

BIOWASH™

SURGICAL IRRIGATION⁺

BIOWASH™ SURGICAL USE TECHNIQUE
ADDING BIOWASH™ TO AN EXISTING PROTOCOL

Technique Authors

Matthew P. Abdel, MD - Rochester, MN

James A. Browne, MD - Charlottesville, VA

R. Michael Meneghini, MD - Indianapolis, IN

Bryan D. Springer, MD - Jacksonville, FL



OSTEOREMEDIES®
ADVANCED MEDICAL TECHNOLOGIES

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SURGICAL IRRIGATION⁺

BIOWASH™ Surgical Use Technique¹

Adding BIOWASH to an existing protocol

Description

BIOWASH™ SURGICAL IRRIGATION is designed specifically for complex, high risk, and revision surgery encountered in orthopedic and spine procedures. The BIOWASH™ formulation contains the highest efficacy of XBIO® technology, achieving bioburden reductions of up to 99.99%.

Initial Irrigation and Debridement

BIOWASH™ can be seamlessly integrated into various existing irrigation protocols as an effective addition. Many standard protocols involve mechanical debridement followed by a soak with an antiseptic irrigant (such as Betadine, Ethanol/Benzalkonium Chloride, Chlorhexidine Gluconate, Calcium Hypochlorite, etc.). These antiseptic irrigants typically require a thorough rinse with a saline solution (3-9 L) to remove the antiseptic from the wound completely and to protect viable tissue from their potentially harmful effects.

After using any of these antiseptic irrigants and completing the necessary saline rinse, apply BIOWASH™ to the wound. Unlike other antimicrobial irrigants, BIOWASH™ is a tissue-friendly, leave-in solution that does not require rinsing. It can remain in contact with the surgical wound throughout the procedure, providing ongoing protection by reducing bioburden during the intraoperative period

Final Rinse

Upon completion of the procedure and prior to wound closure, apply BIOWASH™ as final rinse. Using the preferred technique of pulse lavage or manual irrigation, apply one bottle of BIOWASH™ to the surgical site and allow exposure to all affected areas. Suction excess prior to closure, with no further irrigation recommended.

No additional irrigation is required as the solution will not irritate healthy tissue or interfere with wound healing. The preservative effect of BIOWASH™ will continue to be active for several hours in the post-operative stage.

1. See IFU for complete surgical technique and indications for use.

