



“Wound Lab” Dressings

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Principles of wound management

- **Define wound aetiology**
- Identify and where possible eliminate or control factors impairing healing
 - Determine long and short term objectives
 - Implement appropriate management regimen
 - Wound bed preparation (TIME)
 - Regularly monitor, assess progress and adjust management regime prn
 - Promote optimal outcomes
 - Healing or Optimising quality of life

Implement appropriate (local) management regimen

Wound bed preparation (TIME)

T tissue management

Debridement of non-viable tissue

I infection and inflammation

Look for clinical signs

Antimicrobials, antibiotics

M moisture control

Dressings

E edge of wound

Regular measurements to determine closure rate

Protection, debridement

Dressing factors

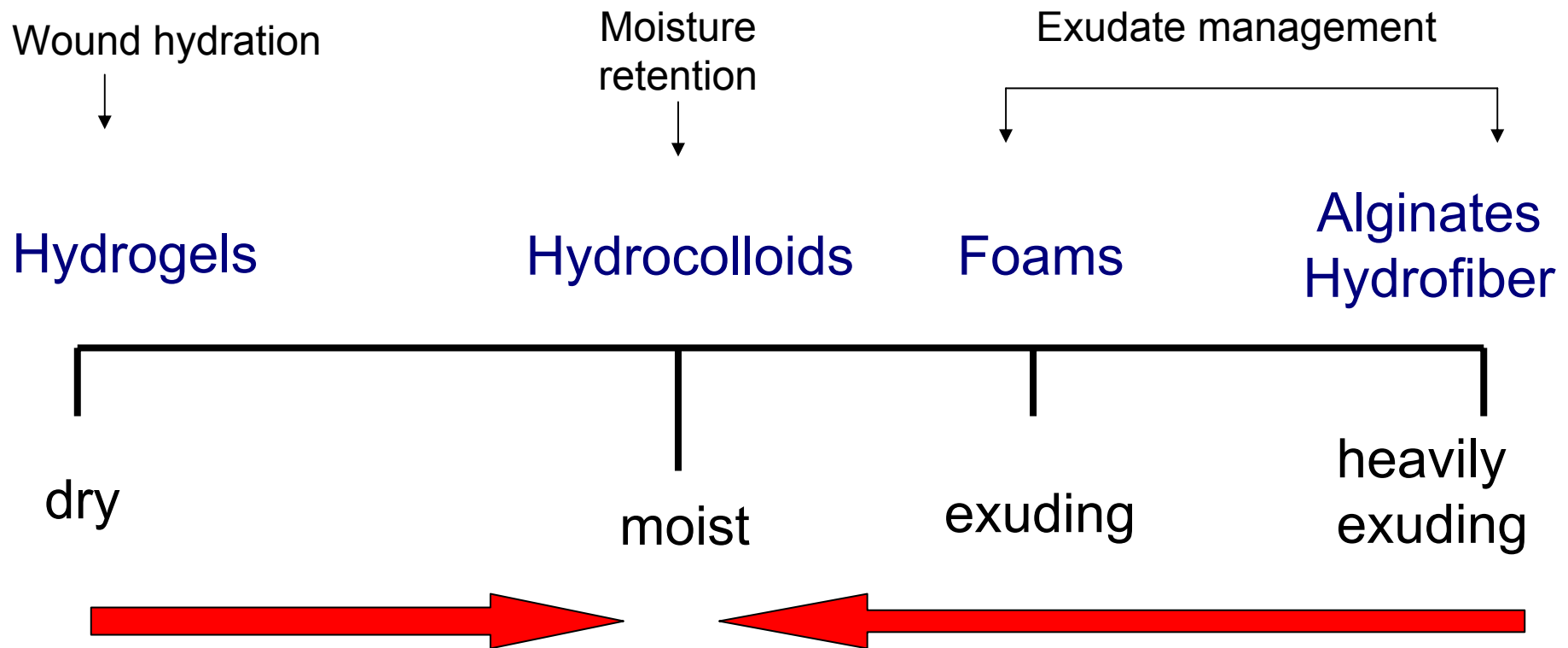
The practitioner must understand:

- The purpose of the dressing
- The main component/s of the dressing
 - How the dressing works
 - Intended exudate level
 - Usual wear time
- How to apply/use the dressing correctly
 - What, if any, are appropriate dressing combinations
- Failure of dressings to improve a wound is sometimes the result of underlying factors, NOT the dressing itself

Contemporary (basic) dressings

- Regulate wound moisture to achieve an optimal healing environment
 - Wounds heal faster in a moist environment
 - A moist environment is less painful
- Too much or too little exudate impairs healing

Basic dressings and exudate



Traditional dressings

- Dressings that do not regulate moisture well
 - Usually 'old' technology
 - Usually cheap per item
 - Cost effectiveness \neq cheap per item
- Generally avoid as a primary dressing
 - Paraffin impregnated
 - 'Non-adherent'
 - Gauze
 - Combine or similar

Traditional dressings

- Traditional dressings have a limited place in contemporary wound management
 - Can be useful for:
 - Some acute wounds
 - Skin grafts
 - Suture lines
 - Wounds with low healing probability
 - Some extensive wounds
 - For patients with low concordance

When to change dressing regimen

- If the product is adhered and requires soaking to be removed
 - If the product has leaking/strike through before expected wear time
 - If the client has a reaction to the dressing
- If the wound does not respond in 4 weeks and you are expecting it to
 - If the dressing causes prolonged pain
- If the wound becomes or ceases being infected



Specialty dressings

Hydration

Aquaclear (Hartmann)

- Clear hydrogel sheet
- Adds moisture to dry wound
- Protect exposed tendon or bone
 - Soothing
 - Debrides
- Overlap at least 2cm onto peri-wound skin
 - Fix with tape
- Avoid covering with other absorbent dressings

Moisture retention

Tegaderm Absorbent (3M)

- Clear acrylic dressing pad with surrounding border of Tegaderm film
 - Absorbs exudate into acrylic matrix
 - Reduces risk of maceration
 - Retains moisture
 - Debrides
 - Change infrequently
- Overlap at least 1.5 cm onto peri-wound skin

Exudate management

Alione (Coloplast)

- Hydrocapillary dressing
- Super absorbent particles in a central pad convert exudate into a gel for superior exudate retention
 - Low adherent wound contact layer
 - Adhesive and non adhesive
 - Primary or secondary dressing

Exudate management

Versiva XC (ConvaTec)

'Gelling Foam' dressing

■ Wound contact layer

- Features holes that allow rapid absorption of exudate

■ Hydrofibre layer

- Vertical wicking/absorption to help prevent maceration
 - Good fluid retention
- Gels over the wound to minimize pain upon removal
 - Protects and cushions

■ Foam/film layer

- Gently adheres to periwound skin – adhesive version
 - Also available as non adhesive
- Removes excess fluid via moisture evaporation

Exudate management

Mepilex (Molnlycke)

- Foam dressing with silicone wound contact layer
- Silicone tacky on peri-wound skin but atraumatic on removal
- Available in adhesive, non-adhesive, regular and thin versions
 - (for various exudate levels)
 - Primary or secondary dressing
 - Overlap at least 1.5cm onto peri-wound skin
 - Do not use in combination with other secondary dressings

Capillary action dressing

Vacutex (Protex)

- Unique 3 layer construction
- Made entirely of poly-cotton and polyester
 - One-way drawing action –wicks fluid
 - Do not use of heavily bleeding wounds
 - Suitable for different exudate levels
- Will absorb exudate - Can be layered for extra absorbency
- Can rehydrate necrotic tissue (cover with film)

Debridement

Hypergel (Molnlycke)

- High sodium hydrogel (20%)
 - For necrotic tissue only
 - Change daily
- Use a moisture retentive secondary dressing
 - Avoid use on peri-wound skin
- Use only until necrosis autolysed

Debridement

Mesalt (Molnlycke)

- Gauze impregnated with sodium chloride
- For **highly exudating**, colonised, sloughy wounds
 - Powerful 'cleansing' action
- Aids debridement, removal of exudate, autolysis
 - Stimulates granulation
 - Change daily
- Avoid use on peri-wound skin – may need protection
 - Use for maximum 30 days continuously

Debridement

Tenderwet (Hartmann)

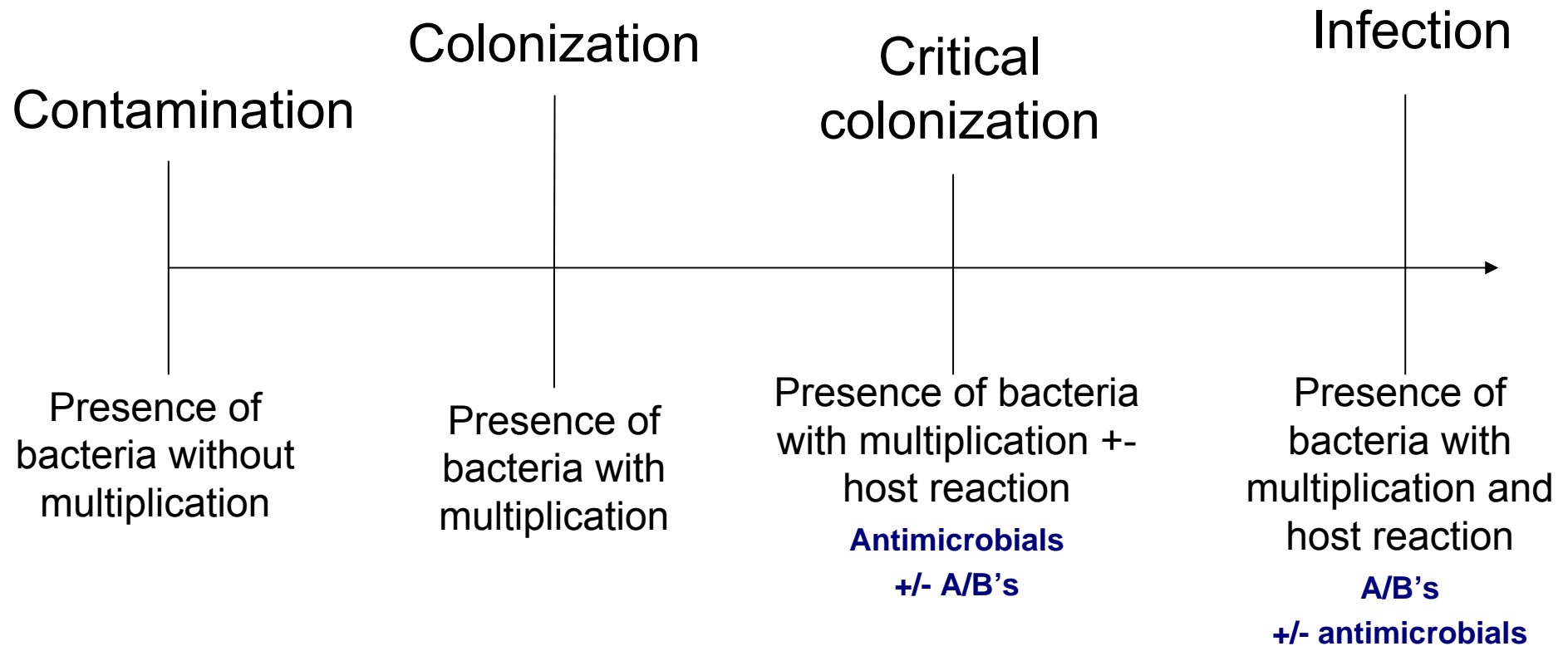
- Pre-sized, multi-layered polyacrylate pad activated with Ringer's solution
 - Indicated primarily for debridement - wound 'rinsing' action
- Choose best size for wound – minimise overlap to avoid maceration
 - Must not be cut
 - Available for flat or cavity wounds
 - Requires daily dressing change
 - Requires a secondary dressing

Antimicrobials

Many wounds are not in bacterial balance

- Critically colonised or infected wounds
- Clinical infection should be treated with systemic antibiotics
- Chronic wounds, leg ulcers, pressure ulcers
 - Dressings could include:
 - Silversulphadiazine cream (Silvazine)
 - Cadexomer iodine (Iodosorb)
 - Silver-containing dressings (eg Acticoat, Aquacel Ag, Contreet, Atraumann Ag)
 - Honey (Medihoney, Apinate)

Bacterial burden



Topical antimicrobial

Apinate (Comvita)

- Apinate is comprised of UMF® Active Manuka Honey
- Delivers naturally occurring antibacterial protection in an absorbent alginate dressing
 - Change daily or as exudate requires
- Occlusive secondary dressing best to contain honey

Features:

- Moist wound healing environment
- Antimicrobial action due to high glucose content, osmotic effect, low pH and enzymatic production of hydrogen peroxide
 - Debridement and odour control
- Low adherence when changing dressings
 - Debrides

Topical antimicrobial

Acticoat Moisture Control (Smith & Nephew)

- Absorbent 3-layer dressing
 - Nanocrystalline silver-coated polyurethane layer
 - White polyurethane foam layer
 - Blue waterproof polyurethane film layer
- Provides effective barrier to bacterial penetration and/or treatment of surface bacteria
- Maintains a moist environment - absorbs excess exudate
 - Can be left in place for up to 7 days
 - Primary dressing only

Thank you

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