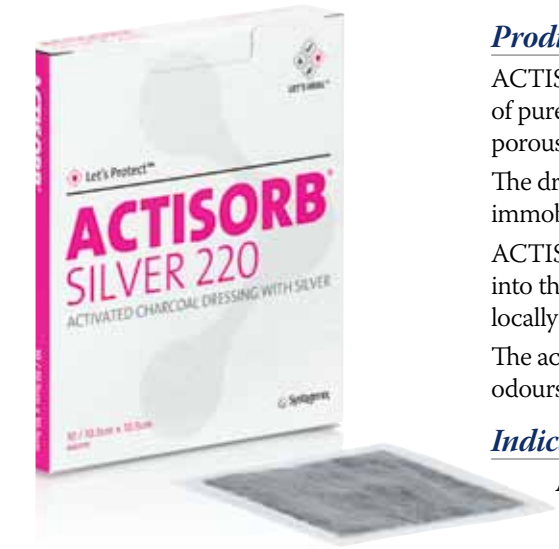
Actisorb® Silver 220

Systagenix



Product Description

ACTISORB® Silver 220 Activated Charcoal dressing with Silver is a dressing composed of pure activated carbon, impregnated with elemental silver (33ug/cm2)[1] sealed within a porous nylon protective envelope[2].

The dressing creates a favourable environment for effective wound healing by binding and immobilising micro-organisms which contaminate and infect wounds[1].

ACTISORB® Silver 220 absorbs wound fluid and exudate containing infectious organisms into the dressing fabric, where the silver exerts its antimicrobial action[3]. The silver ions act locally within the dressing, eliminating the absorbed bacteria and pathogens[3].

The activated charcoal in ACTISORB® Silver 220 absorbs bacterial toxins[5] and offensive odours[6].

Indications

ACTISORB® Silver 220 is suitable as the first therapeutic step in the management of all chronic wounds1 with all levels of exudate. It is indicated for fungating carcinomas, ulcerative, traumatic and surgical wounds where bacterial contamination, infection or odour occurs[1].

ACTISORB® Silver 220 may also be used to manage infected wounds, even in difficult areas, such as: in skin folds, in limb contractures and around catheters and PEG sites[7].

Precautions

None.

Method of Use

- Prior to application, ACTISORB® Silver 220 dressing can be impregnated with saline solution or sterile water1
- ACTISORB® Silver 220 can be easily be folded or packed into deep wounds[1]
- If required, ACTISORB® Silver 220 Silver 220 can be placed on top of a non adherent wound contact layer
- Do not cut ACTISORB® Silver 220 or particles of activated carbon may get into the wound and cause discolouration[1].

Mode of action

ACTISORB® SILVER 220 dressing can remain in situ up to 7 days, dependent on the level of exudate, while the secondary absorbent dressing is changed as required. Initially it may be necessary to change ACTISORB® SILVER 220 every 24 hours. ACTISORB® SILVER 220 dressing combines a unique triple action:

1. Activated charcoal traps bacteria in the dressing
2. Silver kills the bacteria[7]
3. Activated charcoal adsorbs odour particles/bacterial toxins[8].

Frequency of Change

ACTISORB® SILVER 220 dressing can remain in situ up to 7 days, dependent on the level of exudate, while the secondary absorbent dressing is changed as required.

Initially it may be necessary to change ACTISORB® SILVER 220 every 24 hours.

Sizes

6.5cmx9.5cm
10.5cmx10.5cm
10.5cmx19cm

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REFERENCES

1. *ACTISORB ® Silver 220. Instructions for Use leaflet – found inside the product packaging.*
2. *Kramer A. Müller G. Winkler Y. (Institute of Hygiene and Environmental Medicine, University of Greifswald, Germany), Greenhalgh D.J. (Systagenix Management, Gargrave UK).*
The bacterial endotoxin binding activity of a silver impregnated activated charcoal dressing.
Poster presented at the 16th Annual Symposium on Advanced Wound Care (SAWC); 2003 Apr/May; Las Vegas.
3. *Welling C.Germany. The Silver White Paper. The use of silver in wound therapy. Prepared for Systagenix Wound Management. 2007.*
5. *Müller G. Winkler Y, Kramer A.. Antibacterial activity and endotoxin-binding capacity of ACTISORB® Silver 220. J Hosp Infect. 2003; 53 (3) : 211-4.*
6. *Grey D. White R. J. Jackson L. ACTISORB® Silver 220 Supplement Part 2. Published in the Br J Nurs & Br J Community Nurse 2001.*
7. *Russel AD et al. Antimicrobial activity and action of silver. Progress in Medicinal Chemistry. 31, 351-370, Elsevier Service 1994*
8. *Price PE et al. J Wound Care; 9(2):93-95*

Venturi®

Negative Pressure Wound Therapy Systems

Product Description

Negative pressure wound therapy (NPWT) is a mechanical wound care treatment that uses controlled negative pressure to assist and accelerate wound healing.

The VENTURI™ AVANTI and COMPACT vacuum power units feature dual-power technology, offering a seamless choice of mains or battery operation. The integral battery provides long-lasting power back-up when needed, in addition to allowing the systems to function away from a mains power supply, giving the patient full mobility during therapy.

Indications

VENTURI™ NPWT systems are a clinically proven, cost-effective option for the treatment of many wounds including pressure ulcers, dehisced surgical wounds, diabetic/neuropathic ulcers, venous leg ulcers, post surgical wounds, sinus management, traumatic wounds, burns and pre- and post-op flaps/grafts.

Contraindications

The use of the VENTURI™ NPWT systems is contraindicated in the presence of: untreated osteomyelitis, malignancy (except palliative care), exposed blood vessels, organs or major structures, unexplored fistula. Exercise precautions with regard to: patients on anti-coagulant therapy, patients who have difficult hemostasis/actively bleeding, untreated malnutrition, non-compliant/unsuitable patients, wounds that are necrotic/eschar present.

Mode of action

The vacuum power unit applies controlled suction to the wound to remove excess fluid and oedema via the drain into the integral drainage canister, assisting in wound contraction and stimulating granulation tissue, whilst maintaining a moist healing environment. Canisters include exudate-solidifying granules and filters to prevent leakage and odour. Power units deliver continuous NPWT with the option to select intermittent therapy, allowing the clinician to choose the most appropriate treatment.

Frequency of Change

Check for dressing integrity every 2–3 hours. Depending on patient status and clinical judgement, the initial dressing change should take place after 48 hours and then 48–72 hours thereafter. For infected wounds the dressing may need to be changed initially every 24 hours.

VENTURI™ AVANTI (600ml or 1200ml capacity) or VENTURI™ COMPACT (300ml capacity) vacuum power unit canisters should be replaced as required or weekly.

Sizes/Specification

VENTURI™ AVANTI power unit : 210mm x 205mm x 135mm (incl. 600ml capacity canister)

VENTURI™ COMPACT power unit : 161mm x 162mm x 92mm (incl. 300ml capacity canister)

The following canisters and VENTURI™ Wound Care Sets are available singly or in boxes of 10: 1,200ml canister; 600ml canister; 300ml canister; Wound Care Set (standard, large, abdominal); Channel Drain Wound Care Set.

References

1. Best Practice Statement. Gauze-based negative pressure wound therapy. Wounds UK, Aberdeen 2008

2. Gray D, Sopel J, Tait J (2008) Avoid amputation using the Venturi pump to treat a woman with an infected ulcer and complex comorbidities. Wounds UK 4(2): 81

Contact

www.talleygroup.com
Tel: 01794 503500
Talley Group Limited, Premier Way, Abbey Park Industrial Estate, Romsey, Hants SO51 9DQ

VENTURI®
NEGATIVE PRESSURE WOUND THERAPY

KTwo®

Product Description

The **K Two® Range** now includes two unique, two-layer compression bandage system kits
(**K Two® and K Two® Reduced**). Each kit comprises two dynamic components designed to work synergistically together, providing a safe, accurate and effective method of applying the optimal therapeutic recommended pressures to treat both venous and mixed aetiology leg ulcers and associated venous oedema.

K Tech/K Tech Reduced (layer 1) is a complex short-stretch bandage combining compression with protective cushioning. **K Press** (layer 2) is a cohesive long-stretch bandage providing the additional necessary compression for each indication and maintaining the system in place. All bandages are printed with an etalonnage (performance indicator) to aid application and ensure safe, accurate compression is achieved.

Indications

The **K Two® Range** is indicated in the treatment of venous and mixed aetiology leg ulcers, venous hypertension and associated venous oedema as a result of chronic venous insufficiency.

Contraindications

Not recommended for patients suffering from severe arterial disease with an ABPI < 0.6 mmHg.

Patients allergic to any of the components (especially to Latex).

Method of use

Following full assessment and Doppler ultrasound, measure the ankle and choose the appropriate kit and width for indication. (ABPI > 0.8 = **K Two®**, ABPI 0.6 – 0.8 = **K Two® Reduced**) Bandage from the base of the toes, securing the ankle with a 'figure of 8' and spiral up the leg, stretching the etalonnage from an ellipse to a circle and overlapping according to size (50% for 18–25cm and 2/3 for 25–32cm) covering to the base of the etalonnage.

Finish 2cm below the popliteal space and remove excess bandage.

Mode of action

Within the **K Two® Range**, the **K Two® kit** donates a pressure of 40mmHg* and the **K Two® Reduced** kit, a pressure of 20mmHg*, gradually decreasing form ankle to knee. The bandage system creates a massage effect when walking with a low resting pressure and high working pressure. It has proven clinical healing efficacy and is effective at reducing oedema. The **K Two® Range** benefits form the 'PresSure System' which ensures the application of the correct therapeutic pressure for venous leg ulcers, venous hypertension and chronic venous oedema. (* Average donated pressure)

Frequency of Change

The **K Two® Range** maintains therapeutic compression and can be left in place for up to seven days.

Sizes/Specification

K Two® and **K Two® Reduced** kits are available in two sizes for ankle circumference 18–25cm and 25–32cm, 10cm width. **K Two®** is also available in 8 and 12cm widths.

References

1.Benigni JP et al (2007) Efficacy, safety & acceptability of K Two for venous leg ulcers. *J Wound Care* 16(9)

2. Hanna R et al (2008) A Comparison of interface pressure of 3 compression bandage systems. *Br J Nurs* (Tissue Viability Supplement) 17(20)

3. Junger et al M (2009) Comparison of Interface pressure of three different bandage systems used on healthy volunteers. *J Wound Care* 18(20): 474–480

4. Data on file, 2011. Urgo

URGO Limited, Sullington Road, Shepshed, Loughborough LE129JG

Tel: 01509 502051 Fax: 01509650698 www.urgo.co.uk

UrgoClean® Rope

Product Description

Hydro-desloughing absorbent rope with a sterile probe. Composed of a sterile, non-woven pad of highly absorbent and cohesive hydro-desloughing fibres (polyacrylate).

The hydro-desloughing fibres absorb slough and trap it within the dressing making it an ideal dressing for sloughy wounds.

Indications

For exuding and/or sloughy acute and chronic cavity and sinus wounds.

Contraindications/Precautions

Known sensitivity to any components of the dressing.

Method of Use

Open the blister seal, use the probe to assess the depth of the wound if necessary.

Loosely apply UrgoClean® Rope directly into the wound, taking care not to exert excessive pressure.

UrgoClean® Rope can be cut using sterile scissors to fit the rope length to the wound depth if necessary.

In the event of a low exuding wound, moisten with normal saline before applying UrgoClean® Rope.

Ensure that the rope remains visible accessible and easy to remove from the cavity wound.

Cover UrgoClean® Rope with a secondary dressing suitable for the location and exuding nature of the wound.

Mode of action

UrgoClean is a dressing constructed of Polyacrylate fibres which provide the absorption and gelling trapping exudate and slough.

The polyacrylate fibres in UrgoClean also contain an acrylic core which gives UrgoClean its strength ensuring UrgoClean's one piece removal.

Frequency of Change

UrgoClean can be left in place for up to seven days, depending on the wound bed.

Sizes

5cm x 40cm with a probe.

For further information please contact:
Urgo Limited, Sullington Road, Shepshed, Leicestershire, LE12 9JG
Tel: 01509 502051 Fax: 01509 650898 Email: woundcare@uk.urgo.com
Website: www.urgo.co.uk

UrgoClean® Pad

Product Description

Soft-adherent hydro-desloughing absorbent dressing with all the benefits of TLC (Technolgy Lipido-Colloid). Composed of a sterile, non-woven pad of highly absorbent and cohesive hydro-desloughing fibres (polyacrylate).

The hydro-desloughing fibres absorb slough and trap it within the dressing making it an ideal dressing for sloughy wounds.

Indications

For exuding and / or sloughy chronic wounds (leg ulcers, pressure ulcers, diabetic foot ulcers) and acute wounds (burns, skin abrasions, traumatic wounds), post operative wounds, cancerous wounds.

Contraindications/Precautions

Known sensitivity to any components of the dressing.

Method of Use

Clean the wound as per local protocol. Remove the protective film and apply with the soft-adherent side of UrgoClean to the wound and secure with an adhesive film, dressing/tape or retention bandage (K Band® or K Lite®).

Mode of action

UrgoClean is a dressing constructed of Polyacrylate fibres which provide the absorption and gelling trapping exudate and slough.

The polyacrylate fibres in UrgoClean also contain an acrylic core which gives UrgoClean its strength ensuring UrgoClean's one piece removal.

UrgoClean pad is combined with TLC so when using UrgoClean you also get all of the benefits associated with TLC.

Frequency of Change

UrgoClean can be left in place for up to seven days, depending on the wound bed.

Sizes

6cm x 6cm, 10cm x 10cm and 15cm x 20cm.

For further information please contact:
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Website: www.urgo.co.uk

Tielle® Plus

Systagenix

Product Description

TIELLE® Plus Hydropolymer Adhesive dressing provides a dynamic exudate handling system with a highly absorbent internal wicking layer for regulating moisture from moderate to heavily exuding wounds.

This unique design (LiquaLock® technology) provides an optimal moist wound healing environment[1].

From September 2011, TIELLE® Plus is up to 15% more absorbent*.

TIELLE® Plus Heel and TIELLE® Plus Sacrum are also available as part of the range.

* Results may vary. Data on file.

Indications

TIELLE® Plus is indicated for the management of moderate to heavily exuding wounds. TIELLE® Plus dressing should be used under health care professional direction for the following indications:

- Pressure ulcers
- Lower extremity ulcers:
- Venous
- Arterial
- Mixed aetiology
- Diabetic ulcers
- Donor sites

TIELLE® Plus dressing is suitable for compression bandaging[1]

Precautions

TIELLE® Plus dressing is not indicated for use on the following:

- Third-degree burns
- Lesions with active vasculitis as this type of ulcer needs more frequent observations by a healthcare professional.

TIELLE® Plus dressing may be used when visible signs of infection are present in the wound area only when proper medical treatment addresses the underlying cause.

Method of Use

The size of the dressing selected should allow the absorbent island to overlap the wound edge by approximately 1cm.

1. Peel open the package and remove the dressing.
2. Partially peel back side backing papers. Position absorbent island centrally over wound site and smooth in place.
3. One at a time, peel away side backing papers while smoothing adhesive border onto intact skin.

Mode of action

During use the absorbent island gently expands as it as it takes up exudate. The island dressing maintains a moist environment. A moist wound environment supports the wound healing process by encouraging autolytic debridement thus enabling granulation to proceed under the optimum conditions[1,2,3]. This may initially increase lesion size, which is normal and to be expected prior to wound granulation.

Frequency of Change

Change dressing when wound fluid is present at the edges of the foam pad. Do not allow exudate to accumulate under the backing,

TIELLE® Plus dressing may left in place up to 7 days depending upon the amount of exudate.

Sizes

11cm x 11cm; 15cm x 15cm; 15cm x 20cm; 20cm x 26.5cm (heel); 15cm x 15cm (sacrum)

REFERENCES

1. *TIELLE® Plus Hydropolymer dressings: Instructions for use leaflet — found inside the product packaging.*
2. *TIELLE® Plus Heel Hydropolymer dressings: Instructions for use leaflet — found inside the product packaging.*
3. *TIELLE® Plus Sacrum Hydropolymer Adhesive dressings Instructions for use leaflet — found inside the product packaging.*

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Suprasorb X + PHMB®

Product Description

Suprasorb® X+PHMB is an antimicrobial, biocellulose dressing that is able to absorb and donate moisture at the wound interface by using its unique HydroBalance technology. In addition, the powerful yet gentle action of PHMB (polyhexanide) has a broad spectrum of antimicrobial activity[1], making it effective against bacteria, yeast, and fungi[2]. The dressing is very conformable, making it easy to apply and remove, it helps reduce wound pain[3] and is very well tolerated. There is no known resistance or absorption of PHMB and no known toxicity in healthy cells. Suprasorb X, the non-antimicrobial version is also available.

Indications

Suprasorb® X+PHMB may be used for the management of non-infected, critically colonised or infected wounds which show light to moderate exudation; superficial or cavity wounds, such as arterial and venous leg ulcers, diabetic foot ulcers, pressure ulcers, minor scalds and burns, post-operative surgical wounds, skin donor sites and grafts, abrasions and lacerations.

Contraindications

Full thickness burns. Do not use on individuals with a known sensitivity to PHMB (polyhexanide). Cartilage injuries (hyaline cartilage). Not intended as sole treatment for infected wounds. Interactions may result between cationic PHMB and anionic hyaluronic acid, and other anionic products. Should the dressing dry out, adequate rehydration before removal must be ensured.

Method of use

Cleanse wound thoroughly. Surrounding skin should be clean and dry. Size of dressing depends on wound size. Dressing should overlap the wound by 2–3cm. Open sterile pouch and remove dressing. Remove protective film from both sides. Either side of dressing may be applied to the wound. Dressing may be cut to size with sterile scissors. Place dressing on the wound, smooth on, and fix with a suitable secondary dressing.

Mode of action

Excess exudate is absorbed by the dressing where required and moisture is donated to the wound where required. PHMB mimics the action of naturally occurring AMPs (antimicrobial peptides), which form the body's immune protecting response (making resistance unlikely [4]). Electromagnetic attraction occurs between positively charged PHMB molecules and negatively charged bacterial cell membranes, making these cells permeable and susceptible to destruction. PHMB affects only bacterial cells and not healthy cells.

Frequency of Change

Frequency of dressing change is determined by the clinician and is dependent on factors such as wound healing phase and exudate level. Suprasorb® X+PHMB can be left in place for up to 5-7 days, but regular monitoring should always occur to ensure the dressing does not dry out or become saturated. This is affected by choice of secondary dressing, such as a film or foam dressing, and exudate level, which may change at any time.

Sizes

Sterile dressing, individually sealed, available in boxes of five. Sizes available: 5 x 5cm, 9 x 9cm, 14 x 20cm
Sterile rope, individually sealed, available in boxes of five. Size available: 2 x 21cm

References

1. Motta, G and Trigilia D (2005) The effect of an antimicrobial drain sponge dressing on specific bacterial isolates at tracheostomy sites. *Ostomy Wound Manage* 51: 60–66
2 . Kramer et al (2007) Polyhexanide – antimicrobial efficacy and biocompatibility. EWMA, Glasgow
3 . Eberlein et al (2007) Exudate management, bydrobalance, pain reduction – specials aspects in the treatment of chronic wounds in Germany. EWMA, Glasgow
4. Moore K, Gray D (2007) Using PHMB antimicrobial to prevent wound infection. *Wounds UK* 3(2): 96–102

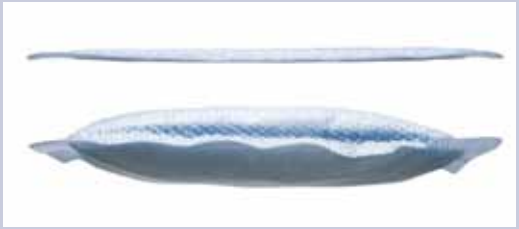
For more information, please call our customer care line on: 08450 606 707; or visit our website at:

www.activahealthcare.co.uk

Flivasorb®

Super absorbent wound dressings

ACTIVA HEALTHCARE an LR Company



Product Description

Flivasorb is a pioneering superabsorbent wound dressing, with twice as much absorption capacity compared to a traditional absorbent dressing made of cellulose without superabsorber. Flivasorb functions by absorbing and retaining chronic wound exudate, including the high levels of protease enzymes (MMPs, elastase) believed to be a factor in delayed wound healing. 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. 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. It can also be used under compression.

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, arterial ulcers, venous 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. As the absorption process may be rapid with Flivasorb and the wound may become drier than expected, regular monitoring is necessary. When a superabsorbent dressing is no longer required, consider changing to an alternative moisture balance dressing.

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 seven 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: 10x10cm, 10x20cm, 20x20cm, 20x30cm.

Flivasorb Adhesive sizes available: 12x12cm, 15x15cm. Application of the wound dressing: the size of dressing depends on the wound size; Flivasorb® should overlap the wound by approx. 2-3 cm and can be retained with a bandage. When using Flivasorb® Adhesive, this overlap should be increased by a further 2cm to account for the adhesive border.

References

Steinlechner E, Rohrer C, Abel M (2008) Absorbent dressings with superabsorbent polymers — a new generation of wound dressings. Poster P 374.18th Conference of the European Wound Management Association (EWMA) 14–16 May 2008, Lisbon, Portugal. EWMA J (2008) 8(2) Suppl: 290

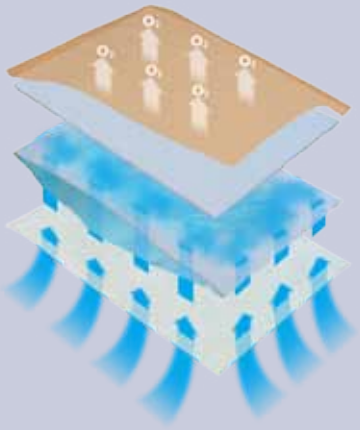
Wiegand C, Abel M, Ruth P, Hipler UC (2008) Polyacrylate-superabsorber binds inflammatory proteases in vitro. Wounds UK 2008, Harrogate. 11–12 November 2008, abstract submitted

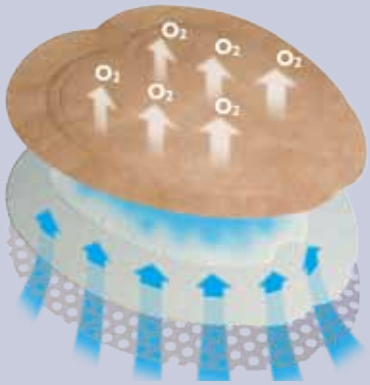
For more information, please call our customer care line line on 08450 606707, or visit our website at www.activahealthcare.co.uk

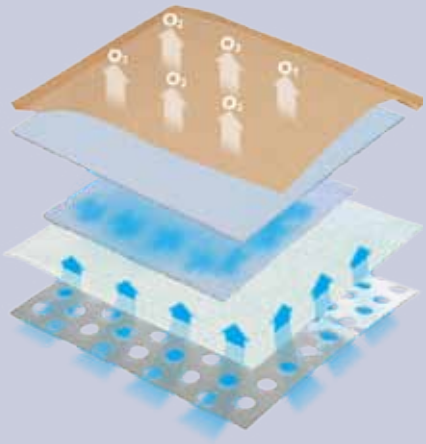
Eclypse®

Super absorbent dressings

Advancis Medical







Product Description

Eclypse® is a super absorbent wound exudate management range that is designed to handle high levels of exudates leading to fewer dressing changes and therefore reduced costs. The non-strike through, bacteria proof backing reduces infection rates. Eclypse is highly breathable with a high moisture vapour transfer rate reducing the potential for maceration. The rapid lateral wicking central core allows for an even distribution of fluid across the dressing maintaining a low dressing profile.

Indications

Leg ulcers; pressure ulcers; sloughy wounds; granulating wounds; post operative sutured or dehisced wounds; fungating wounds; donor site management; leaky legs; and lymphoedema.

Method of Use

Eclypse dressings are placed white face down on the wound surface, with the beige backing uppermost. For larger wounds dressings can be placed side by side. Place a non-adherent dressing under Eclypse to protect friable skin or drier wound areas. Secure the dressing pad with tape or bandage. Eclypse may be used under compression bandages

Mode of Action

The breathable backing on Eclypse dressings provides a water resistant barrier, which will prevent strike-through. The added benefit of a high moisture vapour transfer rate is prolonged wear times — it is also bacteria and viral proof. The secondary layer helps to keep the dressing's shape, avoiding sagging and to help distribute the moisture more evenly. The central layer consists of a sheet of highly absorbent crystals and a mechanically bonded cellulose pad. The risk of infection is reduced as exudate is locked in to the dressing and retained under pressure, thus preventing strike-through. The contact layer draws up the exudate from the wound bed, delivering the exudate into the moisture lock layer. This layer wicks fluid and exudates in a controlled way, so that its is effectively removed from the wound and distributed within the dressing.

Contraindications

Do not use on arterial bleeds or heavily bleeding wounds.

Frequency of Change

Wear time will depend on the level of exudate and daily changes may be required. However, Eclypse dressings can be left in place for up to seven days. Because of the excellent fluid-handling capability of the dressing, it may become heavy and cause sagging when saturated.

Sizes

Eclypse: 10cm x 10cm; 15cm x 15cm; 20cm x 30cm; 40cm x 60cm

Eclypse Adherent: 10cm x 10cm; 10cm x 20cm; 15cm x 15cm; 20cm x 30cm

Eclypse Adherent Sacral: 17cm x 19cm; 22cm x 23cm

Eclypse Boot: 60cm x 70cm

References

Godar S, Guy H (2010) Managing highly exuding wounds with Eclypse dressings. *Br J Nurs* 19(Suppl 1): S24–9

Cook L. Effects of super-absorbent dressings on compression sub-bandage pressure. *B J CN* 2011;16 (Suppl 3): 38–43

For further information, tel: 01623 751500 or email: info@advancis.co.uk

Debrisoft®

Product Description

Debrisoft® consists of a soft, dense nap of monofilament, 100% polyester fibres knitted to the reverse side and secured with polyacrylate. Debrisoft® has a stitched edging. Each Debrisoft® is individually packaged and sterile. Debrisoft® is for single use only.

Indications

Debrisoft® is a rapid, highly effective, safe and easy method of debridement for superficial wounds containing loose slough and debris. This includes leg ulcers, pressure ulcers, diabetic foot ulcers, and post-operative wounds healing by secondary intention. Debrisoft® is also very effective in removal of hyperkeratosis from the skin.

Contraindications

Where very stubborn slough or hard necrosis is present, treatment by autolytic debridement using dressings prior to treatment with Debrisoft® would be advised. Always fully moisten Debrisoft® with a wound cleansing solution, eg saline or water (refer to local guidelines) before use, then wipe the wound surface/skin with gentle pressure. Always use the soft, fibre side and not the knitted, reverse side. Debrisoft® must not be used as a wound dressing.

Debrisoft® should not be used if there is a known sensitivity to any components of the product.

Method of use

Open the sterile packaging. Soak Debrisoft® with a standard wound rinsing solution, in accordance with applicable local guidelines (eg saline or tap water). Use the soft fibre side of the moistened Debrisoft® over the wound surface, applying gentle pressure. If necessary, use another moistened Debrisoft® for the peri-wound skin. Discard Debrisoft® after use in normal clinical waste, according to local guidelines.

Mode of action

The flexible fibres of Debrisoft® can reach all the way into the wound bed, even in deeper areas. Debris and exudate are actively loosened from the wound by the angled tops of the fibres. Skin flakes and keratoses are also efficiently removed from the surrounding skin. The loosened coatings and keratoses are removed and safely locked into the Debrisoft® fibre composite material.

Frequency of Change

Debrisoft® is not a wound dressing and thus should not be left in-situ on a wound. Debrisoft® is for use as a debridement treatment and thus should be used when cleansing and debriding a wound. Some wounds may only require one treatment, others may require further treatments – this will be dependent on individual wound conditions.

Sizes

10x10cm. Available in packs of five.

References

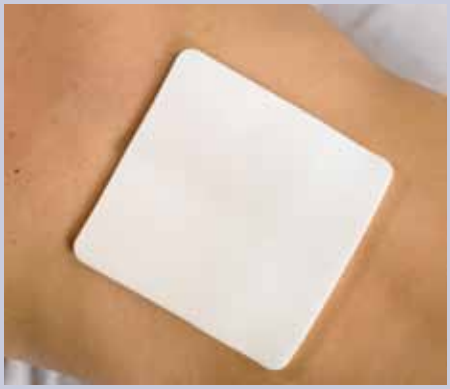
Bahr S, Mustafi N, Hattig P et al. (2011) Clinical efficacy of a new monofilament fibre-containing wound debridement product. *J Wound Care* 20(5): 242–8

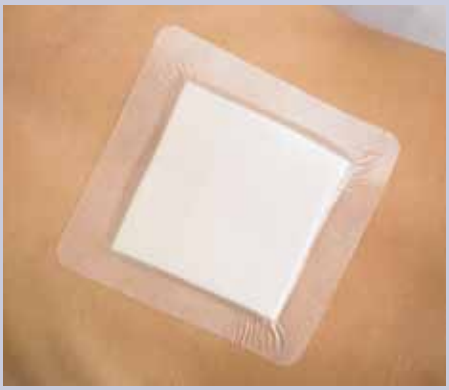
Haemmerle G, et al. (2011) The wound debrider: a new monofilament fibre technology. *Br J Nurs* (Tissue Viability Supplement);20(6)

For more information, please call our customer care line on: 08450 606 707; or visit our website at: www.activahealthcare.co.uk

Visit YouTube and search for "Debrisoft" to view our short film on the use of Debrisoft.

Cilguard®





Product Description

Cilguard® is a range of polyurethane foam dressings with soft silicone adhesion which provide excellent levels of exudate absorption together with gentle adhesion for fragile skin. Cilguard® is available in three forms: Standard, Border and a unique Overlap variant which allows adjacent dressings to be firmly joined together, enabling large or complex wound areas to be dressed without the risk of exudate strike through and leakage.

Indications

Cilguard® is indicated for a variety of exuding wounds including venous and arterial leg ulcers, pressure ulcers, diabetic foot ulcers and traumatic wounds such as skin tears.

Contraindications/precautions

Cilguard® should only be used to attach to adjoining dressings, the overlap should not be used directly on the skin itself..

Method of Use

Cilguard® dressings can be applied to a variety of wounds following wound cleansing and drying the surrounding skin prior to application. Cilguard® dressings can be cut to shape if required.

Mode of Action

Cilguard® is designed to gently, but firmly adhere to the skin surrounding the wound and will absorb exudate whilst minimising the risk of maceration. Cilguard® Border and Overlap are also designed to prevent leakage.

Frequency of Change

Cilguard® can be left in place for several days depending on the level of exudate and general condition of the wound.

Sizes

Cilguard® Standard Dressings: 10cm x 10cm, 15cm x 15cm, 20cm x 10cm, 20cm x 20cm, 20cm x 50cm, 10cm x 60cm.

Cilguard® Border Dressings: 10cm x 10cm, 15cm x 15cm, 20cm x 10cm, 20cm x 20cm, 20cm x 50cm. Cilguard® Overlap Dressings: 10cm x 10cm, 15cm x 15cm, 20cm x 10cm, 20cm x 20cm.

Advazorb

Hydrophilic foam dressing range

Product Description

Advazorb is a comprehensive range of patient-friendly, absorbent foam dressings presented in non-adhesive and atraumatic silicone adhesives.

The Advazorb range has been specifically designed to overcome the complex challenges of managing exudate whilst protecting 'at risk' fragile skin.

Indications

Suitable for acute and chronic exuding wounds including:

- Cuts and abrasions
- Superficial burns
- Surgical wound
- Leg ulcers
- Pressure ulcers
- Diabetic ulcers.

Contraindications/precautions

Arterial bleeds, heavily bleeding wounds and vascular fungating tumours.

Method of Use

Advazorb: Apply directly to the wound surface, pink film side up, and secure in place with tape, appropriate bandage or secondary dressing.

Advazorb Silfix: Remove clear liners and apply pink side up to wound ensuring the foam pad covers the entire wound area and a minimum overlap of 2cm around the edges of the wound. Secure appropriate bandage or secondary dressing in place with tape.

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

Mode of action

Advazorb is a hydrophilic foam dressing range that rapidly absorb exudate and retain it within the dressing, The film backing provides a bacterial barrier and prevents strike-through. The dressings maintain a moist wound healing environment with a high MVTR rate. They are soft and conformable for increased patient comfort. The complete Advazorb foam range is available in both a regular thickness for moderate to high exudate and 'Lite' versions for low to moderately exuding wounds.

Frequency of Change

All Advazorb dressings can be left in place for up to seven days but should be changed when dressing reaches its absorbency capacity. If exudate is visible around the edges of the dressing this is a clear indication that a dressing change is required. Clinical observation is necessary to determine required frequency of change in exuding wounds.

Sizes

Advazorb and Advazorb Silfix: 7.5cm x 7.5cm, 10cm x 10cm, 12.5cm x 12.5cm, 15cm x 15cm, 10cm x 20cm, 20cm x 20cm and Advazorb Silflo has in addition: 10cm x 30cm.

References

Wounds UK (2011) *Advazorb foam range: providing clinical performance and cost-effectiveness* Available at: http://woundsuk.com/journal-articles/advazorb-foam-range-providing-clinical-performance-and-cost-effectiveness (accessed 10 April 2012)

Further information on Advancis products is available on www.advancis.co.uk 01623 751 500

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