Pressure Ulcer Treatment

Protection
- Designed to protect pink to red, pressure sensitive and fragile skin *(Category/ Stage 1)*

Management
- At the first sign of skin breakdown
- When you see superficial loss of epidermis *(Category/ Stage 2)*

Conformable Shapes
- Anatomically designed shapes for hard-to-dress areas
  - DuoDERM® Signal™ Heel
  - DuoDERM® Signal™ Sacral
  - DuoDERM® Signal™ Oval

DuoDERM® dressings for protection and management
- Designed to help protect against shear and friction
- Designed to help reduce the risk of further skin breakdown by preventing contact with clothing or bed linen
- Protects against harmful bacteria†† including MRSA‡‡ and viruses such as HBV§§ and HIV-1\textsuperscript{3††}
- Outer waterproof layer keeps out oxygen, liquids, and bacteria‖, and shields the wound from urine and faeces

\*While the dressing remains intact and without leakage, use of Granuflex neither guarantees nor warrants protection against the transmission of HIV or HBV.

1. Outer waterproof layer provides a barrier to bacteria\textsuperscript{1,2†} and viral contamination\textsuperscript{2†}
2. Honeycomb Matrix of hydrocolloid particles absorbs exudate to form a soft, moist gel
3. DuoDERM® dressings keep nerve endings moist, which helps provide relief from discomfort and pain\textsuperscript{4, 5}
4. DuoDERM® dressing can be worn continuously for up to 7 days
5. Dressing can adhere to moist and dry sites and minimises pain on removal\textsuperscript{6}

† in vitro analysis
EPUAP 2009 Pressure Ulcer Definitions and Dressing Guidelines

**Category/Stage I**

Intact skin with non-blanchable redness of a localised area usually over a bony prominence. Darkly pigmented skin may not have visible blanching; its colour may differ from the surrounding area.

“Consider using hydrocolloid dressings to protect body areas at risk for friction injury or risk of injury from tape. (Strength of Evidence = C)” 6

**Category/Stage II**

Partial thickness loss of dermis presenting as a shallow open ulcer with a red / pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.

“Use hydrocolloid dressings for clean Category/Stage II pressure ulcers in body areas where they will not roll or melt. (Strength of Evidence = B)” 6

**Category/Stage III**

Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.

“Consider using hydrocolloid dressing on noninfected, shallow Stage III pressure ulcers. (Strength of Evidence = B)” 6

**Category/Stage IV**

Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.

“Consider using filler dressings beneath hydrocolloid dressings in deep ulcers to fill in dead space. (Strength of Evidence = B)” 6

References:

*Photograph used with the kind permission of Dale Copson MSc, BSc(Hons) RN, Tissue Viability Nurse Specialist, former of Southern Derbyshire Acute Hospitals NHS Trust*

© 2011 ConvaTec Inc. A P-011397-GB WCON516