Activon Tube, Activon Tulle, Algivon and Actilite

Antibacterial potency from Manuka honey

Advancis Medical

PRODUCT DESCRIPTION

Activon honey is medical grade Manuka honey which has a reliable level of antibacterial potency not found in other honeys. In addition to the antibacterial properties Activon honey benefits patients with wounds in a number of ways; it has an osmotic effect that helps to debride and de-slough wounds, it also reduces odour associated with infected wounds and maintains a moist wound healing environment.

Activon is available in a number of dressings forms: Activon Tulle is a knitted viscose primary wound dressing impregnated with Activon honey; Algivon is a calcium alginate dressing impregnated with Activon honey; Activon Tube provides pure Activon honey in a 25g tube as a top up for the dressings or as a stand-alone product for more difficult-to-dress wounds. The newest addition to the Activon range is Actilite — a low-adherence dressing coated with antibacterial Activon+. The dressing is designed to protect a wound, promoting healing and allowing the passage of exudate.

INDICATIONS

Activon is indicated for many different wound types including leg ulcers, pressure ulcers, malodorous, sloughy or necrotic wounds.

Activon may be used on partial and full-thickness wounds including: sloughy wounds, pressure ulcers, surgical wounds, burns, graft sites and malodorous wounds.

CONTRAINDICATIONS/PRECAUTIONS

- Arterial bleeds and heavily bleeding wounds
- Some patients may experience a drawing sensation which can be painful. If pain is of an unacceptable level and cannot be managed by administering an analgesic, the dressing should be removed and its use discontinued.

METHOD OF USE

Activon Tulle, Algivon and Actilite can be placed either side down onto the wound surface; dressings can be placed side by side to cover a large wound area or cut to size using sharp scissors. The tissue type within the wound bed and level of exudate determine the secondary dressing, which could be a film dressing and/or bandage or absorbent pad. In wounds with a high level of exudate an additional highly absorbent dressing can be introduced. Advancis Medical recommend their Eclypse exudate management dressing pad.

FREQUENCY OF CHANGE

Depending on wound exudate levels, any surrounding interstitial fluid, oedema and dressing regimen, Activon dressings may initially require changing daily but can be extended and left in place for up to seven days. Activon Tulle will need changing when the honey is highly diluted by exudate. Activon tube can be used to top up dressings where the honey has been diluted with exudate. Actilite may be left in place for up to seven days depending on wound exudate levels, to maintain Actilite's level of efficacy, change the dressing when the colour fades significantly.

SIZES

Product Name	Stock Code	Size	Dispenser Quantity	PIP Code
Activon Tube	CR3830	25g	12	319–3729
Activon Tulle	CR3658	10 x 10cm	5	304–0623
Activon Tulle	CR3761	5 x 5cm	5	304–0631
Algivon	CR3659	10 x 10cm	5	319–3703
Algivon	CR3831	5 x 5cm	5	319–3711
Actilite	CR3849	10 x 10cm	10	335–4917
Actilite	CR3852	10 x 20cm	10	335–4925

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Customer services: 01623 751500 www.advancis.co.uk www.medicalhoney.com

Advadraw and Advadraw Spiral

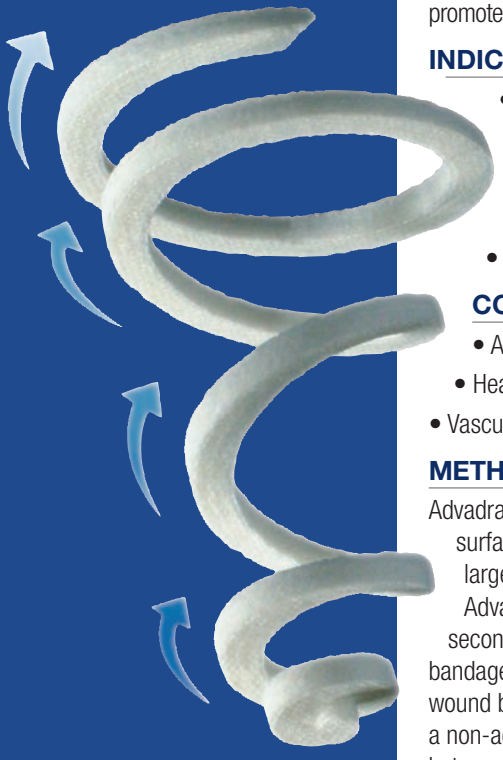
Fast-acting, absorbent and non-adherent

Advancis Medical

PRODUCT DESCRIPTION

Advadraw is a rapid capillary action, absorbent, non adherent primary wound contact layer. The dressing comprises a triple layer of soft viscose and polyester, mechanically-bonded, highly absorbent fibres with low-adherent film faces. Advadraw Spiral is cut into a unique spiral shape which allows the dressing to be easily handled and cut to fit directly into cavity wounds.

Fluid from the wound bed is rapidly absorbed into Advadraw and distributed by the central layer resulting in sustained movement of exudate from a wound bed. Capillary action dressings improve the wound bed and promote healing.

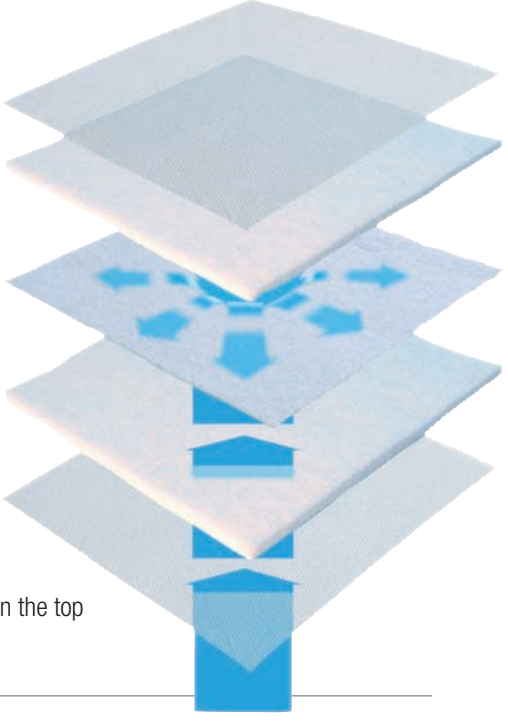


INDICATIONS

- Sloughy wounds
- Sutured wounds
- Abrasions
- Medium to heavily-exuding wounds
- Cavity wounds.

CONTRAINDICATIONS/PRECAUTIONS

- Arterial bleeds
- Heavily bleeding wounds
- Vascular fungating tumours.



METHOD OF USE

Advadraw is placed either side down onto the wound surface; dressings can be placed side by side to cover large wound areas and layered to optimise absorbency. Advadraw can be cut to size using sharp scissors. The secondary dressing of choice could be a film dressing, bandage and/or tape depending on the tissue type within the wound bed and exudate levels. If minimal exudate is present a non-adherent wound bed contact layer may be used between Advadraw and the wound bed.

FREQUENCY OF CHANGE

Depending on wound exudate levels, surrounding interstitial fluid, oedema and number of layers used, Advadraw may initially require changing daily but can be extended and left in place for up to seven days. Advadraw will need changing when the top outer layer becomes saturated to the dressing margins.

SIZES

Product Name	Stock Code	Size	Dispenser Quantity	PIP Code
Advadraw	CR3746	5 x 7.5cm	10	304–3759
Advadraw	CR3747	10 x 10cm	10	304–3783
Advadraw	CR3748	10 x 15cm	10	304–3809
Advadraw	CR3822	15 x 20cm	10	329–5961
Advadraw Spiral	CR3799	0.5 x 40cm	10	314–8640

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Customer services: 01623 751500 www.advancis.co.uk www.medicalhoney.com

Advazorb Border

Absorbent dressing promotes moist wound healing

Advancis Medical

PRODUCT DESCRIPTION

Advazorb Border is a soft and conforming, self-adherent, absorbent, hydrophilic, polyurethane foam/film dressing. It is designed to absorb fluid and retain it within the dressing promoting a moist wound healing environment beneficial to healing. The soft silicone will adhere to surrounding dry skin but not to a wet wound and provides gentle release. This is an atraumatic dressing which means it is designed to minimise the pain and trauma associated with dressing changes. The breathable pink backing prevents strike-through and protects the wound from bacteria and helps to prolong comfortable wear time.

INDICATIONS

All exuding wounds including: leg ulcers, pressure ulcers, cuts and abrasions, surgical wounds, minor burns and skin tears. Advazorb Border is particularly suited to those patients with friable or delicate skin.

CONTRAINDICATIONS/PRECAUTIONS

Do not use if allergic to silicone.

METHOD OF USE

Remove clear liners and apply pink side up to the wound ensuring the central foam pad covers the entire wound area and there is a minimum overlap of 2cm around the edges of the wound.

FREQUENCY OF CHANGE

Advazorb Border can be left in place for up to five days but should be changed immediately when it reaches its absorption capacity. If the borders of the dressing begin to lift this is a clear indication that a dressing change is required. Clinical observation is necessary to optimise the frequency of dressing changes in exuding wounds.

SIZES

Product Name	Stock code	Size	Dispenser quantity	PIP code
Advazorb Border	CR3915	6 x 10cm	10	338–4336
Advazorb Border	CR3916	8 x 12cm	10	338–4344

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Customer services: 01623 751500 www.advancis.co.uk www.medicalhoney.com

Biatain

Superior exudate management

Coloplast

PRODUCT DESCRIPTION

Biatain foam dressings provide superior exudate management for faster wound healing (Anderson et al, 2002; Severin and Kristensen, 2005; Thomas et al, 2005). The new improved version offers increased patient comfort due its soft and flexible foam and new bevelled edges (Reitzel et al, 2008).

INDICATIONS

Biatain Foam is indicated for a wide range of exuding wounds including:

• Leg ulcers • Pressure ulcers • Diabetic foot ulcers • Burns • Postoperative wounds.

Biatain foam also performs well under compression bandaging, offering reduced incidence of indentation and superior exudate handling.

Biatain Non-Adhesive is suitable for use on fragile or sensitive skin.

Biatain Soft-Hold has a soft, skin-friendly adherent layer that supports easy application and removal in hard-to-dress areas.

CONTRAINDICATIONS

Biatain should not be used in conjunction with hydrogen peroxide or hypochlorite solutions.

No other contraindications are known.

METHOD OF USE

For a full guide, please refer to the instructions for use.

The wound bed should be cleaned as per local guidelines. Biatain is then simply applied either directly to the wound bed, or over a primary dressing.

Biatain should always be applied plain side to the wound, with the writing clearly visible.

Biatain adhesive should be applied at room temperature, and removed by gently stretching opposing corners to break the adhesive bond.

FREQUENCY OF CHANGE

Biatain has a maximum wear time of seven days — dependent upon the exudate levels of the wound.

SIZES

Biatain Adhesive	12x12cm,18x18cm,18x28cm,10x10cm
Biatain Adhesive Shapes	Heel (19x20cm), Contour (17cm), Sacral (23x23cm)
Biatain Non Adhesive	5x7cm, 10x10cm,10x20cm,15x15cm, 20x20cm
Biatain Soft-Hold	10x10cm,10x20cm,15x15cm

REFERENCES

Anderson KE, Franken CPM, Gad P, Larsen AM et al (2002) A Randomized controlled study to compare the effectiveness of two foam dressings in the management of lower leg ulcer. *Ostomy Wound Manag* 48(8): 34–41

Reitzel N, Marburger M, Torpe RM, Engell G (2008) An in-vitro test of absorption capacity of foam dressings under pressure. Poster presented at EWMA 2008, Lisbon

Severin M, Kristensen SB (2005) New test methods for measuring absorption in foams. Joint scientific meeting of ETRS, EWMA, and DGfW, Stuttgart

Thomas S et al (2005) An in-vitro comparison of the physical characteristics of hydrocolloids, hydrogels, foams and alginate/CMC fibrous dressings. www.dressing.org

Interested in the facts?
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Biatain Ag

Superior exudate management with sustained silver release

Coloplast

PRODUCT DESCRIPTION

Biatain Ag dressings provide superior exudate management for faster wound healing. Biatain Ag also offers sustained silver release, and is effective at killing methicillin-resistant *Staphylococcus Aureus* within four hours. The new improved version now offers increased comfort due its soft and flexible foam and new bevelled edges.

INDICATIONS

Biatain Ag is indicated for a wide range of contaminated or infected exuding wounds including leg ulcers, pressure ulcers, diabetic foot ulcers, burns and post-operative wounds
Biatain Ag is also indicated for prophylactic use, for patients at high risk of developing wound infection. Biatain Ag performs well under compression, offering reduced incidence of indentation and superior exudate handling. Biatain Ag Non-Adhesive is suitable for use on fragile or sensitive skin.

CONTRAINDICATIONS

Biatain Ag should not be used in conjunction with hydrogen peroxide or hypochlorite solutions or patients with silver sensitivity.

METHOD OF USE

The wound bed should be cleaned as per local guidelines. Biatain Ag is then simply applied either directly to the wound bed or over a primary dressing. It should always be applied plain side to the wound with the writing clearly visible. It should be applied at room temperature and removed by gently stretching opposing corners to break the adhesive bond. For a full guide please refer to the instructions for use.

FREQUENCY OF CHANGE

Biatain Ag has a maximum wear time of seven days — dependent upon the exudate levels of the wound. Biatain Ag will continue to release silver for the life of the dressing.

SIZES

Biatain Ag Adhesive	12.5x12.5cm,18x18cm.
Biatain Ag Adhesive Shapes	Heel (19x20cm), Contour (17cm), Sacral (23x23)
Biatain Ag Non-Adhesive	5x7cm, 10x10cm,10x20cm,15x15cm, 20x20cm
Biatain Ag Filler	5x8cm

REFERENCES

Flanagan M (2005) Barriers to the implementation of best practice in wound care. *Wounds UK* **1(3):** 74–82

Lansdown AB, Jensen K, Jensen MQ (2003) Contreet Foam and Contreet Hydrocolloid: an insight into two new silver containing dressings. *J Wound Care* **12(6):** 205–10

Münter KC, Beele H, Russell L et al (2006) Effect of a sustained silver releasing dressing on ulcers with delayed healing: the Contop study. *J Wound Care* **15(5):** 199–206

Ip M, Lui SL, Poon VK, Lung I, Burd A (2006) Antimicrobial activities of silver dressings: an in vitro comparison. *J Med Microbiol* **55:** 59–63

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Biatain-Ibu

Superior exudate management and local pain reduction

Coloplast

PRODUCT DESCRIPTION

Biatain-Ibu provides superior exudate management for faster wound healing and continuous release of ibuprofen during the wear time of the dressing. The new improved version offers increased patient comfort due to its soft, flexible foam and new bevelled edges.

INDICATIONS

Biatain-Ibu is indicated for a wide range of exuding and sore wounds including:

• Leg ulcers • Pressure ulcers • Diabetic foot ulcers • Burns • Post-operative wounds • Donor sites.

Biatain-Ibu performs well under compression, offering reduced incidence of indentation and superior exudate handling.

Biatain-Ibu Non-Adhesive is suitable for use on fragile or sensitive skin.

Biatain-Ibu Foam provides moist wound healing and may reduce pain caused by tissue damage.

CONTRAINDICATIONS

Biatain-Ibu should not be used in conjunction with hydrogen peroxide or hypochlorite solutions.

For infected wounds, appropriate treatment must be used.

Do not use on patients with a known hypersensitivity to ibuprofen, or other NSAIDS

Not suitable for use during pregnancy.

Do not use on children under 12 except for on the advice of a doctor.

METHOD OF USE

For a full guide, please refer to the instructions for use.

The wound bed should be cleaned as per local guidelines. Biatain Ibu is then simply applied either directly to the wound bed or over a primary dressing.

Biatain-Ibu should always be applied plain side to the wound, with the writing clearly visible.

FREQUENCY OF CHANGE

Biatain-Ibu has a maximum wear time of seven days — dependent upon the exudate levels of the wound. Biatain-Ibu will continue to release Ibuprofen for the life of the dressing.

SIZES

Biatain-Ibu Non-Adhesive	10x12cm,10x22.5cm,15x15cm
Biatain-Ibu Soft-Hold	10x12cm,10x22.5cm,15x15cm

BIBLIOGRAPHY

Gottrup F, Jørgensen B, Karlsmark T, et al (2007) Less pain with Biatain-Ibu: initial findings from a randomised, controlled, double-blind clinical investigation on painful venous leg ulcers. *Int Wound J* **4(suppl 1):** 24-34

Jørgensen B, Friis GJ, Gottrup F (2006) Pain and quality of life for patients with venous leg ulcers; proof of concept of the efficacy of Biatain Ibu, a new pain reducing dressing. *Wound Repair Regen* **14(3):** 233–9

Jørgensen B et al (2008) *A randomised controlled trial on safety and performance of a new dressing of a venous leg ulcer.* WUWHS, Toronto

Sibbald G, Coutts P, Fierheller M, Woo K (2007) A pilot (real-life) randomised clinical evaluation of a pain-relieving foam dressing (Ibuprofen foam vs best practice). *Int Wound J* **4 (suppl 1):** 16-23

Steffansen et al (2006) *Novel wound models for characterizing the effects of exudate levels on the controlled release of Ibuprofen from foam dressings.* European Wound Management Association, Prague, May 18-20

www.woundcare.evidence.coloplast.com

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Coloplast Ltd
Peterborough Business Park, Peterborough, Cambridge, PE2 6FX

Cavilon™ Durable Barrier Cream

Moisturising long-lasting skin barrier

3M™ Cavilon™ Range

For the treatment and protection of damaged or at-risk skin

PRODUCT DESCRIPTION

3M™ Cavilon™ Durable Barrier Cream is a concentrated barrier cream that provides long-lasting unique protection from bodily fluids while moisturising the skin. It does not clog or interfere with the absorbency of incontinence pads. It resists wash-off and therefore the need for frequent reapplication. It does not decrease tape or dressing adhesion.

INDICATIONS

Cavilon Durable Barrier Cream protects 'at risk' and intact skin from damage associated with incontinence, is proven to reduce incontinence dermatitis and is associated with a significant decrease in grade-1 pressure ulcers when used as part of a sacral skin care protocol. It acts as a moisturiser for severely dry skin.

CONTRAINDICATIONS

Not to be used on infected areas of skin.

METHOD OF USE

Skin should be clean and dry prior to application. Apply Cavilon Durable Barrier Cream sparingly (in pea-sized amounts) to cover entire affected area. Repeat as necessary. If the skin feels oily, too much has been applied.

FREQUENCY OF CHANGE

Reapplication is recommended at every third episode of incontinence. When used to moisturise severely dry skin, apply daily or as needed.

SIZES

92g tube, 28g tube, 2g sachet

REFERENCES

Bale S (2004) The benefits of implementing a new skin protocol in nursing homes. *J Tissue Viability* **14(2):** 44-50

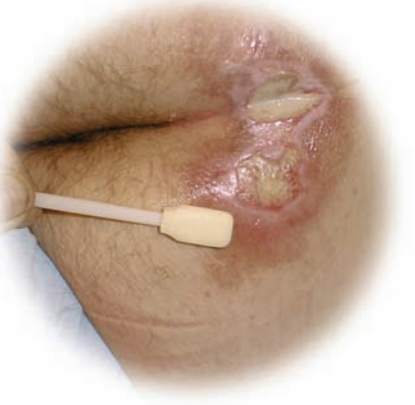
Hart J (2002) Assessment of the incontinence pad-blocking potential of 3M Cavilon Durable Barrier Cream. *Nurs Stand* July/Aug

Cavilon™ No Sting Barrier Film

Non-stinging, quick-drying transparent film barrier

3M™ Cavilon™ Range

For the treatment and protection of damaged or at-risk skin



PRODUCT DESCRIPTION

3M™ Cavilon™ No Sting Barrier Film is a unique, alcohol-free liquid intended for use as a film-forming product that, upon application to intact or damaged skin, forms a long-lasting waterproof barrier. This acts as a protective interface between the skin and body wastes, fluids, adhesive products and friction. It is non-petrolatum based and so does not clog the linings of protective incontinence pads. It is available in a range of formats and so can be chosen to suit individual need.

INDICATIONS

Cavilon No Sting Barrier Film is indicated as a primary barrier against irritation from bodily fluids and as a protective barrier against the adhesives of wound dressings and surgical tapes. Other uses include: prevention of excoriation from urine and/or faeces for incontinent patients; skin protection around stoma sites; peri-wound protection from exudate damage; protection under adhesive tapes/dressings; enhancement of dressing adhesion; and protection from damage caused by friction and shear.

CONTRAINDICATIONS

Not to be used on infected areas of skin.

METHOD OF USE

Skin should be clean and dry before application. Apply a uniform coating of film over the entire treatment area when using the foam applicator. When using the spray bottle, hold the nozzle 10–15cm from the skin and apply a smooth even coating over the entire treatment area, while moving the spray in a sweeping motion. If an area is missed, reapply to that area only after the first application has dried (30 seconds). If applying to an area with skinfolds or other skin-to-skin contact, make sure that skin contact areas are separated and allow the coating to thoroughly dry before returning to normal positions.

FREQUENCY OF CHANGE

Reapplication is recommended at least every 48–72 hours (under normal use) or more frequently if needed.

SIZES

1ml foam applicator (sterile) • 3ml foam applicator (sterile) • 28ml pump spray, • Stoma wipe

REFERENCES

Neander KD, Hesse F (2003) Wound edge protection in chronic wounds. J Wound Care **12(10):** 369–71

Schuren J, Becker A, Sibbald RG (2005) A liquid-forming acrylate for peri-wound protection: a systematic review and meta-analysis (3M™ Cavilon™ No Sting Barrier Film). Int Wound J **2(3):** 230–8

Comfeel Plus

A hydrocolloid dressing that seals and protects

Coloplast

PRODUCT DESCRIPTION

A hydrocolloid dressing to seal and protect the wound. It provides an optimal moist wound healing environment. Comfeel Plus has superior exudate handling (Thomas, 2004), unique bevelled edges, a change indicator and a low-friction, smooth, film backing.

INDICATIONS

Indicated for the treatment of low- to moderately-exuding leg ulcers and pressure ulcers.

Can be used for superficial burns, superficial partial-thickness burns, donor sites, post-operative wounds and skin abrasions.

Comfeel Plus Contour is designed for the treatment of pressure ulcers in difficult-to-dress sites and Comfeel Plus Sacral is designed for sacral wounds.

CONTRAINDICATIONS

Wounds that are solely or mainly caused by an arterial insufficiency or diabetic wounds should be inspected by a physician or nurse on a daily basis.

Comfeel Plus is designed to stay on for longer than one day.

Comfeel Plus is not designed for very fragile, elderly skin.

METHOD OF USE

Comfeel Plus should be applied to dry skin. Use the handles to ensure aseptic application. Remove the protective film and allow for 1–2cm overlap of the wound.

As Comfeel Plus is a hydrocolloid, ensure the dressing is warmed up prior to use.

It is important to stretch it during removal as this process breaks down the adhesive properties making it easier to remove gently.

FREQUENCY OF CHANGE

Comfeel plus provides a change indicator eliminating unnecessary dressing changes (Goodhead, 2002). When the dressing absorbs wound exudate a whitish gel is formed. When the gel reaches the upper film surface of the dressing, the appearance will become marbled or transparent. The Comfeel Plus dressing should be changed when transparency has been reached. This can be for a period of up to seven days depending on the condition of the wound.

SIZES

Rectangle	4 x 6cm
Square	10 x 10cm, 15 x 15cm, 20 x 20cm
Sacral	18 x 20cm
Contour	6 x 8cm, 9 x 11cm

REFERENCES

Thomas S et al (2004) An in-vitro comparison of the physical characteristics of hydrocolloids, hydrogels, foam and alginate fibrous dressings. The Surgical Material Testing Laboratory (SMTL) Report No: 04/1662/01

Goodhead A (2002) Clinical efficacy of Comfeel Plus Transparent Dressing. *Br J Nursing* **11(4):** 284–7

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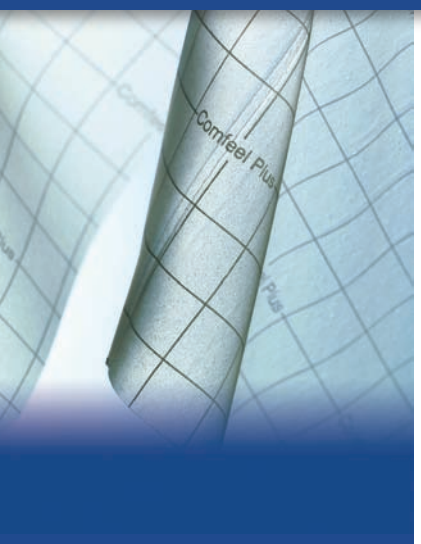
Comfeel Plus Transparent

Transparent protection



PRODUCT DESCRIPTION

A hydrocolloid dressing to seal and protect the wound. It provides an optimal moist wound healing environment. Comfeel Plus Transparent has superior exudate handling (Thomas, 2004), a change indicator and low friction, smooth, film backing. It is alson soft, thin and flexible making it easy to use on any part of the body. Comfeel Plus Transparent is designed to stay on for longer than one day. Due to its transparency, the wound can be inspected without having to change or lift the dressing.

INDICATIONS

Indicated for the treatment of no-to-low exuding leg ulcers and pressure ulcers or as a preventive measure.

Can be used for superficial burns, superficial partial-thickness burns, donor sites, post-operative wounds and skin abrasions.

CONTRAINDICATIONS

Wounds that are solely or mainly caused by an arterial insufficiency or diabetic wounds should be inspected by a physician or nurse on a daily basis.

Comfeel Plus Transparent is not designed for very fragile elderly skin.

METHOD OF USE

Comfeel Plus Transparent should be applied to dry skin. Use the handles to ensure aseptic application. Remove the protective film and allow for 1–2cm overlap of the wound.

As Comfeel Plus Transparent is a hydrocolloid ensure the dressing is warmed up prior to use.

It is important to stretch it during removal as this process breaks down the adhesive properties making it easier to remove gently.

FREQUENCY OF CHANGE

Comfeel Plus Transparent provides a change indicator which eliminates unnecessary dressing changes (Goodhead, 2002). When the dressing absorbs wound exudate a whitish gel is formed. When the gel reaches the upper film surface of the dressing, the appearance will become marbled or transparent. The Comfeel Plus Transparent dressing should be changed when transparency has been reached. This can be for a period of up to seven days depending on the condition of the wound.

SIZES

Oblong	5 x 7cm, 5 x 15cm, 5 x 25cm, 9 x 14cm, 9 x 25cm, 15 x 20cm
Square	10 x 10cm, 15 x 15cm, 20 x 20cm
Sacral	17 x 17cm

REFERENCES

Thomas S et al (2004) *An in-vitro comparison of the physical characteristics of hydrocolloids, hydrogels, foam and alginate fibrous dressings.* The Surgical Material Testing Laboratory (SMTL) Report No: 04/1662/01

Goodhead A (2002) Clinical efficacy of Comfeel Plus Transparent Dressing. *Br J Nursing* **11(4):** 284–7

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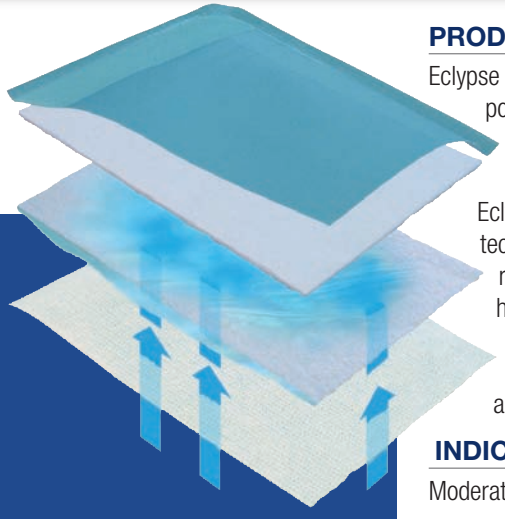
Eclypse and Eclypse Adherent

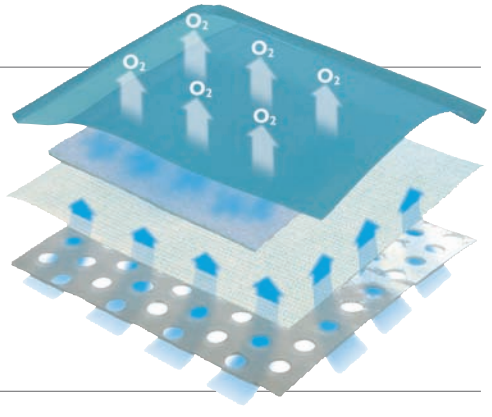
High levels of absorbency and atraumatic removal



PRODUCT DESCRIPTION

Eclypse is designed as an exudate management product. The dressing combines a rapid-wicking polyester and viscose spun woven face, with a sheet of highly absorbent crystals, and mechanically-bonded cellulose pad. The blue backing is a polyester, fluid-repellant film designed to prevent strike-through.

Eclypse Adherent is a super absorbent wound exudate management dressing with Silfix® soft silicone technology. The soft silicone layer provides convenient gentle adherence and will facilitate atraumatic removal. The backing is a breathable water-resistant barrier film that prevents strike-through. Its high moisture vapour transfer rate prolonging wear ability. Eclypse Adherent incorporates a rapid wicking layer, designed to rapidly take up fluid. The absorption capacity is provided by the unique Xu-lock™ system. This technology gives the dressing a large capacity for exudate which is held in a gel state to reduce the risk of maceration.



INDICATIONS

Moderate to heavily exuding wounds including:

- Leg ulcers
- Pressure ulcers
- Sloughy or granulating wounds
- Post-operative sutured or dehisced wounds
- Fungating wounds
- Donor sites

CONTRAINDICATIONS/PRECAUTIONS

Arterial bleeds and heavily bleeding wounds

Do not use Eclypse Adherent if allergic to silicone

METHOD OF USE

Eclypse is placed face down on the wound surface, with blue backing uppermost (when using Eclypse Adherent, please remove backing liners first). For larger wounds place several dressings side by side. Protect friable skin, or drier areas of the wound with a non-adherent dressing under Eclypse. Secure the dressing pad with tape or bandage appropriately. Eclypse may be used under compression bandages.

FREQUENCY OF CHANGE

Wear time will depend on the level of exudate, daily changes may be required, but Eclypse can be left in place for up to a week. Because of the excellent fluid handling capability of the dressing, it may become heavy and cause sagging when saturated. Once the crystals are swollen and full of exudate they may cause pressure on the wound bed making it necessary to change.

SIZES

Product Name	Stock Code	Size	Dispenser Quantity	PIP Code
Eclypse	CR3769	15 x 15cm	20	305–1349
Eclypse	CR3743	20 x 30cm	20	306–1272
Eclypse	CR3808	60 x 40cm	10	232–1131
Eclypse Adherent	CR3881	10 x 10cm	10	325–2293
Eclypse Adherent	CR3883	10 x 20cm	10	325–2269
Eclypse Adherent	CR3863	15 x 15cm	10	325–2277
Eclypse Adherent	CR3864	20 x 30cm	10	325–2285

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Customer services: 01623 751500 www.advancis.co.uk www.medicalhoney.com

Episil

Transparent protection of the wound site

Advancis Medical

PRODUCT DESCRIPTION

Episil is an atraumatic polyurethane film dressing with Silfix® soft silicone adherence. It is designed to protect the wound while minimising the pain and trauma associated with dressing changes. The soft silicone will adhere to surrounding dry skin but not to a moist wound. The clear film facilitates examination of the wound while exhibiting an extremely high moisture vapour transfer rate. The dressing's transparency allows observation of the wound site or primary dressing and reduces the frequency of dressing changes.

INDICATIONS

For use on superficial epithelialising wounds and to protect the dermis by reducing sheer and friction. Episil can be used to retain primary wound contact layers and absorbent pads and is particularly suited to patients with friable skin.

CONTRAINDICATIONS/PRECAUTIONS

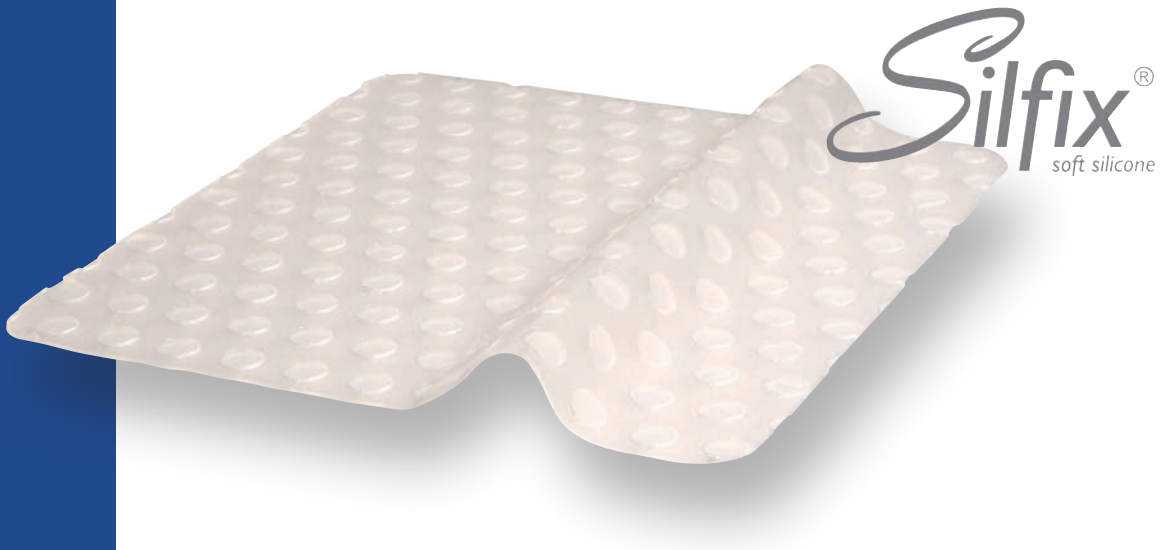
Do not use if allergic to silicone.

METHOD OF USE

Remove the clear plastic liners and place directly over a wound or primary contact dressing ensuring an overlap around the wound edges of at least 2cm.

FREQUENCY OF CHANGE

The dressing can be left in place for up to seven days.



SIZES

Product name	Stock code	Size	Dispenser quantity	PIP code
Episil	CR3919	12 x 12cm	10	338–4351
Episil	CR3921	15 x 20cm	10	338–4369
Episil	CR3917	12 x 35cm	10	338–4377

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Episil Absorbent

Silfix® soft silicone wound contact layer and border

Advancis Medical

PRODUCT DESCRIPTION

A self-adherent absorbent dressing with a Silfix® soft silicone wound contact layer and border, Episil Absorbent has a hydrophilic foam absorbent pad with excellent fluid handling capability. The soft silicone will adhere to surrounding dry skin but not to a wet wound and provides gentle release. This is an atraumatic dressing which means it is designed to minimise the pain and trauma associated with dressing change. The clear backing is breathable and it prevents strike-through and protects the wound. The wound pad is visible allowing observation of the absorbent pad thereby allowing optimisation of dressing change frequency.

INDICATIONS

All exuding wounds including: leg, foot and pressure ulcers, traumatic wounds, surgical wounds, abrasions and blisters.

CONTRAINDICATIONS/PRECAUTIONS

Do not use if allergic to silicone.

METHOD OF USE

Remove the clear plastic liners and place directly onto the wound ensuring the absorbent pad covers the entire wound area. Episil Absorbent can be used under compression.

FREQUENCY OF CHANGE

The dressing can be left in place for up seven days but should be changed when exudate is visible in the centre pad or the pad swells due to absorbed exudate.

SIZES

Product Name	Stock code	Size	Dispenser quantity
Episil Absorbent	CR3931	7.5 x 7.5cm	10
Episil Absorbent	CR3930	10 x 10cm	10
Episil Absorbent	CR3927	10 x 20cm	10
Episil Absorbent	CR3928	10 x 30cm	10
Episil Absorbent	CR3929	15 x 15cm	10
Episil Absorbent	CR3926	15 x 20cm	10

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Flaminal®

Novel antimicrobial alginate gel

PRODUCT DESCRIPTION

Flaminal® is a novel alginate gel containing an enzyme system that is a highly effective antimicrobial against common wound pathogens including methicillin-resistant *Staphylococcus aureus* and vancomycin-resistant enterococcus. Flaminal is available in two variants: Flaminal Forte for moderate to highly exuding chronic wounds and Flaminal Hydro for low to moderately exuding wounds. Flaminal works by gently and continuously debriding the wound and reducing bacterial bioburden (de la Brassine et al, 2006; Vandenbulcke et al, 2006).

INDICATIONS

Flaminal is indicated for all chronic wounds where the desired objective is to either treat a wound infection or reduce bacterial bioburden or where the wound is prone to reinfection as a preventative measure. Flaminal Forte is indicated for more heavy exudation whereas Flaminal Hydro is indicated for less exuding wounds.

CONTRAINDICATIONS

Flaminal should not be used by patients with a known sensitivity to any of its ingredients.
Flaminal is contraindicated in third-degree burns.

METHOD OF USE

Clean and rinse the wound. Apply a thick layer of Flaminal (about 5mm), avoiding the wound edge. Renew whenever the gel structure is altered. The colour may change, and there may be a slightly sweetish odour.

FREQUENCY OF CHANGE

Flaminal should be changed when the gel structure becomes altered to the point when it has almost disappeared, when alginate flakes have appeared or when the gel becomes too liquid.

SIZES

Flaminal is available on prescription in two variants.

Flaminal Forte contains a larger amount of alginate and should be used on moderate to heavily exuding wounds. Flaminal Hydro contains less alginate and should be used on light to moderate levels of exudate.

Both variants are available as packs containing 5 x 15g tubes.

REFERENCES

de la Brassine, Thirion L, Horvat LI (2006) A novel method of comparing the healing properties of two hydrogels in chronic leg ulcers. *J Eur Acad Dermatol Venereol* 20(2): 131–5

Vandenbulcke K, Horvat LI, De Mil M, Slegers G, Beele H (2006) Evaluation of the antibacterial activity and toxicity of two new hydrogels: a pilot study. *Int J Low Extrem Wounds* 5(2):109–14

IODOZYME™

Sterile Wound Dressing with Iodine

PRODUCT DESCRIPTION

The IODOZYME™ Sterile Wound Dressing comprises a two-component, occlusive, hydrogel layer. The dressing absorbs wound fluid while its gel structure conforms to the wound surface, maintaining a moist environment and aiding the removal of non-viable tissue from the wound (autolytic debridement). The moist wound healing environment and the exclusion of bacteria both support the body's healing process and help reduce the risk of wound infection. The IODOZYME dressing incorporates an advanced biochemical system which produces an antimicrobial level of iodine and dissolved oxygen. The iodine helps to create an environment hostile to bacteria. IODOZYME has been formulated to produce a higher level of iodine at the wound interface than OXYZYME™.

INDICATIONS

The IODOZYME dressing may be used for the topical treatment of moderately exuding, non-exuding and dry wounds. Iodozyme may be used under compression therapy and in the management of infected wounds under medical supervision, at the discretion of the physician.

CONTRAINDICATIONS

The IODOZYME dressing contains a low level of iodine, so it should not be used on patients with a known or suspected sensitivity or allergy to iodide or iodine, or patients with a thyroid disorder, such as Hashimoto's thyroiditis or non-toxic nodular goitre. It should not be used on individuals who are sensitive to, or who have had an allergic reaction to, the dressing or any of its components. It should be used with caution on children and pregnant or lactating mothers.

METHOD OF USE

The IODOZYME dressing comprises two sterile components supplied in individual, sterile, white pouches with easy to peel tabs. The dressing is applied to the cleaned wound as follows:

1. Open pack 1 and carefully remove the wound contact gel. Remove the release liners from one side and apply the exposed sticky surface of the gel to the wound, ensuring that it is not creased or folded. Remove the other release liners to expose the gel.

2. Open pack 2 and remove the secondary gel. Remove the release liners from one side to expose the gel and carefully place the exposed surface on the wound contact gel already on the wound. Ensure that it is located squarely in the centre of the gel, and that it is not creased or folded, with minimal trapped air. Remove the outer release liners.

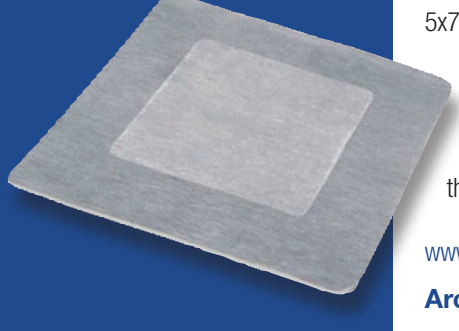
3. The assembled IODOZYME gels must be held in place with a suitable, breathable cover dressing (keep them from drying out). A simple gauze pad, polyurethane film or foam dressing may be used, such as Tegaderm™ (3M Health Care) or Mepilex™ (Mölnlycke Health Care). Graduated compression bandaging or gauze may be applied over the cover dressing.

FREQUENCY OF CHANGE

The frequency of change for this dressing will depend on the state of the wound, but is typically 2–3 days. It may be left longer on dry wounds (up to one week), but if there is a high level of exudate the dressing may need to be changed more frequently.

SIZES

5x7cm, 10x10cm, 15x15cm



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Queen D, Coutts P, Fierheller M, Sibbald RG (2007) The use of a novel oxygenating hydrogel dressing in the treatment of different chronic wounds. *Adv Skin Wound Care* **20(4):** 200–7

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