




Skin and Wound Product Information Sheet

OASIS	
Classification	Biochemical Modifiers: Replacement
Key Points	<ul style="list-style-type: none"> • A natural extracellular matrix (ECM) derived from porcine small intestine submucosa • Replaces missing or failing ECM in the wound which helps the wound to heal • Is bio-absorbable • Composition: Collagen (type I, III, IV, VI), Elastin, Glycosaminoglycans (heparin sulphate, hyaluronic acid, chondroitin), Glycoproteins (fibronectin, laminin, enactin), Proteoglycans (decorin, heparin sulphate), and growth factors FGF-2, TGF-b1, CTGF • OASIS comes as either a fenestrated or a mesh dressing with the mesh dressing having more openings than the fenestrated version; the purpose of the openings are to allow exudate thru the OASIS dressing into the cover dressing
Indications	<ul style="list-style-type: none"> • To correct the cellular imbalance in `stalled` clean, healable wounds • May be used in conjunction with compression therapy
Precautions	<ul style="list-style-type: none"> • Must consult a Wound Clinician, NP or Physician prior to use • A surgical debridement of the wound may be necessary prior to using OASIS to ensure the wound edges contain viable tissue • Should not be applied until bleeding and acute swelling are controlled • All clients should be informed that product contains porcine (pig) products for cultural and religious reasons.
Contraindications	<ul style="list-style-type: none"> • Do not use with client has a known allergy to porcine material • Do not use on infected wounds • Do not use for third degree burns • Discontinue the use of the dressing if any of the following are noted; Infection, chronic inflammation, allergic reaction, excessive redness, pain, swelling, or blistering
Formats & Sizes	<ul style="list-style-type: none"> • Fenestrated <ul style="list-style-type: none"> ▪ 3 x 3.5 cm fenestrated ▪ 3 x 7 cm fenestrated ▪ 7 x 10 cm fenestrated ▪ 7 x 20 cm fenestrated • Meshed <ul style="list-style-type: none"> ▪ 7 x 10 cm meshed ▪ 7 x 20 cm meshed • Burn dressing <ul style="list-style-type: none"> ▪ 7 x 20 cm <div style="text-align: right; margin-top: 10px;">  </div>
Application Directions	Rationale
Cleanse/irrigate wound with sterile normal saline or agency approved wound cleanser; dry peri-wound skin.	Reduces wound debris and allows for adhesion of dressing or tape.
To Apply	
<p>Cut the dry sheet to a size slightly larger than the outline of the wound area. Place remaining piece of OASIS into a sterile container and mark the container with client's name and date.</p> <p>If wound is larger than a single sheet, then multiple sheets may be used; overlap adjoining sheets by at least 1cm to provide coverage of the entire wound.</p> <p>Place sheet on the wound bed using forceps or sterile gloved hand; ensure that the forceps tip and fingers of the glove are dry. Smooth OASIS into place over the wound bed and the wound edges.</p>	<p>To ensure that the wound matrix connects to the wound edges to allow for re-epithelialization. To ensure single-patient use of the dressing.</p> <p>Moisture will cause the dressing to gel making it harder to place in the wound. OASIS may adhere itself to the per-iwound skin and removing it may cause the peri-wound skin to bleed.</p>
Rehydrate the sheet using sterile normal saline. Pat the dressing to remove all air bubbles or "ballooning".	To ensure that the sheet is fully adherent to the wound bed and edges.
Cover with a silicone mesh dressing or petrolatum impregnated	To hold the matrix in place.



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<p>dressing.</p> <p>If there is a concern that the wound bed may become too dry then add a saline moistened gauze dressing.</p>	<p>Oasis will not work in a dry environment</p>
<p>Apply appropriate cover dressing to maintain a moisture-balanced wound environment.</p>	<p>The choice of cover dressing will depend upon the amount of exudate expected</p>
To Remove	
<p>Oasis is bio-absorbable and may form a caramel-coloured or off-white gel which should not be removed. Cleanse the wound with gentle normal saline irrigation using an irrigation tip catheter to remove any loose pieces of OASIS and exudate.</p> <p>Do not forcibly remove sections of OASIS that have adhered to the wound.</p>	<p>To avoid trauma to new epithelial tissue.</p>
Frequency of Dressing Change	
<p>Reapply as needed when OASIS is no longer visible. Typically reapplication is necessary every 7 days until the wound is re-epithelialized.</p> <p>Change the cover dressing as needed, depending on amount of exudate. Change the silicone or petrolatum layer when the OASIS is reapplied. If using saline moistened gauze, change this dressing with the cover dressing.</p> <p>If excess exudate collects under the fenestrated sheet, a <u>few</u> small openings can be made in the sheet to allow release of exudate into the cover dressing.</p>	<p>Provides wound bed matrix until epithelialization is complete.</p> <p>May need to check the saline moistened gauze between cover dressing changes to ensure that the gauze is not too dry.</p> <p>Consider using the mesh dressing if the fenestrated dressing is not allowing exudate through to the cover dressing.</p>
Expected Outcome	
<p>Measurable improvement in wound size in 4 to 8 weeks.</p>	
For further information, please contact your Wound Clinician.	