ABRA Intraoperative Surgeon Protocol:

- Irrigate abdomen.
- Measure fascial gap.
- Apply Ioban drape to open abdomen and surrounding skin. Cut to expose open abdomen.
- Place silicone sheet along viscera. Ensure coverage into pericolic gutters. Place secondary silicone sheet extender if additional material needed.
- Mark abdominal skin circumferentially 5 cm from the fascial edge.
- Along circumferential marking, mark incision sites for elastomere placement 3 cm apart.
- Make small incisions w/ 11 blade along elastomere marking sites. Cauterize each site.
- Use the Canulator to place elastomers through corresponding incisions. Tag each end w/ hemostat.
- Place elastomers into slots in the elastomere retention tube.
- Place buttons and tighten each elastomere to 2x stretch.
- Complete the "move" or myofascial release by applying firm pressure to the lateral rectus muscles x 3.
- Readjust elastomere tension to 2x stretch prn.
- Re-measure fascial gap.
- Utilize standard black sponge wound vac "thin to win" to focus on fascial approximation rather than coverage of subcutaneous tissue.
- Turn wound vac to 50-75 mm Hg lowest pressure setting able to maintain adequate suction.
- Cut slits into strips of Mepilex Ag to pad buttons.
- Place button tails.

ABRA Postoperative Protocol:

- Perform myofascial release or the "move" daily. Apply firm pressure to lateral rectus and hold for 30 secs. Repeat 3x.
- Inspect daily for adequate vac seal, appropriate canister contents and intact buttons/button tails.
- Change the wound vac three times a week MWF.
    - Pre-medicate patients with narcotic and anxiolytic or sedative.
    - Remove previous vac dressing.
    - Irrigate w/ 1L NS. Utilize Yankauer suction to evacuate into gutters and any contents in elastomere retention tube.
    - Gently palpate entirety of silicone sheet into pericolic gutters. Ensure adequate coverage and no exposed viscera. Adjust prn.
    - Measure the fascial gap.
    - Complete the move x 3. Remeasure the fascial gap.
    - Adjust elastomers to 2x stretch. Ensure this is only done with the wound vac off and visible elastomers to avoid any potential injury.
    - Replace wound vac "thin to win."
    - Replace any soiled Mepilex Ag padding.

- Replace any incompletely adherent button tails.
- When the fascia begins to approximate over the elastomere retention tube and the defect is only a few centimeters, plan return to OR for fascial closure.