

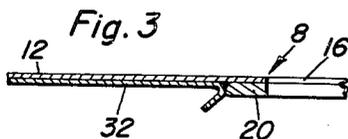
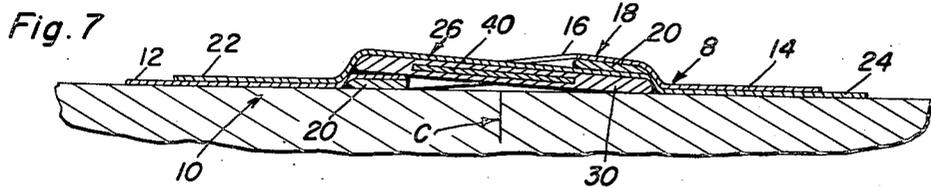
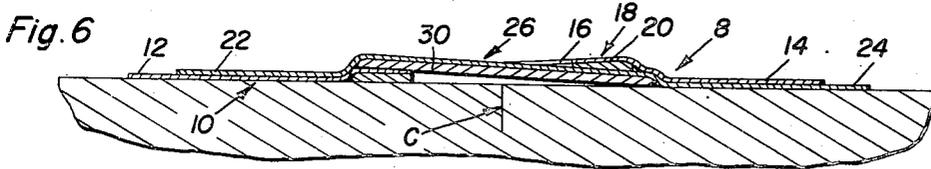
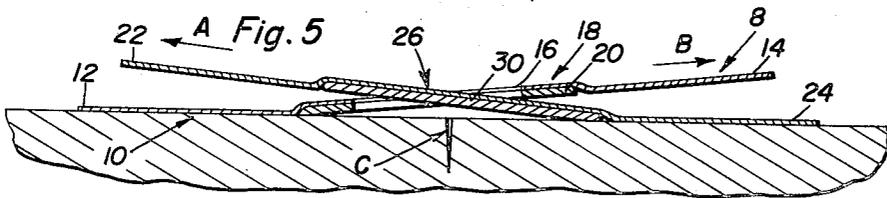
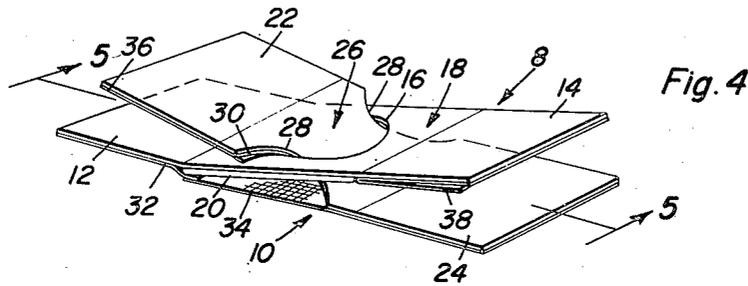
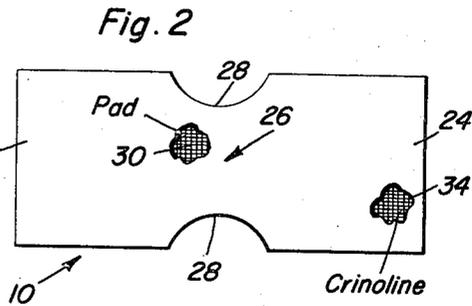
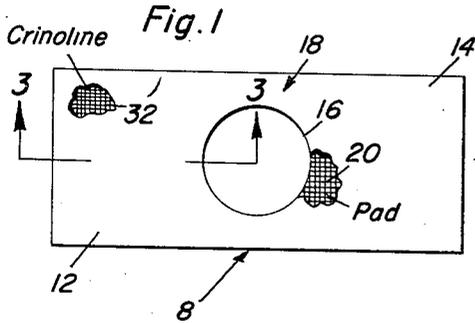
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T. B. GUIO

2,762,371

DRAW-TYPE TWIN BANDAGE

Filed Jan. 31, 1955



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2,762,371

DRAW-TYPE TWIN BANDAGE

Truby B. Guio, Gilbert, W. Va.

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2 Claims. (Cl. 128—335)

The present invention relates to an improved adhesive bandage and has reference, more specifically construed, to what is herein revealed as a draw-type twin bandage, that is, a construction which may be treated as a two-in-one bandage in that it not only sticks and covers the injured area but has the extra advantage of drawing the edges of a wound together for protected healing.

An object of the invention is to structurally, functionally and otherwise improve upon adhesive bandages such as are adapted for use on cuts, wounds and lacerations and to provide a two-part bandage which is herein treated as a twin bandage and wherein a pair of substantially duplicate adhesive bandages or tapes are slidably and adjustably united to provide a unique entity; namely, a bandage which has four adhesive end portions for anchoring the bandage and also drawing the ends of the first anchored end portions toward each other to contract the cut or wound and to keep it substantially closed during the healing step.

Stated otherwise the invention apertains to a draw-type dual purpose adhesive bandage which draws the edges of a wound together and thus obviates the need or use of clamps and sutures and which is characterized by tape means having a first pair of adhesive end portions which are stuck down and thus anchored in place on opposite sides of the wound, and a second pair of complementary adhesive end portions which are grasped and pulled in directions away from each other in a manner to draw said first end portions toward each other to thus close said wound, and are then stuck down and attached to said first end portions, whereby all four end portions are anchored and the wound is kept closed and allowed to heal, thus in a painless manner.

In carrying out a preferred embodiment of the invention two substantially duplicate adhesive bandages are provided. Each has a centrally padded portion either medicated or non-medicated on opposite sides of which are the usual end portions, the latter being covered by customary removable crinoline or equivalent covering. One bandage has an opening at the center of its padded portion and the central padded portion of the other bandage is notched and restricted in width and the restricted portion is laced or threaded through the opening in the apertured first-named bandage to provide the adjustable uniting connection and also to provide the aforementioned four adhesive hold-down or anchoring ends which are used in progressive pairs in a manner to be more explicitly set forth.

Other objects, features and advantages will become more readily apparent from the following description and the accompanying sheet of illustrative drawings.

In the drawings, wherein like numerals are employed to designate like parts throughout the views:

Figure 1 is a top plan view of one bandage;

Figure 2 is a top plan view of the second or complementary bandage;

Figure 3 is a section taken on the plane of the line 3—3 of Figure 1 looking in the direction of the arrows;

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Figure 4 is a perspective view of the complete ready-to-use or marketed-type twin bandage composed of the two bandages seen in Figures 1 and 2;

Figure 5 is a lengthwise or longitudinal sectional view taken on the plane of the line 5—5 of Figure 4 looking in the direction of the arrows and showing the first two ends fastened down and before the slack is taken up and the remaining two ends are fastened down;

Figure 6 is a view based on Figure 5 showing the final position of the twin bandage after the bandages are drawn together and the final two end portions are fastened in place; and

Figure 7 is a view like Figure 6 and in which a slight modification in the central pad of one bandage is adopted.

Referring now to the drawings with the aid of reference numerals and lead lines, one bandage is denoted by the numeral 8 and the other one by the numeral 10. Both bandages are substantially the same in size and basic construction and they are here shown as of familiar elongated rectangular form. The respective end portions are denoted by the numerals 12 and 14 and these are recognized as the attachable adhesive end portions. At the center there is an aperture, while this might be a slit or a slot it is preferably a circular hole or opening 16. This particular bandage is sometimes referred to as apertured. In any event, the central areal portion 18 is provided on the applicable or operable side with an appropriate gauze or equivalent laminated or similar pad 20.

The complementary companion bandage is imperforate and one adhesive end portion is denoted at 22 and the other end portion at 24. The central portion is distinguished by the numeral 26 and this has opposite or opposed semi-circular notches 28—28. Also on the underside there is a medicated or non-medicated flexible or soft protective pad 30 which is approximately rectangular in shape. The arcuity of each notch 28 is approximately equal to the diameter of the opening 16. This restricted portion 26 is therefore adapted to be laced or passed through the opening 16 so that the two bandages 8 and 10 are hingedly or adjustably united into a twin bandage. The numerals 32 and 34 designate crinoline cloth or equivalent coverings of patches and the numerals 36 and 38 designate similar crinoline coverings or patches. These are such that they may be readily ripped off to expose the otherwise covered adhesive surfaces as is common and therefore well-known in respect to bandages of the type under consideration.

The ready-to-use bandage is seen in Figure 4 and by detaching the coverings 32 and 34 the first attachable end portions are ready to be applied. This is illustrated in Figure 5 wherein it will be seen that the cut or wound is denoted at C and therefore the bandage is applied as usual, so that it straddles the same. First the two ends 12 and 24 are fastened down in a well-known manner. Then the free ends 22 and 14 are available so that they may be grasped and pulled in opposite directions, in the direction of the arrows A and B, for example. Of course, the coverings 36 and 38 have to be removed at the proper time so that after the edges of the cut C are pulled together as seen in the illustration depicted in Figure 6, the then existing two ends 22 and 14 are stuck down on the already attached ends 12 and 24. Thus, the ends 24 and 14, at one side, and 12 and 22 at the opposite side are more or less collectively joined and the end portions 12 and 24 may be caught hold of for removing the bandage at a subsequent time.

The only distinction in the modification seen in Figure 7 is that there is a rigid insert, for example, a cardboard disk or insert 40, embedded in the pad 30.

The use of the last-named bandage is to apply firm lightweight pressure where needed. One need for this

bandage is for use on the ruptured or partially ruptured umbilical cord of a newborn infant. Firm pressure is needed to heal or prevent this type of rupture and this improved type of bandage could be applied across the abdomen and the rupture put back inside until it heals. Thus, this improved type of bandage will be more easily applied, would adhere more firmly and less adhesive would come into contact with the infant's skin.

The improved four ended draw-type twin bandage revealed herein may be used to close cuts, wounds and lacerations and it will function in many instances to obviate the use of sutures and clamps. Of course, deep cuts would probably require sutures but surface wounds, which people seldom have sutured and which leave ugly scars, could be closed with these improved twin-type bandages. Small cuts often leave an ugly scar whereas if the improved bandage had been used the scar would hardly be noticeable after healing. To close the cuts and wounds by these types of bandages also lessens the danger of infection. They are adapted for handy and practical use in the home.

It is a matter of common knowledge that many small children are frightened because it becomes necessary for the doctor to resort to the use of a single suture to close up a cut. This type of bandage for adequately closing the cut or wound would take the dread from the child's mind and it seems advisable to direct attention to this advantageous aspect of the unique multi-purpose bandage herein revealed. The very fact that these unique bandages are ready-made and ready-for-use they could be used by doctors and the public too. These and other features and advantages will obviously become apparent to the reader. A more extensive description is therefore believed to be unnecessary.

Changes in shape, size and rearrangement of details and features may be resorted to in actual practice without departing from the spirit of the invention or scope of the subjoined claims.

What is claimed as new is as follows:

1. For use on cuts, wounds, and lacerations, an adhesive bandage which draws the edges of a wound together and thus obviates the needed use of clamps and sutures comprising a pair of companion adhesive tapes approximately the same in size, said tapes being adjustably united to provide a twin-type bandage and having a first pair of end portions which are stuck down and thus anchored in place on opposite sides of the wound, and a second pair of complementary adhesive end portions which are grasped and pulled in directions away from each other in a manner to draw said first end portions toward each other to thus close said wound, and are then stuck down and attached to said first end portions whereby all four end portions are anchored and the wound is kept closed and allowed to heal in a painless manner, the central portions of the respective tapes being provided with gauze pads to cover the wound.

2. For use on cuts, wounds, and lacerations, an adhesive bandage which draws the edges of a wound together and thus obviates the needed use of clamps and sutures comprising a pair of substantially duplicate adhesive bandages each having a centrally padded portion and adhesive end portions, the latter covered by removable crinoline cloth, one bandage having an opening at the center of its padded portion, the central padded portion of the other bandage having marginal notches providing a restricted portion, and said restricted portion passing slidably through said opening and thus adjustably uniting said bandages into a ready-to-use draw-type twin bandage.

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