

### DAY OF APPLICATION



1. Prepare wound bed with appropriate surgical or chemical debridement.



2. If desired, fenestrate Apligraf with a knife blade or mesh (1.5-1 ratio). Apply Apligraf to wound and affix with Steri-Strips™, wound glue at periphery, bolsters or sutures.



3. Cover Apligraf with primary **non-adherent dressing** (e.g. Adaptic, Xeroform, Mepitel, Veil, etc.)



4. Apply appropriate dressing determined by wound type. Non-cytotoxic antimicrobial may also be applied at this time.  
**a.** Compression for VLU  
**b.** Off-loading for DFU  
 Keep dressing dry until first follow-up appointment.

### FIRST FOLLOW-UP



5. At 5- to 10-day follow-up, **remove secondary dressing only** for wound inspection and evaluation. Primary dressing (non-adherent) should be left undisturbed to facilitate integration of Apligraf.



6. Reapply appropriate dressing.

**Apligraf® is proven effective in helping venous leg ulcers and diabetic foot ulcers heal. The steps shown here will help you ensure optimal results for every patient.**

*Please see full prescribing information. The persistence of Apligraf cells on the wound and the safety of this device in venous ulcer patients beyond one year and in diabetic foot ulcer patients beyond six months has not been evaluated.*

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### SUBSEQUENT FOLLOW-UPS



7. On second follow-up (14 to 21 days), **remove secondary and primary dressing** for wound inspection and evaluation. Do not disturb or debride the wound bed. Light normal saline wash.



8. Apply new primary (shown) and secondary dressings.



9. On subsequent weekly follow-ups, continue to change primary and secondary dressings to monitor wound healing.



10. Apligraf may be reapplied if needed until wound healing is complete, as shown.