

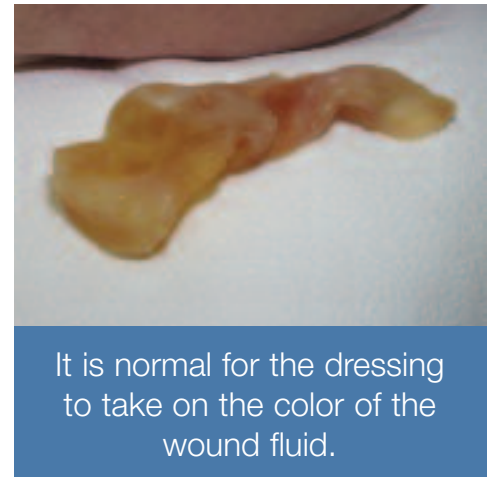
# Patient Guide for Applying AQUACEL® Dressing or AQUACEL® Ag Dressing



Initial look of the dressing before it is put on the wound.



As the dressing absorbs wound fluid, it gels.



It is normal for the dressing to take on the color of the wound fluid.

## Tips for use\*

- Always wash your hands before and after each dressing change, and follow the instructions provided by your doctor or healthcare provider
- Cleanse with a proper wound cleanser, like SÄF-Clens® AF dermal wound cleanser or Shur-Clens® wound cleanser, and dry the surrounding skin thoroughly

### Ordering information for AQUACEL® dressing

Unit Size	Quantity Per Box	Product Number	HCPCS Code
<b>Squares</b>			
2" x 2"	10	177901	A6196
4" x 4"	10	177902	A6196
6" x 6"	5	177903	A6197
<b>Ribbon</b>			
0.75" x 18"	5	177904	A6199

### Ordering information for AQUACEL® Ag dressing

Unit Size	Quantity Per Box	Product Number	HCPCS Code
<b>Squares</b>			
2" x 2"	10	403706	A6196
4" x 4.7"	10	403765	A6197
6" x 6"	5	403710	A6197
8" x 12"	5	403711	A6198
<b>Ribbon</b>			
0.75" x 18"	5	403712	A6199

\*Please see package insert for complete Directions for Use.

†The dressing may be used on infected wounds under the care of your doctor or healthcare provider.

The reimbursement information provided by ConvaTec is intended to provide general information relevant to coding and reimbursement of ConvaTec products only. Coverage and payment policies for the same insurer such as Medicare can vary from one region to another and may change from time to time because of ongoing changes in government and insurance industry rules and regulations. Therefore, please check the DMERCs websites or other provider communications for any updates, to confirm use of appropriate HCPCS Codes and to verify that billing is consistent with the particular insurer's requirements. Since patient conditions and insurer requirements vary widely, ConvaTec cannot guarantee coverage or payment of its products.

Call your doctor or healthcare provider if you notice **any of the following** as they may be signs of infection<sup>†,1</sup>:

- "Drainage excess, change in color/consistency"
- "Redness"
- "Warmth around the wound"
- "Poor granulation tissue"
- "Pain or tenderness"
- "Unusual odor"
- "Sudden high glucose in patient with diabetes"

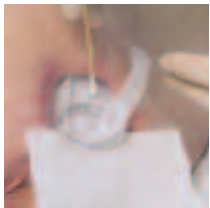
# Application Techniques\*

Before applying the dressing, cleanse the wound area with a proper wound cleanser such as SÄF-Clens® AF dermal wound cleanser or Shur-Clens® wound cleanser, and dry the skin around the wound thoroughly.



## For Wounds That Are Not Deep

The dressing should overlap 1 cm (1/2 inch) onto the intact skin surrounding the wound. The dressing will shrink as it absorbs wound fluid and gels.



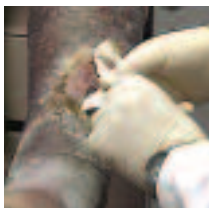
## For Deep Wounds

When using the dressing ribbon in deep wounds, leave at least 2.5 cm (1 inch) outside the wound for easy removal. Only fill the dressing into deep wounds up to 80% (almost to the top), as the dressing will swell as it absorbs the fluid.



## Apply a Cover Dressing on Top

Place the dressing on the wound and cover with a cover dressing that keeps the wound moist (e.g. DuoDERM® Extra Thin dressing, DuoDERM Signal® dressing, or Versiva® dressing). See individual package inserts for instructions regarding usage and cover dressing removal. If covering with gauze, change when wound fluid strikes through the outer layer.



## Remove

While the dressing may have to be changed every 2 to 3 days in the beginning, it can be left on the wound for up to 7 days when the wound is almost closed. The dressing should be changed when it is saturated with wound fluid or if the cover dressing's edges are bunching, rolling up, or leaking. All wounds should be inspected frequently. Remove the dressing when medically indicated (wound fluid comes out of the dressing, there is too much bleeding, or you have increased pain). If residual dressing is left in the wound, irrigate with wound cleanser. If the dressing dries and is hard to remove, moisten with sterile saline or sterile water until it lifts easily. It may take several minutes for it to gel.

\*Please see package insert for complete Directions for Use.

**Reference: 1.** Stotts NA. Wound infection: diagnosis and management. In: Bryant RA, ed. *Acute & Chronic Wounds*. 2nd ed. St. Louis, Mo: Mosby; 2000:179-188.

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