Types	Examples	Indications	Advantages	Disadvantages	Contraindications
Synthetic fibre gauze	Topper	Only use on minor wounds or as secondary dressings	More absorbent than cotton. Do not shed fibres	Often sticks to wound surface and disrupts wound bed when removed. Creates a dry wound	Moderate to heavily exudating wounds
Island dressings – slightly absorbant non-adherent pad with an adhesive cover	Primapore Mepore Opsite post op Compose	Acute surgical incisions. Wounds healing by primary intention or low exudating wounds	Absorbs excess wound fluid, maintain a sterile environement and provides a protective barrier against further trauma	Unable to absorb high amounts of exudates Removal may cause trauma to surrounding tissue	Moderate to highly exudating wounds
Semi- permeable – thin, adhesive, transparent polyurethrane film	OpSite, Tegader m	Superficial wounds.As a secondary dressing.	Some moisture evaporation, Reduces pain. Barrier to external contamination. Allows inspection.	Exudate may pool, may be traumatic to remove.	Moderate to high exudative wounds.
Non adherent Moist (Tulle Gras Dressing) – Gauze impregnated with paraffin or similar.	Jelonet, Interpose Unitulle Cuticern Mepitel (silicone)	Wounds healing by secondary intention, superficial clean wounds	Reduces adhesion to wound. Moist environment aids healing.	Does not absorb exudate. Requires secondary dressing. May promote hypergranulation	Allergy to paraffin products Allergy to silicone products
Non adherent Moist for contaminated wounds – Gauze impregnated with antiseptics or antibiotics	Bactigras Xeroform	Burns. Contaminated or infected wounds	Reduces adhesion to wound. Moist environment aids healing. Antiseptic therapy in contaminated or infected wounds	Does not absorb exudate.Requires secondary dressing May induce allergy or delay healing when impregnated	Allergy
Non adherent Dry Thin perforated plastic film coating attached to absorbent pad	Melolin Melolite Tricose Exu-dry Mesorb	Wounds with moderate exudates Epidermal wounds or wounds healing by primary intention	Low wound adherence. May absorb light exudate.	Not suitable in high exudate (except exu-dry & mesorb). Can dry out and stick to wound. May require secondary dressing	Dry wounds (may cause tissue dehydration)

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Calcium Alginate. Natural polysaccharide from seaweed	Kaltostat Sorbsan, AlgiSite M	Moderate to high exuding wounds and for wounds with minor bleeding. Chronic wounds: leg ulcers, pressure ulcers, diabetic ulcers Acute wounds: donor sites, abrasions	Forms gel on wound keeping environment moist. Reduces pain. Packs cavities. Absorbent in exudative wounds. Haemostasis.	May require secondary dressing. Gel can be confused with slough or pus in wound.	Kaltostat not suitable for use in infants less than 12 months Dry wounds or hard eschar Sensitivity
Foam - Polyurethane foam dressing, some with adhesive layer incorporated	PolyMem Allevyn Hydrasorb Mepilex Mepilex border Allevyn cavity	Wounds with mild to moderate exudate.	Moist wound enviroment, highly absorbent and protective Permeable to oxygen and water vapour	Will not debride hard exudate	Dry wounds. Necrotic wounds or hard eschar.
Hydrocolloid Polyurethane film coated with adhesive mass	Duoderm Comfeel Coloplast sheet	Burns (small)Abrasions	Waterproof. Conforms well to wound. Gel formation provides moist wound enviroment	Avoid on high exudate wounds Gel mistaken for wound infection	Dirty wounds Infection Wounds where muscle, tendon or, bone exposed If wound requires frequent changes
Hydrogel – Composed mainly of water in a complex network or fibres that keep the polymer gel intact. Water is released to keep the wound moist	Intrasite gel Intrasite conformable Solosite Solugel	Necrotic or sloughy wound	Creates optimal moist environment rehydrating wound bed and removing dead tissue. Reduces wound pain. Conforms to wound.	Potential to macerate surrounding tissue Requires additional secondary dressing to secure	Moderate to heavily exudating wounds Alllergy Superficial wounds
Hydrofibre – Soft non-woven pad or ribbon dressing made from sodium carboxymethylcell ulose fibres	Aquacel	Lesions and cavity wounds acute and chronic Wounds healing by secondary intention	Interact with wound drainage to form a soft gel Absorbs exudate. Provides a moist environment	Secondary dressing needed	Dry and necrotic wounds

Types	Examples	Indications	Advantages	Disadvantages	Contraindications
Multilayer absorbent dressings – either semi- adherent or non- adherent layer, combined with highly absorptive layers of fibers	CombiDerm	Low to moderately exuding chronic and acute wounds	Promote moist wound healing, may reduce maceration	May require tape or bandage to secure	Not to be used with hydroactive gel
Silicone gel sheets	Cica- Care	Treatment of hypertrophic and keloid scars.	Helps flatten and soften raised scars reduce formation of hypertrophic or Keloid scars. Can be washed and reused		Allergy Open wounds
Odour absorbing	Actisorb plus CarboFlex	Malodorous wounds	Mask wound odours	May need a secondary dressing	Dressing not to be cut
Hypertonic saline impregnated - infused with sodium chloride	Hypergel Mesalt	Wounds with excessive exudate. Moist necrotic , draining and infected wounds	Wicks moisture away from wounds. Promotes autolysis, reduces odour.	May dry the wound out too much. May cause stinging/ discomfort	Bleeding wounds or exposed tendon, bone or muscle
Silver dressings Dressings containing various doses of silver content	Acticoat Acticoat 7 Aquacel AG Atrauman AG Mepilex AG	Infected wounds Burns	Bacteriocidal – kills pathogens such as MRSA and VRE	Questions remain regarding accumulation toxicity and resistance. Should be used with care.	Allergy. Some can't be used with oil based products or topical antimicrobial
Negative pressure wound therapy— applies suction to wound bed via a computerized therapy unit attached to an open-cell foam sponge placed in the wound and secured with an adhesive drape	Vacuum Assisted Closure™ device (VAC) RENASYS GO	Acute and chronic wounds	Promotes localised blood flow, reduces localised oedema, promotes granulation and epitheliasation Supports moist wound healing Allows gas exchange Protect the wound base from environmental contaminants	Requires a power source and specialised dressings	Necrotic eschar, untreated osteomylitis and malignant wounds
Paper adhesive tape - adhesive tape may be applied directly to healing laceration	Micropore	Small wounds Dressing retention	Non allergenic. Provides wound support Permeable to water and water	Non absorbent	Exudative or large wounds.

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Types	Examples	Indications	Advantages	Disadvantages	Contraindications
Fixation Sheet - Porous polyester fabric with adhesive backing	Fixomull Hypafix Mefix	Superficial wounds To secure dressings	Conforms to body contours hypoallergenic Can be sterilised without reducing adhesiveness	Requires application of oil prior to removal – ideally soaked in oil and wrapped in cling film overnight.	Infected wounds allergy to adhesives