## Dressings

<table>
<thead>
<tr>
<th>Dressing</th>
<th>Indications</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allevyn Heel</td>
<td>Heel pressure areas</td>
<td>7 days</td>
</tr>
<tr>
<td>Aquacel</td>
<td>High exudate wounds</td>
<td>3-7 days</td>
</tr>
<tr>
<td>Aquacel Ag</td>
<td>For highly exudate, infected or infection-suspected wounds</td>
<td>3-7 days</td>
</tr>
<tr>
<td>Aquacel Foam</td>
<td>Exudating wounds. Can use extra Aquacel if exudate is heavy. Does not require secondary dressing</td>
<td>7 days</td>
</tr>
<tr>
<td>Aquacel Rope</td>
<td>Acute or chronic cavity wounds, helps autolytic debridement and does not break down into fibres within the wound area</td>
<td>3-7 days</td>
</tr>
<tr>
<td>Betadine</td>
<td>Should be washed off after application and can dry out wound bed. Used in potentially infected wounds</td>
<td>N/A</td>
</tr>
<tr>
<td>Biotain Adhesive</td>
<td>Suitable for high exudate. Can be used for many wounds including leg ulcers, burns, donor sites, surgical wounds and skin abrasions.</td>
<td>4-7 days</td>
</tr>
<tr>
<td>Biotain Non-Adhesive</td>
<td>Suitable for heavy exudate and used for a variety of wounds including ulcers, pressure areas, burns, donor sites, surgical and skin abrasions.</td>
<td>7 days</td>
</tr>
<tr>
<td>Cutinova Hydro</td>
<td>High absorbancy for heavy exudate. Waterproof. Suitable for exuding non-infected wounds, venous leg ulcers and lacerations. NOT FOR USE IF FULL THICKNESS WOUND</td>
<td>Daily on infected wounds. Or 3-5 days on exuding wounds</td>
</tr>
<tr>
<td>Duoderm</td>
<td>Used for wounds with minimal exudate as moisture retentive. Used for surgical wounds, skin abrasions, superficial burns and skin protection</td>
<td>7 days</td>
</tr>
<tr>
<td>Duoderm Gel</td>
<td>Hydrates dry or necrotic tissue and reduces wound dead space. Needs secondary dressing</td>
<td>3-7 days</td>
</tr>
<tr>
<td>Flaminal Hydro Gel</td>
<td>Slight to moderate exudating wounds, deep cavity wounds and ulcers,</td>
<td>3-4 days</td>
</tr>
<tr>
<td>Jelonet</td>
<td>Suitable for all wounds. Wound contact layer is soothing and low adherent allowing wound to drain freely into a secondary dressing</td>
<td>Daily, or 3-5 days on skin grafts</td>
</tr>
<tr>
<td>Kaltastat</td>
<td>To control bleeding and achieve haemostasis. Use on wounds such as skin graft donor sites, severe skin tears, abrasions and bleeding wounds</td>
<td>3-5 days</td>
</tr>
<tr>
<td>Brand</td>
<td>Description</td>
<td>Change Frequency</td>
</tr>
<tr>
<td>--------------</td>
<td>------------------------------------------------------------------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>Melolin</td>
<td>Used for moderate to high exudate. Soft on skin. Will need secondary dressing</td>
<td>Daily</td>
</tr>
<tr>
<td>Mesalt</td>
<td>For heavy exuding and infected wounds in the inflammatory phase. Good for pressure ulcers and surgical wounds</td>
<td>Daily</td>
</tr>
<tr>
<td>Mesorb</td>
<td>Use for heavily exuding wounds. Will need secondary dressing</td>
<td>3-7 days</td>
</tr>
<tr>
<td>Mepore/Primapore</td>
<td>Suitable for superficial wounds with nil to low exudate such as surgical wounds, minor burns and abrasions</td>
<td>Daily if becomes wet</td>
</tr>
<tr>
<td>Mepore Film and Pad</td>
<td>Used for surgical wounds with low to moderate exudate. Breathable but waterproof</td>
<td>7 days</td>
</tr>
<tr>
<td>Post Op</td>
<td>Used for surgical wounds with low to moderate exudate. Breathable but waterproof</td>
<td>7 days</td>
</tr>
<tr>
<td>Post Op Film</td>
<td>Use for low exuding surgical wounds, cuts and abrasions. Waterproof</td>
<td>7 days</td>
</tr>
<tr>
<td>Post Op Visible</td>
<td>Use for low to moderate exuding wounds. Usually used on surgical wounds. Breathable but waterproof</td>
<td>?7 days</td>
</tr>
<tr>
<td>Primapore/Mepore</td>
<td>Suitable for superficial wounds with no to low exudate such as surgical, minor burns and abrasions</td>
<td>Daily if becomes wet</td>
</tr>
<tr>
<td>Solosite</td>
<td>Suitable for sloughy wounds such as ulcers, pressure areas, surgical wounds, burns, lacerations. Moistens and debrides the wound. Needs secondary dressing</td>
<td>Daily, can be left longer if required</td>
</tr>
<tr>
<td>Tegaderm Film</td>
<td>Use for low exuding surgical wounds, cuts and abrasions. Waterproof</td>
<td>7 days</td>
</tr>
</tbody>
</table>

**Dressings should be changed according to protocol or when clinically indicated such as if excessive oozing, pain, strike through, redness etc**
**Dressing Products**

**Films**
Opsite IV3000, Tegaderm Film, Mepore Film

**Advantages**
- Allows some moisture vapor to be evaporated from wound
- Impermeable to liquids and bacteria
- Reduces pain by keeping nerve endings moist
- Allows inspection of wound through dressing

**Disadvantages**
- Non-absorbent – exudate may pool at wound site causing maceration
- Not suitable for moderate to high exuding wounds
- If not correctly removed, then may be traumatic to wound tissue

**Hydrogels**
SoloSite Gel, Solugel, Intrasite gel

**Advantages**
- Provides a moist wound environment for cell migration
- Absorbs exudate
- Rehydrates eschar and acts as an autolytic debridging or desloughing agent whilst not harming granulating or epitheliating cells
- Reduces pain by keeping nerve endings moist
- Fills dead space in deep wounds and conforms to cavity
- Easily irrigated from the cavity

**Disadvantages**
- Should not be used in blind sinuses where the extent of the tracking cannot be identified
- Will require a secondary dressing
- Maceration of the surrounding skin may occur with the liberal use of gel
- Some people may experience a sensitivity to the preservative agents used in these products

**Hydrofibre Dressings**
Aquacel

**Advantages**
- Maintains a moist wound healing environment as fibers convert to a firm gel on contact with exudate
- Vertical and controlled lateral wicking of exudate reduces maceration of peri-wound skin
- Can be used on infected wounds (Aquacel Ag)
- More absorbent than alginate dressings
- Promotes non-traumatic dressing removal

**Disadvantages**
- Similar in appearance to alginate dressings which may lead to confusion as it does not have the haemostatic properties of calcium alginate
- Requires a secondary dressing
**Hydrocolloids**
Comfeel, Duoderm, Cutinova Hydro

*Advantages*
- Hydroactive particles absorb wound exudate
- Gel formation at wound surface provides moist wound environment
- Water repellent
- Conforms well to wound and body surfaces
- Reduces pain by keeping nerve endings moist
- Hydrocolloid interactions clean and debrides the wound by autolysis
- Safe debridement, granulation and epithelialization can occur in wound at the same time

*Disadvantages*
- Not recommended on wounds clinically infected with anaerobic bacteria
- Use with caution on fragile or compromised skin surrounding wound as adhesive may damage fragile skin
- Gel may be mistaken for wound infection
- Deep wounds require cavity filling paste, powder or dressing
- May be difficult to keep in place in areas affected by friction eg. Heels
- Edges may roll (can tape to prevent this)

**Calcium Alginate Dressing**
Kaltostat

*Advantages*
- Provides a moist wound environment
- Keeps nerve endings moist so reduces pain
- Low allergenic
- Biodegradable in wounds
- Absorbent and therefore useful in exuding wounds
- Promotes haemostasis in bleeding wounds

*Disadvantages*
- Will require secondary dressing
- Gel may be confused for pus or slough in wound
- Not suitable on dry wounds or in the presence of hardened eschar
- Not suitable with an occlusive dressing when wound is infected with anaerobic bacteria

**Foams**
Allevyn – Adhesive and Non-Adhesive, Biatain – Adhesive and Non-Adhesive, Aquacel Foam

*Advantages*
- Available as adherent or non-adherent
- Facilitates a moist wound environment
- Highly absorbent
- Provides protection
- Conforms to uneven body surfaces

*Disadvantages*
• Moist wound environment may not be sufficient to allow autolysis to occur

**Tulle Gras Dressings**  
Jelonet, Adaptic  
**Advantages**  
• Reduced adhesions and allows non-traumatic removal  
• Provides a moist wound environment that facilitates epithelial cell migration  
**Disadvantages**  
• Does not absorb exudate  
• Will require secondary dressing  
• Cotton products can shed fibres into wound  
• Can be difficult to remove from deep cavity wounds  
• Can cause allergic reactions in sensitive people

**Island Dressings**  
Primapore, Opsite, Mepore  
**Advantages**  
• Suitable for wounds healing by primary intention and/or low exudating wounds  
• Non-adherence contact layer so no wound trauma on removal  
• Some have a occlusive, waterproof or water resistant outer layer  
**Disadvantages**  
• Not suitable for highly exudating wounds  
• Some are not waterproof (Primapore)  
• Not recommended for clients with allergies to adhesive agents

**Non-Adherent Dry Dressing**  
Melonin, Exu-Dry, Telfa, Mesorb  
**Advantages**  
• Suitable for epidermal wounds  
• Low adherence film therefore prevents shredding of fibres into wound  
• Non traumatic removal if exudate is minimal  
**Disadvantages**  
• If large amounts of exudate, dressing may stick and dry out, therefore can be traumatic removal  
• Needs a secondary dressing

**Dry Dressings**  
Gauze, combine, cotton wool  
**Advantages**  
• Absorbent and protective  
• Provides a dry wound healing environment where appropriate  
**Disadvantages**  
• Creates a dry wound  
• Not the ‘ideal’ dressing  
• Can shed fibres in the wound which act as foreign bodies
Granulation tissue can grow into the mesh of the dressing
When strike through occurs it can allow a pathway for pathogens into the wound

**Odour Absorbing Dressings**
Carbonet, Lyofoam

*Advantages*
- Absorbs bacteria and eliminates odour
- Absorbs exudate
- May be used as primary dressings

*Disadvantages*
- May need a secondary dressing
- Do not cut as carbon particles may leak into wound and if sealed edges, the integrity of the dressing will be compromised

**Hypertonic Saline Impregnated Dressings**
Curasalt, Mesalt

*Advantages*
- Recommended for moist, necrotic, draining and infected wounds
- Promotes a cleansing effect on exudating and malodourous wounds,
- Reduces odour
- Maintains a moist wound healing environment
- Promotes autolysis of loos slough or eschar
- Absorbs exudate and bacteria
- Will reduce wound oedema
- May be effective in reducing hypergranulation tissue

*Disadvantages*
- Can cause discomfort or stinging sensations
- The dry formulations are not recommended for dry wounds or hardened eschar
- Not recommended for wounds with actual or potential bleeding
- Not recommended on exposed tendon, bone or muscle
- Should be discontinued in healthy granulating or epithelizing wounds
- For optimal effects, the dressing will require changing 2-3 times per day
- Will require a secondary dressing

**Cadexomer Iodine Medicated Dressings**
Iodosorb

*Advantages*
- Conform to wound bed
- Absorbs exudate 6-7 times its weight
- Converts to a gel and promotes moist wound healing
- Iodine is progressively released at the wound surface

*Disadvantages*
- Contraindicated for clients with sensitivity to iodine products or in clients with Hashimoto’s thyroiditis, Graves disease or very large wounds
- Not recommended in pregnant women, lactating mothers or children aged 2 years or younger
• The maximum single application is 50g and weekly maximum must not exceed 150g
• Treatment duration should not exceed 3 months in any single course of treatment
• Will require a secondary dressing

**Silicone Dressings**
Mepitel, Mepilex

*Advantages*
- Minimizes wound trauma on removal
- Conforms to different anatomical shapes

*Disadvantages*
- Not recommended for persons with allergies to silicone products

**Silver Dressings**
Aquacel Ag

*Advantages*
- Silver is a broad spectrum antimicrobial and is effective against MRSA and VRE

*Disadvantages*
- Should be used prudently as there is some concern that inappropriate use will lead to increased resistance

**Wound Honey**
Medihoney

*Advantages*
- Promotes moist wound healing
- Promotes autolytic and osmotic debridement
- Has an antimicrobial activity and is especially effective against Pseudomonas and Staphaureus bacteria
- Controls malodour

*Disadvantages*
- To be avoided in persons with known allergies to bee products
- Best stored at <30 degrees C and not exposed to light
- Can cause some stinging sensations
- Can lead to maceration
- Requires a secondary dressing

**Negative Pressure Therapy Devices**
V.A.C. dressings

*Advantages*
- Provides a moist wound environment
- Reduces bacterial colonization
- Promotes localized blood flow
- Reduces localized oedema
- Reduced dead space in the wound as foam is cut to the shape of the wound
- Promotes granulation and epithelization
- Facilitates collection of wound exudate
- Reduces the need for frequent dressing changes

**Disadvantages**
- Contraindicated when necrotic eschar is present, untreated osteomyelitis and malignant wounds. Do not place VAC dressing on exposed blood vessels, organs, non-enteric or unexplored fistulae, use with caution on enteric fistula
- Caution is required for bleeding wounds or potential bleeding due to anticoagulant medication
- Requires a power source
- Requires specialized dressing and canister attachments

**References**
