ActiFormCool®

Ionic hydrogel wound dressing

ACTIVA HEALTHCARE an LR Company

PRODUCT DESCRIPTION

ActiFormCool® is a unique, ionic dressing which can respond dynamically to the condition of the wound. It will either donate or absorb fluid to maintain an optimal level of moisture in the wound bed. ActiFormCool is a fast and effective debrider and has been successfully used on many painful wounds and skin conditions such as leg ulcers, radiation therapy damage, pressure necrosis and exposed tendons, burns and scalds. The dressing is also being used safely on neonates (Tobin, 2007). Addressing wound pain continues to be a priority for healthcare professionals and ActiFormCool has been shown to reduce the amount of oral analgesia patients require. Constant wound pain is extremely debilitating for the patient and a source of distress for both the nurse and sufferer alike. Nationwide evaluation tests (Young and Hampton, 2005) on ActiFormCool, led by tissue viability nurse Sylvie Hampton, have shown a significant reduction in pain and exudate across leg ulcer patients.

INDICATIONS

To manage nociceptive wound pain, to assist in autolytic debridement by hydration of necrotic and sloughy tissue and for absorption of exudate. Suitable on painful wounds and skin conditions such as leg ulcers, radiation therapy damage, burns and scalds. It may be used with secondary dressings where appropriate. ActiFormCool can be used under compression on moderate to highly exuding wounds. ActiFormCool has been used safely on neonates and is a low sensitivity dressing.

CONTRAINDICATIONS

ActiFormCool should NOT be used as a covering on deep, narrow cavities or sinuses. Haemostasis should be achieved prior to dressing application.

The dressing can be used on contaminated and colonised wounds. However, clinical infection also requires systemic antibiotics and should be assessed by the nurse.

FREQUENCY OF CHANGE

ActiFormCool should be changed as often as the wound condition dictates.

As with all absorptive dressings, frequent monitoring is required to ensure the dressing does not dry out and adhere to the wound. The dressing should be changed at the first sign of fluid strikethrough.

If infection is suspected, frequent changes and monitoring are advised.

The wound should be checked frequently as the absorption process may be rapid with ActiFormCool and the wound may become drier than expected. As with all dressings, skin and wound monitoring is advised, particularly where clinical infection is suspected, when appropriate antibiotics should be given.

SIZES

Flat dressing 6.5x5cm, 10x10cm, 10x15cm, 20x20cm

REFERENCES

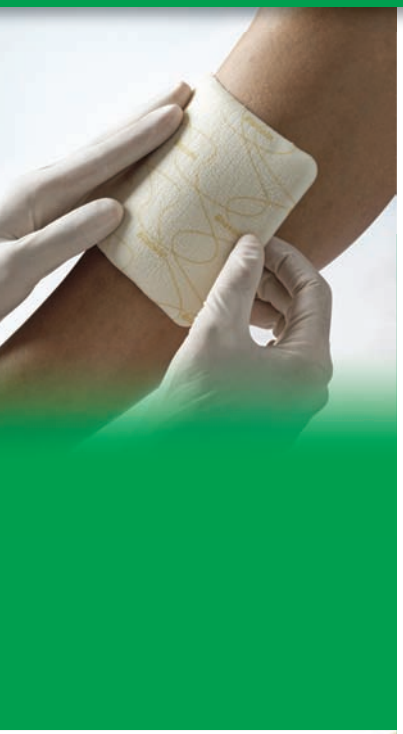
Tobin C (2007) Managing an extravasation wound in a premature infant. *Wounds UK* **3(1):** 90–1

Young SR, Hampton S (2005) Pain management in leg ulcers. *Wounds UK* **1(3):** 94–101

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

Biatain

Polyurethane foam dressing



PRODUCT DESCRIPTION

Biatain provides a moist wound healing environment due to its 3D foam structure and can be used throughout the wound healing process.

INDICATIONS

Biatain is indicated for exuding leg ulcers, pressure ulcers, superficial burns, superficial partial thickness burns, donor sites, postoperative wounds and skin abrasions. Biatain can also be used to provide padding throughout the healing process.

Biatain Non-adhesive and Biatain Soft Hold are suitable for fragile skin and can be used on non-infected diabetic foot ulcers.

CONTRAINDICATIONS

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

METHOD OF USE

Method of use

- Biatain Non-adhesive must be applied with the white side of the product facing the wound and requires a secondary dressing for retention.
- Biatain Adhesive has film handles to ensure aseptic application. The protective film needs to be removed before application and the adhesive side placed towards the wound.
- Biatain can be used effectively under compression bandaging and can be cut using sterile scissors.
- Remove Biatain Adhesive by gently taking the corner and stretch the dressing as this breaks down the adhesive.

FREQUENCY OF CHANGE

Biatain should be changed when clinically indicated. Depending on the condition of the wound, the dressing may be left in place for up to seven days.

SIZES

Biatain Adhesive	10x10cm, 12.5x12.5cm, 18x28cm, 18x18cm,
Biatain Adhesive Shapes	Heel (19x20cm), Contour (17cm), Sacral (23x23cm)
Biatain Non-adhesive	5x7cm,10x10cm,10x20cm,15x15cm, 20x20cm
Biatain Soft Hold	10x10cm,10x20cm,15x15cm

REFERENCES

Jørgensen B, et al (2008) A randomised, controlled trial on safety and performance of a new foam dressing on venous leg ulcers. Presented at EWMA 2008

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 and WUWHS, 2008

Knight S, Vogensen H, Haase L, Jørgensen B (2008) Caring for patients with difficult-to-heal ulcers. *Br J Community Nurs* **13(9)**: S39–S46

Lohmann M, Thomsen JK, Edmonds ME, et al (2004) Safety and performance of Biatain Non-adhesive on Diabetic foot ulcers. *J Wound Care* **13(3):** 118–20

Further information on Coloplast products is available on www.Coloplast.com
0800 220 622

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

Biatain Ag

Antibacterial polyurethane foam dressing with ionic silver

PRODUCT DESCRIPTION

The antibacterial silver complex is evenly dispersed throughout the foam and is delivered to the wound bed when in contact with exudate. Biatain Ag foam delivers silver slowly and is sustained over the entire wear time of the dressing. It provides a moist wound healing environment and can be used throughout the wound healing process.

INDICATIONS

Biatain Ag is indicated for infected wounds with moderate to high amounts of exudate. Biatain Ag can be used to progress wounds with delayed healing due to the presence of bacteria or where the risk of infection already exists. Biatain Ag Non-adhesive is suitable for fragile skin due to the absence of adhesive and can be used on diabetic feet.

CONTRAINDICATIONS

Biatain Ag should not be used on patients with known sensitivity to silver. In case of suspected reaction discontinue use. Biatain Ag should be removed for the following treatments: x-ray, diathermy, microwaves or ultrasonic treatment, but can be worn during magnetic resonance imaging (MRI) scans.

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

METHOD OF USE

- Biatain Ag Non-adhesive must be applied with the white side of the product facing the wound and requires a secondary dressing for retention.
- Biatain Ag Adhesive has film handles to ensure aseptic application. The protective film needs to be removed before application and the adhesive side placed towards the wound.
- Biatain Ag can be used effectively under compression bandaging and can be cut using sterile scissors.
- Remove Biatain Ag Adhesive by gently taking the corner and stretch the dressing as this breaks down the adhesive.

FREQUENCY OF CHANGE

Biatain Ag should be changed when clinically indicated. Depending on the condition of the wound, the dressing may be left in place for up to seven days.

SIZES

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

REFERENCES

Ip M, et al (2006) Antimicrobial activities of silver dressings: an invitro comparison. *J Med Microbiol* **55:** 59–63

Munter KC, 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

Knight S, Vogensen H, Haase L, Jørgensen B (2008) Caring for patients with difficult-to-heal ulcers. *Br J Community Nurs* **13(9)**: S39–S46

Scanlon E, et al (2004) Cost-effectiveness of a silver containing hydroactivated foam dressing in Germany and in the UK. Poster presented at the 2nd WUWHS Meeting, Paris

Further information on Coloplast products is available on www.Coloplast.com
0800 220 622

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

Biatain Ibu

Polyurethane foam dressing with ibuprofen

PRODUCT DESCRIPTION

The ibuprofen is evenly dispersed throughout the foam and is continuously delivered to the wound bed when in contact with exudate. Biatain Ibu delivers ibuprofen slowly and is sustained over the entire wear time of the dressing. It provides a moist wound healing environment and can be used throughout the wound healing process.

INDICATIONS

Biatain Ibu is indicated for exuding wounds with pain due to tissue damage and for exuding wounds such as leg ulcers, pressure ulcers, diabetic foot ulcers and postoperative wounds.

Biatain Ibu Non-adhesive is suitable for fragile skin due to the absence of adhesive.

Biatain Ibu Soft Hold dressings have a skin-friendly adherent layer which enables the dressing to stay in place while a secondary dressing or compression is applied.

CONTRAINDICATIONS

Biatain Ibu dressings should not be used on patients with known sensitivity to ibuprofen or any of the ingredients, acetylsalicylic acid or other related painkillers, especially when associated with a history of asthma, rhinitis or urticaria.

Biatain Ibu should be removed for the following treatments: x-ray, diathermy, microwaves or ultrasonic treatment and MRI scans.

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

METHOD OF USE

- Biatain Ibu Non-adhesive and Biatain Ibu Soft Hold must be applied with the white side of the product facing the wound and requires a secondary dressing for retention.
- Remove the backing film from Biatain Ibu Soft Hold before application.
- Biatain Ibu can be used effectively under compression bandaging and can be cut using sterile scissors.

FREQUENCY OF CHANGE

Biatain Ibu may be left in place for up to seven days depending on the amount of exudate. Dressings can be used up to a maximum of 1200cm^2 at each dressing change.

SIZES

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

REFERENCES

Jørgensen B, Friis GH, 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 wound dressing. *Wound Rep Regen* **14(3):** 233–9

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

Kirby P (2008) Quality of life, exudate management and the Biatain foam dressing range. *Br J Nurs* **17(15):** S32, S34–7

Palao i, Domenech R, Romanelli M, et al (2008) Effect of an ibuprofen-releasing foam dressing on wound pain: a real life RCT. *J Wound Care* **17(8):** 342, 344–8

Further information on Coloplast products is available on www.Coloplast.com
0800 220 622

Coloplast Ltd
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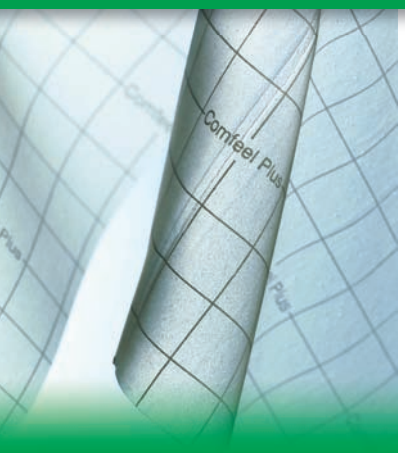
Comfeel Plus Transparent

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 also 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 preventative measure.

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

CONTRAINDICATIONS

Wounds which 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	5x7cm, 5x15cm, 5x25cm, 9x14cm, 9x25cm, 15x20cm
Square	10x10cm, 15x15cm, 20x20cm
Sacral	17x17cm

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 Nurs* **11(4):** 284–7

Further information on Coloplast products is available on www.Coloplast.com
0800 220 622

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

Flaminal®

Hydroactive antimicrobial alginate gel

PRODUCT DESCRIPTION

Flaminal® is a hydroactive alginate gel containing a novel antimicrobial enzyme system (glucose oxidase and lactoperoxidase) which is effective against wound pathogens but does not harm keratinocytes and fibroblasts, the key cells involved in wound healing (White, 2006), so Flaminal can be used throughout the healing process to treat wound infection or reduce bioburden. The alginate gel ensures the wound is continually and gently debrided of necrotic material (de la Brassinne et al, 2006).

INDICATIONS

Flaminal can be used on all wounds where the management objective is to reduce topical wound infection or keep the wound free from infection (Vandenbulcke et al, 2006). Flaminal will gently debride necrotic material away from the wound bed. There are two variants; Flaminal Forte for moderate to heavily exuding wounds and Flaminal Hydro for wounds producing less exudate.

CONTRAINDICATIONS

Flaminal should not be used on or near the eyes.

METHOD OF USE

Flaminal should be applied thickly and directly on to the wound (5mm layer). In cavity wounds it can be applied using a syringe.

The choice of secondary dressing is based on the exudate levels. If very high use a foam or absorbent dressing. If less exuding then the wound can be covered with a simple non-adherent dressing. NB: Due to the novel enzyme system in Flaminal, the tube can be sealed and reused on the same patient up to its expiry date.

FREQUENCY OF CHANGE

Flaminal can be removed by gentle irrigation, if there are alginate flakes on the wound edges they can be left as they will protect against maceration. Flaminal requires changing when the gel structure disappears usually this is within 1–4 days depending on exudate levels.

SIZES

Flaminal is available on prescription in two variants and two tube sizes.
Flaminal Forte 5x15g, 50g
Flaminal Hydro 5x15g, 50g

REFERENCES

White R (2006) Flaminal® a novel approach to wound bioburden. *Wounds UK* **2:** 64–9

de la Brassinne M, 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 2 new hydrogels: a pilot study. *Int J Low Extrem Wounds* **5(2):** 109–14

Further information on Ark Wound Care products is available on www.arkwoundcaresolutions.com
0800 1077 107

Ark Therapeutics Ltd
79 New Cavendish Street, London W1W 6XB

Flivasorb

Superabsorbent wound dressing

ACTIVA HEALTHCARE an LRR 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 blue non-woven clothing protection layer prevents the penetration of wound exudate and soiling of clothing or bedding. The flat and flexible design makes Flivasorb comfortable to wear, even in areas that are difficult to dress and 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.

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 dressing 10x10cm, 10x20cm, 20x20cm

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

IODOZYME™

Sterile wound dressing with iodine

PRODUCT DESCRIPTION

The IODOZYME™ dressing for infected wounds comprises two advanced hydrogel sheets. The dressing absorbs wound fluid, maintains a moist environment and encourages autolytic debridement. It contains the broad spectrum antimicrobial agent iodine (Cooper, 2007; Thorn, 2006; Greenman, 2006). It has no restrictions on multiple or repeat use.

Note. IODOZYME'S sister product, OXYZYME™, contains a lower level of iodine for use on non-infected wounds.

INDICATIONS

Under the supervision of a healthcare professional, the IODOZYME dressing may be used for the treatment of infected superficial wounds (venous leg ulcers, pressure ulcers, diabetic foot ulcers, surgical wounds, burns etc). It may be used on moderately exuding, non-exuding and dry wounds. It may be used under compression therapy.

CONTRAINDICATIONS

The IODOZYME dressing contains iodine, so it should not be used on patients with a known or suspected sensitivity or allergy to iodide or iodine.

METHOD OF USE

The dressing is applied to the cleaned wound as follows:

1. Open PACK 1 and remove the large, primary hydrogel. Remove the release liners and apply the hydrogel to the wound.

2. Open PACK 2 and remove the small, secondary hydrogel. Remove the release liners and carefully place it centrally on the large hydrogel already on the wound.

3. The assembled hydrogels should be held in place with a suitable, breathable cover dressing to keep them from drying out. A polyurethane film or foam dressing may be used. Graduated compression bandaging or gauze dressing 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

Square	6.5x5cm, £7.50 per dressing; 10x10cm, £12.50 per dressing

REFERENCES

Cooper RA (2007) Iodine revisited. *Int Wound J* **4(2):** 124–37

Greenman J, et al (2006) In vitro diffusion bed, 3-day repeat challenge capacity test for antimicrobial wound dressings. *Int Wound J* **3:** 322–9

Thorn RS, et al (2006) An in vitro study of antimicrobial activity and efficacy of iodine generating hydrogel dressings. *J Wound Care* **15(7):** 305–10

For more details please visit www.archimed.co.uk or call freephone 0800 756 9951

Archimed: A division of Insense Ltd, Colworth Science Park, Bedford, MK44 1LQ, UK

KerraMax®

Sterile dressing

PRODUCT DESCRIPTION

KerraMax® is a sterile dressing designed to manage exudate in heavily exuding wounds. KerraMax consists of a sodium methylacrylate super absorbent sheet contained within a medical grade polyethylene net. KerraMax will absorb large quantities of wound fluid and will do so even under mild to moderate compression.

KerraMax absorbs exudate. Excess chronic wound fluid can delay the wound healing process. Absorbed exudate is bound inside the dressing, which will not leak or drip. The dressing will also absorb well even under mild to moderate compression. The absorption capacity of KerraMax allows less frequent dressing changes making KerraMax cost-effective, as well as causing less disturbance to the wound and less pain to the patient.

INDICATIONS

KerraMax can be used on all wounds where the management objective is to control excess wound exudate to prevent maceration. Indicated for the management of moderate to high levels of exudate including the treatment of pressure ulcers, delayed closure surgical wounds, leg and foot ulcers and venous ulcers under mild to moderate compression.

CONTRAINDICATIONS

Known allergy or hypersensitivity to any of the components of KerraMax. KerraMax is not a haemostat and should not be used on bleeding wounds.

METHOD OF USE

KerraMax can be applied directly to the wound and secured either by taping the edges or by applying a tubular retention bandage.

KerraMax has a maximum absorbency of saline of 120ml for the 10x22cm and 240ml for the 20x22cm dressing. KerraMax is absorbent from both sides so that two dressings can be applied on top of each other in very wet wounds.

FREQUENCY OF CHANGE

KerraMax should be changed according to the clinical condition of the wound, or when saturated.

SIZES

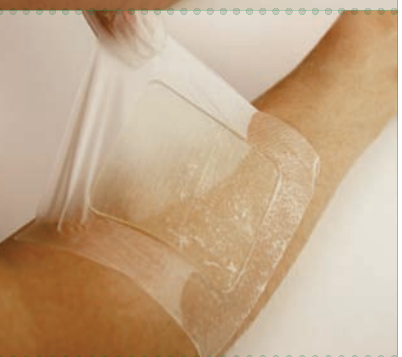
10x22cm
20x22cm

Further information on Ark Wound Care products is available on www.arkwoundcaresolutions.com
0800 1077 107

Ark Therapeutics Ltd
79 New Cavendish Street, London W1W 6XB

Mesitran

Hydro-active dressings and ointments enriched with honey



PRODUCT DESCRIPTION

While offering protection against bacteria, the Mesitran range effectively yet gently promotes the re-hydration, softening and autolytic debridement of devitalised tissues. Mesitran dressings also help to protect granulating and epithelialising wounds that are at risk of drying out due to the lower exudate levels, maintaining the ideal, clean, moist wound healing environment through to closure. The addition of honey complements the actions of the antioxidant ointment formulation and also the hydrogel sheet dressings. Mesitran Ointment is also offered in a gentle reduced honey content version: Mesitran Ointment-S, for people with sensitive wounds. The Mesitran range provides practical ways to access the healing benefits of honey for use on acute and chronic wounds.

INDICATIONS

Mesitran dressings are suitable for the management of dry to moderately exuding flat wounds. Mesitran Ointments are suitable for management of wounds requiring debridement of dry necrotic tissue/sloughy wet tissue. Using the appropriate secondary dressing allows the Ointments to be used on either dry or wet wounds. Indications include: superficial and partial thickness burns; acute and surgical wounds; traumatic wounds on fragile skins, e.g. skin tears, pre-tibial lacerations; chronic wounds, e.g. leg ulcers, diabetic ulcers and pressure ulcers; and fungating wounds (to help deodorise).

CONTRAINDICATIONS

Do not use if the patient has a known sensitivity to any of the components of a Mesitran product (see in-pack IFUs for full details). Mesitran, Mesitran Border, and Mesitran Mesh should not be used on: heavily exuding wounds, full thickness burns, and deep, narrow cavities or sinuses. Mesitran and Mesitran Border dressings should not be used on infected wounds without first seeking medical supervision for the treatment of the infection. Local protocol should be followed regarding subsequent dressing choice.

METHOD OF USE

Using Mesitran Ointments:

- Keeping the tube's nozzle clear of the wound surface, apply a sufficiently thick layer of the Ointment to the whole wound area (including the peri wound area). A (sterile) spatula may be used to help distribute the Ointment evenly
- Mesitran Mesh may be used as a protective wound contact layer in conjunction with the Ointment, on moderate-highly exuding wounds, where frequent secondary dressing changes may be required.

Using Mesitran hydrogel sheet dressings: (Mesitran and Mesitran Border)

- Remove the plastic lining first, to expose the tacky hydrogel surface
- Place this side onto the wound, then remove the printed paper lining from the top of the dressing.
- Appropriate secondary fixation is required with Mesitran. Mesitran Border is self-adhesive and should be removed following the appropriate technique for adhesive film dressings.

FREQUENCY OF CHANGE

Mesitran, Mesitran Border and Mesitran Mesh hydrogel dressings may be left in situ for up to five days, dependent on the amount and rate of exudate produced, and on clinical protocols for inspection of wounds/changes of dressings. Mesitran Ointments may be left in place for approx. 48 hours, then re-applied if necessary. A suitable secondary dressing will be required to cover the Ointment.

SIZES

Mesitran	8x8cm, 10x10cm, 17.5x10cm, 20x15cm
Mesitran Border (with adhesive film border)	10x10cm, 15x13cm triangular, 15x15cm
Mesitran Mesh (open weave wound contact layer)	10x10cm
Mesitran Ointment	15g tube, 50g tube
Mesitran Ointment-S	15g tube

For more information on the Mesitran Range, please visit: www.aspenmedicaleurope.com, www.mesitran.co.uk, or call 01527 58 77 28

Aspen Medical Europe Ltd
Thornhill Road, North Moon's Moat, Redditch, Worcestershire, B98 9NL

OXYZYME™

Sterile wound dressing with iodine

PRODUCT DESCRIPTION

The OXYZYME™ dressing for non-infected wounds comprises two advanced hydrogel sheets. The dressing absorbs wound fluid, maintains a moist environment and encourages autolytic debridement. It contains a low level of iodine. There are no restrictions on multiple or repeat use.

Note. OXYZYME'S sister product, IODOZYME™, contains a higher level of iodine for use on infected wounds.

INDICATIONS

Under the supervision of a healthcare professional, the OXYZYME dressing may be used for the treatment of non-infected, superficial wounds, including venous leg ulcers, pressure ulcers, diabetic foot ulcers, surgical wounds, and burns (Davis, 2009). It may be used on moderately exuding, non-exuding and dry wounds. It may be used under compression therapy.

CONTRAINDICATIONS

The OXYZYME 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.

METHOD OF USE

The dressing is applied to the cleaned wound as follows:

1. Open PACK 1 and remove the large, primary hydrogel. Remove the release liners and apply the hydrogel to the wound.

2. Open PACK 2 and remove the small, secondary hydrogel. Remove the release liners and carefully place it centrally on the large hydrogel already on the wound.

3. The assembled hydrogels should be held in place with a suitable, breathable cover dressing to keep them from drying out. A polyurethane film or foam dressing may be used. Graduated compression bandaging or gauze dressing 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

Square 10x10cm, £10.00 per dressing

Rectangular 6.5x5cm, £6.00 per dressing

REFERENCE

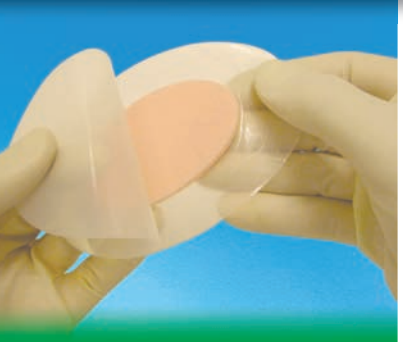
Davis P, Wood L, Wood Z, Eaton A, Wilkins J (2009) Clinical experience with a glucose oxidase-containing dressing on recalcitrant wounds. *J Wound Care Practice* **18(3):** 114–21

For more details please visit www.archimed.co.uk or call freephone 0800 756 9951

Archimed: A division of Insense Ltd, Colworth Science Park, Bedford, MK44 1LQ, UK

PolyMem

Pain-reducing polymeric membrane dressing with surfactant and moisturiser



PRODUCT DESCRIPTION

Originally designed for the needs of sensitive and painful burn wounds, PolyMem dressings are thin polyurethane foam membrane dressings containing a non-toxic cleanser (F68 Surfactant) and a moisturiser (glycerol), with or without a film backing. PolyMem is non-adherent and helps to cleanse the wound while in place, and minimises procedural pain and trauma when dressings are changed. The unique properties of a PolyMem dressing also help to reduce inflammation, promoting comfort and pain reduction while the dressing is worn. Clinical experience demonstrates that PolyMem dressings actively encourage the healing process, and are also suitable for use on even the most fragile of skins. PolyMem dressings with adhesive film borders are also available for use where clinically appropriate.

INDICATIONS

PolyMem dressings are suitable for the management of:

- Traumatic wounds on fragile skins, e.g. skin tears, pre tibial lacerations
- Superficial and partial thickness burns, including radiotherapy skin irritations
- Acute and surgical wounds including donor and graft sites
- Chronic wounds, with low to moderate exudate levels, e.g. failed graft and donor sites, leg ulcers, diabetic ulcers and pressure ulcers.

CONTRAINDICATIONS

- PolyMem dressings are not compatible with hypochlorite solutions (bleaches)
- Do not use if the patient has a known sensitivity to any of the components of a PolyMem dressing.

METHOD OF USE

- Assess and prepare the wound for dressing as per local clinical protocol, and select the appropriate PolyMem dressing format
- Place PolyMem dressings over the wound with the printed film backing side facing out. PolyMem Wic does not have a film backing and therefore absorbs exudate from both sides. PolyMem Wic may be used to fill open wounds (shallow cavities) and requires an appropriate secondary dressing.
- PolyMem dressings may be used under compression. PolyMem Wic is particularly suitable
- PolyMem dressings may be cut if required.

FREQUENCY OF CHANGE

All PolyMem dressings may be left in situ for up to seven days, dependent on the amount and rate of exudate produced, and on clinical protocols for inspection of wounds/changes of dressings. When treatment with PolyMem dressings is first initiated, increased exudate levels may be observed. This is not uncommon and indicates the dressing is working. Change frequency may need to be higher during this phase. Experience has shown exudate levels will fall within 1–2 weeks, and change frequency may then be reduced. For more absorbency, PolyMem Wic or Max formats may be used.

SIZES

PolyMem	8x8cm, 10x10cm, 13x13cm, 17x19cm, 10x61cm Roll
PolyMem Max	11x11cm
PolyMem Wic	8x8cm (pre-perforated, without film backing)
PolyMem Shapes	Sacral: 18.4x20cm, Oval: 16.5x20.9cm, 8.8x12.7cm, 5x7.6cm
PolyMem (with adhesive border)	5x5cm, 10x13cm, 15x15cm

For more information on the PolyMem range, please visit: www.aspenmedicaleurope.com, or www.polymem.eu or call 01527 58 77 28

Aspen Medical Europe Ltd
Thornhill Road, North Moon's Moat, Redditch, Worcestershire, B98 9NL

sorbion sachet S

Efficient exudate management in a dressing

sorbion® health needs care

PRODUCT DESCRIPTION

sorbion sachet S uses super-absorbent polymers to manage moderate to high exudating wounds. A 10x10cm sachet will absorb and bind more than 100ml of exudate. The sachet's osmotic action ensures rapid absorption of wound fluids without drying out the wound. The enhanced absorbent capacity provides longer periods between dressing changes leaving the wound undisturbed, so it can heal faster. Micro-organisms and cell debris are flushed from the deep recesses of the wound and retained in the sorbion sachet S. Treatment is significantly less expensive than with other wound dressings as 50% fewer dressing changes have been achieved in clinical use, and there is a real improvement in patients' quality of life.

INDICATIONS

Moderate to heavy exudating wounds including leg ulcers, pressure ulcers, diabetic foot ulcers, dehisced laparotomy wounds, surgical wounds healing through secondary intention, fistulae, fungating lesions and similar exudating wounds.

CONTRAINDICATIONS

No contraindications are currently known, however, avoid wounds with very little or no fluids (because of the risk of drying and adhesion). Only apply to tunnel cavities under appropriate monitoring conditions, since the product expands as it absorbs.

No adhesives are used in the manufacturing process, sensitised reactions to the dressing are, therefore, highly unlikely.

METHOD OF USE

sorbion sachet S is covered in a polypropylene outer layer and either side of the dressing can be used.

sorbion sachet S can be used either as a primary or secondary dressing. In either case, it will help to modulate the proteases that lead to wound chronicity.

As a primary dressing it can be in direct contact with the wound as long as exudate is present. For exudating wounds with dry patches a wound contact layer should be used to avoid the possibility of adhesion. As a secondary dressing, sorbion sachet S is highly compatible and can be used with any other conformable wound dressing. It is particularly effective in conjunction with antimicrobials, e.g. dressings containing silver or honey.

The dressing should not be used in combination with products that have highly oxidising ingredients such as hydrogen peroxide or potassium permanganate, as these can dry the wounds. The use of skin creams and ointments is not generally necessary when using sorbion sachet S, since the sachet will improve the condition of the peri-wound skin on its own. In addition, ointments and creams can obstruct the pores of sorbion sachet S thereby reducing its efficacy.

FREQUENCY OF CHANGE

In practice, nurses are able to reduce the frequency of dressing changes by between 50–70% through the use of sorbion sachet S. Because the wound is left undisturbed for longer it will heal more quickly. Dressings should be changed when indicated by the volume of exudate absorbed, or every 4–5 days.

SIZES

Square: 7.5x7.5cm, 10x10cm, 20x20cm

Rectangular: 12x5cm, 20x10cm, 30x10cm, 30x20cm

REFERENCES

Cutting KF, et al (2007) Clinical evaluation of a new high absorbency dressing. Poster presentation at Wounds UK, Harrogate International Conference Centre 12–14 November

Cutting KF (2008) Optimal exudate management in a dressing. *J Community Nurs* November

Cutting KF (2009) Managing wound exudate using a super-absorbent polymer dressing. Poster Presentation at EWMA, Helsinki, 2009

Chadwick P (2008) The use of sorbion sachet S in the treatment of a highly exuding diabetic foot wound. *Diabetic Foot J* **11** and Poster presentation EWMA Helsinki, 2009

Romanelli M (2009) Influence of sorbion sachet S, a wound dressing with hydration response fibres, on wound bed preparation in patients with venous leg ulcers, symposium and poster presentation, EWMA Helsinki 2009

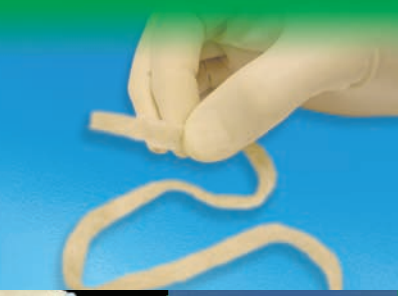
Further information on sorbion sachet S can be obtained from the UK distributor, H&R Healthcare Ltd
Email: sorbion@hrhealthcare.co.uk Phone: 01482 638491

H&R Healthcare Ltd, Melton Court, Gibson Lane, Melton, Hull HU14 3HH

Sorbsan Silver

Amorphous gel-forming, dispersible natural alginate with ionic silver

SORBSAN SILVER



PRODUCT DESCRIPTION

The amorphous gel-forming action of Sorbsan to absorb exudate and create a moist wound healing environment together with the antimicrobial action of silver. Sorbsan Silver creates an effective antimicrobial environment that is sustained over the wear time of the dressing. Ideal for cavity and irregular-shaped wounds. Sorbsan Silver shares Sorbsan's unique abilities to form a soft gel, conforming to the dimensions of the wound and for the gelled dressing to disperse when irrigated, for gentle removal from the delicate wound bed. Sorbsan Silver Plus dressings are a primary and secondary dressing in one, combining a silver alginate layer with an absorbent backing.

INDICATIONS

Sorbsan Silver dressings are suitable for flat and cavity wounds of various sizes, with moderate to heavy exudate levels. They may be used on infected wounds or wounds which are at risk of becoming infected.

CONTRAINDICATIONS

- Do not use on patients with a known sensitivity to any of the components
- The dressing should not be tightly packed into cavity wounds
- Sorbsan Silver should not be used in wounds where the opening of the cavity/sinus/fistula is smaller than the tip of the medical probe provided in-pack
- Avoid contact with electrodes or conductive gels, e.g. during EEG or ECG
- Do not use on patients undergoing MRI examinations.

METHOD OF USE

Assess and prepare the wound for dressing as per local clinical protocol, and select the appropriate Sorbsan Silver dressing format. Sorbsan Silver Plus NA dressings should be applied with the alginate layer in contact with the wound and blue backing facing out. Sorbsan Silver dressings may be used under compression. Apply and affix a suitable secondary dressing over wounds dressed with Sorbsan Silver Flat, Ribbon or Packing. Sorbsan Silver Plus NA requires appropriate fixation only.

FREQUENCY OF CHANGE

Sorbsan Silver dressings may be left in situ for up to seven days, dependent on the amount and rate of exudate produced, and on clinical indications for changes of dressings. If the secondary dressing needs to be changed due to saturation or leakage, then the Sorbsan Silver primary dressing should also be changed. Sorbsan Silver Plus dressings should be changed before the exudate reaches the edge of the dressing, which is visible through the back of the dressing. As healing progresses, wounds become smaller and produce less exudate. If the wound is not producing enough exudate to gel the Sorbsan Silver dressing, the dressing choice for the wound should be reviewed in line with local protocols.

SIZES

Sorbsan Silver Flat	5x5cm, 10x10cm, 10x20cm
Sorbsan Silver Ribbon	40cm/1g (measuring probe included in-pack)
Sorbsan Silver Packing	30cm/2g (measuring probe included in-pack)
Sorbsan Silver Plus NA	7.5x10cm, 10x15cm, 10x20cm, 15x20cm
Sorbsan Silver Plus SA	11.5x14cm, 14x19cm, 14x24cm, 19x24cm

For more information on the Sorbsan Silver Range, please visit:
www.aspenmedicaleurope.com, www.sorbsansilver.com, or call 01527 58 77 28

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Venturi™

Negative pressure wound therapy (NPWT)

PRODUCT DESCRIPTION

The Venturi™ NPWT system product range has been designed specifically to provide controlled negative pressure wound therapy using the latest sophisticated pump technologies and incorporating a number of unique features that will benefit both the clinician and patient.

Controlled NPWT is applied utilising the Venturi™ wound sealing kit and follows the therapy application technique first described by Chariker and Jeter et al in 1989, using saline-moistened gauze, a silicone drain and clear, semi-permeable adhesive film, together with lower pressures, usually between 60–80mmHg.The systems have either a 600 or 300ml integral sealed canister incorporating solidifying granules, hydrophobic and carbon bacterial filters, that collect wound exudate.

INDICATIONS

- Partial/full thickness pressure ulcers
- Dehisced surgical wounds
- Diabetic/neuropathic ulcers
- Venous leg ulcers
- Post surgical wounds
- Sinus drainage and management
- Traumatic wounds
- Preoperative flap/grafts
- Postoperative surgical flap/grafts
- Necrotising fasciitis
- Burns

CONTRAINDICATIONS

- Untreated osteomylitis
- Malignancy (except palliative care)
- Exposed organs, blood vessels or major structures
- Unexplored fistula
- Necrotic tissue with eschar

Do not place over exposed blood vessels or organs

METHOD OF USE

The Venturi NPWT System and application of the dressing is a simple procedure.

The pump system is fully automated with soft touch buttons and easy to read LCD screens. Sophisticated alarm functions indicate low vacuum, dressing leaks, canister full, tilt and low battery. The clinician can choose between continuous or intermittent therapy functions, and an auto lock out function protects against accidentally setting changes.

Each wound sealing kit contains detailed instructions and everything needed to apply the dressing including, gauze, saline, a choice of silicone drain, clear semi-permeable adhesive film dressing, adhesive hydrogel gel patch and connection tubing with clamp. A choice of flat or channel drains are available, together with a choice of gauze sizes, allowing the clinician to select a treatment kit tailored to the wound type being treated.

The integral sealed canisters incorporating solidifying granules, hydrophobic and carbon bacterial filters fit securely to the pump unit and keep wound exudates sealed away.

FREQUENCY OF CHANGE

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. Canisters should be changed at least weekly or when indicated by the canister full alarm.

SIZES

Venturi	212x204x146 mm	2.2Kg
Venturi Compact	160x160x90mm	<1kg

Wound Sealing Kits with either a flat or channel drain come in standard, large, abdominal sizes

Canisters 300ml or 600ml

Canisters and wound sealing kits are available either directly or via FP10 Drug Tariff or NHS Supply Chain.

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VENTURI™ NEGATIVE PRESSURE WOUND THERAPY