

**Description, Methodology, Drawings and Pictures  
of The Fisher Method TFM (Copyright © applied for)  
a Non-Adhesive - Non-Traumatic method  
of Securing Applicable Wound Dressings**

By: Larry Ken Fisher

**DEVELOPMENT:**

The basis for development was to secure medical wound dressing of a deep facial wound resulting from stage IV Oral Cancer, and associated therapies, wherein the patient's skin became very thin and extremely sensitive to having medical tape of any nature placed on it.

**BENEFITS:**

- Alleviating patient stress of anticipated pain, and actual trauma of having old adhesive peeled off and new adhesive put on each time the wound is examined or dressing changed.
- Diminishes needless suffering caused by adhesive material applied to tumors, nodules, burned areas and lesions, which are proximal to the wound.
- Facilitates and provides for faster dressing of the wound.
- Extends longevity of the dressing by allowing multiple examinations of the wound or dressing changes.

**PRIMARY USE:**

Deep, chronic wounds, which are located on the face, jaw, neck, chin, nose and mouth.

**SECONDARY USES:**

The Fisher Method TFM is highly recommended for patients with allergies and sensitivities to adhesives and is adaptable to burn patients, if there is sufficient, unaffected cranial or posterior skull surface for the placement of the self-adhesive band.

TFM is suitable to palliative care by providing comfort and levity in the use of the rabbit ear look and patient choice of color for their

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self-adhesive band. It can also be used to secure dressings of maintenance wounds.

**METHOD:**

Pack wound with alginate or like packing material, applying appropriate gel or paste. Apply absorbent layer if needed. Apply a 3X4 or larger non-adherent pad as last step.

For wounds on and proximal to the nose, cut one length (for smaller, uncomplicated wounds) two lengths (for larger, complicated wounds) of gauze roll or elasticized cloth roll to encircle the horizontal radius of the skull, leaving additional length for a knot at the posterior of the skull.

Place the center of the roll (first roll, if larger or complicated wound) on the dressing's non-adherent outer pad. Encircle the radius of the skull with the roll, going above of the ears. Pull the roll evenly and tightly enough to hold the dressing securely. Tie at the center of the posterior of the skull. Repeat these movements (if larger or complicated wound) with the second roll, except bring the roll below the ears. See figures 1 and 2 next page.

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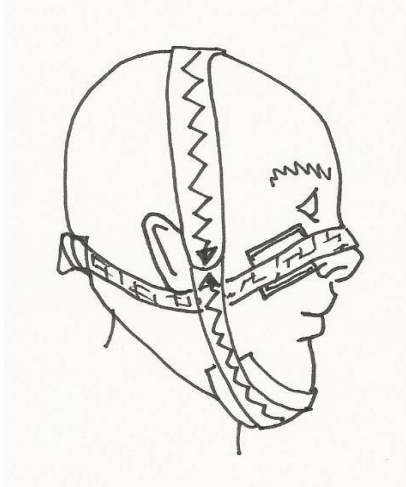


Figure 1

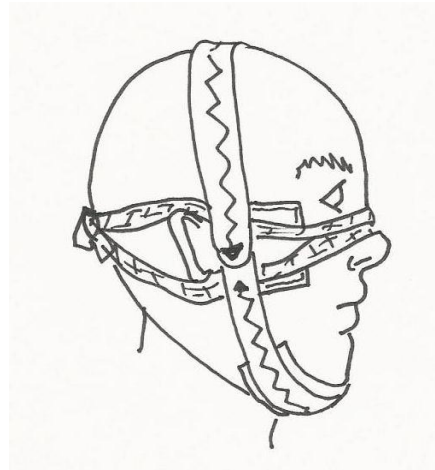


Figure 2

For wounds proximal to the mouth, cut one length (for smaller, uncomplicated wounds) or two lengths (for larger, complicated wounds) of gauze roll or elasticized cloth roll, sufficient to encircle the entire face vertically, from wound to top of cranium, leaving additional length for a knot on top of the cranium.

Place the center of the gauze roll (first gauze roll if larger or complicated wound) on the dressing's non-adherent outer pad and encircle the face vertically, going behind the ears. Pull the roll evenly and tightly enough to hold the dressing securely. Tie at center of the top of the cranium. Repeat these movements with the second roll for a larger or more complicated wound, except bring the roll in front of the ears. See figures 3 and 4 next page.

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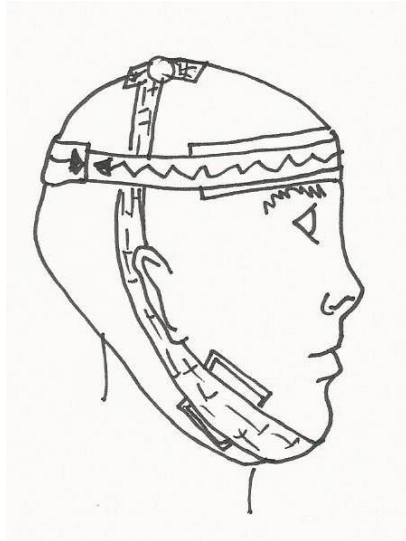


Figure 3

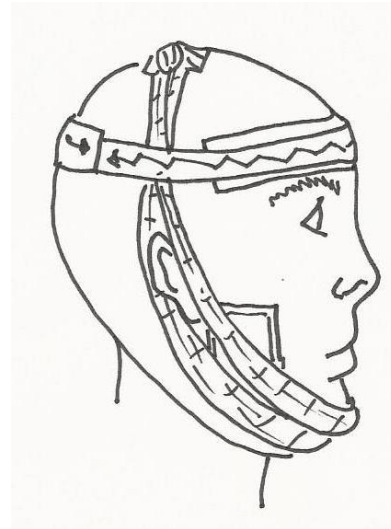


Figure 4

Longer length can create rabbit ears for a palliative and younger patient population. See figure 5 this page.



Figure 5

Depending on the size and age of the patient, cut a 3X4 or 3X8 non-adherent pad in half, lengthwise. This will serve as a barrier to the elastic, self-adhering, non-latex, compression band, keeping the patient's skin from direct contact with the band when wrapped around the cranium or the skull to secure the dressing.

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Wound clinic Mount Sinai Hospital before TFM Same day initial use Rabbit ears

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A copyright has been applied for the name "The Fisher Method" "TFM". The actual procedure is provided by the author, to the medical industry on a purely humanitarian basis in the hope that it be taught, and used in the widest possible patient population to alleviate anticipatory stress and actual trauma caused by other adhesive based methods of securing medical wound dressing on applicable wounds.

To your health and longevity with  
The Body~Mind~Spirit Connection  
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