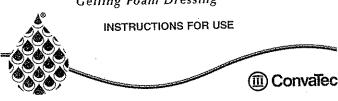
0086

STERILE







- For Single Use

STERILE R - Gamma Sterilised

REF - Order Number



- Keep Dry



- Store at Room Temperature



- See Insert for Instructions for Use



- Lot



- Expiration Date

## PRODUCT DESCRIPTION

Versiva® XC™ Gelling Foam Dressing, Non-Adhesive, is a sterile wound dressing consisting of: a top polyurethane foam/film layer, an absorptive non-woven fibrous layer (with Hydrofiber® Technology) and a thin, non adhesive wound contact layer.

The outer polyurethane foam/film layer protects the wound from external contaminants and manages the moisture vapour transmission of the exudate absorbed by the dressing. The non-woven fibrous layer absorbs and retains exudate by forming a cohesive gel. The dressing's non adherent wound contact layer allows for gentle dressing removal.

The dressing absorbs wound fluid and creates a moist environment in the wound which supports the body's healing process and aids in the removal of non-viable tissue from the wound (autolytic debridement) without damaging new tissue.

Versiva® XC™ Gelling Foam Dressing, Non-Adhesive, may be used as a primary dressing or as a secondary dressing. It may be used alone or in combination with other wound care products and can be cut to shape and size as directed by your healthcare professional.

Versiva® XC™ Gelling Foam Dressing, Non-Adhesive, backing acts as a barrier to the wound against bacterial and blood borne viral pathogens e.g. HIV and Hepatitis viruses provided the dressing remains intact and there is no leakage. The use of this dressing neither guarantees nor warrantees against AIDS or Hepatitis Virus transmission.

## INDICATIONS

Versiva® XC™ Gelling Foam Dressing, Non-Adhesive, may be used for:

- Minor abrasions
- Lacerations
- Minor cuts
- Minor scalds and burns

Under the supervision of a healthcare professional, Versiva® XC™ Gelling Foam Dressing, Non-Adhesive, may be used for wounds such as:

- Leg ulcers (venous leg ulcers, arterial ulcers and leg ulcers of mixed aetiology)
- Pressure ulcers (partial & full thickness)
- Diabetic ulcers
- Surgical wounds (left to heal by secondary intention, donor sites, dermatological excisions)
- Second degree burns
- Traumatic wounds

## CONTRAINDICATIONS

Versiva® XC™ Gelling Foam Dressing, Non-Adhesive, should not be used on individuals who are sensitive to or who have had an allergic reaction to the dressing or its components.

# PRECAUTIONS AND OBSERVATIONS

- Caution: Sterility is guaranteed unless pouch is damaged or opened prior to use. Single use only.
- This wound dressing should not be used with other wound care products without first consulting a healthcare professional.
- During the body's normal healing process, non-viable tissue is removed (autolytic debridement) from the wound, which could make the wound appear larger after the first few dressing changes. If the wound continues to get larger after the first few dressing changes, consult a healthcare professional.
- Should you observe irritation (reddening, inflammation), maceration (whitening of skin), or hypergranulation (excess tissue formation) consult a healthcare professional.
- The wound should be inspected during dressing changes. Contact a healthcare professional if (1) signs of infection occur (increased pain, bleeding, wound exudate), (2) there is a change in wound colour and/or odour, (3) the wound does not begin to show signs of healing or (4) any other unexpected symptoms occur.
- The dressing may be used on infected wounds only under the care
  of a healthcare professional.

In addition, for leg ulcers (venous leg ulcers, arterial ulcers and leg ulcers of mixed aetiology), diabetic ulcers, pressure ulcers, second degree burns, surgical wounds and traumatic wounds:

- Treatment of the wound types listed above should only be under the supervision of a healthcare professional.
- Appropriate supportive measures should be taken where indicated (e.g. use of graduated compression bandaging in the management of venous leg ulcers or pressure relief measures in the management of pressure ulcers). The control of blood glucose, as well as appropriate supportive measures, should be provided to persons with diabetic foot ulcers.
- Colonisation of chronic wounds is common and is not a contraindication to the use of the dressing. The dressing may be used on infected wounds under medical supervision together with appropriate therapy and frequent monitoring of the wound.

# DIRECTIONS FOR USE

- 1. If the immediate sterile product pouch is damaged, do not use.
- 2. Wound Site Preparation and Cleansing:

Before using the dressing, clean the wound with an appropriate wound cleansing agent or normal saline and dry the surrounding skin.

3. Dressing Preparation and Application:

 a. Choose a dressing size and shape to ensure that the central absorbent pad is larger than the wound area.

 Remove the dressing from the sterile pack being careful to minimise finger contact with the wound contact surface.

- c. Hold the dressing over the wound and line up the centre of the dressing with the centre of the wound. Place the pad directly over the wound.
- d. An appropriate retention bandage or tape should be used to secure the dressing in place.
- e. For difficult to dress anatomical locations, such as the heel or the sacrum, the specially shaped adhesive dressings may be
- f. The dressing can be cut to shape for convenience.
- g. Discard any unused portion of the product after dressing the

4. Dressing Change and Removal:

- a. The dressing should be changed when clinically indicated.
   Maximum recommended wear time is up to seven days. The wound should be cleansed at appropriate intervals.
- b. Press down gently on the skin and carefully lift one corner of the dressing. Continue until all edges are free. Carefully lift away the dressing and discard according to local clinical protocols.

Protect from light, Store at room temperature (10° C - 25° C/ 50° F - 77° F). Keep dry.

If further information or guidance is needed, please contact ConvaTec Professional Services.

ConvaTec Limited, Deeside CH5 2NU, UK

Distributed by: ConvaTec Limited, Harrington House, Milton Road Ickenham, Uxbridge, Middlesex UB10 8PU Freephone 0800 289738 (UK) 1800 721 721 (ROI)

ConvaTec A Division of Bristol-Myers Squibb 556 Princes Highway Noble Park North Victoria, Australia Free Call 1800 335 276

ConvaTec A Division of Bristol-Myers Squibb Simpson Grierson Building 92-96 Albert Street Auckland NEW ZEALAND Free Call 0800 44 1763

www.convatec.com

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