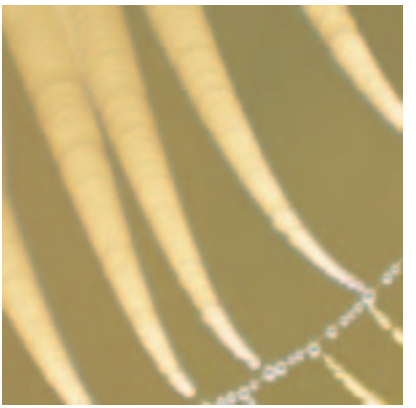
ConvaTec Wound Therapeutics

Product Reference Guide



ConvaTec

ConvaTec Wound Therapeutics

ConvaTec has prepared this guide to provide you with a useful resource for wound management.

This guide is organised to give you easy access to the following information:

Section 1

ConvaTec Partnership

This outlines our commitment to you and the level of support you can expect from us.

Section 2

Product Information

This section gives guidance on selection of appropriate dressings

- Explains the technology behind the dressing
- Describes how the dressing works
- Summarises key points on how to use the dressing
- Highlights the major clinical benefits of using the dressing
- Provides ordering information for easy prescribing
- Products are listed in alphabetical order

Section 3

Ordering Information

Complete ordering information for the ConvaTec range of modern wound care dressings in one place for easy reference and prescribing.

Wound Progression Model

Wound types covered in this section:

- Necrotic
- Sloughy
- Granulating
- Epithelialising
- Infected
- Fungating/Malodorous

Section 1

Section 2

Section 3

Direct Support from ConvaTec

Please feel free to contact us directly for any further information or additional copies of this guide for colleagues.

Telephone the ConvaTec Clinical Support Line
Freephone on:
0800 289 738 (UK)
1800 946 938 (Republic of Ireland)

Partnership

ConvaTec has a commitment to work alongside you and to support you fully by providing innovative wound management products and services. We are able to achieve this by offering you:

- Advanced wound care technologies that assure cost-effective patient care
- Highly trained ConvaTec support personnel to keep you well-informed
- Investment in developing health outcomes information and support programmes
- Sponsorship of major education and training programmes
- Investment in the future of wound care and new technologies

Education

ConvaTec is dedicated to the provision of educational resources.

ConvaTec's comprehensive educational programme encompasses events at local, national and international levels. We support both the organisation of and attendance at such events. Our reputation as leading sponsors of wound care education and training in the UK is centred around the following well-respected and on-going programmes.

- Tissue Interest Groups
- Regional Study Days
- Wound Care Study Days
- International Congress Sponsorship
- Collaboration with the Royal College of Nursing

Services

We offer a range of specialist services to provide the kind of support you expect from a partner.

You have free access to our ConvaTec Clinical Support Line, run by professional nurses as a dedicated advisory service. In addition, you can be assured of reliable, up-to-date product information through our highly trained sales team. This team of trained professionals provides responsive and personal support as and when you need it. A recent service is the ConvaTec Web site, www.convatec.com, created to meet the growing need for instant, on-line information.

Professional Support
ConvaTec Clinical Support Line Freephone on:
0800 289 738 (UK)
1800 946 938 (Republic of Ireland)
Web site: www.convatec.com

Complete Wound Care

Finally, our world-renowned Wound Healing Research Institute, part of the Global Development Centre, assures you of the highest standards of product excellence as we continue to develop wound technologies that meet your changing needs.

ConvaTec a comprehensive approach to wound care.

AQUACEL® dressing

Hydrofiber® dressing

AQUACEL dressing is the original Hydrofiber dressing and its technology is unique to ConvaTec.

The Hydrofiber dressing is made up of 100% Hydrocolloid (Sodium Carboxymethylcellulose) and converts to a soft gel when in contact with wound exudate, which maintains a moist wound environment that supports the body's healing process[1].

The unique gelling action of Hydrofiber fibres absorb and retain exudate and lock away harmful components contained within wound exudate, such as bacteria[2] and proteinases[3]. The ability of AQUACEL dressing to retain and absorb exudate is higher than some alginates[4,5] and gauze[5] giving longer wear time, leading to fewer dressing changes, reduced nursing time and lower overall wound care cost[4,5,6]. Stitchbonding has been added to strengthen the original AQUACEL Ribbon Dressing making it over 20 times stronger* and resulting in more than 1.3 times less shrinkage[11].

Description	Pack Size	NHS Code	Product Code
5cm x 5cm	10	ELY014	S7500
10cm x 10cm	10	ELY012	S7501
15cm x 15cm	5	ELY011	S7502
2cm x 45cm (ribbon)	5	ELY013	S7503
4cm x 10cm	10	ELY163	S7510
4cm x 20cm	10	ELY164	S7511
4cm x 30cm	10	ELY165	S7512

AQUACEL dressing is available in a range of sizes in both community and hospital, to suit different wound types.

* Compared with the original AQUACEL Dressing

References

1 Pack Insert.
2 Bowler PG, Jones SA, Davies BJ, Coyle E. Infection control properties of some wound dressings. *J Wound Care*. 1999;8:499-502.
3 Hoekstra MJ, Herrmans MHE, Richters CD, Ditrieux RP. A histological comparison of acute inflammatory responses with a Hydrofibre or tulle gauze dressing. *J Wound Care*. 2002;11(3):113-117.
4 Lydon MJ. The development of AQUACEL Hydrofiber dressing. AQUACEL Hydrofiber dressing: the next stop in wound dressing. Proceedings Satellite Symposium. European Academy of Dermatology & Venereology. February 1998;1-3.
5 Waring M, Parsons D, Clay C. A new wound care treatment for the 90's-The Hydrofiber. Proceedings of the 5th European Conference on Advances in Wound Management. November 21-24, 1995;82.
6 Armstrong SH, Ruckley CV. Use of a fibrous dressings in exuding leg ulcers. *J Wound Care*. 1997;(7):322-324.
7 Robinson BJ. The use of a Hydrofibre dressing in wound management. *J Wound Care*. 2000;9(1):32-34.

Indication

AQUACEL dressing is indicated as a primary dressing for moderate to highly exuding wounds.

- Chronic wounds: leg ulcers, pressure sores, diabetic ulcers
- Acute wounds: donor sites, abrasions, lacerations, post-surgical wounds and first- and second-degree burns

AQUACEL dressing can be used on infected wounds under medical supervision in an appropriate protocol of care and for wounds that require autolytic debridement.

Application

Carefully cleanse the wound with saline (e.g., Irriclens cleanser), and dry the surrounding skin before placing AQUACEL dressing directly onto the wound allowing an overlap onto the surrounding skin of at least 1cm. For cavity wounds, loosely pack AQUACEL dressing ribbon to about 80% capacity leaving at least 2.5cm outside the wound for easy retrieval. The AQUACEL dressing should then be covered with an appropriate moisture retentive secondary dressing such as, but not limited to, Versiva XC dressing, Granuflex dressing, Granuflex Bordered dressing, DuoDERM Extra Thin dressing, or DuoDERM Signal dressing. Please refer to pack insert for full instructions prior to use.

CLINICAL BENEFITS

- Supports moist wound-healing environment
- Promotes faster wound-healing[10]
- Highly absorbent, giving longer wear time than alginate[5] or gauze[4]
- Retains fluid within its structure, reducing the risk of maceration and excoriation[7]
- Soft and conformable, adding to patient comfort
- Cohesive gel allows easy, atraumatic removal
- Costs less overall than gauze[8,9] and an alginate[6] by saving time, money and resources

8 Harding KG, Price P, Robinson B, Thomas S, Hofman D. Cost and dressing evaluation of Hydrofiber and alginate dressings in the management of community-based patients with chronic leg ulceration. *Wounds.* 2001;13:229-236.

9 Guest F Julian, Ruiz J Francis. Modelling the cost implications of using Carboxymethylcellulose dressing compared with gauze in the management of surgical wounds healing by secondary intention in the US and UK Current Medical Research and Opinion. 2005;21(2):281-290.

10 Piggesi A, Baccetti F, Rizzo L, Romanelli* M, Navalesi R, Benzi L. Sodium carboxyl-methyl-cellulose dressings in the management of deep ulcerations of diabetic foot. *Diabetic Medicine.* 2001;18(4):320-324.

11 AQUACEL and AQUACEL Ag with Strengthening Fiber. WHRI3178TA155. October 31, 2008. Data on file. ConvaTec.

AQUACEL® Ag dressing

Hydrofiber® dressing

AQUACEL Ag Hydrofiber dressing is Sodium Carboxymethylcellulose with 1.2% ionic silver. It offers the unique gelling properties of Hydrofiber technology with the power of ionic silver. The dressing fibres of AQUACEL Ag gel on contact with wound fluid by hydrophilic action. The fibres swell as they lock bacterial exudate away from the wound by vertical wicking[1], creating a large fluid-absorption capacity[2].

AQUACEL Ag dressings kill a broad spectrum of wound pathogens in the dressing that can cause infection including MRSA, VRE and *Pseudomonas aeruginosa* and aids in reducing the wound bioburden[3]. Bacteria and other harmful wound exudate components are locked within the gelled AQUACEL Ag dressing fibres[1], where the ionic silver contained within the dressing kills them[3].
Stitchbonding has been added to strengthen the original AQUACEL Ag Ribbon Dressing making it over 20 times stronger* and resulting in more than 1.3 times less shrinkage[9].

Description	Pack Size	NHS Code	Product Code
5cm x 5cm	10	ELY109	S7505AG
10cm x 10cm	10	ELY110	S7506AG
15cm x 15cm	5	ELY111	S7507AG
20cm x 30cm	5	ELY112	S7508AG
2cm x 45cm (ribbon)	5	ELY113	S7509AG
4cm x 10cm	10	ELY166	S7513AG
4cm x 20cm	10	ELY167	S7514AG
4cm x 30cm	10	ELY168	S7515AG

AQUACEL Ag dressing is available in a range of sizes in both community and hospital, to suit different wound types.

* Compared with the original AQUACEL Ag Dressing

References
1 Bowler PG, Jones SA, Davies BJ, Coyle E. Infection control properties of some wound dressings. *J Wound Care*. 1999;8:499-502.
2 Performance Analysis of AQUACEL vs Sorbsan® and Sorbsan plus Al128, Data on file, ConvaTec.
3 Jones SA, Bowler P, Walker M, Parsons D. Controlling wound bioburden with a novel silver containing Hydrofiber dressing. *Wound Repair and Regeneration*. May-June 2004, 288-294.
4 Waring M, Parsons D, Clay C. A new wound care treatment for the 90's-The Hydrofiber. Proceedings of the 5th European Conference on Advances in Wound Management. November 21-24, 1995: 82.

Indication

AQUACEL Ag dressing is indicated as a primary dressing for moderate to highly exuding wounds where there is an infection or an increased risk of infection.

- Chronic wounds: leg ulcers, pressure sores, diabetic ulcers and fungating lesions
- Acute wounds: post-surgical wounds, abrasions, lacerations and partial-thickness burns

Application

Before applying, carefully cleanse the wound with saline (e.g., Irriclens cleanser), and dry surrounding skin. Apply directly onto the wound leaving an adequate overlap onto the surrounding skin of at least 1cm. When using AQUACEL Ag dressing ribbon in cavity wounds, loosely pack wound to about 80% capacity leaving at least 2.5cm outside the wound for easy retrieval. The AQUACEL Ag dressing should then be covered with an appropriate secondary wound care dressing such as, but not limited to, Versiva XC dressing, Granuflex dressing, Granuflex Bordered dressing, DuoDERM Extra Thin dressing, or DuoDERM Signal dressing. Please refer to pack insert for full instructions prior to use.

CLINICAL BENEFITS

- Supports moist wound-healing environment
- Contains ionic silver, which kills a broad spectrum of wound pathogens that can cause infection – including MRSA, VRE and *Pseudomonas aeruginosa*[3]
- Absorbs and retains higher levels of exudate than most alginates[4,5,6] and gauze[*5]
- Reduces maceration by locking exudate into its fibres away from the skin[7]
- Cohesive gel allows easy, atraumatic removal
- Soft and conformable, allowing intimate contact with the wound surface. This reduces “dead space” where bacteria may reside[8]

*AQUACEL Ag dressing is of the same construction as AQUACEL dressing with the addition of ionic silver.

5 Lydon MJ. The development of AQUACEL Hydrofiber dressing. AQUACEL Hydrofiber dressing: the next stop in wound dressing. Proceedings of the Satellite Symposium of the European Academy of Dermatology & Venereology. February 1998: 1-3.

6 Harding KG, Price P, Robinson B, Thomas S, Hofman D. Cost and dressing evaluation of Hydrofiber and alginate dressings in the management of community-based patients with chronic leg ulceration. *Wounds*. 2001;13:229-236.

7 B.J. Robinson, The use of a hydrofibre dressing in wound management, *J Wound Care*. 2000;9(1):32-34.

8 Walker M. Demonstration of the role of intimate contact in the killing capacity of silver. Poster presented at SAWC, April 2005.

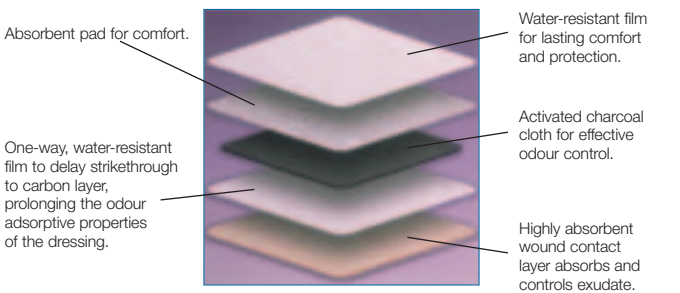
9 AQUACEL and AQUACEL Ag with Strengthening Fiber. WHRI3178TA155. October 31, 2008. Data on file. ConvaTec.

CarboFlex® dressing

Carbon dressings

CarboFlex dressing is a five-layer dressing specifically designed to address the management problems associated with malodorous wounds.

Carboflex dressing provides effective exudate control and odour adsorption while being soft and conformable[1,2].



Description	Pack Size	NHS Code	Product Code
10cm x 10cm	10	ELV022	S7660
8cm x 15cm	5	ELV021	S7661
15cm x 20cm	5	ELV020	S7662

CarboFlex dressing is available in a range of sizes in both community and hospital, to suit different wound types.

Reference
1 Griffiths B, Jacques E, Jones S, Davies B, Bowler B, Bishop S. Determination of malodour reduction performance in various charcoal containing dressings. Data on file, ConvaTec.
2 Walmsley R, Waring M. An investigation into the fluid handling characteristics of the wound contact layers of several odour absorbing dressings. Data on file, ConvaTec.
3 Williams C. Role of Carboflex in the Nursing Management of Wound Odour. *British Journal of Nursing.* 2001;10(2):122-125.

Indication

CarboFlex dressing is indicated for the management of malodorous wounds.

- Chronic wounds: leg ulcers, pressure sores, diabetic ulcers and fungating lesions
- Acute wounds: lacerations and post-surgical wounds

Application

Carefully cleanse the wound with saline (e.g., Irriclens cleanser), and dry surrounding skin. Choose a dressing size that is large enough to overlap the wound edge by at least 3cm. For shallow wounds, CarboFlex dressing can be used as a primary dressing. For deeper wounds, CarboFlex dressing may be used as a secondary dressing over a suitable cavity filler.

Place the fibrous (non-shiny) surface of the dressing directly onto the wound or over the cavity filler. The absorbent wound contact layer will form a soft gel when in contact with wound exudate. For wounds with very heavy levels of exudate, use an appropriate absorptive dressing such as AQUACEL dressing as a primary dressing (either ribbon for cavities or a sheet for shallow wounds) and CarboFlex dressing as a secondary dressing.

CarboFlex dressing can be secured in place with tape or other appropriate material.

Please refer to pack insert for full instructions prior to use.

CLINICAL BENEFITS

- Supports moist wound-healing environment
- Effectively controls wound malodour[1]
- Absorbs and controls exudate[2]
- Non-adherent, allowing less traumatic dressing changes
- Soft and conformable
- Aesthetically pleasing to patients[3]
- May help relieve feelings of social isolation and restore lost confidence[3]

DuoDERM® Extra Thin dressing

Hydrocolloid dressing

DuoDERM Extra Thin dressing is a hydrocolloid that uses ConvaTec's unique hydrocolloid formation which consists of a cross-linked honeycomb matrix made from a proprietary mix of sodium carboxymethylcellulose, gelatin, pectin and adhesive polymers.

DuoDERM Extra Thin dressings protect the wound, support debridement[1], are simple to use[2], and offer continuous care throughout all the healing phases. DuoDERM Extra Thin dressing is easy to mould and can be cut to shape to allow easy treatment of awkward areas.

DuoDERM Extra Thin dressings are designed to reduce the risk of further skin breakdown due to friction by preventing contact with clothes/bedlinen.

Description	Pack Size	NHS Code	Product Code
7.5cm x 7.5cm	5	ELM311	S160
10cm x 10cm	10	ELM050	S161
15cm x 15cm	10	ELM051	S162
5cm x 10cm	10	ELM317	S163
5cm x 20cm (hospital only)	10	ELM319	S164
4.4cm x 3.8cm (hospital only) ◯	10	ELM068	S001SP
9cm x 15cm	10	ELM101	S171
9cm x 25cm	10	ELM102	S172
9cm x 35cm	10	ELM100	S173

DuoDERM Extra Thin dressing is available in a range of sizes in both community and hospital, to suit different wound types.

References
1 Romanelli M. Objective measurement of venous ulcer debridement and granulation with a skin colour reflectance analyser. *Wounds*. 1997;9(4):122-126.
2 Forshaw A. Hydrocolloid dressings in paediatric wound care. *J Wound Care*. 1993;2(4):209-212.
3 Hutchinson JJ, McGuckin M. Occlusive dressings: a microbiologic and clinical review. *Am J Infect Control*. 1990;18(4):257-268.
4 Bowler PG, Delargy H, Prince D, Fondberg L. The viral barrier properties of some occlusive Dressings and their role in infection control. *Wounds*. 1993;5(1):1-8.

Indication

DuoDERM Extra Thin dressing is indicated for the management of lightly exuding wounds.

- Acute wounds: minor burns, abrasions, lacerations and post-operative wounds
- Chronic wounds: stage 1-2 pressure ulcers, lightly exuding leg ulcers
- Dermatological: alone or in combination with steroids in the management of psoriasis, or other recalcitrant conditions where occlusion is recommended by the physician

Application

Carefully cleanse the wound with saline (e.g., Irriclens cleanser), and dry surrounding skin before selecting a dressing that extends 3cm beyond the wound. After removing the silicone backing paper, gently roll the dressing over the wound, and mould into place.

DuoDERM Extra Thin dressing may be used as a primary dressing or as a secondary dressing, in combination with other appropriate dressings such as, but not limited to, AQUACEL, GranuGEL or Kaltostat dressing. To remove, press down gently on the skin and carefully lift the corner of the dressing stretching each edge until free.

Please refer to pack insert for full instructions prior to use.

CLINICAL BENEFITS

- Supports moist wound-healing environment
- Aids autolytic debridement[1]
- Provides a bacterial*[3] and viral*[4] barrier, reducing the risk of infection when used within a protocol of care
- Waterproof outer-polyurethane film
- Easy to apply and remove[2]
- Secures dressings in awkward areas to prevent rucking

* *in vitro*

DuoDERM® Signal™ dressing

Hydrocolloid dressing

DuoDERM Signal dressing is an adhesive, tapered edge hydrocolloid wound dressing with a change indicator. The indicator helps to determine when to change the dressing, which is designed to reduce premature dressing changes that can disturb healing and cause discomfort.

The hydrocolloid dressing uses ConvaTec's unique hydrocolloid formation which consists of a cross-linked honeycomb matrix made from a proprietary mix of sodium carboxymethylcellulose, gelatin, pectin and adhesive polymers.

The dressing is tapered to be thinner at the edges than at the centre, to help to reduce the incidence of rolling and rucking during use.

DuoDERM Signal dressing absorbs wound fluid and creates a moist environment that promotes healing by aiding autolytic debridement, facilitating the migration of epithelial cells and allowing non-traumatic removal of the dressing without damaging newly formed tissue[1].

Description	Pack Size	NHS Code	Product Code
10cm x 10cm	5	ELM079	S166
14cm x 14cm	5	ELM083	S167
20cm x 20cm	5	ELM080	S168
18.5cm x 19.5cm/heel	5	ELM081	S169
22.5cm x 20cm/sacral	5	ELM082	S170
11cm x 19cm	5	ELM112	S174

DuoDERM Signal dressing is available in a range of sizes in both community and hospital, to suit different wound types.

Indication

DuoDERM Signal dressing is indicated for the management of lightly/moderately exuding wounds.

- Chronic wounds: pressure ulcers, leg ulcers
- Acute wounds: minor burns, skin donor sites, other surgical and traumatic wounds

Application

Carefully cleanse the wound with saline (e.g., Irriclens cleanser), and dry surrounding skin before selecting a dressing that is 3cm larger than the wound area in any one direction. After removing the backing paper, line up the centre of the dressing with the centre of the wound and place the dressing directly over the wound. The dressing should be changed when clinically indicated, when the wound fluid has reached the change indicator or when used for a maximum of seven days. To remove, press down gently on the skin and carefully lift one corner of the dressing, stretching each edge until free.

Please refer to pack insert for full instructions prior to use.

CLINICAL BENEFITS

- Supports moist wound-healing environment
- Tapered edges contour to difficult areas and prevent rucking
- Smooth, low-friction backing provides bacterial*[2] and viral*[3] barrier reducing the risk of infection when used within a protocol of care
- Waterproof outer polyurethane film
- Green line indicator identifies when dressing needs changing
- Translucent appearance allows visual inspection of the wound

* *in vitro*

References

1 Pack Insert.
2 Hutchinson JJ, McGuckin M. Occlusive dressings: a microbiologic and clinical review. *Am J Infect Control*. 1990;18(4):257-268.
3 Bowler PG, Delgary H, Prince D, Fondberg L. The viral barrier properties of some occlusive dressings and their role in infection control. *Wounds*. 1993;5(1):1-8.

Granuflex® dressing

Hydrocolloid dressing

Granuflex dressing creates an occlusive moist wound environment which promotes healing of low to moderately exuding wounds[1,7]. On contact with a moist wound surface, the unique hydrocolloid composition of Granuflex dressing (Sodium CMC, gelatin, pectin and adhesive polymers) forms a cohesive gel which supports moist, wound-healing[1,7], aids autolytic debridement[2] and promotes granulation[2].

Granuflex dressing keeps nerve endings moist, which helps provide relief from discomfort and pain[5,6]. The dressing is easy to apply and remove, allowing non-traumatic removal of the dressing without damaging newly formed tissue[6,7].

With a wear time of up to 7 days Granuflex dressing can contribute to cost-effective care[7].

Description	Pack Size	NHS Code	Product Code
10cm x 10cm	10	ELM141	S150
15cm x 15cm	10	ELM143	S151
20cm x 20cm	5	ELM145	S152
15cm x 20cm	10	ELM147	S153
20cm x 30cm (hospital only)	5	ELM149	S154

Granuflex dressing is available in a range of sizes in both community and hospital, to suit different wound types.

References
1 Van Rijswick L. Ingredient-based wound dressing classification: a paradigm that is passé and in need of replacement. *J Wound Care*. 2006;15(1):11-14.
2 Pack Insert.
3 Bowler PG, Delargy H, Prince D, Fondberg L. The viral barrier properties of some occlusive dressings and their role in infection control. *Wounds*. 1993;5(1):1-8.
4 Burgess B. An investigation of hydrocolloids. *Professional Nurse*. 1993;8(7) Supplement.
5 Day D. Managing sacral pressure ulcers with hydrocolloid dressings: results of a controlled, clinical study. *Ostomy/Wound Management*. 1995;14(2):52-65.
6 Forshaw A. Hydrocolloid dressings in paediatric wound care. *J Wound Care*. 1993;2(4):209-212.
7 Harding K, Cutting K, Price P. The cost-effectiveness of wound management protocols of care. *British Journal of Nursing*. 2000;9(19) Supplement.

Indication

Granuflex dressing is indicated for the management of low to moderately exuding wounds.

- Chronic wounds: pressure ulcers, leg ulcers
- Acute wounds: minor burns, skin donor sites, other surgical and traumatic wounds

Application

A clean, dry site is required. Select a dressing that extends at least 3cm beyond the wound edges. After removing the silicone backing paper, gently roll the dressing over the wound and mould into place for secure adhesion. Granuflex dressing may be used as a secondary dressing, in combination with other appropriate dressings such as, but not limited to, AQUACEL, GranuGEL or Kaltostat dressing.

To remove, press down on the skin and gently roll the dressing away

Please refer to pack insert for full instructions prior to use.

CLINICAL BENEFITS

- Aids autolytic debridement[2]
- Supports moist wound-healing environment[1]
- Provides a bacterial and viral barrier*[3]
- Keeps nerve endings moist, helping to relieve discomfort and pain[4,5,6]
- Easy to apply and remove[5,6,7]
- More cost-effective than some traditional and modern dressings (e.g., gauze, Comfeel®)†[7]

* *in vitro*

† Comfeel is a trade mark of Coloplast A/S

Granuflex® Bordered dressing

Hydrocolloid dressing

Granuflex Bordered dressing creates an occlusive moist wound environment which promotes healing of low to moderately exuding wounds[1,7]. On contact with a moist wound surface, the unique hydrocolloid composition of Granuflex Bordered dressing (Sodium CMC, gelatin, pectin and adhesive polymers) forms a cohesive gel which supports moist wound-healing[1,7], aids autolytic debridement[2] and promotes granulation[2]. Granuflex Bordered dressing keeps nerve endings moist, which helps provide relief from discomfort and pain[5,6]. The dressing is easy to apply and remove, allowing non-traumatic removal of the dressing without damaging newly formed tissue[6,7]. With a wear time of up to 7 days, Granuflex Bordered dressing can contribute to cost-effective care[7]. Granuflex Bordered dressing has low profile edges which reduce rucking, allowing use on awkward areas[6].

Description	Dressing Border	Pack Size	NHS Code	Product Code
6cm x 6cm	2cm	5	ELM151	S155
10cm x 10cm	2cm	10	ELM053	S156
15cm x 15cm	2.5cm	5	ELM155	S157
10cm x 13cm ▽	2.5cm	10	ELM055	S158
15cm x 18cm ▽	2.5cm	5	ELM159	S159

Granuflex Bordered dressing is available in a range of sizes in both community and hospital, to suit different wound types.

References
1 Van Rijswick L. Ingredient-based wound dressing classification: a paradigm that is passé and in need of replacement. *J Wound Care*. 2006;15(1).
2 Pack Insert.
3 Bowler PG, Delargy H, Prince D, Fondberg L. The viral barrier properties of some occlusive dressings and their role in infection control. *Wounds*. 1993;5(1):1-8.
4 Burgess B. An investigation of hydrocolloids. *Professional Nurse*. 1993;8(7) Supplement.

Indication

Granuflex Bordered dressing is indicated for the management of low to moderately exuding wounds.

- Chronic wounds: pressure ulcers, leg ulcers
- Acute wounds: minor burns, skin donor sites, other surgical and traumatic wounds

Application

Carefully cleanse the wound with saline (e.g., Irriclens cleanser), and dry surrounding skin. Select a dressing that extends 3cm beyond the wound. Remove the silicone backing paper, gently roll the dressing over the wound and mould into place. Fold back borders, remove release paper from border and gently press border into place. Granuflex Bordered dressing may be used as a secondary dressing in combination with other appropriate dressings such as, but not limited to, AQUACEL, GranuGEL or Kaltostat dressing.

To remove, press down on the skin and gently roll the dressing away.

Please refer to pack insert for full instructions prior to use.

CLINICAL BENEFITS

- Supports moist wound-healing environment[1]
- Aids autolytic debridement[2]
- Provides a bacterial and viral barrier*[3]
- Keeps nerve endings moist, helping to provide relief from discomfort and pain[4,5,6]
- Easy to apply and remove[6,7]
- More cost-effective than some traditional and modern dressings (e.g., gauze, Comfeel)[7]
- Adhesive border allows application on hard-to-dress areas[5]

* *in vitro*

5 Day D. Managing sacral pressure ulcers with hydrocolloid dressings: Results of a controlled, clinical study. *Ostomy/Wound Management*. 1995;14(2):52-65.

6 Forshaw A. Hydrocolloid dressings in paediatric wound care. *J Wound Care*. 1993;2(4):209-212.

7 Harding K, Cutting K, Price P. The cost-effectiveness of wound management protocols of care. *British Journal of Nursing*. 2000:9(19) Supplement.

GranuGEL® gel

Hydrogel

GranuGEL gel provides a balance of fluid/moisture at the wound site, either by absorbing or donating fluid to the wound[1]. Presented as a clear viscous gel, GranuGEL gel maintains an optimal moist healing environment, through its powerful hydrating action. It helps to promote natural autolysis and the removal of necrotic and sloughy tissue[2,3].

Size	Tubes per box	NHS Code	Product Code
15g tube	10	ELM054	S129

GranuGEL gel is available as a single presentation in both community and hospital.

References
1 Thomas S, Hay P. Fluid handling properties of hydrogel dressings. *Ostomy/Wound Management*. 1995;41(3):54-59.
2 Williams C. Granugel: hydrocolloid gel. *British Journal of Nursing*. 1996;5(3):188-190.
3 Romanelli M. Objective measurement of venous ulcer debridement and granulation with a skin color reflectance analyzer. *Wounds:* A compendium of Clinical Research and Practice. 1997;9(4):122-126.

Indication

GranuGEL gel is indicated for the management of dry, necrotic and sloughy wounds. It may be used in both superficial and deep wounds.

Application

Carefully cleanse the wound with saline (e.g., Irriclens cleanser), and dry surrounding skin. Using the sterile nozzle supplied, GranuGEL gel is applied directly to the wound up to the level of surrounding skin and covered by an appropriate moisture-retentive dressing, some examples being Versiva XC or Granuflex dressing.

On necrotic and sloughy wounds, GranuGEL gel can be left in place for up to 3 days. For clean granulating tissue, it may be left in place for up to 7 days.

Please refer to pack insert for full instructions prior to use.

CLINICAL BENEFITS

- Brings moisture to dry, necrotic, sloughy or granulating wounds[1,2]
- Supports autolytic debridement[1,2]
- Easy to apply – comes with sterile nozzle

Irriclens® cleanser

Wound Irrigation

There are many different solutions for cleansing wounds; of these, the most commonly used is sterile saline. The presentation in which the saline is packaged is the main difference between these products.

Irriclens cleanser is a wound cleanser in a can. It contains 240ml of sterile normal saline (0.9% w/v Sodium Chloride Ph.Eur) in an aerosol can. The ozone-friendly propellant, Nitrogen, is used to expel the saline from the can.

Size	NHS Code	Product Code
240ml	ELY001	S130

Irriclens cleanser is available in both community and hospital.

References
1 Williams C. Irriclens: a sterile wound cleanser in an aerosol can. *British Journal of Nursing*. 1996;5(16):1008-1010.
2 Lawrence JC. A novel presentation of saline for wound irrigation. *J Wound Care*. 1994;3(7):334-337.

Indication

For use in the topical irrigation and cleansing of wounds.

For external use only.

Application

Warm the can, if necessary, in a bowl of lukewarm water for no more than 10 minutes. Test temperature on the back of the hand before use.

Discard a small quantity through the nozzle before use. Apply to affected area holding the can about 10cm from the surface and spray across the wound.

Refer to labelling on can for full instructions prior to use.

CLINICAL BENEFITS

- Cost-effective – multi-dose saves time with no need for supplementary equipment[1]
- Easy to use – no cutting required[1]
- Can be used without fear of contamination[2]
- 360º-controlled directional jet targets specific wound areas[1]

Kaltostat® dressing

Alginate dressing

Kaltostat dressing is an absorbent, calcium sodium alginate (80% Ca and 20% Na) with a high Guluronic acid content. When in contact with wound exudate, calcium ions in the dressing exchange with sodium ions in the exudate causing the dressing to transform from a dry, fibrous state to a firm, moist gel. The dressing provides a moist environment helping to create optimal wound-healing conditions and maintains its integrity allowing for easy, atraumatic removal[1].

Kaltostat dressing is also designed to promote haemostasis, providing a matrix to support blood clot formation[2].

Description	Pack Size	NHS Code	Product Code
7.5cm x 12cm	10	ELS231	1000
10cm x 20cm	10	ELS027	1001
15cm x 25cm	10	ELS028	1002
2g rope	5	ELS241	1003
5cm x 5cm	10	ELS229	1004
30cm x 60cm (hospital only)	5	ELS237	1005

Kaltostat dressing is available in a range of sizes in both community and hospital, to suit different wound types.

References

1 Harder FP. Wound Treatment in Diabetic Subjects: the Use of the Calcium Sodium Alginate Kaltostat. Poster. Ricklinger Stadtweg 33, Hanover.

2 Sirimanna KS, Todd GB, Madden GJ. A randomised study to compare calcium sodium alginate fibre with two commonly used materials for packing after nasal surgery. *Clinical Otolaryngology*. 1992;17:237-239.

Indication

Kaltostat dressing is indicated as a primary dressing for moderate to highly exuding wounds and for wounds with minor bleeding.

- Chronic wounds: leg ulcers, pressure sores, diabetic ulcers and fungating lesions
- Acute wounds: donor sites, abrasions, lacerations and post-surgical wounds

Application

Carefully cleanse the wound with saline (e.g., Irriclens cleanser) and dry surrounding skin.

Kaltostat dressing should be folded or cut to the shape of the wound and applied dry directly onto the wound. For moderately exuding wounds, Versiva, Granuflex, Granuflex Bordered or DuoDERM Extra Thin dressings, amongst others, can be used as secondary dressings over Kaltostat dressing. If highly exuding, a secondary absorbent pad should be used for additional absorbency and secured in place.

Please refer to pack insert for full instructions prior to use.

CLINICAL BENEFITS

- Supports moist wound-healing environment
- Non-adherent to wound surface, allowing for easy, non-traumatic removal[1]
- Longer wear time than conventional dressings, therefore cost-effective[1]
- Haemostatic – helps stop minor bleeding[2]

SurePress® Comfort™ Pro compression system

SurePress Comfort Pro two-piece graduated compression system provides easily applied, reproducible and graduated compression that is a key component in the management of venous leg ulcers and associated conditions. Stockings provide 35mmHg compression at the ankle (nominal)* and are available in five sizes. The stockings are washable and reusable for up to 60 washes (thus reducing costs) and can be applied by the patient, removing the need for application by a trained professional[1]. SurePress Comfort Pro stockings are latex free.

Description	Pack Size	Product Code	Ankle Girth	Calf Girth
Sheer, white inner stocking, beige over stocking				
Size A	1†	S140	18cm-20cm	25.5cm-33cm
Size B	1†	S141	20cm-22.5cm	30.5cm-38cm
Size C	1†	S142	22.5cm-25.5cm	35.5cm-43cm
Size D	1†	S143	25.5cm-28cm	40.5cm-48.5cm
Size E	1†	S144	28cm-30.5cm	45.5cm-53cm

References
1 Polignano R, Guarnera G, Bonadeo P. Evaluation of SurePress Comfort: a new compression system for the management of venous leg ulcers. *J Wound Care*. 2004;13(9).

* SurePress Comfort Pro ankle pressure tested according to BS 6612:1985 using the HATRA test method. Compression level at the ankle (mean values over the 5 sizes).

† Pack contains one system comprising of one inner stocking and one over stocking.

Indication

Under the supervision of a healthcare professional, SurePress Comfort Pro graduated compression system may be used for the following indications:

- Gross varices
- Post-thrombotic venous insufficiency
- Prevention and management of venous leg ulcers
- Soft tissue support

SurePress Comfort Pro graduated compression system SHOULD NOT be used:

- for the management of ulcers of arterial origin
- on leg(s) with an ankle circumference of less than 18cm or greater than 30.5cm
- on individuals with a known hypersensitivity to the products or their components

Application

Measure the smallest ankle and largest calf circumference, then select appropriate size.

Apply white inner stocking, ensuring ankle indicator is positioned around the smallest part of the ankle. Smooth out any wrinkles.

Apply the beige over stocking, ensuring that the toe and heel are aligned with the toe and heel area of the under stocking. The top of the two stockings should lie just below the kneecap. Smooth out any wrinkles by running your hand over the stocking.

Please refer to the pack insert for full instructions prior to use.

CLINICAL BENEFITS

- Effective, reproducible graduated compression system providing a nominal 35mmHg
- Easy to apply and remove[1]
- Increased patient comfort, therefore good concordance[1]
- Washable for up to 60 washes

Versiva® XC™ Gelling Foam dressing, Adhesive

Gelling Foam dressing

Versiva XC Adhesive Gelling Foam dressing consists of a waterproof top polyurethane foam/film layer, which protects the wound from external contaminants and provides a bacterial/viral barrier. It also manages the moisture vapour transmission of the exudate absorbed by the dressing. An absorptive non-woven fibrous layer (with Hydrofiber Technology) absorbs and retains exudate by forming a cohesive gel and a thin gentle adhesive border secures the dressing in place while allowing gentle removal. The dressing absorbs and retains exudate creating a moist wound environment 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.

Description	Pack Size	NHS Code	Product Code
Adhesive			
10cm x 10cm	10	ELM129	S0065
14cm x 14cm	10	ELM130	S0064
19cm x 19cm	5	ELM132	S0063
22cm x 22cm	5	ELM134	S0062
Adhesive Heel			
18.5cm x 20.5cm	5	ELM136	S0060
Adhesive Sacral			
21cm x 25cm	5	ELM138	S0061

References
1 Munter KC, Vanscheidt W, Klovekorn. A prospective study on the use of a non-adhesive gelling foam dressing on exuding leg ulcers. *J Wound Care.* 2007;16(6):261-265.

Indication

Versiva XC Adhesive Gelling Foam dressing is indicated for moderately to highly exuding wounds.

- Chronic wounds: Leg ulcers, pressure ulcers, diabetic foot ulcers
- Acute wounds: Minor cuts, abrasions, lacerations and scalds, surgical wounds, traumatic wounds, second degree burns

Application

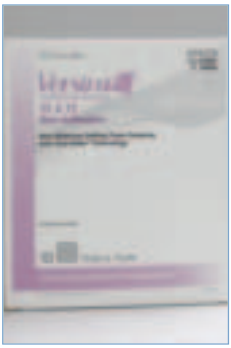
Carefully cleanse the wound with saline (e.g., Irriclens cleanser) and dry surrounding skin. Choose a dressing and size, ensuring the pad area is larger than the wound. Remove release paper from the dressing, avoiding finger contact with the wound contact surface and the adhesive border. Place the pad directly over the wound, ensuring the wound is in the centre of the dressing pad, and smooth down the adhesive border. Versiva XC dressing may be used as a primary dressing or as a secondary dressing in combination with appropriate dressings such as, but not limited to, AQUACEL or AQUACEL Ag dressing. Change dressing when clinically indicated. Maximum recommended wear time is up to 7 days.

To remove, press down gently on the skin and carefully lift one corner of the dressing until it is no longer adhered to the skin. Continue until all edges are free. Carefully lift away and discard.

CLINICAL BENEFITS

- Provides a moist wound environment
- Protects periwound skin and reduces the risk of maceration[1]
- Comforts patients over time whilst the dressing is *in situ* and upon removal[1]
- Easy to apply and remove[1]
- Provides a bacterial/viral barrier

Versiva® XC™ Gelling Foam Dressing, Non-adhesive



Gelling Foam dressing

Versiva XC Gelling Foam dressing consists of a top polyurethane foam/film layer, which protects the wound from external contaminants and provides a bacterial/viral barrier. It also manages the moisture vapour transmission of the exudate absorbed by the dressing. An absorptive non-woven fibrous layer (with Hydrofiber Technology) absorbs and retains exudate by forming a cohesive gel and a thin non-adhesive wound contact layer which allows gentle dressing removal. The dressing absorbs and retains exudate, creating a moist wound environment 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.

Description	Pack Size	NHS Code	Product Code
Non-Adhesive			
7.5cm x 7.5cm	10	ELM140	S0059
11cm x 11cm	10	ELM142	S0058
15cm x 15cm	5	ELM144	S0057
20cm x 20cm	5	ELM146	S0056

References
1 Munter KC, Vanscheidt W, Klovekorn. A prospective study on the use of a non-adhesive gelling foam dressing on exuding leg ulcers. *J Wound Care.* 2007;16(6):261-265.

Indication

Versiva XC Non-Adhesive Gelling Foam dressing is indicated for moderately to highly exuding wounds.

- Chronic wounds: Leg ulcers, pressure ulcers, diabetic foot ulcers
- Acute wounds: Minor cuts, abrasions, lacerations and scalds, surgical wounds, traumatic wounds, second degree burns

Application

Carefully cleanse the wound with saline (e.g., Irriclens cleanser) and dry surrounding skin. Choose a dressing and size, ensuring the pad area is larger than the wound. Remove dressing from the pack being careful to minimise finger contact with the wound contact surface. Place the pad directly over the wound ensuring the wound is in the centre of the dressing pad. An appropriate retention bandage or tape should be used to secure the dressing in place. Versiva XC dressing may be used as a primary dressing or as a secondary dressing in combination with appropriate dressings such as, but not limited to, AQUACEL or AQUACEL Ag dressing. Change dressing when clinically indicated. Maximum recommended wear time is up to 7 days.

To remove, press down gently on the skin and carefully lift one corner of the dressing. Continue until all edges are free. Carefully lift away and discard.

CLINICAL BENEFITS

- Provides a moist wound environment
- Protects periwound skin and reduces the risk of maceration[1]
- Comforts patients over time whilst the dressing is *in situ* and upon removal[1]
- Easy to apply and remove[1]
- Provides a bacterial/viral barrier

AQUACEL® dressing

SIZE	DRESSINGS PER BOX	NHS CODE	PRODUCT CODE
5cm x 5cm	10	ELY014	S7500
10cm x 10cm	10	ELY012	S7501
15cm x 15cm	5	ELY011	S7502
2cm x 45cm (ribbon)	5	ELY013	S7503
4cm x 10cm	10	ELY163	S7510
4cm x 20cm	10	ELY164	S7511
4cm x 30cm	10	ELY165	S7512

AQUACEL® Ag dressing

SIZE	DRESSINGS PER BOX	NHS CODE	PRODUCT CODE
5cm x 5cm	10	ELY109	S7505AG
10cm x 10cm	10	ELY110	S7506AG
15cm x 15cm	5	ELY111	S7507AG
20cm x 30cm	5	ELY112	S7508AG
2cm x 45cm (ribbon)	5	ELY113	S7509AG
4cm x 10cm	10	ELY166	S7513AG
4cm x 20cm	10	ELY167	S7514AG
4cm x 30cm	10	ELY168	S7515AG

CarboFlex® dressing

SIZE	DRESSINGS PER BOX	NHS CODE	PRODUCT CODE
10cm x 10cm	10	ELV022	S7660
8cm x 15cm ⬭	5	ELV021	S7661
15cm x 20cm	5	ELV020	S7662

DuoDERM® Extra Thin dressing

SIZE	DRESSINGS PER BOX	NHS CODE	PRODUCT CODE
7.5cm x 7.5cm	5	ELM311	S160
10cm x 10cm	10	ELM050	S161
15cm x 15cm	10	ELM051	S162
5cm x 10cm	10	ELM317	S163
5cm x 20cm	10	ELM319	S164
(currently not available on prescription)			
4.4cm x 3.8cm	10	ELM068	S001SP
(currently not available on prescription)			
9cm x 15cm	10	ELM101	S171
9cm x 25cm	10	ELM102	S172
9cm x 35cm	10	ELM100	S173

DuoDERM® Signal™ dressing

SIZE	DRESSINGS PER BOX	NHS CODE	PRODUCT CODE
10cm x 10cm	5	ELM079	S166
14cm x 14cm	5	ELM083	S167
20cm x 20cm	5	ELM080	S168
18.5cm x 19.5cm	5	ELM081	S169
22.5cm x 20cm	5	ELM082	S170
11cm x 19cm	5	ELM112	S174

Granuflex® dressing

SIZE	DRESSINGS PER BOX	NHS CODE	PRODUCT CODE
10cm x 10cm	10	ELM141	S150
15cm x 15cm	10	ELM143	S151
20cm x 20cm	5	ELM145	S152
15cm x 20cm	10	ELM147	S153
20cm x 30cm	5	ELM149	S154
(currently not available on prescription)			

Granuflex® Bordered dressing

SIZE	DRESSINGS PER BOX	NHS CODE	PRODUCT CODE
6cm x 6cm	5	ELM151	S155
10cm x 10cm	10	ELM053	S156
15cm x 15cm	5	ELM155	S157
10cm x 13cm	10	ELM055	S158
15cm x 18cm	5	ELM159	S159

GranuGEL®

SIZE	TUBES PER BOX	NHS CODE	PRODUCT CODE
15g tube	10	ELM054	S129

Irriclens® cleanser

SIZE	NHS CODE	PRODUCT CODE
240ml	ELY001	S130

Kaltostat® Alginate dressing

SIZE	DRESSINGS PER BOX	NHS CODE	PRODUCT CODE
7.5cm x 12cm	10	ELS231	1000
10cm x 20cm	10	ELS027	1001
15cm x 25cm	10	ELS028	1002
2g rope	5	ELS241	1003
5cm x 5cm	10	ELS229	1004
30cm x 60cm	5	ELS237	1005

(currently not available on prescription)

SurePress® Comfort Pro™

	ANKLE SIZE	CALF SIZE	PACK SIZE	PRODUCT CODE
A	18cm-20cm	25.5cm-33cm	1*	S140
B	20cm-22.5cm	30.5cm-38cm	1*	S141
C	22.5cm-25.5cm	35.5cm-43cm	1*	S142
D	25.5cm-28cm	40.5cm-48.5cm	1*	S143
E	28cm-30.5cm	45.5cm-53cm	1*	S144

*pack contains 1 system comprising 1 inner stocking and 1 over stocking

Versiva® XC™ Gelling Foam dressing, Adhesive

SIZE	DRESSINGS PER BOX	NHS CODE	PRODUCT CODE
Adhesive			
10cm x 10cm	10	ELM129	S0065
14cm x 14cm	10	ELM130	S0064
19cm x 19cm	5	ELM132	S0063
22cm x 22cm	5	ELM134	S0062
Adhesive Heel			
18.5cm x 20.5cm	5	ELM136	S0060
Adhesive Sacral			
21cm x 25cm	5	ELM138	S0061

Versiva® XC™ Gelling Foam dressing, Non-Adhesive

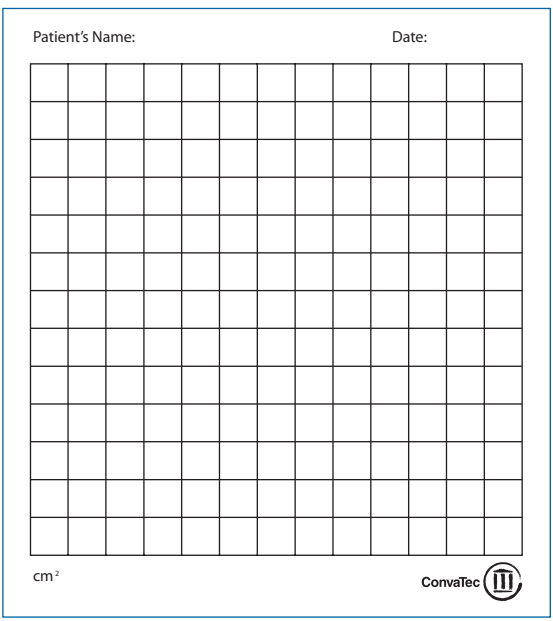
SIZE	DRESSINGS PER BOX	NHS CODE	PRODUCT CODE
Non-Adhesive			
7.5cm x 7.5cm	10	ELM140	S0059
11cm x 11cm	10	ELM142	S0058
15cm x 15cm	5	ELM144	S0057
20cm x 20cm	5	ELM146	S0056

Ordering Information

The wound measuring grid is an essential item in wound management that enables you to keep an on-going record of the wound's progress in the patient's notes.

To order, please call the ConvaTec Clinical Support Line on:

Freephone 0800 289 738 (UK)
1800 946 938 (Republic of Ireland)

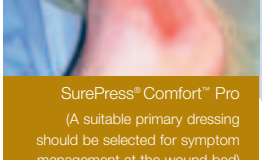


Notes

Identify the cause

Progress the w

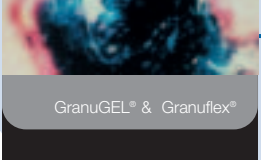
Venous leg ulceration



SurePress® Comfort™ Pro

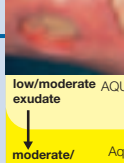
(A suitable primary dressing should be selected for symptom management at the wound bed)

Remove necrotic tissue



GranuGEL® & Granuflex®

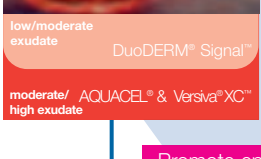
Re
slough



low/moderate exudate AQU

moderate/ high exudate Aq

Promote granulation tissue



low/moderate exudate

DuoDERM® Signal™

moderate/ high exudate AQUACEL® & Versiva® XC™

Promote ep
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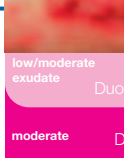

low/moderate exudate Duo

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ound to healing

Look after the patient

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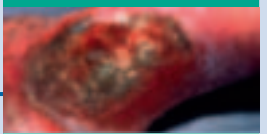
CEL® or AQUACEL® g with Granuflex® or DuoDERM® Signal™

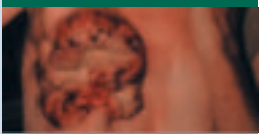
cel® or Aquacel® Ag with Versiva® XC™

Manage wound infection



AQUACEL® Ag

Manage odour

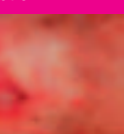


CarboFlex®

Promote haemostasis

Kaltostat®

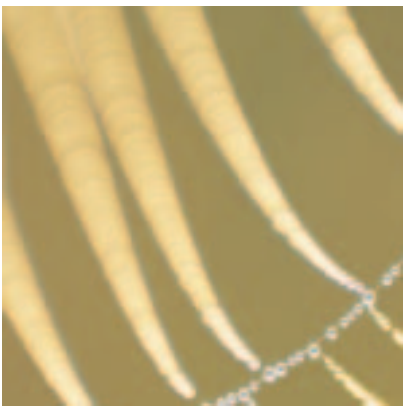
helialisation/ ction



ERM® Extra Thin

oDERM® Signal™

For further information and advice, call the ConvaTec Clinical Support Line Freephone:
0800 289 738 (UK and Northern Ireland)
1800 946 938 (Republic of Ireland)



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