

NovoSorb® BTM Patient Passport



PolyNovo®

How to use the Patient Passport

The Patient Passport booklet has been created to give you a better understanding of the skin and how NovoSorb BTM works.

There are pages towards the back of the booklet for your clinician to document your progress and for you to make notes on your wound healing.



This QR code is linked to a website with an electronic version of this booklet. You can download a QR scanner at www.scan.me/download

This QR code is linked to a website designed to give Nurses more detailed information regarding NovoSorb BTM.

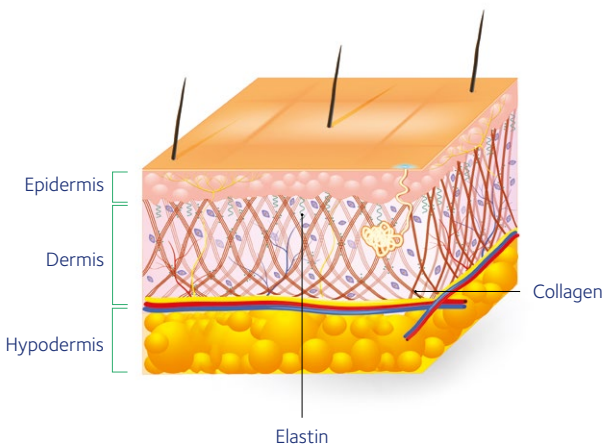
Note: Images are graphic in nature.



Skin anatomy

The Skin is the largest organ of the body. It protects our body from germs and helps us regulate our temperature.

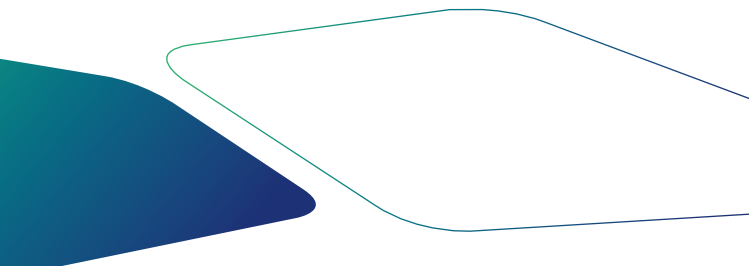
As shown in the image below, the top layer of skin is called the epidermis, and the layer below is called the dermis.



The dermis is made up of oil glands, sweat glands, hair follicles, as well as two important structural proteins that are produced – collagen and elastin.

Collagen is important because it gives skin its strength and fullness, while elastin gives skin its elasticity and stretch.

The dermal layer is also where collagen is produced in response to an injury.



Skin injuries

Most superficial wounds (involving the epidermis and sometimes partial dermis) heal quickly and without scarring. They are typically covered with readily available wound dressings.

Other, more traumatic wounds involve the deep dermis layer. When an injury occurs in this deep layer, the body works as quickly as possible to close the wound.

In the process, the body will overproduce collagen in its overzealous attempt to heal. This often results in scarring.

Injuries to the layers of the skin can occur through:

- Trauma (sometimes with exposed bone or tendon)
- Burns (fire, friction, or chemical)
- Infection (eg. Necrotising fasciitis)
- Chronic illnesses (eg. Diabetic ulcers, non-healing wounds)
- Surgical incisions (eg. Melanomas, carcinomas)



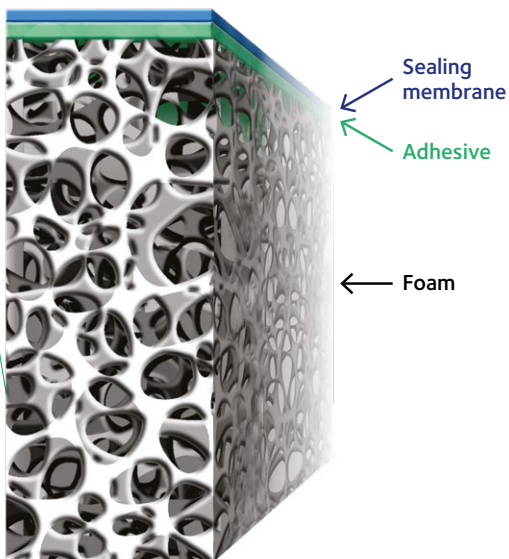
What is NovoSorb BTM?

When trauma occurs and large portions of the epidermis and dermis are destroyed, a structure is put in place to aid the body in generating new tissue. NovoSorb BTM (Biodegradable Temporising Matrix) is a synthetic wound dressing designed to help the dermis grow while temporarily closing the wound. It does not include any biologic materials and will be absorbed within the body. It has two layers bound by an adhesive:

- Sealing membrane: temporary, designed to 'close' the wound.
- Foam: 2mm thick, open cell, porous, biodegradable foam provides a structure for dermal tissue integration.

NovoSorb BTM is indicated for full or deep partial thickness burns and wounds, surgical and reconstructive wounds and traumatic wounds.

It has the unique property of completely biodegrading within a 12 to 18-month period.



How BTM works

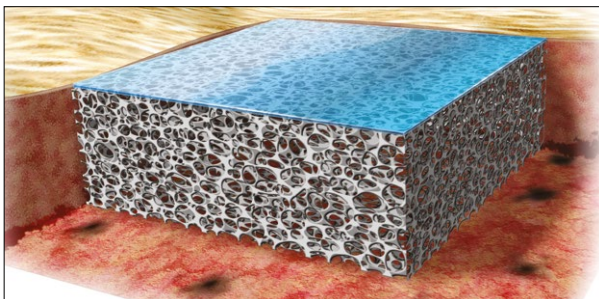
BTM is applied to a wound once the unhealthy or dead tissue has been surgically removed. BTM temporarily closes the wound, which limits moisture loss.

With the wound closed, the body can begin the repair process and dermal tissue can grow through the BTM foam matrix as the body heals. Once the new tissue is fully integrated into the BTM, as determined by a clinician, the sealing membrane is ready for removal.

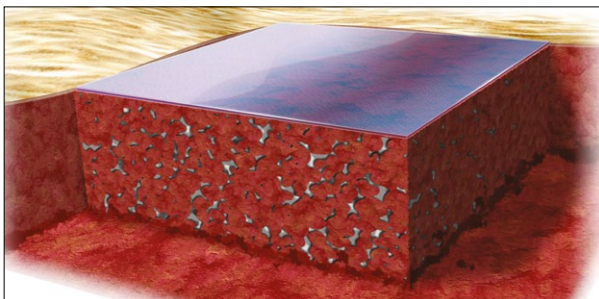
When the sealing membrane is removed, the wound is ready for final closure.

The clinician will determine the method of closure depending on the needs of the wound (split-skin graft, moist wound healing dressings, etc).

1 BTM applied to debrided wound



2 BTM fully integrated

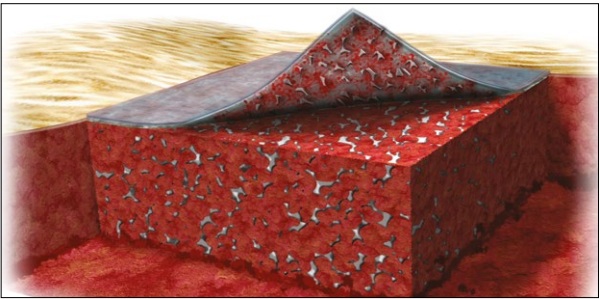




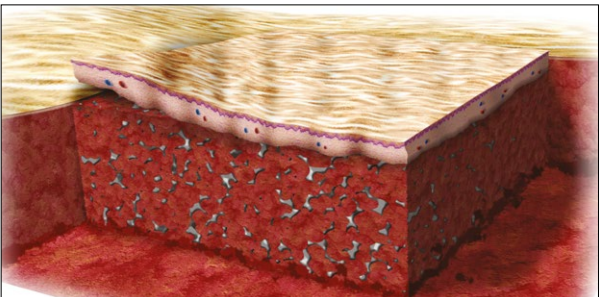
Please see this link for an animation of how BTM works:

www.polynovo.com/products/btm

3 Sealing membrane removed



4 Wound closure



Post-operative care

Clinician/Nurses

For more information, please refer to the following:
www.polynovo.com/patient-passport or QR code at the beginning of this booklet.

Note: Information is general, refer to IFU for full instructions. These guidelines are not designed to replace existing institutional protocols or professional clinical judgement regarding patient care.

Depending on the size and location of the wound, dressing changes will occur approximately two times per week.

The clinician will change the outer dressings but not the BTM, which will remain in place. The clinician will gently clean the area and then replace the outer dressings.

Post-operative care of wounds may include Occupational Therapy or Physiotherapy to allow for 'normal' passive and active range of motion.

This can begin once the BTM has become anchored through cellular ingrowth, usually 7-10 days after application. Your clinician will advise.



NovoSorb BTM frequently asked questions

Can I get the BTM area wet? Can I shower?

Generally your outer dressing will be covered to keep it dry, you can then shower. Check with your nurse/clinician.

Can I move the area, or exercise?

Depending on the wound and the stage of BTM integration, you may have an appointment with a physical therapist to begin moving the area. Your clinician will advise you further.

Do I need to care for the affected area?

You will have appointments with your clinician, and they will change the outer dressings. You should not take off the outer dressings or apply any creams or antiseptic sprays to the wound area.

What clothes can I wear?

Whatever you are comfortable in so long as the clothing does not rub against the BTM area.

Am I allowed to drive?

This will depend on the area that has been treated. Your clinician will advise if this is possible.

Why does BTM look different each time the outer dressings are changed?

The look of BTM changes as the new tissue begins to grow and integrate.

How long will I be in hospital?

This will depend on the extent of your injury, and your clinical team will decide what is appropriate.

Does BTM stay on forever?

The outer film will be removed, on average, 2–4 weeks after the surgery. It may be longer if your injury is more complex. The BTM is an implanted matrix and will be absorbed by your body over the next 12–18 months.

Will my hair regrow in the affected area?

Your hair and hair follicles will not regenerate within BTM or any other dermal matrix.

Dressing change or physical/ occupational therapy

Date

Appearance

Notes

Note: This does not replace the patient clinical file.

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