

FACT SHEET ON INTEGRA

Integra

1. **General Information:**
A bilayer skin replacement system which provides a permanent dermis.
2. **Use:**
Used to close a full thickness wound. The bilayer dermal replacement and silicone layer may help to:
 1. Reduce scarring,
 2. Allow for thinner and smaller donor sites
 3. May diminish scarring.
3. **Mechanism of action:**
 - a. The first layer is a collagen layer which promotes dermal regeneration.
 - b. The second layer is a silicone layer which serves as a temporary epidermis.
4. **Side effects:**
 - a. Infection is the most common, caused by a nonviable wound bed, contamination by staples or along seams.
 - b. Hematomas
 - c. Fluid accumulation
5. **Nursing considerations:**
 - a. In the OR, Integra is applied by the physician and secured by staples. Hyginet is often stapled to wound and should be left in place until silicone layer is removed.
 - b. The post op dressing should consist of 4 layers:
 1. Fixation layer- hyginet dressing which is to remain intact.
 2. Antimicrobial layer- Acticoat, Silver nitrate solution or Sulfamylon 5% soaks. NO DAKINS
 3. Bulky dressing layer- bulky gauze for protection and anti-microbial retention.
 4. Compression layer- for protection and anti-shear.
 - c. Recommended dressing change schedule:

Week 1	Inspect and change dressing daily Moisten or reapply prn.
Week 2	Change every other day
Week 3	Change every third day

- d. Splinting is recommended over joints.
- e. Hematomas or fluid which accumulated beneath the silicone layer should be extracted as needed.
- f. The silicone should have windows cut in it over any purulent areas so that the antimicrobials come in contact with the wound bed.

6. **Miscellaneous:**

As the dermis matures the color should progress from red to pink to vanilla.

The dermis should mature within 14-21 days and then be ready for autografts. This is when the silicone layer should be removed.

Reference: Product Information from Bristol Myers

ICB Guideline 5.8