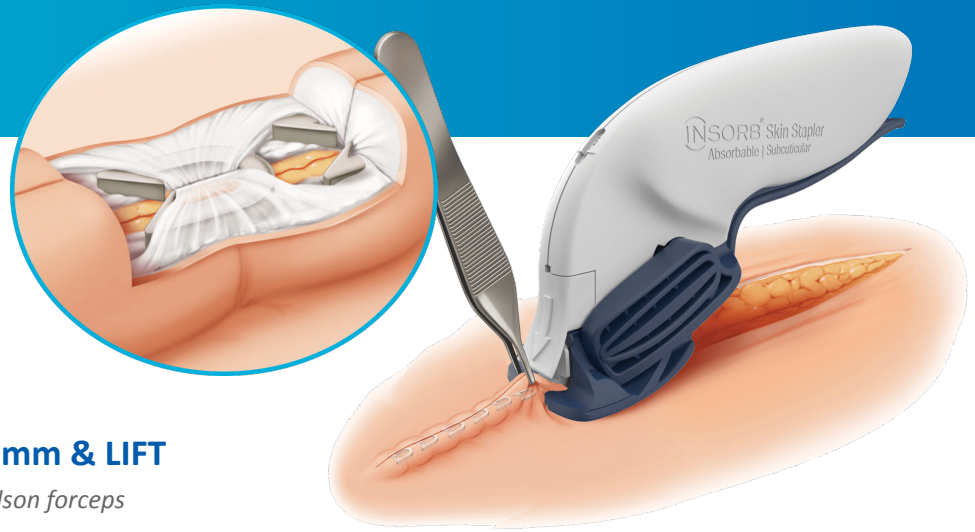
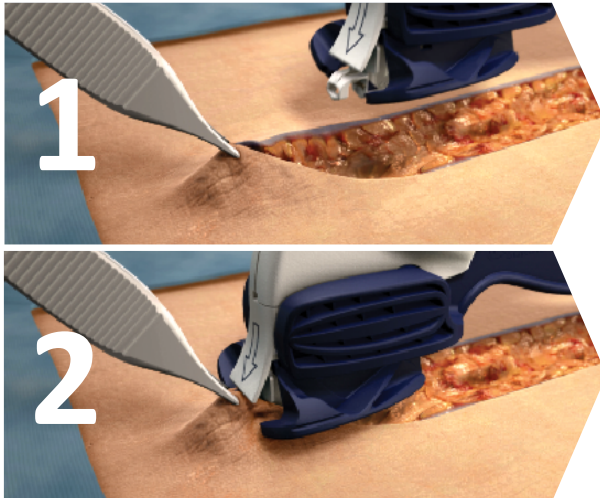


Absorbable Subcuticular Skin Closure Technique

INSORB® Skin Stapler Absorbable | Subcuticular



BASIC TECHNIQUE



GRASP 5 mm & LIFT

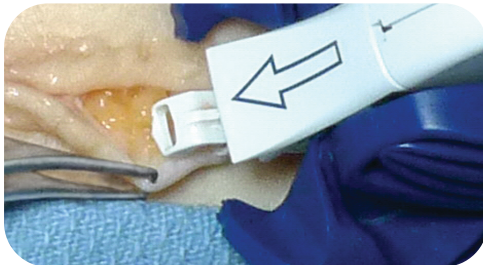
Using one Adson forceps

- **GRASP 5 mm** of the tissue at an apex or directly above a previously placed staple (above the 'dimple')
- **LIFT** to present tissue to the stapler

MATE & FIRE

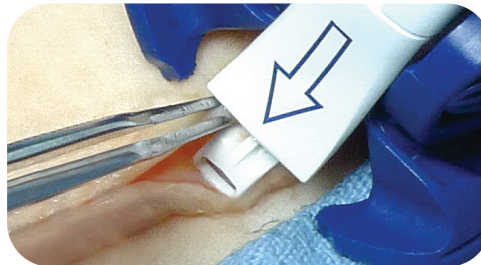
- **MATE:** While maintaining the lift, place the nose of the stapler into the wound to firmly mate the stapler with the Adson forceps directly below the arrow
- **FIRE** the stapler with a smooth squeeze until audible click, then release. Lift straight up to remove the stapler – do not pull backwards

FINAL STAPLE PLACEMENT



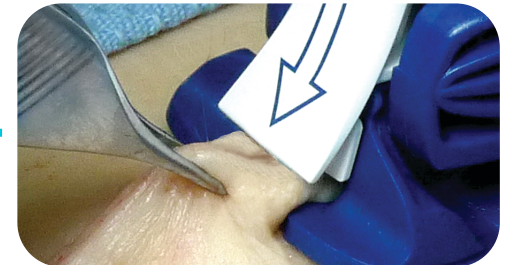
Reverse direction of stapler.

Grasp one tissue edge and open wound sufficiently to introduce nose of stapler into incision.



Introduce nose of stapler into incision.

Grasp opposed edge of tissue and lift tissue over nose of stapler.



Re-grasp both edges of tissue at nose of stapler.

Lift, then **rock stapler from side to side to cover both blue triangles.**

Mate stapler & forceps and fire.

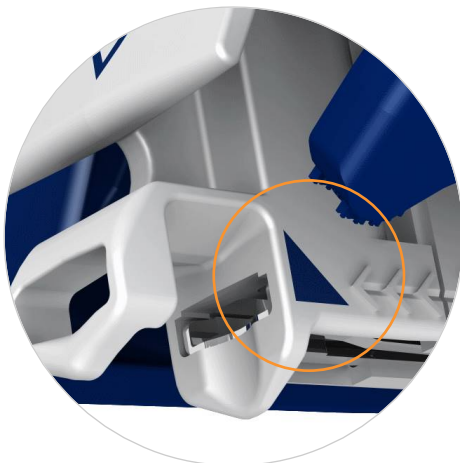


Maintaining Wound Integrity

Relieve tension with deep supporting stitches placed at least 1 cm from the wound edge.

Avoid placing staples too deep or too far apart:

- Don't grasp more than 5 mm of tissue
- Ensure stapler and forceps are firmly mated before firing
- Don't place staples at intervals greater than 7 mm



Avoiding Externally-Placed Staples

Note blue triangles located on either side of the stapler.

Align tissue by ensuring both blue triangles are covered by skin.

Key tips:

- LIFT tissue to introduce stapler
- Keep stapler **LEVEL** with plane of skin
- **ROCK** stapler side to side to **ROLL** the tissue over blue triangles

More Tips



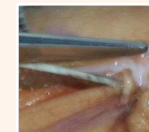
Full excision of all scar tissue to virgin tissue edges may be required to achieve an effective wound closure.



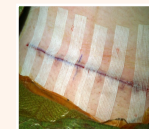
Stretch flaccid tissue manually, or with skin hook or clamps, to minimize external or superficial placements.



Control bleeding with brief application of light pressure. Minor bleeding/drainage may be observed during surgery or at the first dressing change.



To remove staples during surgery, grasp back of staple and pull firmly to extract. Alternatively, retract and cut away.



The use of adhesive dressings or skin glue is encouraged for external wound protection.



To partially or fully open the incision, use scissors to cut the backspan of the staple(s). It is not necessary to remove staple remnants.