

DAY 1

Application of Hyalomatrix®

PHOTO 1: Surgical preparation of the wound in order to obtain a clean, vital wound bed must be performed prior to the application of Hyalomatrix.

PHOTO 2: Cut Hyalomatrix to match the contour of the wound, applying the **fibrous side in contact** with the lesion. In large lesions, position the individual sheets of Hyalomatrix in close contact, **without overlapping the edges**. Fix the edges with metal staples or loose suture stitches. In the event of abundant exudate, fenestrate (create intermittent fine cuts in) the silicone film.

Apply a secondary non-adherent dressing with a moderately compressed bandage. Use an absorbent secondary dressing in case of exudation. Hyalomatrix is not indicated for heavily exuding lesions.



PHOTO 1 – Preparation of the wound bed.



PHOTO 2 – Shaping and fixation of Hyalomatrix.

DAY 7

Monitoring of the lesion

PHOTO 3: Remove **only** the secondary dressing and check the appearance of the wound bed through the transparent film.

PHOTO 4 - 5: Eventually the HYAFF® fibers may turn into a gel-like substance of **yellow-orange appearance** that can subsequently turn **brown**. There may also be a distinctive odor. Confirm there are no clinical signs of local infection (edema, marked redness of the wound edge, pain and fever). Once absence of infection is confirmed, leave the dressing in place and reapply a secondary dressing.

In the event of infection, remove the product, take a bacteriological swab and treat with appropriate antibiotics. Once the infection has been treated, the product can be reapplied.



PHOTO 3 – Inspection of the wound bed.



PHOTO 4 - 5 – Resorption/integration of the HYAFF matrix.

DAY 15-21

Evaluation of the newly formed tissue

During this time, the integration of the HYAFF® matrix is normally complete and a **suitable dermal layer has been restored**. Remove the silicone film: this is non-traumatic as the film easily lifts off. In wounds or areas that are particularly deep, a second application of Hyalomatrix may be required.

PHOTO 6: The residual HYAFF material can be removed by **irrigation with saline** and/or using a gauze soaked in this solution.



PHOTO 6 – Non resorbed, excessive HYAFF material ready for removal.

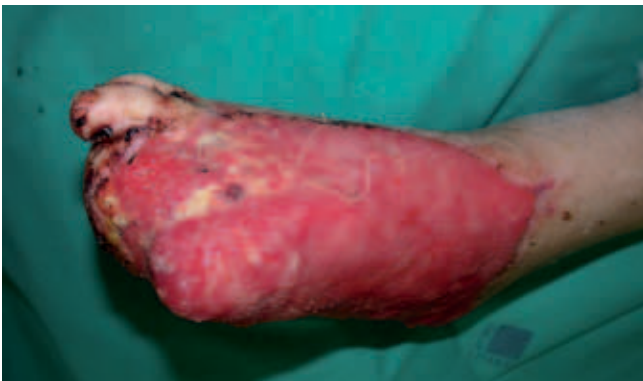


PHOTO 7 – Residual HYAFF material which should not be removed.

DAY 15-21

Closure of the lesion

PHOTO 7: Any HYAFF fibers partially left in the tissue will not interfere with graft take and therefore should not be removed, in order to avoid damaging the newly formed tissue.

PHOTO 8: Smaller wounds may heal by natural re-epithelialization.

PHOTO 9: Prepare the wound bed for the skin graft.

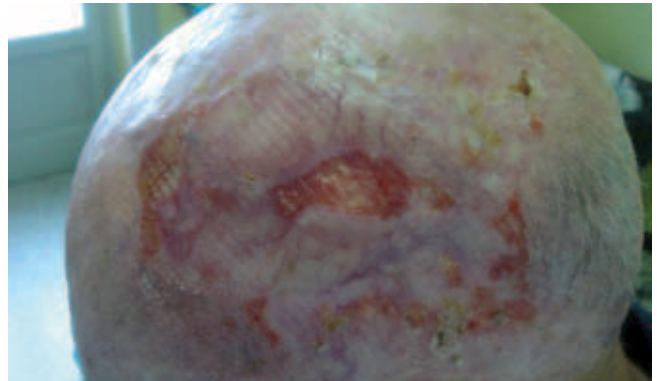


PHOTO 8 – Natural re-epithelialization from the edges.



PHOTO 9 – Application of meshed skin grafts.