

# Dressings and wound management

Dressing types	Example of wounds	Application tip
<p><b>Allevyn (Foam dressing)</b></p> <p>Low to heavily exuding wounds such as:</p> <ul style="list-style-type: none"> <li>• Pressure Injuries</li> <li>• Leg Ulcers</li> <li>• Burns</li> <li>• Donor sites</li> <li>• Skin tears</li> </ul>		<p>If the foam is non-adhesive the dressing can be held in place with tape, netting, tubular retention bandage or undercast padding:</p> <ul style="list-style-type: none"> <li>• If exudate levels are high this can cause the surrounding skin to macerate. To prevent this, skin preparation creams or protective barrier films may aid in protecting the surrounding skin. Alternatively you could consider a multi-layered absorbent dressing</li> <li>• Foams can be used in conjunction with other dressings to increase absorption. For example, you could combine an alginate or a gelling cellulose fibre with a foam</li> </ul>
<p><b>Aquacel Rope (Gelling cellulose fibre dressing)</b></p> <p>Moderate to highly exuding wounds for example:</p> <ul style="list-style-type: none"> <li>• Pressure injuries</li> <li>• Leg ulcers</li> </ul> <p>Infected wounds:</p> <ul style="list-style-type: none"> <li>• There are gelling cellulose fibre dressings which contain silver and are suitable for infected wounds</li> </ul>		<p>When packing a cavity with a gelling cellulose fibre dressing it is advisable to leave a 'tail' of at least 2cm at the surface of the cavity to enable easier removal of the dressing (see picture left).</p> <p>Reason: The dressing may slip down into the base of the wound and be left there at the next dressing change, resulting in the dressing acting as a foreign body, which can result in delayed wound healing and possible wound infection:</p> <ul style="list-style-type: none"> <li>• Gelling cellulose fibre dressings do not need to be cut to the size of the wound</li> </ul>
<p><b>Comfeel Plus (Hydrocolloids dressing)</b></p> <p>Wounds producing low to high levels of exudate including:</p> <ul style="list-style-type: none"> <li>• Pressure injuries</li> <li>• Leg ulcers</li> <li>• Surgical incisions</li> </ul> <p>May be used as a primary dressing or used as a secondary dressing with a gelling cellulose fibre or alginate against the wound surface.</p>		<p>When applying a hydrocolloid the surface should be clean and dry:</p> <ul style="list-style-type: none"> <li>• A skin barrier preparation wipe maybe used to aid skin protection</li> <li>• The dressing should be measured to allow about a (2.5cm) margin from the wound edge</li> <li>• After you apply the dressing hold the dressing in place with the palm of your hand (the warmth will assist the dressing to mold to the skin)</li> <li>• Try to avoid over stretching or too much tension when applying the dressing as this may cause trauma such as blistering or breaks to the surrounding skin</li> <li>• If the edges of the dressing keep rolling the dressing may be secured with adhesive tape, netting, undercast padding or tubular retention bandage</li> </ul>
<p><b>Intrasite Gel (Hydrogels)</b></p> <p>Hydrogels can be used on wounds that have minimal to moderate exudate</p> <p>The gel in the tube can be used on low to moderately exuding wounds and necrotic sloughy wounds including:</p> <ul style="list-style-type: none"> <li>• Pressure injuries</li> <li>• Sinuses</li> <li>• Cavity wounds</li> </ul>		<p>If the surrounding skin looks fragile or compromised it might be beneficial to use a skin barrier preparation barrier cream such as zinc cream or a barrier wipe before applying the gel</p> <ul style="list-style-type: none"> <li>• Apply a moderate amount of gel on the wound surface only. Try to avoid getting the hydrogel onto the good skin as it will result in macerating the surrounding skin causing skin breakdown</li> <li>• Make sure that you note the manufacturer's recommendations for storage and single use application</li> <li>• Some hydrogels contain preservatives and can be used for multiple applications up to 28 days. Check manufacturer's recommendations</li> <li>• Hydrogel dressings generally need to be changed daily</li> </ul>
<p><b>Melolin (Low absorbent dressing)</b></p> <p>Dry to medium exudating wounds:</p> <ul style="list-style-type: none"> <li>• To protect surgical incisions</li> <li>• To protect recently healed wounds</li> </ul>		<p>Melolin is cheap and easy to use:</p> <ul style="list-style-type: none"> <li>• Please remember to removed carefully as the dressing is only low adherent NOT non-adherent</li> <li>• Do NOT use on highly exudating wounds, as if the fluid dries then the dressing may adhere to the wound.</li> </ul>
<p><b>Meplix (Silicone dressing)</b></p> <p>To prevent trauma to the wound and the surrounding skin:</p> <ul style="list-style-type: none"> <li>• To reduce pain during dressing removal</li> <li>• Traumatic wounds</li> <li>• Skin grafts or Skin tears</li> <li>• Prophylaxis of skin radiotherapy burns and prophylaxis for pressure injuries</li> <li>• Donor sites</li> <li>• Leg ulcers</li> <li>• Pressure injuries</li> <li>• To aid in the treatment of hypertrophic scars and keloids</li> </ul>		<ul style="list-style-type: none"> <li>• Because silicone dressings are quite tacky they can make application difficult. If you wet your fingers or forceps then handle the dressing this will prevent it from sticking</li> <li>• The silicone sheet does not have to be cut to wound size. It can lie on the good skin and this can aid in dressing removal</li> </ul>
<p><b>Mepilex Ag (Silver dressing)</b></p> <ul style="list-style-type: none"> <li>• Clinically infected wounds or critically colonised wounds</li> <li>• To reduce the risk of wound infection and to treat infected wounds</li> <li>• To provide sustained antimicrobial activity</li> </ul>		<ul style="list-style-type: none"> <li>• The wound must be producing enough exudate to activate the silver. If the wound is dry the silver dressing should be moistened with water to activate the silver. Do not moisten with normal saline as this will deactivate the silver</li> <li>• Do not wet/pre-moisten alginate or gelling cellulose fibre silver dressings</li> <li>• Avoid using zinc or paraffin on the wound as this may also deactivate or reduce the effectiveness of the silver</li> </ul>
<p><b>Tegaderm (Semi-permeable film)</b></p> <p>Suitable for superficial and shallow wounds, for example:</p> <ul style="list-style-type: none"> <li>• Scalds</li> <li>• Minor lacerations</li> <li>• Suture lines</li> <li>• Intravenous catheter sites</li> </ul> <p>Can be used as a preventative measure for pressure ulcer development from skin shearing.</p> <p>Can be used as a secondary dressing to secure a dressing.</p>		<ul style="list-style-type: none"> <li>• The dressing should be measured to allow about 2.5cm - 5cm margin from the wound edge</li> <li>• Gently lay the dressing over the wound; avoid wrinkling the dressing</li> <li>• Try to avoid over stretching or too much tension when applying the dressing as this may cause trauma such as blistering or breaks to the surrounding skin</li> <li>• When removing a transparent film from the skin gently stretch the dressing to break the contact adhesive bond, this will result in less pain for the patient</li> </ul>
<p><b>Topper (Synthetic fibre gauze)</b></p> <p>Suitable to</p> <ul style="list-style-type: none"> <li>• Prevent infection</li> <li>• To promote wound healing and patient comfort</li> <li>• To prevent hypertrophy of skin or tissue at the pin sites for patients with an external fixator in situ</li> <li>• Can be used for Pleural drains or medistinal chest drain</li> </ul>		<ul style="list-style-type: none"> <li>• More absorbent than cotton do not shed fibres</li> <li>• Only use on minor wounds or as secondary dressing</li> </ul>