Skin and Wound Product Information Sheet

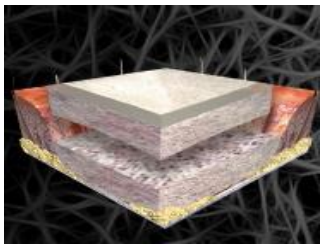
Integra

Classification	Graft: Dermal Replacement Template

Key Points	• Integra dermal regeneration template is a bi-layer membrane (either fenestrated (mesh) or non-fenestrated) used for skin replacement. The base layer (dermal regeneration layer) is composed of bovine tendon collagen and glycosaminoglycan (chondroitin-6-sulfate). The outer layer acts as an epidermal substitute and is made from a thin layer of silicone which helps to control moisture loss from the wound bed and acts as a bacterial barrier.
	• Application of Integra is a 2-step process:
	  ○ It is applied in the operating room (OR) the surgeon places the material over a full thickness surgically excised wound.
	  ○ Over the next 14 - 21 days the cells migrate into the matrix; as the dermal layer matures, the colour of the Integra changes to red, pink, orange, peach and/or cream. The rate of colour change is dependent on the patient's rate of healing.
	  ○ In approximately 14 - 21 days, the new dermal layer is complete. The silicone layer is then removed in the OR and a skin graft is applied to complete wound closure if needed.

Indications	• To provide coverage over a full thickness defect, exposed tendon or bone associated with burn injuries, trauma, cancer or chronic wounds • For the post-excision treatment of full thickness or deep partial thickness injury where sufficient autograft is not available at the time of excision • For reconstruction with scar contracture release
Precautions	• The use of Integra in pregnant women has not been clinically evaluated and use should only occur when benefits clearly outweigh risks • Clinically infected wounds must be treated prior to Integra application • Minimize or prevent pressure and shearing forces as these forces can lead to dislodgement of the Integra • Avoid hydrotherapy immersion and protect the dressing when showering. Do not allow water to get under the silicone layer. • Common complications include hematomas, fluid accumulation beneath the silicone layer, infection, premature silicone separation and incomplete take of the Integra.
Contraindications	• The use of Integra is contraindicated in patients with known hypersensitivity to bovine collagen or chondroitin material • The bovine components contained in Integra may be a contraindication for application in some cultures • Integra is incompatible with Dakin's solution, petroleum-based products; e.g. Xeroform, and enzymatic debridement agents

Formats & Sizes	• Sheets
	  ▪ 5 x 5cm (2x2in)
	  ▪ 10 x 12.5cm (4x5in)
	  ▪ 10 x 25cm (4x10in)
	  ▪ 20 x 25cm (8x10in)



Application Directions	Rationale
Integra is applied by the Surgeon in the OR following excision of the wound bed. The Integra can be applied meshed, un-meshed or 'pie-crusted'. It is stapled/sutured and remains in place until the time of autografting (usually 14-21days). There are 4 options for the Integra cover dressing: • Non-antimicrobial, non-petroleum interface and NPWT • Bulky dressing and compression • Antimicrobial, bulky dressing and compression • Antimicrobial interface and NPWT	Complete excision down to viable tissue is required to ensure Integra takes to the wound bed. The surgeon may use mesh or cut slits in the silicone layer to allow exudate to pass freely from the Integra and prevent fluid accumulation and/or hematoma. Pressure (NPWT or compression) assists with the adherence of the Integra to the underlying wound bed and also minimizes any mechanical dislodgement.

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Care of Integra Layer	
Monitor, and urgently consult with the Surgeon, regarding the following conditions as these will prevent the adherence of Integra to the underlying wound bed. NSWOCs/Wound Clinicians to follow Surgeon's order for the resolution of the situation: <u>Fluid accumulation:</u> • Evacuate using an 18- or 20-gauge needle and then roll/wick away any remaining fluid with a cotton tipped applicator or gauze pad. <u>Hematoma:</u> • For hematomas in fluid state, evacuate using an 18- or 20-gauge needle and then roll/wick away any remaining fluid with a cotton tipped applicator or gauze pad. • For hematomas no longer in fluid state, Conservative Sharp Wound Debridement is needed, refer to Physician/NP/NSWOC/ Wound Clinician. <u>Infection:</u> • Often due to non-viable tissue in the wound bed and/or contamination. The Integra may turn yellow, green, black or brown in color and it may have an odor. • Evacuate purulent drainage using a 18- or 20-gauge needle, incising or rolling the Integra • Treat with a topical antimicrobial dressing: ○ Fenestrated(mesh): apply the dressing over the entire sheet. ○ Non-fenestrated: the dressing must be applied to the wound edges, over the Integra seams and any other open areas on the Integra to allow the antimicrobial in under the silicone layer <u>Mechanical Shearing:</u> • Roll or use plastic-coated surfaces for re-positioning the client. If the Integra dressing is on the client's back, position side-lying or prone (if tolerated), to reduce pressure on the Integra. An air fluidized low loss air bed may be appropriate. • Follow Surgeon's orders for range-of-motion exercises and ensure the wound is covered securely.	If using an Acticoat product, Acticoat Flex is to be applied dry; whereas, Acticoat needs to be moistened prior to application.
Outer Dressing Change	
Physician orders are required for NPWT: ○ Pressure and therapy settings ○ Type of interface to be used with NPWT ○ Type of wound covering, foam or gauze ○ Dressing change frequency (usually 2-3 times/week) <u>Do not</u> pre-soak (instill fluid down the tubing) or use Normal Saline to dampen the dressing for removal. Physician's orders are required for conventional dressing: ○ Type of contact layer, if using ○ Number of gauze dressing/pad layers ○ Type of compression ○ Dressing change frequency (usually 2-3 times/week) <u>Do not</u> use Normal Saline to dampen the dressing for removal. Cleansing may cause shearing of the Integra. Cleansing of the wound area is limited to the peri-wound skin and to staples or sutures where crusting has developed.	
Expected Outcome	
New dermal layer will regenerate within 14-21 days. Client will return to the OR for autografting, the 2nd step in the process.	
For further information, please contact your Wound Clinician.	