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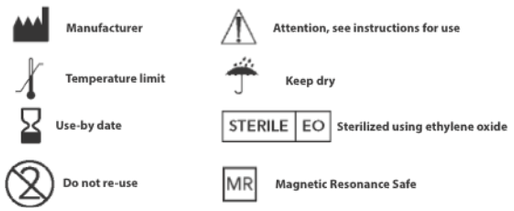
# OASIS®
## Burn Matrix

Rev. 01/19 FP0127-01A





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**Fort Worth, TX 76109**
**Toll free: 1-800-441-8227**
**www.smith-nephew.com**

COOK MEDICAL

Manufacturer:
Cook Biotech Incorporated
1425 Innovation Place
West Lafayette, IN 47906 U.S.A.
Phone: (812) 339-2235
Toll Free: (800) 457-4500
Toll Free Fax: (800) 554-8335


**INTENDED USE:**

OASIS® Burn Matrix is indicated for the management of wounds including:

- Partial and full-thickness wounds
- Second-degree burns
- Donor sites/grafts
- Trauma wounds (abrasions, lacerations, skin tears)
- Surgical wounds (post-Mohs surgery, post-laser surgery, podiatric, wound dehiscence)
- Pressure ulcers
- Venous ulcers
- Chronic vascular ulcers
- Diabetic ulcers
- Tunneled, undermined wounds
- Draining wounds

OASIS® Burn Matrix is supplied sterile in peel-open packages and is intended for one-time use.

**CAUTION: Federal (U.S.A.) law restricts this device to sale by or on the order of a licensed healthcare practitioner.**

**CONTRAINDICATIONS:** This device is derived from a porcine source and should not be used in patients with known sensitivity to porcine material. This device is not indicated for use in third degree burns.

**PRECAUTIONS:**

- Do not re-sterilize. Discard all open and unused portions of OASIS® Burn Matrix.
- Device is sterile if the package is dry, unopened and undamaged. Do not use if the package seal is broken.
- The device must be used prior to the expiration date.
- Discard device if mishandling has caused possible damage or contamination.
- OASIS® Burn Matrix should not be applied until excessive exudate, bleeding, acute swelling, and infection is controlled.

**POTENTIAL COMPLICATIONS:** The following complications are possible. If any of these conditions occur, the device should be removed.

- Infection
- Chronic inflammation (Initial application of wound dressings may be associated with transient, mild, localized inflammation.)
- Allergic reaction
- Excessive redness, pain, swelling, or blistering

**STORAGE:** This device should be stored in a clean, dry location at room temperature.

**STERILIZATION:** This device has been sterilized with ethylene oxide.

**SUGGESTED INSTRUCTIONS FOR USING OASIS® BURN MATRIX**

**NOTE: Always handle OASIS® Burn Matrix using aseptic technique.**

**I. Wound Bed Preparation**

A. Prepare the wound bed using standard methods to ensure it is free of exudate and devitalized tissue. An initial excision or sharp debridement of the wound may be necessary to ensure the wound edges contain viable tissue.
B. Wait for any bleeding to stop before applying OASIS® Burn Matrix.
C. Cleanse the wound thoroughly with sterile saline.

**II. Selection and Preparation of OASIS® Burn Matrix**

A. Measure the wound and select the appropriate size sheet of dry OASIS® Burn Matrix. If necessary, the product may be additionally fenestrated or meshed with a scalpel.
B. Cut the sheet to a size and shape that will cover the entire wound surface and will extend slightly beyond the wound margins.

**III. Application of OASIS® Burn Matrix**

A. For ease of handling, apply OASIS® Burn Matrix by placing it in a dry state over the wound.
B. Position the dry OASIS® Burn Matrix to completely contact the entire surface of the wound bed and extend slightly beyond all wound margins. If multiple sheets are necessary to cover the wound, slightly overlap the edges of the sheets.
C. As required, securely anchor OASIS® Burn Matrix with physician's preferred fixation method (e.g., STERI-STRIP™, tissue sealant, bolsters, dissolvable clips, sutures, staples, or other appropriate fixation method) based on the type of wound, location of wound, patient's mobility, and patient compliance.
D. Thoroughly rehydrate OASIS® Burn Matrix by applying sterile saline.
E. To protect OASIS® Burn Matrix from adhering to the secondary dressing, apply an appropriate non-adherent primary wound dressing over the OASIS® Burn Matrix.
F. Apply an appropriate secondary dressing (multi-layer compression bandage system, total contact cast, or other appropriate dressing) that will manage the wound exudate, keep the OASIS® Burn Matrix moist, and keep all layers securely in place.

**IV. Dressing Changes**

A. To prevent damage to the newly incorporating OASIS® Burn Matrix, only change the primary dressing as necessary, typically every 7 days.
B. Change the secondary dressing as appropriate. Take care to avoid dislodging the OASIS® Burn Matrix when the secondary dressing is changed.

**V. Wound Assessment and Wound Bed Preparation for Reapplication of OASIS® Burn Matrix**

A. Change all dressings every 7 days, or as necessary.

NOTE: If a gel forms on the wound surface, do not attempt to forcibly remove it. Successful absorption of OASIS® Burn Matrix may form a caramel-colored or off-white gel, known as caramelization. Do not remove this gel by debridement. This caramelization contains extracellular matrix (ECM) components that help replace deficient and/or missing ECM components in the wound.

B. As healing occurs, sections of OASIS® Burn Matrix may gradually peel. Carefully remove any remaining loose products around the edge as needed.
C. Gently cleanse the wound surface with sterile saline; leave the ECM gel intact.
D. Carefully reassess the wound and record healing progression such as wound dimensions, wound depth, wound type, and other relevant information.

**VI. Reapplication of OASIS® Burn Matrix and Dressing Changes**

A. Change secondary dressings as needed (see step IV).
B. If the wound is free of infection and necrosis but not fully epithelialized, reapply newly prepared OASIS® Burn Matrix over previously absorbed application (see steps II and III).
C. Reapply OASIS® Burn Matrix every 7-14 days or as needed by repeating previous application steps.

**NOTE: If excess exudate collects under the sheet, small openings can be cut in the sheet to allow the exudate to drain.**

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# OASIS® MICRO

## Micronized Wound Matrix

Rev. 01/20 FP0103-01F

 **Manufacturer**

 **Temperature limit**

 **Use-by-date**

 **Do not re-use**

 **Attention, see instructions for use**

 **Keep dry**

STERILE EO **Sterilized using ethylene oxide**

MR **Magnetic resonance safe**


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COOK® BIOTECH


**MANUFACTURER**
COOK BIOTECH
INCORPORATED
1425 Innovation Place
West Lafayette, IN 47906 U.S.A.




## OASIS® MICRO

Micronized Wound Matrix

### DESCRIPTION

OASIS MICRO is an advanced wound care product comprised of micronized extracellular matrix (ECM) from small intestinal submucosa (SIS) used to manage wounds. Once applied, it provides a scaffold for cellular invasion and capillary growth, and maintains and supports a healing environment for wound management.

### INTENDED USE

OASIS MICRO is intended for the management of wounds including:

- Partial and full-thickness wounds
- Surgical wounds (donor sites/grafts, post-Mohs surgery, post-laser surgery, podiatric, wound dehiscence)
- Trauma wounds (abrasions, lacerations, skin tears)
- Tunneled, undermined wounds
- Second-degree burns
- Pressure ulcers
- Venous ulcers
- Diabetic ulcers
- Chronic vascular ulcers
- Draining wounds

OASIS MICRO is provided sterile and is intended for one-time use.

Rx ONLY This symbol means the following:

**CAUTION: Federal (U.S.A.) law restricts this device to sale by or on the order of a licensed health-care practitioner.**

### CONTRAINDICATIONS

OASIS MICRO is derived from a porcine source and should not be used in patients with known sensitivity to porcine material. OASIS MICRO is not indicated for use in third degree burns.

### PRECAUTIONS

- OASIS MICRO is designed for single use only. Attempts to reprocess, re-sterilize and/or reuse may lead to failure and/or transmission of disease.
- Discard all open and unused portions of OASIS MICRO.
- OASIS MICRO is sterile if the pouch is dry, unopened and undamaged. Do not use if the pouch seal is broken.
- OASIS MICRO must be used prior to the expiration date.
- Discard OASIS MICRO if mishandling has caused possible damage or contamination.
- OASIS MICRO should not be applied until excessive exudate, bleeding, acute swelling and infection are controlled.

### POTENTIAL COMPLICATIONS

The following complications are possible. Consider removing any residual product if any of these conditions occur.

- Allergic reaction
- Blistering
- Infection
- Inflammation (Initial application of wound dressings may be associated with transient, mild, localized inflammation.)
- Pain
- Redness
- Swelling

### STORAGE

This product should be stored in a clean, dry location at room temperature.

### STERILIZATION

The product is sterilized using ethylene oxide.

### INSTRUCTIONS FOR USE

**NOTE**: Always handle OASIS MICRO using aseptic technique.

1. Prepare the wound using standard-of-care methods to ensure that the wound is free of debris and necrotic tissue. If necessary, debride the wound to ensure that the wound edges contain viable tissue.
2. Remove the bottle and dispensing cap from the pouch.

**NOTE**: All contents within the peel pouch are sterile and may be placed onto a sterile field.

3. Peel the seal from the bottle neck and attach the dispensing cap.
4. Remove the red spout tip from the dispensing cap. If a wider spout is preferred, use scissors to trim the spout, taking care not to trim below the etched line. Alternatively, OASIS MICRO can be dispensed without the cap onto the wound.
5. Squeeze the bottle to dispense the product and lightly cover the wound bed.

**NOTE**: Gently shaking the bottle may help ease application.

6. If needed, moisten the application area with sterile saline to ensure the product adheres to the wound.

**NOTE**: Alternatively, a small amount of sterile saline can be mixed with the product in a sterile container to make a paste prior to application.

7. Apply an appropriate non-adherent dressing over the product.
8. Assess the wound to determine moisture conditions and apply appropriate secondary dressing layers to maintain a moist wound environment.
9. Change the secondary dressing layers as necessary, taking care to avoid dislodging the product and the non-adherent dressing.
10. Approximately every 7 days, change all dressings and reassess the wound.

**NOTE**: Successful integration of OASIS MICRO may appear as off-white or caramel-colored, similar to slough. This is usable extracellular matrix product and should not be removed.

11. Carefully remove any remaining loose OASIS MICRO around the wound edges. Do not forcibly remove attached OASIS MICRO.
12. Gently cleanse the wound surface with sterile saline, leaving the OASIS MICRO intact.
13. If the wound is free of infection and necrosis but is not fully epithelialized, reapply OASIS MICRO to the unhealed area.
14. Reapply OASIS MICRO every 7 days or as needed by repeating the previous application steps.

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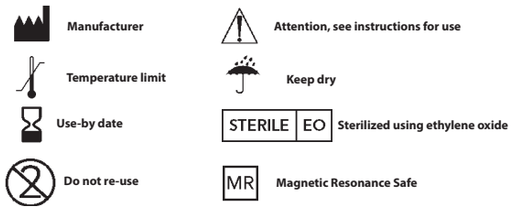
# OASIS® ULTRA

## Tri-Layer Matrix

**Rev. 12/17** **FP0100-01B**

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COOK®
**Manufactured by:**
**Cook Biotech Incorporated**
**West Lafayette, IN 47906**

SIS® Technology

**INTENDED USE:**

OASIS® Ultra Tri-Layer Matrix is indicated for the management of wounds including:

- Partial and full-thickness wounds
- Pressure ulcers
- Venous ulcers
- Chronic vascular ulcers
- Tunneled, undermined wounds
- Diabetic ulcers
- Trauma wounds (abrasions, lacerations, second-degree burns, skin tears)
- Draining wounds
- Surgical wounds (donor sites/grafts, post-Mohs' surgery, post-laser surgery, podiatric, wound dehiscence)

OASIS® Ultra Tri-Layer Matrix is supplied sterile in peel-open packages and is intended for one-time use.

**CAUTION: Federal (U.S.A.) law restricts this device to sale by or on the order of a licensed healthcare practitioner.**

**CONTRAINDICATIONS:** This device is derived from a porcine source and should not be used in patients with known sensitivity to porcine material. This device is not indicated for use in third degree burns.

**PRECAUTIONS:**

- Do not re-sterilize. Discard all open and unused portions of OASIS® Ultra Tri-Layer Matrix.
- Device is sterile if the package is dry, unopened and undamaged. Do not use if the package seal is broken.
- The device must be used prior to the expiration date.
- Discard device if mishandling has caused possible damage or contamination.
- OASIS® Ultra Tri-Layer Matrix should not be applied until excessive exudate, bleeding, acute swelling, and infection is controlled.

**POTENTIAL COMPLICATIONS:** The following complications are possible. If any of these conditions occur, the device should be removed.

- Infection
- Chronic inflammation (Initial application of wound dressings may be associated with transient, mild, localized inflammation.)
- Allergic reaction
- Excessive redness, pain, swelling, or blistering

**STORAGE:** This device should be stored in a clean, dry location at room temperature.

**STERILIZATION:** This device has been sterilized with ethylene oxide.

**SUGGESTED INSTRUCTIONS FOR USING OASIS® ULTRA TRI-LAYER MATRIX**

**NOTE: Always handle OASIS® Ultra Tri-Layer Matrix using aseptic technique.**

**I. Wound Bed Preparation**

A. Prepare the wound bed using standard methods to ensure it is free of exudate and devitalized tissue. An initial excision or sharp debridement of the wound may be necessary to ensure the wound edges contain viable tissue.
B. Wait for any bleeding to stop before applying OASIS® Ultra Tri-Layer Matrix.
C. Cleanse the wound thoroughly with sterile saline.

**II. Selection and Preparation of OASIS® Ultra Tri-Layer Matrix**

A. Measure the wound and select the appropriate size sheet of dry OASIS® Ultra Tri-Layer Matrix. If necessary, the product may be additionally fenestrated or meshed with a scalpel.
B. Cut the sheet to a size and shape that will cover the entire wound surface and will extend slightly beyond the wound margins.

**III. Application of OASIS® Ultra Tri-Layer Matrix**

A. For ease of handling, apply OASIS® Ultra Tri-Layer Matrix by placing it in a dry state over the wound.
B. Position the dry OASIS® Ultra Tri-Layer Matrix to completely contact the entire surface of the wound bed and extend slightly beyond all wound margins. If multiple sheets are necessary to cover the wound, slightly overlap the edges of the sheets.
C. As required, securely anchor OASIS® Ultra Tri-Layer Matrix with physician's preferred fixation method (e.g., STERI-STRIP™, tissue sealant, bolsters, dissolvable clips, sutures, staples, or other appropriate fixation method) based on the type of wound, location of wound, patient's mobility, and patient compliance.
D. Thoroughly rehydrate OASIS® Ultra Tri-Layer Matrix by applying sterile saline.
E. To protect OASIS® Ultra Tri-Layer Matrix from adhering to the secondary dressing, apply an appropriate non-adherent primary wound dressing over the OASIS® Ultra Tri-Layer Matrix.
F. Apply an appropriate secondary dressing (multi-layer compression bandage system, total contact cast, or other appropriate dressing) that will manage the wound exudate, keep the OASIS® Ultra Tri-Layer Matrix moist, and keep all layers securely in place.

**IV. Dressing Changes**

A. To prevent damage to the newly incorporating OASIS® Ultra Tri-Layer Matrix, only change the primary dressing as necessary, typically every 7 days.
B. Change the secondary dressing as appropriate. Take care to avoid dislodging the OASIS® Ultra Tri-Layer Matrix when the secondary dressing is changed.

**V. Wound Assessment and Wound Bed Preparation for Reapplication of OASIS® Ultra Tri-Layer Matrix**

A. Change all dressings every 7 days, or as necessary.

NOTE: If a gel forms on the wound surface, do not attempt to forcibly remove it. Successful absorption of OASIS® Ultra Tri-Layer Matrix may form a caramel-colored or off-white gel, known as caramelization. Do not remove this gel by debridement. This caramelization contains extracellular matrix (ECM) components that help replace deficient and/or missing ECM components in the wound.

B. As healing occurs, sections of OASIS® Ultra Tri-Layer Matrix may gradually peel. Carefully remove any remaining loose products around the edge as needed.
C. Gently cleanse the wound surface with sterile saline; leave the ECM gel intact.
D. Carefully reassess the wound and record healing progression such as wound dimensions, wound depth, wound type, and other relevant information.

**VI. Reapplication of OASIS® Ultra Tri-Layer Matrix and Dressing Changes**

A. Change secondary dressings as needed (see step IV).
B. If the wound is free of infection and necrosis but not fully epithelialized, reapply newly prepared OASIS® Ultra Tri-Layer Matrix over previously absorbed application (see steps II and III).
C. Reapply OASIS® Ultra Tri-Layer Matrix every 7-14 days or as needed by repeating previous application steps.

**NOTE: If excess exudate collects under the sheet, small openings can be cut in the sheet to allow the exudate to drain.**

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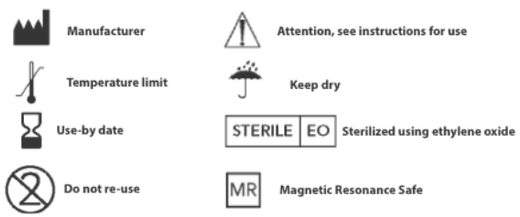
# OASIS®
## Wound Matrix

**Rev. 12/17** **FP0080-01D**

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COOK®
**Manufactured by:**
**Cook Biotech Incorporated**
**West Lafayette, IN 47906**

SIS® Technology

**INTENDED USE:**
OASIS® Wound Matrix is indicated for the management of wounds including:

- Partial and full-thickness wounds
- Pressure ulcers
- Venous ulcers
- Chronic vascular ulcers
- Tunneled, undermined wounds
- Diabetic ulcers
- Trauma wounds (abrasions, lacerations, second-degree burns, skin tears)
- Draining wounds
- Surgical wounds (donor sites/grafts, post-Mohs' surgery, post-laser surgery, podiatric, wound dehiscence)

OASIS® Wound Matrix is supplied sterile in peel-open packages and is intended for one-time use.

**CAUTION: Federal (U.S.A.) law restricts this device to sale by or on the order of a licensed healthcare practitioner.**

**CONTRAINDICATIONS:** This device is derived from a porcine source and should not be used in patients with known sensitivity to porcine material. This device is not indicated for use in third degree burns.

**PRECAUTIONS:**

- Do not re-sterilize. Discard all open and unused portions of OASIS® Wound Matrix.
- Device is sterile if the package is dry, unopened and undamaged. Do not use if the package seal is broken.
- The device must be used prior to the expiration date.
- Discard device if mishandling has caused possible damage or contamination.
- OASIS® Wound Matrix should not be applied until excessive exudate, bleeding, acute swelling, and infection is controlled.

**POTENTIAL COMPLICATIONS:** The following complications are possible. If any of these conditions occur, the device should be removed.

- Infection
- Chronic inflammation (Initial application of wound dressings may be associated with transient, mild, localized inflammation.)
- Allergic reaction
- Excessive redness, pain, swelling, or blistering

**STORAGE:** This device should be stored in a clean, dry location at room temperature.

**STERILIZATION:** This device has been sterilized with ethylene oxide.

**SUGGESTED INSTRUCTIONS FOR USING OASIS® WOUND MATRIX**

**NOTE: Always handle OASIS® Wound Matrix using aseptic technique.**

**I. Wound Bed Preparation**

A. Prepare the wound bed using standard methods to ensure it is free of exudate and devitalized tissue. An initial excision or sharp debridement of the wound may be necessary to ensure the wound edges contain viable tissue.
B. Wait for any bleeding to stop before applying OASIS® Wound Matrix.
C. Cleanse the wound thoroughly with sterile saline.

**II. Selection and Preparation of OASIS® Wound Matrix**

A. Measure the wound and select the appropriate size sheet of dry OASIS® Wound Matrix. If necessary, the product may be additionally fenestrated or meshed with a scalpel.
B. Cut the sheet to a size and shape that will cover the entire wound surface and will extend slightly beyond the wound margins.

**III. Application of OASIS® Wound Matrix**

A. For ease of handling, apply OASIS® Wound Matrix by placing it in a dry state over the wound.
B. Position the dry OASIS® Wound Matrix to completely contact the entire surface of the wound bed and extend slightly beyond all wound margins. If multiple sheets are necessary to cover the wound, slightly overlap the edges of the sheets.
C. As required, securely anchor OASIS® Wound Matrix with physician's preferred fixation method (e.g., STERI-STRIP™, tissue sealant, bolsters, dissolvable clips, sutures, staples, or other appropriate fixation method) based on the type of wound, location of wound, patient's mobility, and patient compliance.
D. Thoroughly rehydrate OASIS® Wound Matrix by applying sterile saline.
E. To protect OASIS® Wound Matrix from adhering to the secondary dressing, apply an appropriate non-adherent primary wound dressing over the OASIS® Wound Matrix.
F. Apply an appropriate secondary dressing (multi-layer compression bandage system, total contact cast, or other appropriate dressing) that will manage the wound exudate, keep the OASIS® Wound Matrix moist, and keep all layers securely in place.

**IV. Dressing Changes**

A. To prevent damage to the newly incorporating OASIS® Wound Matrix, only change the primary dressing as necessary, typically every 7 days.
B. Change the secondary dressing as appropriate. Take care to avoid dislodging the OASIS® Wound Matrix when the secondary dressing is changed.

**V. Wound Assessment and Wound Bed Preparation for Reapplication of OASIS® Wound Matrix**

A. Change all dressings every 7 days, or as necessary.

NOTE: If a gel forms on the wound surface, do not attempt to forcibly remove it. Successful absorption of OASIS® Wound Matrix may form a caramel-colored or off-white gel, known as caramelization. Do not remove this gel by debridement. This caramelization contains extracellular matrix (ECM) components that help replace deficient and/or missing ECM components in the wound.

B. As healing occurs, sections of OASIS® Wound Matrix may gradually peel. Carefully remove any remaining loose products around the edge as needed.
C. Gently cleanse the wound surface with sterile saline; leave the ECM gel intact.
D. Carefully reassess the wound and record healing progression such as wound dimensions, wound depth, wound type, and other relevant information.

**VI. Reapplication of OASIS® Wound Matrix and Dressing Changes**

A. Change secondary dressings as needed (see step IV).
B. If the wound is free of infection and necrosis but not fully epithelialized, reapply newly prepared OASIS® Wound Matrix over previously absorbed application (see steps II and III).
C. Reapply OASIS® Wound Matrix every 7 days or as needed by repeating previous application steps.

**NOTE: If excess exudate collects under the sheet, small openings can be cut in the sheet to allow the exudate to drain.**

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# OASIS® XL Matrix

Rev. 08/21 FP0147-01A

Manufacturer

Use-by-date

Temperature limit

STERILE EO Sterilized using ethylene oxide

Caution

Keep dry

MR Magnetic Resonance Safe

Do not re-use


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**Fort Worth, TX 76109**
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**www.smith-nephew.com**

COOK® BIOTECH

**Manufacturer:**
Cook Biotech Incorporated
1425 Innovation Place
West Lafayette, IN 47906 U.S.A.


**INTENDED USE:**
OASIS® XL Matrix is indicated for the management of wounds including:

- Second-degree burns
- Chronic vascular ulcers
- Diabetic ulcers
- Donor sites/grafts
- Draining wounds
- Partial and full-thickness wounds
- Pressure ulcers
- Surgical wounds (post-Mohs surgery, post-laser surgery, podiatric, wound dehiscence)
- Trauma wounds (abrasions, lacerations, skin tears)
- Tunneled, undermined wounds
- Venous ulcers

OASIS® XL Matrix is supplied sterile in peel-open packages and is intended for one-time use.

**CAUTION: Federal (U.S.A.) law restricts this device to sale by or on the order of a licensed healthcare practitioner.**

**CONTRAINDICATIONS:** This device is derived from a porcine source and should not be used in patients with known sensitivity to porcine material. This device is not indicated for use in third degree burns.

**PRECAUTIONS:**

- Do not re-sterilize. Discard all open and unused portions of OASIS® XL Matrix.
- Device is sterile if the package is dry, unopened and undamaged. Do not use if the package seal is broken.
- The device must be used prior to the expiration date.
- Discard device if mishandling has caused possible damage or contamination.
- OASIS® XL Matrix should not be applied until excessive exudate, bleeding, acute swelling, and infection is controlled.

**POTENTIAL COMPLICATIONS:** The following complications are possible. If any of these conditions occur, the device should be removed.

- Infection
- Chronic inflammation (Initial application of wound dressings may be associated with transient, mild, localized inflammation.)
- Allergic reaction
- Excessive redness, pain, swelling, or blistering

**STORAGE:** This device should be stored in a clean, dry location at room temperature.

**STERILIZATION:** This device has been sterilized with ethylene oxide.

**SUGGESTED INSTRUCTIONS FOR USING OASIS® XL MATRIX**

**NOTE: Always handle OASIS® XL Matrix using aseptic technique.**

**I. Wound Bed Preparation**

A. Prepare the wound bed using standard methods to ensure it is free of exudate and devitalized tissue. An initial excision or sharp debridement of the wound may be necessary to ensure the wound edges contain viable tissue.
B. Wait for any bleeding to stop before applying OASIS® XL Matrix.
C. Cleanse the wound thoroughly with sterile saline.

**II. Selection and Preparation of OASIS® XL Matrix**

A. Measure the wound. Cut the sheet to a size and shape that will cover the entire wound surface and will extend slightly beyond the wound margins.
B. If necessary, the product may be additionally fenestrated or meshed with a scalpel.

**III. Application of OASIS® XL Matrix**

A. For ease of handling, apply OASIS® XL Matrix by placing it in a dry state over the wound.
B. Position the dry OASIS® XL Matrix to completely contact the entire surface of the wound bed and extend slightly beyond all wound margins. If multiple sheets are necessary to cover the wound, slightly overlap the edges of the sheets.
C. As required, securely anchor OASIS® XL Matrix with physician's preferred fixation method (e.g., STERI-STRIP™, tissue sealant, bolsters, dissolvable clips, sutures, staples, or other appropriate fixation method) based on the type of wound, location of wound, patient's mobility, and patient compliance.
D. Thoroughly rehydrate OASIS® XL Matrix by applying sterile saline.
E. To protect OASIS® XL Matrix from adhering to the secondary dressing, apply an appropriate non-adherent primary wound dressing over the OASIS® XL Matrix.
F. Apply an appropriate secondary dressing (multi-layer compression bandage system, total contact cast, or other appropriate dressing) that will manage the wound exudate, keep the OASIS® XL Matrix moist, and keep all layers securely in place.

**IV. Dressing Changes**

A. To prevent damage to the newly incorporating OASIS® XL Matrix, only change the primary dressing as necessary, typically every 7 days.
B. Change the secondary dressing as appropriate. Take care to avoid dislodging the OASIS® XL Matrix when the secondary dressing is changed.

**V. Wound Assessment and Wound Bed Preparation for Reapplication of OASIS® XL Matrix**

A. Change all dressings every 7 days, or as necessary.

NOTE: If a gel forms on the wound surface, do not attempt to forcibly remove it. Successful absorption of OASIS® XL Matrix may form a caramel-colored or off-white gel, known as caramelization. Do not remove this gel by debridement. This caramelization contains extracellular matrix (ECM) components that help replace deficient and/or missing ECM components in the wound.

B. As healing occurs, sections of OASIS® XL Matrix may gradually peel. Carefully remove any remaining loose products around the edge as needed.
C. Gently cleanse the wound surface with sterile saline; leave the ECM gel intact.
D. Carefully reassess the wound and record healing progression such as wound dimensions, wound depth, wound type, and other relevant information.

**VI. Reapplication of OASIS® XL Matrix and Dressing Changes**

A. Change secondary dressings as needed (see step IV).
B. If the wound is free of infection and necrosis but not fully epithelialized, reapply newly prepared OASIS® XL Matrix over previously absorbed application (see steps II and III).
C. Reapply OASIS® XL Matrix every 7-14 days or as needed by repeating previous application steps.

**NOTE: If excess exudate collects under the sheet, small openings can be cut in the sheet to allow the exudate to drain.**