

# Sutureless Hematoma Repair System<sup>®</sup>

## Procedure Guide



1. Prep ear. Outline and incise hematoma. Remove a small section of skin. Scrape Between layers.



2. Secure pad to each side of ear with towel clamps.  
**DO NOT CUT OPENING IN PAD OVER INCISION.**



3. Push needle through both pads and ear (medial to lateral).



4. Place tip of clip into tip of needle. Pull needle and clip back through ear and pads.



5. Slide ring onto clip **FLAT** side down. Leave 1 ring depth between pad and ring\*. Place 2nd ring onto 1st, **FLAT** side down.



6. Continue placing clips/rings no closer than every other fenestration in the pad\*.



7. Cut clips leaving 1/4" past second ring. **DO NOT TRIM COMPLETELY IN THE EVENT YOU PLACE THE RINGS TOO TIGHT.**



8. Suture attachment button to the head opposite the ear you are treating. **THE EAR SHOULD SIT SNUG AND FLAT AGAINST THE HEAD.**



9. Slide the slots in the pads onto the button. You can use a clip and ring to lock the pads to the button if desired.



10. The patient is ready to go home. **NO BANDAGING REQUIRED!**

### Post-Operative Care:

- Bandage is not necessary, but an e-collar may be necessary for some animals to protect the repair.
- Apply antibiotic/steroid ointment through fenestrations in both pads every 3 days.
- Inspect and clean under pads & clips with peroxide soaked swabs weekly or sooner if indicated.
- Pads may be left up to 3 weeks if no signs of pressure lesions; however, normal treatment time is 14 days.

### Removal:

- Remove by cutting off the head of the clip from the external surface of the ear and pulling by the ring to exit the ear. The first 1/8" of the clip shaft is smooth so the clip can be removed painlessly and without sedation.
- Apply an antibiotic/steroid combination to the ear flap for 24 hours to relieve any irritation.



One week post surgery



Pads removed 2-3 weeks post surgery

### \*WARNING!

- **DO NOT OVER TIGHTEN THE CLIPS AS THIS COULD RESULT IN IRRITATION OR PRESSURE NECROSIS!**  
Place a ring to the side of the clip to act as a spacer prior to sliding the 1st ring in place to help prevent over tightening.
- **LEAVE AT LEAST 1/4" BETWEEN EACH CLIP.**  
The tip of a syringe or swab should fit easily under the pad and between the clips. If not, the clips are too close together and/or the rings are too tight.
- **BACKING THE LOCK RINGS OFF OF THE CLIP CAN DAMAGE THE LOCKING TABS ON THE RING!**  
Use a new ring if backing off is required.
- **ALWAYS DOUBLE RING.**

## PractiVet Hematoma System® Procedure Guide

1. Gently shave and prep the ear so as not to cause skin irritation.
2. Using a marker, outline the hematoma on the medial surface of the ear flap.
3. Make an elliptical incision over the hematoma to drain blood and remove fibrin. Remove a couple of millimeters of skin along the incision site to prevent rapid sealing of the incision. Scrape the inner surface of the hematoma to freshen the surface.
4. Place 1 pad over the **entire medial surface** of the ear to assess the fit. **IMPORTANT! DO NOT cut out a window in the pad over the incision.** Allow the incision to be covered by the pad.
5. If the pad overlaps the ear flap excessively, you may cut the pad. **However, allow the pad to overlap the entire surface of the ear flap if possible.**
6. If trimming is necessary use the trimmed pad as a template and cut the 2nd pad to match. Place the pads in position over the entire ear flap and as close to the ear canal as possible. Secure pad to the ear flap by applying towel clamps through the ear and pads on each corner. **See figure 1 below.**
7. Pass the supplied 14 ga. needle through the pad on the incision (medial) side of the ear. Continue to pass the needle through the entire ear and lateral pad. Feed the tip of the Quick Clip® into the needle and pass the needle and clip through the ear and pads.
8. Place a lock ring on the clip **FLAT SIDE DOWN** and slide down the shaft of the clip. **IMPORTANT! Leave 1.5 mm. of space between the lock ring and the ear pad** to allow for swelling. *Place a ring to the side of the clip to act as a spacer prior to sliding the 1st ring in place to help prevent over tightening.* **DO NOT over-tighten the clips** as this could result in **irritation or pressure necrosis**. **NOTE: Backing the lock rings off of the clip can damage the locking tabs on the ring.** If backing off is necessary replace the ring. Extra rings are supplied with each kit.
9. Continue to place clips around the entire involved surface and into the edge of the healthy tissue. Clips are normally placed with approximately 1/4– 3/8 inch between the edges of the heads. It is not necessary to place the clips only through the supplied fenestrations. These fenestrations are mainly for ventilation.
10. **Reinforce the clips by adding a second locking ring FLAT side down onto the first ring.**
11. Trim off the excessive shaft of the clips 1/4 inch from the locking rings. This will leave room to loosen the clips if necessary.
12. **NO BANDAGE IS NECESSARY.** There are 2 methods for securing floppy ears over the head:
  1. A silicone button is provided in each kit. Additional buttons may be ordered from your distributor. Suture the silicone button to the top of the head opposite the ear you are treating. **THE EAR SHOULD SIT SNUG AND FLAT AGAINST THE HEAD TO PREVENT PRESSURE NECROSIS FROM THE PADS FOLDING INTO THE EAR.** Keep the sutures loose so they do not cut into the skin. Pass the barrel of the button through the slot in the top of the ear pad. This method allows the ear to be easily taken down for inspection or treatment. One or Two Quick Clips® can be placed through the button and pad for added security. Place two lock rings and leave shaft long so that the rings can be removed as needed.
  2. As an alternative, the knob on the top of the pads may be sutured directly to the top of the head. Keep the sutures loose so they do not cut into the skin.
13. Typically the pads will remain in place for 14 days, however, pads may be left in place for 2 -3 weeks if no sign of pressure lesions. Check patient weekly for any signs of pressure or drainage. **Loosen or remove any clips causing irritation.** Any irritation under the pads can be treated with medication through the fenestrations. If the clips are left in place for longer than 2 weeks, removal of every other clip at 2 weeks will help prevent swelling and irritation when the pads are removed.

### POST-OPERATIVE CARE

- Bandage is not necessary, but an e-collar may be necessary for some animals to protect the repair.
- Apply antibiotic/steroid ointment through fenestrations in both pads every 3 days.
- Inspect and clean under pads & clips with peroxide soaked swabs weekly or sooner if indicated.
- Pads may be left up to 3 weeks if no signs of pressure lesions; however, normal treatment time is 14 days.

### TO REMOVE CLIPS

- The first 1/8 inch of the clip shaft is not notched so that the clip can painlessly be removed. Clip off the head of the clip with scissors and pull through the ear by the ring. No sedation is generally necessary.
- Apply an antibiotic/steroid combination to the ear flap for 24 hours to relieve any irritation.

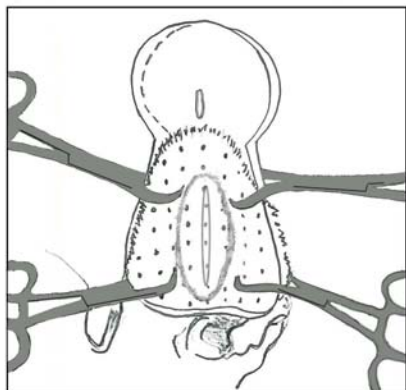


Figure 1. Pads and towel clamps in place

### IMPORTANT

- Allow the pad to cover the incision. **DO NOT** cut out a hole in the pad over the incision.
- Do not apply locking rings tight against the pad.  
**Allow 1.5 mm (1 ring depth) for swelling.**

For questions or support contact **PractiVet** at **(800) 535-4057**.  
Visit our web site at **www.pRACTIVET.COM** for updates and to view our other unique products.