

ADAPTIC TOUCH™
NON-ADHERING SILICONE DRESSING

All you could wish for
in a **silicone wound
contact layer**



Comfort Performance Affordability

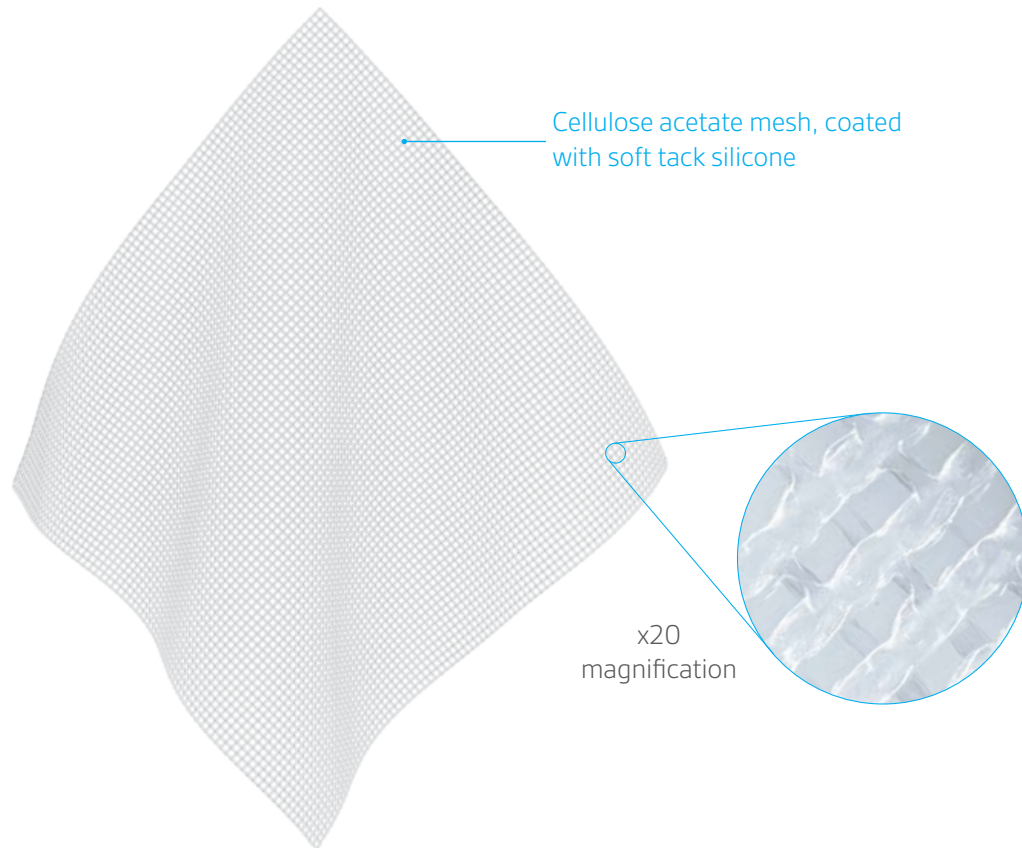
KCI
An Acelity Company


Acelity™

WHAT IS IT?

ADAPTIC TOUCH™ is a flexible, open-mesh primary wound contact layer comprised of cellulose acetate coated with a soft tack silicone designed to facilitate fluid transfer to secondary dressing and minimize adherence and pain at dressing change.

HOW IT WORKS



Comfort

ADAPTIC TOUCH™ helps protect the wound while minimizing patient pain and trauma on removal and at dressing change¹:

- The advanced mesh design allows for atraumatic removal^{1,2}.
- The soft tack silicone assists dressing application and helps prevent adherence of the secondary dressing to the wound^{1,2}.



In an *in vitro* model, the use of ADAPTIC TOUCH™ in conjunction with a secondary dressing reduced secondary dressing adherence (84% reduction with a foam dressing and 92% reduction with an alginate dressing)²

ADAPTIC TOUCH™ with EB



According to a survey conducted by Debra USA on patients affected with EB³, 93.5% of the patients would recommend ADAPTIC TOUCH™ to other patients and their families. ADAPTIC TOUCH™ helps protect the wound while minimizing patient pain and trauma on removal and at dressing change⁵.

Performance

ADAPTIC TOUCH™ has been designed to incorporate:

- A large number of small sized pores, to minimize the risk of granulation tissue in-growth^{3,4}.
- While also maintaining an open area, which facilitates the free passage of exudate to the secondary dressing, reducing the risk of exudate pooling and maceration^{3,4}.



Open area

92%
greater than Mepitel^{3,4}

Affordability

A consensus document described how well ADAPTIC TOUCH™ functions in the clinical settings over time. Particularly in regards to non-adherence to the wound and secondary dressing, atraumatic removal, ease of use and cost-effectiveness³.



ADAPTIC TOUCH™ is on average 15% cheaper than Mepitel across the range of product sizes. Based on Global Healthcare Exchange (GHX) data Q2 2013

Skin tears case study

A case series involving 6 elderly patients with skin tears of type I, II and III showed ADAPTIC TOUCH™ to⁶:

- increase patient comfort
- reduce pain
- decrease nursing time for dressing change.

WHEN TO USE

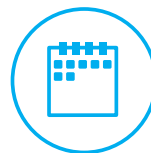
It is designed as a primary wound contact layer for use in the management of dry to heavily exuding, partial and full-thickness chronic wounds including:

- venous ulcers
- decubitus (pressure) ulcers
- diabetic ulcers
- traumatic wounds
- surgical wounds
- donor sites
- 1st and 2nd degree burns

Please refer to the full instructions for use in the packaging insert.



ADAPTIC TOUCH™ may also be suitable for use, under medical supervision, with NPWT for the protection of fragile wound structures^{1,7 *}



May be left in place for several days depending upon amount of exudate



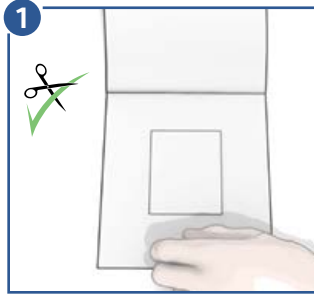
ADAPTIC TOUCH™ stays in place during dressing application^{1,2}, without unravelling or shedding fibres

USER GUIDE

Before application

Please refer to the full instructions for use in the packaging insert. Select a size of ADAPTIC TOUCH™ that is larger than the wound. Prepare the wound according to wound management protocol. Ensure skin surrounding the wound is dry. Remove ADAPTIC TOUCH™ from the pouch.

Dressing preparation



1. If needed, **ADAPTIC TOUCH™** may be cut to size with sterile scissors.
2. It is best to cut **ADAPTIC TOUCH™** while one or two backing papers are in place.

Dressing application



1. Remove one backing paper from **ADAPTIC TOUCH™**. Place **ADAPTIC TOUCH™** directly over the wound and smooth in place around the wound.
2. Remove the second backing paper using surgical tongs or forceps. If more than one piece of **ADAPTIC TOUCH™** is required, ensure dressings overlap to avoid secondary dressing adherence to the wound. Overlap should be minimized to prevent occlusion of holes.

Secondary dressing application



Cover **ADAPTIC TOUCH™** with a secondary dressing such as **TIELLE™**.

Choose the secondary dressing based on the level of exudate. Apply any secondary cover or retention/compression bandage.

Dressing change and removal



Dressing change frequency is dictated by good wound care practice and will depend on the condition of the wound. **ADAPTIC TOUCH™** may be left in place for several days.

1. Gently remove the secondary dressing.
2. Gently remove the dressing from the wound bed and discard.



ADAPTIC TOUCH™			
Re-order code	Size	UOM Packaged	HCPCS code
500501	2" x 3"	10 ea/ct – 5 ct/bx	A6206
500502	3" x 4 1/4"	10 ea/ct – 5 ct/bx	A6206
500503	5" x 6"	10 ea/ct – 5 ct/bx	A6207
500504	8" x 12 3/4"	5 ea/bx	A6208

To learn more about the benefits of ADAPTIC TOUCH™, call **800-275-4524** or visit **acelity.com**

*Please refer to the full instructions for use in the NPWT devices packaging insert

† Epidermolysis Bullosa (EB) is a group of genetic disorders that result in fragility of the skin. Blisters, open wounds and sores form as a result of the slightest touch, rub or trauma.

References:

1. International case series: Using ADAPTIC TOUCH™ Non-Adherent Silicone Dressing: Case Studies. London: Wounds International, 2013. 2. Bianchi J & Cray D. Adaptic Touch non-adherent dressing. Wounds UK 2011, 7(1). 3. Bianchi, J. et al. Consensus guidance for the use of Adaptic Touch non-adherent dressing. Wounds UK, 2011, 7(3)-4. Brosnan, P. et al. The design principles of non-adherent materials. Poster, EWMA 2012. 5. Press release (data on file) and www.debra.org. 6. LeBlanc, K. et al. Managing Skin Tears in the Elderly Population with Adaptic Touch Non Adherent Silicone Dressing A Case Series. CAWC, 2011. 7. Le C. Pairing advanced wound care therapy with NPWT. Today's wound clinic, 2013, 18-20.

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