

Questions and Answers about Using Therabond 3D

The following are 10 basic questions about using Therabond 3D:

1. **Question #1: I usually treat burn cases with topical Silver Sulfadiazine, frequent dress changes, debridement, wound excision, IV fluids, and systemic antibiotics. Does Therabond replace all that?**

Answer: No. Therabond 3D only replaces Silver Sulfadiazine. Therabond 3D provides the same benefits of Silver Sulfadiazine but for 14 days.

2. **For certain burns, wounds or surgical operations, I usually prescribe systemic or oral antibiotics to the patient. Does Therabond 3D replace the need for systemic or oral antibiotics?**

Answer: No, Therabond 3D does **NOT** replace the need for systemic antibiotics and does **NOT** provide systemic antibiotic benefits at all. Therabond 3D only replaces topical antibiotics like Silver Sulfadiazine Ointments, creams or gels.

3. **When I treat burns, I usually do excision and wound debridement on the first day, and then I apply Silver Sulfadiazine and wrap it with a dressing and gauze, then on daily basis, I inspect the burn and if it needs more excision and debridement, I excise it and debride it, then I apply Silver Sulfadiazine again and wrap the burn with dressing and gauze. If I use Therabond 3D, do I still need to do frequent excision and debridement or there is no need to do that because Therabond 3D will take care of the dead tissue?**

Answer: You must continue to do the standard debridement and excision. Therabond 3D only replaces Silver Sulfadiazine. Therabond 3D doesn't replace the standard protocol of management of burns. Doctors should always inspect the burn. If the doctor determines that more excision or debridement is needed, then remove Therabond 3D and perform burn excision and debridement, then moisten Therabond 3D with water and place Therabond 3D back on the burn area, then wrap it with gauze or dressing. There are 5 factors that lead to burn healing and Therabond 3D can only cover one of these 5 factors:

1. Systemic Antibiotics (If needed or indicated, whether as prophylaxis or as treatment)
2. **Excision and Debridement** (As frequently as needed)
3. Topical treatment (example: Silver Sulfadiazine or **Therabond 3D**)
4. Hydration and Nutrition (example: IV fluid, NG Tube feeding, TPN etc..)
5. Monitoring and Management of complications.

4. **Sometimes, and in certain cases of burns, I give my patient a Therapeutic bath or a soak like Mafenide Acetate soak. Do we still need to do that when we use Therabond 3D or these baths and soaks are not needed if Therabond 3D is used?**

Answer: Again, Therabond 3D does not replace your treatment protocol. Therabond 3D only replaces Silver Sulfadiazine. You must continue to do what you are used to doing, including giving

Therapeutics baths. In order to give the patient a therapeutic bath you need to remove Therabond 3D completely.

Give the Therapeutics bath as required. Once you are finished with the therapeutic bath rinse the burn with distilled water and then reapply the Therabond 3D and the top layer of gauze or dressing again. Note: No need to use a new Therabond 3D; the same Therabond 3D maintains its antimicrobial properties for 14 consecutive days.

5. Can I use Therabond 3D on Eschar areas or should I remove the Eschar?

Answer: The silver in Therabond 3D and in Silver Sulfadiazine does **NOT** penetrate Eschar. The Eschar must be removed for Therabond 3D to be reach the area under the ESchar. Only Mafenide Acetate can penetrate Eschar. Mafenide Acetate is very painful when you apply it on the burn area. In order to give the patient a Mafenide Acetate Soak, you need to remove Therabond 3D completely. Give the Mafenide Acetate soak, wait for few minutes to allow the Mafenide acetate to penetrate the Eschar. Then rinse the area with distilled water and, reapply the Therabond 3D and the top layer of gauze or dressing again. Note: No need to use a new Therabond 3D; the same Therabond 3D maintains its antimicrobial properties for 14 consecutive days.

6. Can we put any type of cream, ointment or solution on the wound before I put Therabond 3D?

Answer: Before you apply Therabond 3D on a burn or a wound area you must rinse the area with distilled water to make sure that there is no remaining cream or ointment in the area. Therabond 3D must be in full contact with the wound area. The Silver in Therabond 3D will not reach the wound surface or the burn surface if there is cream or ointment between Therabond 3D and the burn or wound area.

7. When using the Therabond 3D Island, is it better that we moisten it or not?

Answer: Although it is not essential, it is recommended that you moisten the Therabond 3D Island from the inside surface. Also, you can wipe the surgical incision with distilled water in order to insure that the Therabond 3D island get sufficient moisture to activate the Silver in the Therabond 3D Island. Here is the general procedure of how to moisten the Therabond 3D Island:

To activate a TheraBond 3D Island Dressing:

- Remove Island Dressing from sterile pouch, using aseptic technique.
- Fold back half of the release paper
- Moisten the silver pad with sterile water to activate silver ion release. The silver pad can be moistened using any of the following methods:
 - Moisten the incision line using a sterile gauze sponge moistened with sterile water
or
 - Dabbing the area of the silver pad that will cover the incision line using a sterile gauze sponge moistened with sterile water
or
 - Using a syringe filled with sterile water to moisten the area of the silver pad that will cover the incision line

8. During the course of the days of the treatment with Therabond 3D, how many times I can remove Therabond 3D and reapply it again?

Answer: You can remove it as many times as you need. There is no limit. You can reapply it and reuse for 14 days or until it start smelling badly, then you will need to use a new Therabond 3D.

9. When should I remove Therabond 3D?

Answer: You should remove Therabond 3D for the following purposes:

1. To inspect the wound and evaluate the prognoses
2. To perform excision and debridement
3. To give Therapeutics bath or Mafenide Acetate soaks
4. To perform any medical or surgical procedure required (example: Venous cut down)
5. To perform physical examination of the area or the limb
6. If patient develops allergic reaction
7. To replace Therabond 3D with new Therabond 3D (after 14 days or because development of bad smell due to protein denaturation)
8. To put a non-adherent dressing between Therabond 3D and the wound area in order to prevent adherence when you do not want adherence to happen.
9. For any other reason as per the doctors discretion.

• What should I do if Therabond 3D become adherent to the burn area or wound area?

Answer Answer: There are times when adherence offers clinical advantages, such as partial thickness injuries and donor sites where adherence will protect the site and provide for patient comfort. Once you have determined that the wound is healing properly and you no longer need to check the wound on a daily basis, allowing adherence to take place is an acceptable part of your clinical treatment. This is biological adherence to the burn area or wound area. TheraBond 3D will remain in place until the wound healing is complete.

- In applications where you may want to observe the wound frequently, adherence would interfere with the clinical objectives. In these cases, a non-adherent dressing, should be applied as a contact layer between the wound and TheraBond 3D.
- If TheraBond 3D has adhered to the wound and you want to remove it, moisten TheraBond 3D with distilled water, wait for a few minutes, then start removing TheraBond 3D slowly and gently until completely removed.
- If you have allowed for TheraBond 3d to adhere as part of the healing process, it will gradually release as the healing takes place. The released section of TheraBond 3D can be trimmed away. Areas of the dressing that remain adhered should not be forcibly removed.