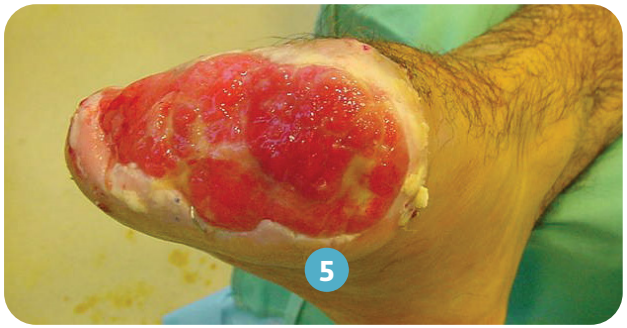
Day 1



Day 6



Day 10



Day 10

Key notes:

1. Aggressive debridement is particularly important—Hyalomatrix should be applied to a clean wound bed

2. Hyalomatrix can be applied over exposed bone/tendon, as these are within the full-thickness indication

3. For difficult sites, it may be preferable to suture or staple Hyalomatrix for further adherence to site

4. As the HYAFF layer incorporates, the silicone will begin to release from the site

5. Granulation often occurs quickly, so consistent monitoring can help reduce the potential of hypergranulation

Scan to view our Hyalomatrix application video

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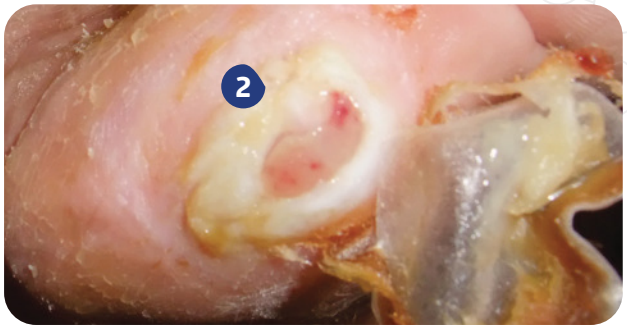
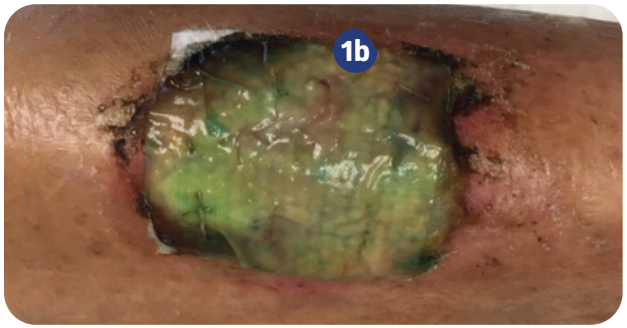
Color change details and notes

Week 2 (1st application)



Week 2 (After removal)



Week 1 (1st application)

Week 2 (After removal)

Key notes:

1. Discoloration or malodor are not necessarily indicative of infection–other indicators should be used.
   - 1a. Yellow/brown color is the most common color change seen during the integration process. The reason is the matrix may have absorbed fibrin and other plasma proteins from the wound exudate.
   - 1b. Green color is hypothesized to be a combination of hemoglobin and myeloperoxidase secreted by neutrophils bound within the matrix
2. Skin protectant is highly recommended (not performed in this case) to prevent maceration

Scan to learn more about Hyalomatrix's potential color changes

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NPWT application details and notes*

Week 0 (1st application)

Week 0 (1st application)

Key notes:

1. Heavily fenestrate the silicone layer or use Hyalomatrix Non-silicone to avoid impacting the pressure of the negative pressure wound therapy (NPWT) device

2. A wound contact layer should be applied between Hyalomatrix and the foam so that NPWT dressing changes do not disturb Hyalomatrix

3. Any NPWT foam can be used, based on clinical preferences and the circumstances of the particular chronic wound, burn, or surgical site

4. If Hyalomatrix appears dry and stringy upon NPWT dressing change, it may be beneficial to turn the pressure down to approximately 75 mmHg (however, some disposable units only have one fixed pressure level). A reduced pressure setting may leave enough moisture for Hyalomatrix to effectively integrate

5. Be careful during NPWT dressing changes to avoid lifting up Hyalomatrix—rebuilding tissue is a delicate process

* These guidelines have been developed based on the collective best practices of experienced users of Hyalomatrix. They are not intended to be a substitute for professional medical judgement and/or your facility's own protocols.