extricare® Negative Pressure Wound Therapy (NPWT) System Foam Dressings

The extricare® 3600 NPWT system incorporates use of the extricare® foam kits or the extricare® bandages.

These dressings utilize a foam pad under an adhesive film that can be applied directly to the wound bed. A drainage tube connects each dressing with a canister that is connected to the pump. The canister collects exudates and bodily fluid that is removed from the wound bed.

The extricare® Negative Pressure Wound Therapy Foam Dressing is intended to be changed at a minimum of every 72 hours. Application of the foam dressing is very quick and easy, allowing wound care professionals and caregivers to decrease application time.

Foam dressings are available in various shapes and sizes and designed for use with wounds on all parts of the body.

<table>
<thead>
<tr>
<th>extricare® Foam Dressings</th>
<th>Type of Dressing</th>
<th>Dressing Size</th>
<th>Foam Pad Size</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>EC-FOAM-S</td>
<td>Small Foam Dressing</td>
<td>10cm x 7.5cm x 3cm</td>
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<tr>
<td></td>
<td>EC-FOAM-L</td>
<td>Large Foam Dressing</td>
<td>25cm x 16cm x 3cm</td>
</tr>
</tbody>
</table>
Indications for Use

The extriCARE® NPWT foam kit is intended to be used in conjunction with the extriCARE® 3600 NPWT pump. The extriCARE® 3600 Negative Pressure Wound Therapy System is indicated for wound management via the application of negative pressure to the wound by the removal of wound exudate, infectious materials, and tissue debris from the wound bed. The extriCARE® 3600 Negative Pressure Wound Therapy System is indicated for the following wound types: chronic, acute, traumatic, subacute and dehisced wounds, partial-thickness burns, ulcers (such as diabetic or pressure), flaps and grafts.

Caution: Federal law restricts this device to sale by or on the order of a licensed healthcare practitioner.

Contraindications

The extriCARE® NPWT System should NOT be used in the following conditions:
• Exposed vessels, organs, or nerves.
• Anastomotic sites.
• Exposed arteries or veins in a wound.
• Fistulas, unexplored or non-enteric.
• Untreated osteomyelitis.
• Malignancy in the wound.
• Excess amount of necrotic tissue with eschar.
• Wounds which are too large or too deep to be accommodated by the dressing.
• Inability to be followed by a medical professional or to keep scheduled appointments.
• Allergy to urethane dressings and adhesives.
• Use of topical products which must be applied more frequently than the dressing change schedule allows.