Nurse Maude

Making the Most of your Dressing Products
2013

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Leading the way in community care.
What do you need in your dressings cupboard?
Skin tears
Lack Confidence in Selecting Dressings?
Appropriate Use of Product

Avoid wasting precious resources
Some of the older more traditional treatments
Providing The Right Environment
Holistic Wound Management

- Determine the underlying cause
- Assess blood supply
- Consider co-morbidities
- Educate patient
- Patient comfort

- Control factors affecting healing
- Promote independence
- Provide optimal wound environment
- Prevent recurrence
Creating the ideal wound environment
What is Wound Bed Preparation?

Creation of an optimum wound environment

T = Tissue management

I = Inflammation/infection control

M = Moisture balance

E = Epithelial (edge) advancement

Products Made Simple

- **Antimicrobial**
  - for high bacterial
- **Donate Moisture**
- **Absorb Moisture**
- **Protection**

**TIME**
Products Made Simple

- Antimicrobials
- Donate Moisture
- Absorb Moisture
- Protection

TIME
Products Made Simple

- **Antimicrobials**
  - Silver dressings
  - Cadexomer iodine
  - Iodine
  - Honey

- **Donate Moisture**
  - Hydrogels
  - Hydrocolloids

- **Absorb Moisture**
  - Alginate
  - Hydrofibre
  - Foams
  - Absorbent pads

- **Protection**
  - Films
  - Foams
  - Silicone
  - Fine woven tulle
Patient 1

What will you include in your history?
Patient 1: Assess the wound
What is Wound Bed Preparation?

Creation of an optimum wound environment

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Patient 1: Define aim of treatment? Select your products/treatment
Products Made Simple

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Biofilm

- Biofilm bacteria less susceptible to immune defences
- Resistance to antimicrobial agents
- Increase in gene transfer between bacteria
Iodine based products

Cadexomer iodine

• Reduces bacterial load
• Slow release
• Non-toxic to fibroblasts
• Absorbent
• Do not use on dry wounds, on pregnant women or pts on lithium
• Caution when used in renal failure or thyroid disease
Silver products

• Broad spectrum bactericidal
• Penetrates superficial tissue
• Do not use on non-viable tissue
• Appropriate use to reduce resistance
Honey

- Gamma irradiated
- Moist environment
- Antibacterial
- Osmotic action
- Odour control
- Low adherence to wound bed
- May cause stinging
- Can result in maceration
Polyhexamethylene Biguanide (PHMB)

• Added to some dressings foam and gauze
• Very effective with pseudomonas
Sharp Debridement

- Local protocols
- Skill and knowledge of health professional
- Local anaesthetic
- Pain control
- Equipment
- Lighting
- Contingency for problems
- Follow-on treatment
Patient 1: 19 days later

Reassess the wound and describe what is happening at a cellular level

What product would you select now and why?
Alginate

- Calcium & Sodium salts from brown seaweed
- Exchange sodium for calcium ions forms gel
- Cut to fit wound to avoid maceration
- Firm – stays in one piece
- Soft – dissolves
- Do not use on low exudating wounds
Hydrofibre

- Woven hydrocolloid
- Hydrophilic
- Vertical wicking – moist wound, remains dry on surrounding tissue
- Forms gel on contact with exudate
- Do not use on low or non exudating wounds
May Still Need Antimicrobial
Patient 1

Describe what is happening at a cellular level

What dressing would you select?
Foams

- Polyurethane or silicone foam
- Semi permeable $O^2$ and water vapour
- Absorbs exudate
- Impermeable to fluid and bacteria
- Provides padding for protection
- Do not use on heavily exudating wounds
Low adherent dressings

- Finely woven gauze
- Allows exudate to pass through dressing
- Reduces adherence
- Example - Adaptic
Management of Wound Margins
Patient 2: Post Excision Melanoma

Day 1

Day 2
Day 14

Day 18
Six weeks
Products Made Simple

**Antimicrobials**
- Silver dressings
- Cadexomer iodine
- Iodine
- Honey

**Donate Moisture**
- Hydrogels
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**Absorb Moisture**
- Alginate
- Hydrofibre
- Foams
- Absorbent pads

**Protection**
- Films
- Foams
- Silicone
- Fine woven tulle
Reduction in exudate over time as a wound heals

Wound Progression

High
Infection

Exudate Level
Low
Necrotic, Sloughy, Granulating, Epithelialising
Moisture Balance

- Control underlying cause eg heart failure
- Control bacterial burden
- Dressing products to wick exudate away
- Frequency of dressing change
- Protect surrounding skin
Protective Barrier Wipes/Remove Wipes
Hydrofibre

- Woven hydrocolloid
- Hydrophilic
- Vertical wicking – moist wound, remains dry on surrounding tissue
- Forms gel on contact with exudate
- Do not use on low or non exudating wounds
Alginates

- Calcium & Sodium salts from brown seaweed
- Exchange sodium for calcium ions forms gel
- Cut to fit wound to avoid maceration
- Firm – stays in one piece
- Soft – dissolves
- Do not use on low exudating wounds
Capillary wicking dressing: Vacutex

- Primary dressing
- May require non-adherent contact layer
- Cut to size of wound
- Caution with pressure ulcers
- Do not use on dry wounds
Using Secondary Dressings
Products Made Simple

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- Silver dressings
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- Iodine
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TIME
Dry necrotic tissue
Hydrogels

- Insoluble polymers approx 70-90% H₂O
- Donates moisture to wound
- Can absorb small amount exudate
- Permeable to moisture vapour and O²
- Hydrate dry eschar
- Do not use on highly exudating wounds
Hydrocolloids

- Flat, occlusive dressing
- Forms gel over wound
- Impermeable to water vapour and $O^2$
- Used to rehydrate dry necrotic wounds
- Provides moist environment
- Caution with infected wounds
Honey

- Gamma irradiated
- Moist environment
- Antibacterial
- Osmotic action
- Odour control
- Low adherence to wound bed
- May cause stinging
- Can result in maceration
Film

- Semi-permeable polyurethane
- Impermeable to fluids or bacteria
- Permeable to $O^2$ and water vapour
- Flexible
- Allows visual checks
- Monitor for maceration and foliculitis
Contraindications to Debridement

Ischaemia

- ↓ immune response
- ↓ healing response

If dry eschar leave intact and refer for urgent vascular review
Iodine based products

Povodone iodine solution

• Useful to reduce bacteria and keep wounds dry eg. Mummified necrotic wounds
• Reduces bacterial load
• Release not sustained
• Toxic to fibroblasts
Biological Debridement

- Larvae from Lucilia sericata
- Protect surrounding tissue using hydrocolloid
- Apply larvae 5-8 per cm²
- Cover with wound veil secured at edges
- Cover with absorbent pad
- Change outer pad PRN
- Larvae can be left in situ 48 to 72 hours
Case Study – Mrs J

- 63 year old women
- Recently became widow
- 5 year history Necrobiosis Lipoidica affecting right pre-tibial region
- Recurrent cellulitis
Case Study – Mrs J

- Necrobiosis labodica
- Bronchitis
- Hysterectomy
- Hypertension
- Cellulitis
- Past smoker
Wound Cleansing

Points to consider:

• Sterile vs non sterile
• Water or saline
• Other solutions
• Additives to water
• Temperature
• Technique

Care of the surrounding skin
Management of Eczema

- Remove irritant/allergen
- Wash in water
- Moisturize
- Cotton tubular gauze bandage
- Zinc paste bandages
- Topical steroids
- Dermatologist
- Patch testing

Bandaging Techniques
LaPlace’s Law Related to Compression Bandaging

Limb circumference
Number of layers

Width of bandages
Tension of bandages

Topical Negative Wound Therapy
Expected outcomes

• Wounds should reduce by 25% in 4 weeks
• Venous leg ulcers should heal with compression within 12 weeks
• Wounds that do not meet this criteria should be referred to the Specialist Wound Management Service

What do you need in your dressing cupboard?

• Main products for everyday use?
• Products will in small amounts?
• Need to order in as required?
• When do you refer on to other services?
How do you make your case?
ewma@ewma.org
http://woundpedia.com/resources
References


