Coriotome Instructions

1. The graft, ideally spindle shaped, is placed on the preparation plate with the subcutaneous side facing upwards.

2. The graft is fixed to the sub-cutis and corium at one end of the spindle using two blood vessel clamps.

3. Larger (e.g., Inguinal or supraclavicular) grafts can also be fixed to the support device on the preparation plate.

4. The coriotome is placed directly in front of the blood vessel clamps at an angle of approx. 80°. This allows the coriotome to penetrate the subcutis.

5. The blade penetrates the subcutis or corium at greater depths by reducing the angle between the handle and the preparation plate (by lowering the handle).

6. The coriotome is moved away from the clamps at a constant angle and tangentially removes the subcutis and corium.

7. This produces a graft with layers of even thickness and a flat lower surface.