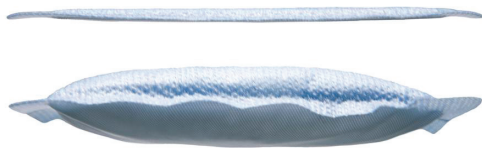


Flivasorb®

Super absorbent wound dressings

ACTIVA
HEALTHCARE
an **LRR** Company



Product description

Flivasorb® is a superabsorbent wound dressing, for use on moderately to heavily exuding wounds. Flivasorb functions by absorbing and retaining wound exudate, including the high levels of protease enzymes (MMPs, elastase) believed to be a factor in delayed wound healing (Wiegand et al, 2008). Flivasorb has a flexible, skin-friendly wound contact layer which prevents the dressing from sticking to the wound, thus minimising pain at dressing change or further damage to the skin. Flivasorb can also be used under compression. The tried and tested exudate management benefits of Flivasorb are now also combined with the convenience and comfort of a skin-friendly self-adjusting adhesive membrane, giving the choice between adhesive and non-adhesive versions. The flat and flexible design makes Flivasorb comfortable to wear, even in areas that are difficult to dress.

Indications

Flivasorb is suitable for the management of heavily exuding superficial wounds and as a secondary dressing for deep, heavily exuding wounds, such as pressure ulcers, leg ulcers, diabetic foot ulcers, postoperative wounds healing by secondary intention, laparotomy wounds, superficial, and partial thickness burns.

Contraindications

Do not use in fistulas and bridging wounds as the product can expand considerably when wound exudate is absorbed; on wounds with light exudation, as the wound may dry out and drawing pain may occur; or if there is a known hypersensitivity to the product itself, or to its components. Flivasorb superabsorbent wound dressing may not be cut or torn.

Frequency of change

Flivasorb should be changed as often as the wound condition dictates. As with all dressings, Flivasorb has a finite capacity and should be changed when the dressing is saturated. Regular monitoring is required. If infection is suspected, more frequent monitoring and dressing changes are advised. See local guidelines.

Depending on the degree of exudation, the dressing should be changed:

- When discoloration is seen on the reverse of the dressing
- When the dressing has reached its maximum fluid capacity and can no longer absorb exudate
- When the dressing becomes deformed to a size greater than the wound.

Flivasorb may remain in place for up to a maximum of 7 days, if the absorption capacity has not been reached. When using any dressing, wound and skin monitoring is advised. Please refer to local guidelines.

Sizes

Flat sterile dressing, individually sealed, available in boxes of 10. Flivasorb sizes available: 10cm x 10cm, 10cm x 20cm, 20cm x 20cm, 20cm x 30cm.

Flivasorb Adhesive sizes available: 12cm x 12cm, 15cm x 15cm. Application of the wound dressing: the size of dressing depends on the wound size; Flivasorb® should overlap the wound by approx. 2–3cm and can be retained with a bandage or other appropriate secondary fixation. When using Flivasorb Adhesive, this overlap should be increased by a further 2cm to account for the adhesive border.

References

Wiegand C, Abel M, Ruth P, Hipler UC (2008) *Polyacrylate-Superabsorber Binds Inflammatory Proteases In Vitro*. Wounds UK Conference 2008, Harrogate: 11–12 November

For more information, please call our customer care line on 08450 606707, or visit our website at www.activahealthcare.co.uk