ABRO™ Abdominal Closure System

Contents: 1 unit
2 Rectus Muscle Splints (RMS), 1 Circumferential Dynamic Retainer (CDR), IFU

ABRO™ Abdominal Wall Closure Set
- Can be used with skin protection, padding and patient positioners
- Non Sterile – Single patient use to be used for a maximum of 29 days. Do not sterilize or re-use

Indications for Use:
- Support and stabilize the abdominal wall
- Prevent loss of domain
- Prevent abdominal fascia damage
- Prevent lateral retraction of abdominal wall fascia
- Facilitate primary closure of abdominal wall fascia

Contraindications for Use:
- Pediatric use
- Rectus Muscle Splints (RMS) are not to be placed directly on an ostomy/stoma/appliance. (Circumferential Dynamic Retainer can be cut to accommodate)
Installation Procedure

- Placement is always on top of TAC device, with or without NPWT
- Place Circumferential Dynamic Retainer (CDR) around the patient’s waist along the spine
- An incise drape may be used under the Rectus Muscle Splint (RMS) if desired

1. Position the CDR around the patients’ torso and centered around the spine, leaving a free end on each side of the patient.

2. Position the RMS with the Tensioning Dial edge adjacent to the fascial defect and parallel to it, with the outer edge aligned with the anterior axillary line.

3. Open the Cross Bar (1) to allow for the insertion of the CDR (2) into the opening between the Cross Bar and the locking strips of the RMS. Feed the CDR through the opening of the RMS on both sides of the fascial defect. Grasp the leading edge of the CDR and apply tension by pulling until resistance is met. Confirm correct placement of the RMS at the Anterior Axillary Line on both sides of the fascial defect.

4. On both sides of the fascial defect, tension the CDR by pulling straight until the CDR is taut.

5. Fold the CDR back and posterolaterally, gently push it against the Locking Strip (hook and loop system) to secure it in place. Confirm proper placement and parallel alignment of the RMS.

6. Simultaneously advance both RMS devices towards the fascial defect, creating dynamic tension on the CDR.
Holding the RMS securely, pull up on the most superior Tensioning Dial releasing the Tensioner for extraction.

Bring each RMS to a tensioned resting position parallel to the fascial defect edge and approximately 2cm (a thumb’s width) from it.

Pull the Tensioner across the facial defect and position it in the corresponding Cleat on the opposite RMS.

Push down on the Tensioning Dial to engage it and rotate clockwise to wind the tensioner until taut. Repeat with remaining tensioners moving inferior or alternating top and bottom.

In unison, tension both sides equally while maintaining parallel alignment with the fascial defect. Ensure that each Tensioner Tab remains secure in its Cleat. (Note that the sequence of Tensioner installation and tightening should keep the RMA parallel).

Inspect the RMS for tautness, placement, parallel position and distance from fascial defect. Perform “the move”, and re-adjust as needed. (See next page for “the move” Instructions)

Post Installation Assessment -
Reassess ABRO RMS placement and tension per institutional protocols for intra abdominal pressure.
“the move” Instructions

1. On both sides of the patient, place two hands lateral to the RMS’s and rotate fingers outward with palms inward. Firmly press inward and upward simultaneously. Gently rock for 10 seconds and release taking care to avoid any abrupt movements. (Refer to drawings above)

2. Complete this a total of three times. Then, adjust tensioners appropriately if reduction in tension has been observed. (NOTE: We recommend making adjustments from the non-ostomy side.)

3. The patient’s Intra-Abdominal Pressure (IAP) should be continuously monitored during installation and “the move”. If necessary, adjust the tensioners to normalize IAP.