Day 0: Pre-Treatment
All chronic wound patients must have accurate diagnosis and treatment of underlying disease and risks. There must be thorough preoperative control of inflammation, ulceration, debris and bioburden, and edema (as best as the disease and available treatments permit).

Day 1: Debridement
Prepare wound bed using standard methods to ensure wound is free of debris and necrotic tissue. Regardless of how well the wound has been prepared and how healthy it looks, Integra Bilayer Wound Matrix must not be placed on an existing wound surface. The entire existing wound must be completely excised or surgically debrided to ensure the wound bed and edges contain viable tissue.
**Day 1: Application**
Integra Bilayer Wound Matrix is applied to the excised wound bed. Fluids invade the matrix within minutes of application, adhering it to the wound. The IBWM must conform to and contact the wound surface. Tension within the material will shear the matrix from the silicone, so the material must not be stretched. It can be affixed with sutures, staples, or any suitable alternative.

**Day 7-14: Cellular Invasion And Capillary Growth**
Dermal cells begin migrating into the matrix and establish a new vascular network. The scaffold is eventually remodeled as the patient’s cells rebuild the damaged site.
Day 21+: Silicone Removal
The silicone layer is removed.
The collagen template biodegrades and is absorbed into the body.

Day 21-56+: Wound Closure
Epidermal cells migrate from the wound edges to complete wound closure. For larger wounds, a thin epidermal autograft may be considered to facilitate wound closure. A thin 0.004 – 0.006 in. (0.1016 - 0.1524 mm) epidermal autograft may be applied over the new remodeled skin.
Clinical Sequence of Integra Bilayer Wound Matrix

Day 21-56+: Wound Closure
Epidermal coverage over the wound yields a permanent and lasting wound closure.