### Wound Management Formulary & Guidelines 2013

<table>
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<tr>
<th>Issue History</th>
<th>Issue Version</th>
<th>Purpose of Issue/Description of Change</th>
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<tr>
<td>March 2013</td>
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<td>To Promote Safe and Effective Wound Management in Wirral Community NHS Trust</td>
<td>2015</td>
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**Named Responsible Officer:**

- Tissue Viability Lead

**Approved by**

- Quality, Patient Experience and Risk Group

**Date**

- March 2013

**Section:** - Medicines Management

**Target Audience**

- Community Nurses

**UNLESS THIS VERSION HAS BEEN TAKEN DIRECTLY FROM TRUST WEB SITE THERE IS NO ASSURANCE THIS IS THE CORRECT VERSION**
### CONTROL RECORD

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<th>Title</th>
<th>Wound Management Formulary and Guidelines 2013</th>
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<tr>
<td>Purpose</td>
<td>To promote safe and effective Wound Management in Wirral Community NHS Trust</td>
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<tr>
<td>Author</td>
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### VERSION CONTROL RECORD

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<tr>
<td>Version 1</td>
<td>Ian Mansell</td>
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<td>Maria Hughes</td>
<td>R</td>
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Status – New / Revised / Trust Change
1. Introduction
In the UK, chronic wounds represent a significant burden to patients and the NHS. Around 200,000 patients in the UK have a chronic wound. In 2008 Posnett & Franks estimated the national annual cost for managing wounds in the UK was between £2.3 and £3.1 billion. A large proportion of that expenditure was on wound products.
Chronic wounds remain a challenging aspect of wound care, not least for the patient, but also for the health professional supporting the patient. An in depth knowledge of wound care products, to enable rational use of dressing technologies, is a necessary skill given the increasing costs of dressings and the implications of inappropriate choice.
The formulary provides recommendations for a broad range of wound management products.
To assist in the management of the majority of wounds, dressing choice is determined by a number of reasons, usually guided by local factors such as:
- level of exudate
- tissue type
- depth of wound
- anatomical location
- malodour
- condition of peri-lesion skin
• pain
• quality of life
• activities of daily living
• fragility of skin
• temperature

2. Local and systemic factors that may impede healing

<table>
<thead>
<tr>
<th>Local Factors</th>
<th>Systemic Factors</th>
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<tr>
<td>• Inadequate blood supply</td>
<td>• Advancing age &amp; general immobility</td>
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<tr>
<td>• Increased skin tension</td>
<td>• Obesity</td>
</tr>
<tr>
<td>• Poor surgical apposition</td>
<td>• Smoking</td>
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<tr>
<td>• Wound dehiscence</td>
<td>• Malnutrition</td>
</tr>
<tr>
<td>• Poor venous drainage</td>
<td>• Deficiency vitamins &amp; trace elements</td>
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<tr>
<td>• Presence of foreign body</td>
<td>• Systemic malignancy &amp; terminal illness</td>
</tr>
<tr>
<td>• High bio-burden from micro-organisms</td>
<td>• Shock</td>
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<tr>
<td>• Infection</td>
<td>• Chemotherapy &amp; radiotherapy</td>
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<tr>
<td>• Excess local mobility i.e. over a joint</td>
<td>• Immunosuppressive drugs</td>
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<tr>
<td></td>
<td>• Blood disorders</td>
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<tr>
<td></td>
<td>• Chronic co-morbidities e.g. congestive cardiac failure, renal failure</td>
</tr>
</tbody>
</table>

Grey and Harding 2006

3. Assessment

Posnett and Franks (2007) maintain that pressure ulcers are the single most costly chronic wound to the NHS. Given the diversity and complexity, particularly of chronic wounds, assessment plays a key role in the management of patients with wounds. Trust staff must follow relevant policies, procedures & protocols related to wound care & utilize the relevant skin bundle when assessing varying wound aetiologies.

These are accessible on the Trust website-

This formulary is a joint collaboration between Wirral University teaching Hospital (WUTH) and Wirral Community NHS Trust staff.

Some minor variations exist between the two organizations based on specific clinical requirements peculiar to the needs of directorates and their clinical needs.

Patients should continue to be discharged from hospital with a minimum of 5 days’ supply of dressings. Please complete a Trust incident form if this fails.

All sterile dressings are designated single use only. The Trust does not advocate any deviation from this.
4. Medicated dressings

4.1. Hydrocolloid dressings

- Hydrocolloid without adhesive border

**NB:** *DuoDERM Signal* or *DuoDERM Extra Thin* and *Comfeel* dressings are interchangeable dependant on whether the patient is in primary or secondary care.

*DuoDERM Signal* or *DuoDERM Extra Thin* (first choice in primary care). Adhesive, occlusive hydrocolloid dressing with a vapour-permeable outer film layer. Forms a gel on contact with exudate. Waterproof.

**Indications.** Lightly to moderately exuding necrotic, sloughy or granulating wounds, including pressure ulcers, leg ulcers, diabetic foot ulcers, surgical wounds, partial thickness burns, and abrasions.

**Cautions.** Do not use in the presence of wound infection unless an appropriate systemic antibiotic is given concurrently. Not appropriate for use on cavity wounds in the absence of a cavity filler.

**Dressing change.** As the dressing absorbs exudate, a yellowish gel is formed. For the Signal dressing, when the gel reaches the green “indicator line, the dressing should be changed. Maximum wear time 7 days. Any gelled dressing material left on the wound can be irrigated away using warmed sodium chloride 0.9% solution or warmed tap water. When applying the dressing, a 3cm overlap of the wound margin is needed to ensure a seal.

**Removal.** Press down gently on the skin and carefully lift one corner of the dressing, stretching each edge until free. Avoid applying traction to the wound or surrounding skin.

*Comfeel Plus dressings* (first choice in secondary care)

An adhesive, absorbent dressing containing sodium carboxymethylcellulose, which forms a viscous gel on contact with wound exudate; and calcium alginate, which assists in the absorption of exudate. All are waterproof.

**Indications.** *Comfeel Plus Ulcer* and *Comfeel Plus Contour* dressings are used on low to moderately exuding, necrotic, sloughy or granulating open wounds, including pressure ulcers and leg ulcers. Contour dressing is designed for use on difficult-to-dress areas e.g. heels and elbows. *Comfeel Plus Transparent* dressing is used on superficial burns, and superficial open wounds including category 2 pressure ulcers, donor sites, postoperative wounds and abrasions.

**Cautions.** Do not use in the presence of wound infection, unless an appropriate systemic antibiotic is given concurrently. Not appropriate for use on cavity wounds in the absence of a cavity filler. Dressings must be removed prior to radiation treatment (X-rays, ultrasonic treatment, diathermy and microwaves).

**Dressing change.** When *Comfeel Plus* dressings absorb exudate, a whitish gel is formed. When the gel reaches the outer film layer, the dressing will appear "marbled" or transparent. Change the dressing when it becomes transparent. Any gel remaining on the wound surface can be irrigated away using warmed sodium chloride 0.9% solution or warmed tap water. When
applying the dressing, a 2cm overlap of the wound margin is needed to ensure a seal.

**Removal.** Avoid applying traction to the wound or surrounding skin, roll from one corner or edge to remove gently.

### 4.2. Hydrogel dressings

**Aquaform**  
Is a clear, viscous sterile gel containing a modified starch polymer, glycerol, preservatives and water.  
**Indications.** Necrotic or sloughy wounds. Facilitates autolysis by rehydrating eschar and slough. (see manuka honey dressings)  
**Cautions.** Sensitivity to the gel or its components. Inappropriate for use on heavily exuding wounds. If wound infection develops, treatment with a hydrogel dressing may be continued if appropriate antimicrobial therapy is initiated.  
**Dressing change.** Change every 1 to 3 days, depending on the amount of exudate or liquefied eschar. Requires a secondary dressing - a semi-permeable film dressing may be appropriate. Do not use a hydrocolloid product (Comfeel range, DuoDERM range) as a secondary dressing, as these products are unable to manage the increased fluid levels produced by hydrogels.  
**Removal.** Remove gel by irrigation with warmed sodium chloride 0.9% solution, or warmed tap water.

### 4.3. Alginate dressings

**Sorbsan** (first choice in primary care)  
Sorbsan is a sterile, non-woven calcium alginate dressing. It is an absorbent, haemostatic dressing which forms a viscous gel on contact with wound exudate. Requires a secondary dressing - a semi-permeable film dressing (e.g. C-View) may be appropriate.  
**Indications** – All types of exuding wound. Bleeding wounds - all presentations are haemostatic. Do not moisten prior to use, as this defeats its function as an absorbent dressing.  
**Cautions.** Do not use on dry wounds. Reserve for use where haemostasis is required e.g. postoperatively  
**Dressing change.** Change as dictated by the amount of exudate. Maximum ‘wear time’ is 7 days.  
**Removal.** The gel can be removed from the wound by gentle irrigation with sodium chloride 0.9% solution. This will dissolve the viscous ‘plug’ and allow complete removal.

### 4.4 Hydrocolloid-fibrous (Hydrofiber®)

**Aquacel Extra dressings**  
An absorbent hydrocolloid-fibrous (Hydrofiber®) dressing consisting of sodium carboxymethylcellulose, which forms a gel on contact with wound exudate. The dressing absorbs exudate vertically, avoiding lateral wicking, and therefore reducing the risk of peri-wound maceration. It requires a secondary
dressing - a semi-permeable film dressing (e.g. C-View) or a thin hydrocolloid dressing (e.g. Comfeel Plus Transparent) may be appropriate.

**Indications.** Moderately to highly exuding wounds, including sloughy and infected wounds - can assist autolytic debridement. Do not use on dry wounds. Do not moisten prior to application, as this defeats its function as an absorbent dressing.

**Cautions.** *Do not use* Aquacel Extra on dry wounds.

**Dressing change.** Every 5 to 7 days, unless strikethrough of exudate occurs earlier. Requires a secondary dressing - a semi-permeable film dressing or a hydrocolloid dressing may be appropriate.

**Removal.** Non-traumatic removal of gel "plug". If adherence occurs, moistening the dressing with warmed sodium chloride 0.9% solution will assist removal.

### 4.5. Activated charcoal (odour management)

**Carboflex**
A multi-layer absorbent dressing, with a contact layer containing sodium carboxymethylcellulose and alginate bonded to a perforated plastic film. The outer layer contains activated charcoal cloth with the capacity to adsorb odour. Designed for use as a primary dressing.

**Indications.** Moderately exuding malodorous wounds. May be used as a primary or secondary dressing. May be used on more highly exuding wounds in conjunction with an absorbent or cavity wound dressing.

**Dressing change.** Change according to the amount of exudate.

**Removal.** Atraumatic - the contact layer forms a gel on contact with exudate.

**Cautions.** Note that when charcoal dressings become saturated with fluid, they are unable to effectively adsorb odour. Do not use on dry wounds.

**Do not cut.**

**CliniSorb**
Activated charcoal cloth, sandwiched between two layers of a nylon viscose rayon blend. Designed for use as a primary or secondary dressing. CliniSorb is a less bulky dressing than Carboflex and is used for wounds producing less exudate.

**Indications.** Low to moderately exuding malodorous wounds.

**Application.** Both sides of the dressing are identical – it may therefore be used either way up. On moderately exuding wounds, it may be used over an absorbent primary dressing. May be cut to size and shape.

**Dressing change.** Change according to the amount of exudate.

**Removal.** If adherence to the wound surface occurs, irrigate with sodium chloride 0.9% solution to release.

**Cautions.** Note that when charcoal dressings become saturated with fluid, they are unable to effectively adsorb odour. Do not use on dry wounds.
4.6. Antimicrobial dressings

4.6.1. Honey

Manuka honey:
- is derived from nectar from the leptospermum family of plants, commonly known as the Tea tree.
- debrides and desloughs wounds due to its high osmotic pressure.
- effectively reduces wound odour.
- is anti-inflammatory.
- provides a moist wound environment conducive to heal

Algivon
A soft alginate dressing impregnated with 100% Manuka honey. The alginate fibres enable a sustained, slower release of honey.

**Indications.** Necrotic, sloughy or malodorous wounds, including pressure ulcers, leg ulcers, diabetic foot ulcers, surgical wounds, burns, infected wounds, cavity wounds and sinuses. Suitable for wetter wounds, as the alginate has some capacity to absorb fluid so that the honey is not washed away with exudate, allowing a longer wear time. The dressing is soft and conformable, making it suitable for use in cavity wounds.

**Dressing change.** According to the amount of exudate – anticipate an initial increase in exudate as the honey liquefies the slough. May be left in place for up to 7 days. Requires an absorbent secondary dressing.

**Cautions.** Allergy to bee venom. Initial transitory discomfort may be experienced following dressing application, probably due to the high osmotic pressure. Although Algivon is not absorbed systemically, it may be prudent to monitor blood glucose levels in diabetic patients.

**NOTE: Do not combine with Hydrocolloid dressings e.g. Comfeel range**

Actilite
A light viscose net dressing coated with Manuka honey and Manuka oil. The net structure allows the passage of exudate. The antibacterial effect of Actilite has been enhanced by combining high grade antibacterial Manuka oil with Manuka honey. This combination has been demonstrated in vitro to be effective against a number of major wound infecting organisms including Methicillin-resistant Staphylococcus aureus (MRSA), Vancomycin-resistant Enterococcus (VRE) and Providentia stuartii.

**Indications.** Granulating or epithelialising wounds where antibacterial protection may be advantageous, including cuts, abrasions, burns, surgical wounds, leg ulcers, pressure ulcers, diabetic foot ulcers and infected wounds.

**Dressing change.** According to the amount of exudate, although best reserved for use on low-moderately exuding wounds. May be left undisturbed for up to 7 days. Requires an absorbent secondary dressing.

**Cautions.** Allergy to bee venom. Initial transitory discomfort may be experienced following dressing application, probably due to the high osmotic pressure. Although Algivon is not absorbed systemically, it may be prudent to monitor blood glucose levels in diabetic patients.
4.6.2. Silver

**Aquacel Extra Ag**
An absorbent hydrocolloid-fibrous (Hydrofiber®) dressing consisting of sodium carboxymethylcellulose combined with ionic silver. Ionic silver provides broad-spectrum antimicrobial activity and is active against MRSA and VRE. It is made available to the wound 'on demand' through the binding of sodium ions in wound exudate with the dressing, causing release of silver ions from the dressing fibres. Provides up to 7 days sustained release of silver.

**Indications.** Acute and chronic critically colonised or infected exuding wounds.

Use **Aquacel Ag** ribbon for cavity wounds.

**Dressing change.** Every 5 to 7 days, unless exudate strikethrough occurs earlier. Requires a secondary dressing e.g. a semi-permeable film dressing (e.g. **C-View**) or a thin hydrocolloid dressing (e.g. Comfeel Plus Transparent) may be appropriate.

**Removal.** Non-traumatic removal of gel "plug". If adherence occurs, moistening the dressing with warmed sodium chloride 0.9% solution or warm tap water will assist removal.

**Cautions.** Known sensitivity to silver. Do not use on dry wounds. Do not moisten prior to application, as this defeats its function as an absorbent dressing.

**Atrauman Ag**
A low-adherent polyester mesh dressing containing metallic silver, which can be used for management of critically colonised or contaminated wounds. The supplier claims that it kills a range of micro-organisms consistently for up to 7 days without the cytotoxicity and damage to granulation tissue that may be caused by other silver dressings.

**Indications.** Contaminated or critically colonised wounds including lacerations, abrasions, pressure ulcers, burns, radiation therapy burns, abscesses, skin graft donor and recipient sites.

**Dressing change.** Depends on the nature of the wound. Maximum wear time 7 days.

**Removal.** Atraumatic removal due to low adherence. If the dressing has dried out, irrigate with sodium chloride 0.9% solution to facilitate removal.

**Cautions.** Known sensitivity to silver or any other of the dressing's constituents.

4. Non-medicated dressings

5.1. Vapour-permeable Adhesive Film Dressings

**C-View**

**Indications.** Wounds with no or minimal exudate, including minor burns; donor sites; superficial (category 2) pressure ulcers; clean, closed, postoperative wounds; cuts and abrasions; epithelialising wounds. Allows observation of the wound without the need to remove the dressing. Has the advantage that it can be easily cut to dress difficult wound sites.
More commonly used as a secondary dressing to secure a primary dressing in position.

**Cautions.** Known sensitivity to the dressing or its components. Do not use on full thickness burns, deep cavity wounds or infected wounds. Do not use alone on exuding wounds. Do not use in conjunction with topical medicinal preparations.

**Dressing change.** Every 7 days, unless lateral strikethrough occurs earlier.

**Removal.** Gently peel and lift one corner of the dressing. Support the skin whilst peeling the dressing off by stretching parallel with the skin in the direction of hair growth. Avoid applying traction to the wound and surrounding skin.

**Tegaderm**


**Indications.** Superficial dry or minimally exuding wounds, including epithelialising wounds, superficial burns and grade 2 pressure ulcers; clean, closed surgical incisions; abrasions; protective eye covering during surgery or for patients with corneal abrasions.

Allows observation of the wound without removing the dressing.

More commonly used as a secondary dressing to secure a primary dressing in position.

**Cautions.** Do not use alone on exuding wounds.

**Dressing change.** Every 5 to 7 days, unless lateral strikethrough of exudate occurs earlier.

**Removal.** The dressing should be stretched parallel with the skin to break the adhesive "tack". Avoid applying traction on the wound or surrounding skin.

### 5.2 Foam dressings

**Aquacel Foam Adhesive**

**Or**

**Aquacel Foam Non - Adhesive**

**Aquacel Foam Dressings**

Adhesive and non – adhesive sterile absorbent hydrocolloid-fibrous (Hydrofiber®) foam dressings consisting of a waterproof outer polyurethane film and multi-layered absorbent pad. The adhesive version has a silicone adhesive border. The multilayer absorbent pad contains a layer of polyurethane foam and a non-woven layer of Hydrofiber.

**Indications.** May be used for wounds such as lacerations, minor scalds and burns. Can be used for the management of both acute and chronic wounds.

**Cautions.** Should not be used on individuals who are sensitive to or have had an allergic reaction to the dressing and its components.

**Dressing change.** Every 5 to 7 days, unless lateral strikethrough of exudate occurs earlier. A 2cm overlap of the wound margin is required to ensure a seal.

**Removal.** Avoid applying traction to the wound - roll carefully from one corner or edge to remove gently. The application of a wet, gloved finger under the dressing border may assist removal.
**Cautions.** Do not use in the presence of infection, unless an appropriate systemic antibiotic is given concurrently.

**Allevyn Adhesive, Plus Adhesive, Sacral, Gentle Border, Gentle Border Lite**

**Or**

**Allevyn Non-Adhesive**

**Indications.**
Low to highly exuding open wounds of all types.
- See selection guide below.

**Contraindications.**
- Necrotic or sloughy wounds.
- Dry wounds.
- Full thickness (3rd degree burns).
- Do not use in conjunction with oxidising agents such as hypochlorite solutions or hydrogen peroxide as these can break down the absorbent polyurethane component of the dressings.

**Dressing change.** Every 5 to 7 days, unless lateral strikethrough of exudate occurs earlier. A 2cm overlap of the wound margin is required to ensure an effective seal.

**Removal.** Avoid applying traction to the wound; carefully lift one corner and apply a moistened swab to the underside of the dressing to assist gentle removal.

The soft gel adhesive contact layer of Allevyn Gentle and Allevyn Gentle Border assists atraumatic removal.

**ALLEVYN RANGE – DRESSING SELECTION GUIDE**

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<th>HIGH</th>
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<tr>
<td><strong>SECURE</strong></td>
<td>For moderately to highly exuding wounds</td>
<td>For highly to very highly exuding wounds</td>
</tr>
<tr>
<td><strong>GENTLE</strong></td>
<td><strong>For more fragile skin</strong></td>
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<tr>
<td><strong>SHAPED</strong></td>
<td><strong>For specific wound locations</strong></td>
<td></td>
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<tr>
<td><strong>ALLEVYN</strong></td>
<td><strong>Adhesive</strong> (clean exuding wounds of all types)</td>
<td><strong>Plus Adhesive</strong> (as Allevyn Adhesive, but holds 50% more exudate)</td>
</tr>
<tr>
<td><strong>Allevyn Non-Adhesive</strong> (clean exuding wounds of all types – needs secondary retention)</td>
<td><strong>Allevyn Gentle Border</strong> (clean exuding wounds of all types in patients with fragile skin, but needs no secondary retention)</td>
<td><strong>Allevyn Plus Adhesive Sacrum</strong> (as Allevyn Adhesive Sacrum, but holds 50% more exudate)</td>
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5.3. Low/Non-Adherent dressings

**Atrauman** (low adherent)
A non-adherent, knitted polyester mesh single layer wound contact primary dressing.
**Indications.** Superficial wounds including lacerations, abrasions, pressure ulcers, leg ulcers (under compression bandaging), burns, radiation therapy burns, abscesses, skin graft donor and recipient sites.
**Cautions.** Secondary dressing required.
**Dressing change.** Depends on the nature of the wound. Maximum wear time 7 days.
**Removal.** Atraumatic.

**Silflex** (non-adherent)
A non-adherent contact layer made from polyester mesh coated with hydrophobic soft silicone. Silflex will gently ‘grip’ the peri-wound skin, but will not adhere to the wound surface. This minimises the pain and trauma often associated with dressing changes. The mesh construction allows the free passage of exudate into an absorbent secondary dressing.
**Indications.** Skin tears, abrasions, partial thickness burns. As a primary contact dressing underneath Negative Pressure Wound Therapy dressings.
**Cautions.** Secondary dressing required.
**Application.** Remove the clear liners from each side of the dressing and place directly on the wound. Allow the dressing to overlap the wound edges to secure it against the surrounding skin. Cover with an appropriate secondary dressing. Silflex may be left undisturbed on the wound for up to 14 days, with the secondary dressing being changed according to the amount of exudate. It is not necessary to use a non- or low-adherent secondary dressing.
**Contraindications.** Allergy to silicone.
**Removal.** Atraumatic removal.

5.4. Surgical absorbents

**Xupad**
Latex free, ultra absorbent dressing pad
**Indications** Low to moderate exuding wounds.
**Contraindications** Not appropriate for use on dry wounds.
**Dressing change** according to the amount of exudate. May be left in place for a maximum of 7 days. Secure with a simple retention bandage.
**Removal.** Atraumatic removal.

**Eclypse**
A highly absorbent exudate management dressing. Incorporates a wicking layer designed for rapid fluid uptake. Exudate is held in a gel state to reduce the risk of peri-wound maceration. The outer layer is water resistant to prevent strikethrough, and has a high moisture vapour transfer rate, which prolongs the wear time.
**Indications.** Moderately to highly exuding wounds.
Contra-indications/cautions. Do not cut the dressing. Not appropriate for use on dry wounds. Do not use over arterial bleeds or on heavily bleeding wounds.

Dressing change. Apply with beige side uppermost. Change according to the amount of exudate. Avoid strikethrough of exudate. May be left in place for a maximum of 7 days. Secure with a simple retention bandage.

Removal. Atraumatic removal

5.5. Post-operative

OpSite Post-op
An absorbent, low-adherent dressing with an adhesive border. The outer layer is a transparent, semi-permeable film.

Indications. Low to moderately exuding clean wounds, including closed surgical wounds, cuts and grazes.

Cautions. Do not apply under tension in order to avoid applying shearing forces to the skin, especially when applying over joints. Failure to do this can result in ‘traction blisters’.

Dressing change. Change as dictated by the amount of exudate - avoid strikethrough.

Removal. Avoid applying traction to the wound and surrounding skin - peel carefully from one corner or edge.

Cosmopor E
An absorbent, low-adherent dressing with an adhesive border.

Indications. Low to moderately exuding clean wounds, including closed surgical wounds.

Cautions. Do not apply under tension (this is to avoid applying shearing forces to the skin, especially when applying over joints).

Dressing change. Change as dictated by the amount of exudate – avoid strikethrough.

Removal. Avoid applying traction to the wound and surrounding skin – peel carefully from one corner.

5.6. Hydrocapillary

Biatain Super Adhesive or non-adhesive dressing (previously Alione)

Indications. Moderately to highly exuding acute and chronic wounds. Biatain super non-adhesive dressing is particularly suitable for use on wounds surrounded by fragile skin.

Dressing change. Every 5 to 7 days unless strikethrough occurs earlier. Ensure the absorbent pad is larger than the wound.

Removal. Gently peel the adhesive dressing off the surrounding skin. Removal of the non-adhesive dressing is non-traumatic.

Cautions. Do not cut the dressing. Do not use on dry wounds or dry necrosis, as the dressing will dry the wound further. Do not use in combination with hydrogel dressings, as the Alione will absorb and dry out the hydrogel. Dressings must be removed prior to radiation treatment (X-rays, ultrasonic treatment, diathermy and microwaves).
6. Skin protectants

Cavilon "No-Sting" Barrier Film
A durable, transparent barrier film, containing no irritant solvents.

Indications. Protection of "at-risk" skin from body fluids such as urine, faeces and wound exudate. Useful around stoma sites and around PEG sites. Can be applied to excoriated skin. Assists adherence of adhesive dressings and tapes. Facilitates atraumatic dressing removal and reduces "skin stripping". Can be used with continence pads without reducing effectiveness.

Cautions. Do not use on infected skin. Do not use any ointments, creams or emollients concurrently, as they will prevent Cavilon barrier film from working effectively.

Application. Apply sparingly to dry, clean, intact or excoriated skin. If applying between skin folds (e.g. in the groin), or where skin is in contact with other skin (e.g. between the buttocks) ensure the film coating is completely dry before allowing the skin surfaces to touch. Allow to dry completely before using pads or putting clothing next to the skin.

Foam applicator - apply an even coat of film to the entire area to be treated.

Spray - hold the spray about 10 to 15cm from the skin. Spray a smooth, even coating in a sweeping motion to the entire area to be treated. Reapply every 48-72 hours. If incontinence is severe, reapply every 24 hours.

Cavilon Durable Barrier Cream
A water-in-oil emulsion which provides long-lasting protection from body fluids, urine and faecal contamination while providing a moisturiser for the skin. Cavilon Durable Barrier Cream does not clog or interfere with the absorbency of incontinence pads. It requires infrequent application, as it is resistant to washing off. It allows the use of adhesive tape or dressings, with no decrease in adhesion.

Indications. Skin protection in incontinent patients, for intact skin only.

Cautions. Known sensitivity to the product or its ingredients. May increase the adherence of some adhesive products. Use with caution under any adhesive products in patients with fragile skin.

Application. Cleanse the skin according to normal practice. Apply Cavilon Durable Barrier Cream sparingly to cover entire area of susceptible skin. If the feel is oily, too much cream has been used. Repeat as necessary, will resist removal for 4 to 5 washings.
7. Miscellaneous Products

- **Wound Cleansing – 0.9% sodium chloride**
  - Stericlens
  - Irripod
- **Surgical tape**
  - Transpore
- **Retention bandages**
  - Knit band
  - K-Lite
- **Tubular bandages**
  - Comfifast – Green line
  - Blue line
  - Yellow line
- **Permeable aperture non-woven synthetic adhesive tape**
  - Omnifix
- **Elasticated Tubular bandage**
  - Comfigrip

**References**


**Acknowledgement**
Bill Haughton Tissue Viability Specialist Nurse. WUTH

**Other sources of information**
BNF 64 September 2012
NICE guidance

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