Gateshead, South Tyneside and Sunderland

Wound Management Formulary

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Review: November 2016

This guideline has been prepared and approved for use within Gateshead, South Tyneside and Sunderland in consultation with Gateshead, South Tyneside and Sunderland CCGs and Gateshead Health NHS Foundation Trust, City Hospitals Sunderland Foundation Trust, South Tyneside Foundation Trust & STFT Community Health Services

Approved by:

Committee	Date
South Tyneside Medicines Management Committee	September 2014
Gateshead Medicines Management Committee	October 2014
Sunderland Medicines Optimisation Committee	October 2014
Alliance Medicines Optimisation, Pathways and Guidelines Committee	October 2014

Equality & diversity statement: this guideline will aim to be fair to all patients regardless of age, disability, gender, race, sexual orientation, religion/ belief or any other factor that may result in unfair treatment or inequalities in health/ employment.

This guideline is not exhaustive and does not override the individual responsibility of health professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Full details of contra-indications and cautions for individual drugs are available in the BNF or in the Summary of Product Characteristics (available in the Electronic Medicines Compendium) www.emc.medicines.org.uk

WOUND PRODUCT FORMULARY

INTRODUCTION

NHS Gateshead CCG, NHS South Tyneside CCG and NHS Sunderland CCG, City Hospitals Sunderland, Queen Elizabeth Hospital Gateshead and South Tyneside Foundation Trust recognise that all staff have a part to play in Wound Management, and that wound care is a multidisciplinary concern.

Choosing the most appropriate dressing for a wound requires knowledge of the safety, clinical and cost-effectiveness of a range of dressings. Wound healing is complex and affected by intrinsic (patient related) and extrinsic (wound related) factors and this affects the choice of treatment. Holistic assessment is vital i.e. treat the whole person (full medical history, factors which may delay healing, such as immobility, poor nutrition, obesity, personal circumstances) within any wound care management. Accurate assessment and documentation will improve communication between professionals and improve continuity of care and track progress or deterioration in wound healing. This must include information related to measurement- linear, tracing or photography, depth of wound, colour, tissue type, exposed bone, tendon or muscle, exudate colour and amount, odour, pain, signs of clinical infection or potential spreading of infection, condition of surrounding skin, and pain assessment/ management. Good clinical practice requires regular assessments and re-assessments for signs of healing. At all times, good hygiene and clean techniques should be followed when dressing wounds

Wound dressings account for about £120million of prescribing costs in primary care in England each year, with more than £25million being spent on silver dressings alone. However, the clinical evidence supporting the use of wound dressings is less well known and of poorer quality than in many other areas of prescribing (NPC 2010)

About 200,000 individuals in the UK, at any time, have a chronic wound (mostly leg ulcers, pressure ulcers, and diabetic foot ulcers). These are mostly cared for by nurses in the patient's home, in community-based clinics or in residential care. The direct cost to the NHS of caring for patients with chronic wounds has been estimated to be about £2–3 billion per year. Effective and timely diagnosis with treatment appropriate to the cause and condition of the wound, alongside active measures to avoid the incidence of wound complications and hospitalisation, can have a major impact on both costs and patient quality of life (NPC 2010)

Before a clinical decision is made, practitioners should take into consideration their local circumstances, including patients' preferences and any future knowledge of more recent findings.

WOUND PRODUCT FORMULARY

This wound product formulary was developed in 2010 and fully reviewed in 2014, by representatives from each of the Foundation Trusts and Clinical Commissioning Groups within the South of Tyne and Wear localities.

Evaluations and recommendations from the North East Regional Wound Care Formulary Group (2013) were used as a basis for the development and review of this local formulary. Any additional/ new products were evaluated by clinicians within the group.

New products can be added to the formulary (and existing products removed if required) via a new product request to the South Tyneside Medicines Management Committee. The evidence base, affordability and commissioning implications will be assessed at this committee and their recommendations will go to Gateshead and Sunderland for information only.

PRODUCT GROUPS AND CLINICAL EVALUATIONS

- The formulary needed to be devised into the various categories within their own sub-groups where each product would be assigned.

- The evaluations and recommendations of the North East wound formulary review were considered

- Where additional/ alternative products were to be evaluated, then suppliers were contacted, who provided products within that specific category. On receipt of the products each clinician involved in the evaluation would clinically score each brand using a series of questions based on quality and application, education & training, and packaging.

- The products recommended are based on clinical and cost effective data. More than one choice has been given in some groups to allow for patient preference and clinical judgement.

FINANCIAL EVALUATION

- On receipt of all the clinical scores for the category products it was the role of the groups representatives to then carry out a financial evaluation based on the product costs.

- Both scores were calculated to give a score showing which product would be the best suitable based on both factors.

The formulary will be amended in light of new evidence or improved products and will be evaluated every 2 years.

- Staff utilising this formulary must refer to the manufacturer's recommendations and guidelines when using any product listed within this document.

- Staff must remember that all prescribers will be expected to justify their individual prescriptions if deviant from this document.

GOOD PRESCRIBING PRACTICE

- The aim of this formulary is to promote safe, evidence-based, effective and economical prescribing.
- Barber (1995) defines what good prescribers should be trying to achieve, both at the time of prescribing and in monitoring treatment thereafter; maximising effectiveness, minimise risk, minimise costs and respect patient choice (NHS Purchasing and Supply Agency 2008)

(1) Maximising effectiveness

Practitioners should have the skills and knowledge to manage wounds. Product selection should be based upon a detailed patient and wound assessment and be appropriate to the stage of wound healing. Patients and their wounds must be reviewed regularly as wound conditions may indicate that a change of dressing is required. Please refer to the SOTW Dressing Selection chart for guidance.

(2) Minimise risk

All prescribers are professionally accountable for their prescribing decisions, including actions and omissions. All registered nurses are personally accountable for their practice, including acts and omissions, regardless of advice or directions from another professional (NMC, 2006)

Consideration must be given to poly-pharmacy, known allergies or previously identified sensitivities.

(3) Minimise costs

The achievement of cost-effective prescribing and helping to obtain value for money from NHS resources, is in the interests of all patients. This may free up resources to improve patient care and treat more patients. Wound healing is a dynamic process and different stages of healing may require different wound management products, therefore excessive prescribing must be avoided to avoid unnecessary waste. It is advised that generally, no more than a 2 week supply of dressings should be prescribed at any one time, and the wound then be reassessed prior to further prescribing of dressings.

It is appropriate to prescribe the most cost-effective product for a patient, therefore where a less expensive product is considered appropriate to manage a wound, this product should be prescribed.

(4) Respect patient choice

A choice of products have been given within each section to accommodate both patient and practitioner preferences. If a patient insists on having a wound dressing changed daily, but this is not clinically indicated e.g. exudate levels are low, then consideration should be given to the type of dressing which would be most cost-effective in this situation**.**

Wound Assessment

Wounds can be classified as acute or chronic.

- Acute wounds usually follow a well-defined process described as coagulation, inflammation, cell proliferation and repair of the matrix, epithelialisation and remodelling of scar tissue. These stages overlap and the entire wound-healing process can take several months.
- Chronic wounds differ from acute wounds. Chronic wounds become “stuck” in the inflammatory and proliferative phases of healing. If a wound fails to heal, there is often a complex mix of local and host related factors, which need to be identified and treated.

Wound bed preparation (WBP) is a framework which assists clinicians to systematically focus on all of the critical components of a non-healing wound to identify the possible cause of the problem.

Wound management starts with a thorough wound assessment, which aims to:

- Collect objective and subjective information
- Provide a baseline against which planned interventions can be measured
- Consider factors which influence wound healing with a holistic view of the patient
- Assist practitioners in setting and achieving realistic goals

Wound assessment must be documented and clinical features and wound measurement should form the basis of a weekly objective review of progress. The measurement should be made at the widest point from North to South and from East to West undermining should be documented using a clock face approach i.e. undermining of 20mm from 12 o’clock to 3 o’clock. The wound margin can be traced and a sterile probe may be used to assess the wound's depth. Photographs may also be taken to monitor progress, with the patient's written consent (refer to individual trust guidance for access to training and consent forms).

The TIME framework illustrates in a simple way the link between clinical observations and underlying cellular abnormalities and the effects for clinical interventions at a cellular level.

T = Tissue which is non-viable or deficient
I = Infection/inflammation
M = Moisture imbalance, which must be corrected
E = Edge of wound not advancing

See Appendix 1 for TIME FRAMEWORK TABLE

MANAGING INFECTED WOUNDS

- Infection is when bacterial numbers in chronic wounds overwhelm the immune response and clinical signs of infection appear
- In the presence of systemic and clinical signs of infection, systemic antimicrobial therapy should be considered.
- Swab only if clinical signs of spreading infection present: pyrexia, heat, redness, swelling or pain (new or increasing)
- Review antibiotic choice and duration when swab results available
- Change dressing daily or alternate days, depending on the level of exudate
- Reduce the risk of infection and enhance wound healing by correct hand washing, infection control, wound cleansing and debridement
- If purulent material or foul odour is present, more frequent cleansing and possibly debridement are required
- Protect wounds from exogenous sources of contamination

FACTORS AFFECTING WOUND HEALING

Maintenance of temperature: Mitotic activity slows down when the wound temperature falls. It could take up to 40 minutes for a wound to regain its temperature and 3 hours for normal mitotic activity (i.e. healing) to resume after dressing change.

Excess exudate: There is a delicate balance between the need for a moist wound environment and the need to remove excess exudate. Excess exudate can lead to maceration and destruction of healthy tissue. Haematoma: This can significantly delay healing as it provides an excellent medium for micro-organisms, which increase the risk of clinical infection and wound breakdown. It will also increase the tissue tension on the wound and can prevent rapid revascularisation.

Hypoxia: Wounds with poor blood supply heal slowly if essential factors such as oxygen and growth factors are slow to reach the wound. Stimulating the growth of the blood capillaries and reducing any oedema can overcome micro hypoxia problems. Smoking will also reduce the oxygen available at the wound bed.

Protection: Highly vascular granulation tissue and delicate newly formed epithelium can be easily damaged. This can be avoided with the use of non-adherent dressings.

BioFilm: Biofilms are microscopic structures. They are complex microbial communities containing bacteria and fungi. The micro-organisms synthesise and secrete a protective matrix that attaches the biofilm firmly to a living or non-living surface. Biofilms can be found in wounds and are suspected to delay healing by stimulating a chronic inflammatory response in an attempt to rid the wound of the biofilm. Biofilms can be effectively treated by a combination of debridement and/or cleansing to remove the biofilms, application of dressings to block new bacteria from reaching the wound, and the use of antimicrobials to kill bacteria left in the wound bed.

SPECIALIST USE ITEMS

ANTIMICROBIAL DRESSINGS

- Antimicrobial dressings should not be used for prevention purposes.

- Antimicrobial dressings should not be used for more than a 2 week period without reviewing to monitor their effectiveness. In high risk patients, such as diabetics or those who are immuno-compromised, this therapy may be continued for up to 4 weeks if required.

- If a wound does not show signs of improvement after 2 weeks of antimicrobial therapy, then the wound should be reassessed and a referral made to the Tissue Viability Service.

TOPICAL NEGATIVE PRESSURE (TNP)

- All patients having TNP must be referred to the Tissue Viability Service, this is to assist in the effective use of limited resources and monitor patient outcomes.

LARVAE THERAPY (MAGGOTS)

- All patients having Larvae must be referred to the Tissue Viability Service, this is to assist in training and development and monitor patient outcomes.

This is a general statement – each organisation will implement and monitor the use of specialist products.

References

NICE CG Pressure Ulcer No179 April 2014
SIGN 26 Care of Patients with Chronic Leg Ulcers (1998)
NHSSB Wound Management Manual 2005

The following sections contain product descriptions, sizes, indications contraindications and prescribing information

Where possible we have listed codes and product sizes in the document to help prescribers, please note

- Supply chain codes are 3 letter and 3 digit codes.
- Pip codes are listed as 7 digits with a hyphen in between digit 3 and 4

NB – supply chain codes and pip codes may not identify products on GP IT systems

WOUND CLEANSING

Routine wound cleansing in post-surgical wounds is no longer considered necessary or desirable practice. It can expose a patient to potentially harmful bacteria by altering the normal bacterial flora, which in turn can disrupt the healing process and cause trauma to the tissue.

Where there are indications for cleansing, irrigation is the preferred method of choice. This causes less trauma to the wound than swabbing and keeps the wound free from particles or contaminants.

Sodium chloride 0.9% is the preferred solution.

In chronic wounds (such as in leg ulcer care) the use of warm tap water can be used, as studies indicate no increase in infection rates.

Surfactant solutions (such as prontosan) reduce the surface tension of water, support softening, loosening and detaching of dirt (bind dirt in the solutions, preventing recontamination).

SODUIM CHLORIDE 0.9% SOLUTION

IRRIPOD (CD Medical)

- Irrigation fluid 20ml sterile sodium chloride 0.9% pod

IRRIPOD
Sizes Available
20ml x25

SURFACTANT

PRONTOSAN WOUND SOLUTION (B. Braun)

- Wound solution soak containing betaine which is a gentle effective surfactant which penetrates, disturbs and removes biofilm and wound debris
- Prontosan contains PHMB to help control the bacterial levels in the wound

PRONTOSAN	
Sizes Available	
Acute	Community
40ml x6	350ml

DEBRIDEMENT PAD

DEBRISOFT (Activa Healthcare)

Debrisoft is a soft and flexible pad which consists of polyester fibres and on the reverse side is coated with polyarylate. It is a rapid, highly effective and safe method of debridement for superficial wounds containing loose slough and debris for example in cases of leg ulcers and pressure ulcers. Debrisoft is soft and flexible and effectively binds to wound debris, locking it into the Debrisoft fibres

- Wash off any emollients prior to using Debrisoft
- Always moisten (do not saturate) Debrisoft with a wound cleansing solution before use. Always use the soft, fibre side and not the knitted, reverse side
- Gently, with light pressure, using a circular motion, debride the wound/skin with the soft fleecy side of the moistened Debrisoft
- This product must not be used as a wound dressing.

DEBRISOFT	
Code	Sizes Available
ELZ354	10x10cm

SKIN CARE

If skin becomes excoriated or excoriated due to incontinence, wash skin with a soap substitute in warm water and spray with Derma S. Derma S will last up to 72 hours and should not be repeatedly applied throughout the course of the day. Do not use perfumed soap, talc and avoid Sudocrem, Drapolene, Metanium, Unguentum Merk, Deegan ointment, E45, Oilatum, Zinc and Castor Oil as the use of these products is considered unnecessary if the above procedure is followed.

BARRIER PRODUCTS

Indications

- Barrier against irritation of bodily fluids
- Prevention of damage from incontinence
- Protection barrier against aggressive adhesive products
- Skin protection around stoma sites
- Peri wound protection from exudates

Contra-indications

- Allow to dry completely before applying pads or clothing
- Avoid application of too many layers
- Can affect electrode readings
- Should not be used with other barrier creams or lotions

MEDI DERMA S® BARRIER FILM (Medicareplus)
Protective transparent, non-sting barrier film.
Protects skin from exudates and adhesives. **Can be used on broken or unbroken skin**.

MEDI DERMA S BARRIER FILM			
Sizes Available			
Codes	Acute	Codes	Community
ELY453	1ml applicator	ELY453	1ml applicator
ELY454	3ml applicator	ELY455	75ml aerosol

MEDI DERMA S® BARRIER CREAM (Medicareplus)
Provides protection around the area where the device is to be applied by forming a transparent coating. Does not affect the adhesion of the pouch or adhesive device.

MEDI DERMA S BARRIER CREAM			
Sizes Available			
Code	Acute	Code	Community
ELY457	2g sachet	ELY458	90g tube

KERRAPRO PRESSURE REDUCING PADS (Crawford Healthcare)

Silicone pads that help protect the skin of at-risk patients as part of a pressure ulcer prevention program. Can be reused on the same patient (simply wash with soap and water) it must be completely dry before re-application.

KERRAPRO	
Code	Sizes Available
FES9912	Sheet 10x10x0.3cm
FES9913	Sheet 10x10x1.2cm
FES9914	Strip 30x5x0.3cm
FES9911	Heel one size

Indications

Only use on healthy, intact or recently healed skin. It is not a wound dressing and so should never be placed on ulcerated or broken skin.

Contraindications

Known sensitivity to silicone.

DRESSING PACKS

Dressing packs are required in the community where aseptic non touch technique is required. Dressing packs will not be required if a clean technique requires only Personal Protective Equipment (PPE) e.g. gloves and apron (non-sterile). Dressing Packs that contain cotton wool balls must be avoided as they shed fibres into the wound when used for wound cleansing.

Indications for Aseptic Non Touch Technique (ANTT)

- Wounds healing by primary intention (before surface skin has healed i.e. if the dressing is disturbed within 48 hours of surgery).
- Central venous catheterisation and ongoing care.
- Urinary and suprapubic catheterisation.
- When carrying out minor surgical procedures within clinical environments.
- When a clean technique is insufficient in relation to the patient's/service user risk assessment, e.g. sterile body areas are entered, there is tracking to deeper areas or the patient is immunocompromised.

Indications for Clean Non Touch Technique (CNTT)

- Dressing of wounds healing by secondary intention i.e. leg ulcers, pressure ulcers.
- Removal of drains or sutures.
- Dehisced wounds.
- Insertion or removal of peripheral cannula.

Before embarking on a clean technique, it is essential to consider the sterility of what will be touched by the practitioner. If there is a risk that items which need to remain sterile may be handled, then an aseptic technique should be employed.

Good quality (drinking) water rather than sterile saline is acceptable for cleansing traumatic wounds, chronic wounds and leg ulcers

If the procedure can be performed without touching/contaminating key components, non-sterile gloves should be worn. Most dressings have carrier sheets that are easily removed to allow application of the dressing without contaminating the central area. If this cannot be acheived sterile gloves must be worn.

When carrying out dressing procedures in a patient's home, the healthcare worker does not have specific equipment as in a hospital setting, for example, a dressing trolley; therefore adaptations and creativity are often required to ensure the environment is conducive to the procedure being performed and the equipment remains sterile or clean. The use of a clean surface should be used to arrange the dressing equipment.

ORDERING

DISTRICT NURSES – order from central supplies
NURSING HOMES – purchase own supplies, requests should NOT be made to prescribe by GPs
PRACTICE NURSES – full dressing packs are seldom required. Separate components (Sterile field, gauze and gloves) can be ordered to reduce waste.

SOFT DRAPE (Richardson Healthcare) – Not Available on FP10

Dressing pack contains:

- 1 x pair Vitrex accelerator free gloves
- 42" plastic apron
- 2 x sterile fields
- 1 x disposable bags
- 1 x dressing towel
- 1 x measuring device
- 1 x tray

SOFT DRAPE	
Code	Sizes Available
EJA045	Small
EJA046	Medium
EJA047	Large

NURSE IT® (Medicare Plus International) – Available on FP10

Primary care dressing pack contains:-

- 1 Pair Latex Free Powder Free Nitrile Gloves
- 7 Non-Woven Swabs 4 ply
- 1 Compartment Tray
- 1 Disposable Forceps
- 2 Laminated Paper Sterile Fields
- 1 Large Apron
- 1 Paper Towel
- 1 White Polythene Disposable Bag
- 1 Paper Measuring Tape

NURSE IT	
Pip Code	Sizes Available
351-2407	Small / Medium
336-9170	Medium / Large

LOW ADHERENT DRESSINGS

Indications

- Wound contact layer for ulcerative wounds

Contra-indications

- None listed

N-A ULTRA® (Systagenix)

Constructed from knitted viscose rayon and designed to act as an interface between ulcerating or granulating wounds and conventional absorptive dressings to prevent adhesion.

N-A Ultra	
Code	Sizes Available
EKG031	9.5x9.5cm
EKG033	19x9.5cm

ATRAUMAN® (Paul Hartmann)

Non adherent polyester mesh wound contact layer. 1mm pore size and impregnated with neutral triglycerides prevent granulation tissue penetrating and provides skin care. Effective for up to 7 days.

ATRAUMAN	
Code	Sizes Available
EKA024	5x5cm
EKA032	7.5x10cm
EKA036	10x20cm

KENDAL TELFA CLEAR® (Covidien)

Ideal for burns, skin grafts and donor sites. Can be used with a variety of ointments. Convenient pre-cut sterile sizes. Can be cut to fit.

KENDAL TELFA CLEAR	
Code	Sizes Available
ELY147	7.5x7.5cm
ELY148	10x12.5cm
ELY151	30x30cm

FOR QUEEN ELIZABETH & SUNDERLAND HOSPITAL USE ONLY – NOT FOR COMMUNITY USE

MEPITEL ONE ® (MÖLNLYCKE HEALTH CARE)

Soft silicone wound contact layer. The open perforated structure allows exudate to pass vertically into a secondary absorbent dressing and enables easy delivery of topical treatments. Handling is made easy due to its one sided adhesiveness. This allows it to stay where applied, which minimises the risk of maceration.

MEPITEL ONE	
Code	Sizes Available
EKH037	6x7cm
EKH038	9x10cm
EKH039	13x15cm
EKH040	24x27.5cm

PRIMARY DRESSINGS

ALGINATES

Derived from seaweed and are highly absorbent. They are available as flat dressings or in rope form for use in cavities. They act via an ion exchange mechanism. Absorbing serous fluid and/or wound exudate to become a hydrophilic gel, although different preparations have different gelling properties. Most alginates have haemostatic properties, although some are better than others. Alginates are not suitable for dry wounds and should only be used as a primary (in direct contact with the wound) dressing.

Indications

- Can absorb 15-20 times their own weight in fluid and are indicated for wounds that produce moderate to large volumes of exudate
- Moist environment of alginates promotes debridement of slough, thereby assisting in wound bed preparation
- Used in the treatment of cavity wounds ensuring that over-packing does not take place
- Full and partial thickness wounds, with moderate to heavy exudate, which may also be prone to minor bleeding

Contra-indications

- Not to be used on dry and necrotic wounds
- Not to be used in sinuses with a small entry point which is smaller than the actual size of the cavity underneath
- If alginates are used on infective wounds, monitor the wound site daily
- Alginates should be used with extreme caution in tumours with friable tissue as they may cause bleeding
- Do not use on those known to be allergic to alginates
- Not intended for use as a surgical sponge, or to achieve haemostasis in heavily bleeding wounds

ACTIVHEAL ALGINATE® (Advanced Medical Solutions)
Alginate dressing high in mannuronic acid that forms a soft, comfortable, breathable, integral gel on contact with exudate. Dressing can remain insitu for up to 7 days and can be cut to fit

ACTIVHEAL ALGINATE	
Code	Sizes Available
ELS142	2x30cm rope

Please Note no flat sheet alginate is listed in this section as the recommendation is to use Aquacel Foam (see p20)

HYDROFIBRES

HYDROFIBRES are chemically more akin to hydrocolloids are usually included within the alginate group because of their similarity in appearance and performance. They are up to 50% more absorbent than alginates and maintain their structure when wet. Hydrofibres are also thought to have a bacteriostatic action by trapping and holding bacteria within the dressing matrix. They also have haemostatic properties. They must be used as a primary dressing only.

Indications

- Indicated for moderate to heavily exuding chronic and acute wounds, and to control minor bleeding in superficial wounds

Contra-indications

- Not to be used on dry wounds or to control heavy bleeding
- Should not be used on individuals who are sensitive to or who have had an allergic reaction to the dressing or its component

ACTIVHEAL AQUAFIBER® (Advanced Medical Solutions)

A soft comformable, highly absorbent dressing. When in contact with wound exudate, it converts to a soft clear gel and provides a moist wound healing environment.

ACTIVHEAL AQUAFIBER	
Code	Sizes Available
ELY202	5x5cm
ELY203	10x10cm
ELY204	15x15cm
ELY205	2x42cm rope

HYDROGELS

Hydrogels are available either in an amorphous form or as a sheet dressing. Characteristically, they have high water content and have hydrophilic sites, which enable them to absorb excess exudate while producing a moist wound environment. They promote debridement by rehydration and autolysis.

Indications

- Hydrogels may be applied to most wounds, including pressure ulcers and cavity wounds.
- They are suitable for lightly exudating wounds, necrotic tissue, slough.
- Anecdotal evidence suggests that hydrogels may ease the pain of radiotherapy burns after completion of a course of treatment and soothe and heal macerated or excoriated skin (Advice must be sought from the Tissue Viability Service before commencing such treatments).
- Hydrogels should be applied directly onto or into the wound. The surface of the wound should be covered with a maximum of 5mm of hydrogel and a secondary dressing applied. Dressing should be left for 1 to 3 days depending on exudate.

Contra-indications

- Hydrogels are ineffective in wounds that are producing large volumes of exudate as the hydrogel is washed away from the wound surface onto the secondary dressing.
- Hydrogels should not be used with alginates as they will be absorbed. They should not be used in patients who are sensitive to propylene glycol.
- Hydrogels interact with povidone-iodine therefore they should not be mixed.
- If maggot debridement therapy is indicated, the wound must be thoroughly cleansed as preservatives such as propylene glycol (a common constituent of hydrogels) are toxic to maggots.

Please note: All of the Hydrogel products are single use only and must be discarded after use.

ACTIVHEAL HYDROGEL® (Advanced Medical Solutions)

An amorphous gel that contains 85% water and gently increases the moisture level within the wound encouraging moist wound healing through autolytic debridement.

ACTIVHEAL HYDROGEL	
Code	Sizes Available
ELA639	8g
ELG018	15g

INTRASITE CONFORMABLE® (Smith and Nephew)

Insoluble polymers with hydrophilic sites, which absorb and retain significant volumes of water._Contains carboxymethyl cellulose and propylene glycol as a humectant and a preservative.

INTRASITE CONFORMABLE	
Code	Sizes Available
ELG002	10x10cm
ELG007	10x20cm

FILM DRESSING

Vapour-permeable films and membranes allow the passage of water vapour and oxygen but are impermeable to water and micro-organisms. They are highly conformable, provide protection, and a moist healing environment; transparent film dressings permit constant observation of the wound.

Indications

- Vapour-permeable films and membranes are suitable for lightly exuding partial-thickness wounds. Most commonly, they are used as a secondary dressing over alginates or hydrogels; film dressings can also be used to protect the fragile skin of patients at risk of developing minor skin damage caused by friction or pressure

Contra-indications

- Vapour-permeable films and membranes are unsuitable for infected, large heavily exuding wounds, and chronic leg ulcers.
- Not to be used in place of sutures or other wound closures.

TEGADERM FILM ® (3M Healthcare)

Transparent vapour-permeable film dressing with 'frame delivery' system. Hypoallergenic Wear time up to 7 days.

TEGADERM FILM	
Codes	Sizes Available
ELW211	6x7cm
ELW213	12x12cm
ELW217	15x20cm

ABSORBENT FILM AND PAD

MEPORE ULTRA® (MoInlycke)

Shower proof, breathable, transparent self-adhesive absorbent film dressing

Indications

- Low to moderately exuding wounds.

Contraindications

- None listed.

MEPORE ULTRA	
Codes	Sizes Available
EIJ008	7x8cm
EIJ062	10x11cm
EIJ068	11x15cm
EIJ029	9x20cm
EIJ011	9x25cm
EIJ030	9x30cm

FABRIC AND PAD

SOFTPORE® (Richardson)

Latex free, adhesive island dressing with non-adherent absorbent pad

Indications

Sterile dressing of minor injuries i.e. in first aid

Contra-indications

Should not be used as primary post-operative dressing

SOFTPORE	
Codes	Sizes Available
EIJ023	6 x 7cm
EIJ013	10x10cm
EIJ014	10 x 15cm
EIJ024	10 x 20cm
EIJ025	10 x 25cm
EIJ026	10 x 30cm
EIJ027	10 x 35cm

COMBINATION DRESSINGS

All of the dressings in this section should NOT be used in combination with other primary wound care products – they are designed to be in contact with the wound surface.

FOAMS

Foam dressings are available in polyurethane flat sheets which can be easily cut or shaped. They are light and comfortable for the patient and do not shed particles or fibres, their insulating properties help to maintain an optimum temperature at the wound site. Capable of absorbing large volumes of wound exudate. Some foam dressings have an adhesive border, while others need to be secured with tape/ film dressings at the edge of the foam dressing. Please note: foam dressings should not be completely covered with film dressings as this affects their permeability. The time at which foam dressings should be changed is determined by the amount of exudate produced and can be left in place for up to 7 days.

Indications

- Foam dressings are used on a variety of wounds including leg ulcers and pressure ulcers. They are suitable for light, moderate or heavily exuding wounds depending on the product.

Contra-indications

- Not suitable for dry epithelialising wounds or dry eschar.
- Sheet foams are not suitable as packs for cavity wounds.

ACTIVHEAL FOAM NON-ADHESIVE® (Advanced Medical Solutions)

A polyurethane foam pad with waterproof, high moisture vapour transfer rate film backing. Used for granulating, epithelialising or sloughy wounds with light to moderate exudate. Should be used as **first line** non adhesive foam dressing.

ACTIVHEAL FOAM	
Codes	Sizes Available
ELA214	5cm x 5cm
ELA216	10cm x10cm
ELA218	10cm x 20cm
ELA246	20cm x 20cm
ELM160	18cm x 12cm (Heel)

ALLEVYN® (Smith and Nephew)

Allevyn is a foam dressing which consists of a soft hydrophilic foam layer, bonded to a pink semi-permeable polyurethane film. Should be used only for wounds with moderate to high exudate.

ALLEVYN NON ADHESIVE		ALLEVYN ADHESIVE	
Codes	Sizes Available	Codes	Sizes Available
ELA129	5cm x 5cm	ELA020	7.5x7.5cm
ELA131	10cm x10cm	ELA116	10x10cm
ELA101	10cm x 20cm	ELA024	12.5x12.5cm
ELA133	20cm x 20cm	ELA046	12.5x22.5cm
		ELA022	17.5x17.5cm
		ELA018	22.5x22.5cm

ALLEVYN GENTLE / ALLEVYN GENTLE BORDER® (Smith and Nephew)

Allevyn gentle/ gentle border dressing combines a hydrocellular pad sandwiched between a perforated soft gel adhesive wound contact layer and highly permeable waterproof outer film.

USED ONLY ON PATIENTS WITH SENSITIVE SKIN. NOT FIRST LINE FOAM.
FIRST LINE USE IN PAEDIATRICS ONLY

ALLEVYN GENTLE		ALLEVYN GENTLE BORDER	
Codes	Sizes Available	Codes	Sizes Available
ELA364	5cm x 5cm	ELA358	7.5x7.5cm
ELA360	10cm x 10cm	ELA362	10x10cm
ELA365	10cm x 20cm	ELA472	15x15cm
ELA363	15cm x 15cm	ELA361	12.5x12.5cm
ELA352	20cm x 20cm	ELA358	17.5x17.5cm
		ELA499	10x20cm
		ELA498	16.8x17.1cm *(Sacrum)*
		ELA566	17.1x17.9cm *(multisite)*
		ELA392	23x23 cm*(Heel)*

ALLEVYN GENTLE BORDER LITE ® (Smith and Nephew)
Allevyn gentle/ gentle border dressing combines a hydrocellular pad sandwiched between a perforated soft gel adhesive wound contact layer and highly permeable waterproof outer film.
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ALLEVYN GENTLE BORDER LITE	
Codes	Sizes Available
ELA467	5cm x 5cm
ELA468	7.5x7.5cm
ELA469	10cm x 10cm
ELA470	5.5cmx12cm
ELA471	8x15cm
ELA472	15x15cm
ELA568	Oval 8.6x7.7cm
ELA569	Oval 15.2x13.1cm
ELA570	10x20cm

ALLEVYN LIFE® (Smith and Nephew)
Allevyn Life dressing is a multi-layered design incorporating hydrocellular foam, hyper-absorber lock away core and masking layer.

ONLY to be used if Allevyn Gentle Border is being changed more than x3 per week. Substitution should lead to reduced frequency of dressing changes.

ALLEVYN LIFE	
Codes	Sizes Available
ELA607	10.3x10.3cm
ELA608	12.9x12.9cm
ELA609	15.4x15.4cm
ELA610	21x21cm

AQUACEL FOAM® (Convatec)

Adhesive and non-adhesive sterile Hydrofiber foam dressings consisting of a waterproof outer polyurethane film and a multi-layered absorbent pad. The adhesive version has a silicone adhesive border. The multi-layer absorbent pad contains a layer of polyurethane foam and a non-woven layer of Hydrofiber (AQUACEL).

ONLY to be used when a foam and hydrofiber combination is required.

AQUACEL FOAM NON ADHESIVE		AQUACEL FOAM ADHESIVE	
Codes	Sizes Available	Codes	Sizes Available
ELY412	5cm x 5cm	ELY476	8x8cm
ELY413	10cm x10cm	ELY417	10x10cm
ELY414	15x15cm	ELY418	12.5x12.5cm
ELY416	20x20cm	ELY419	17.5x17.5cm
ELY415	15cm x 20cm	ELY420	21x21cm
		ELY421	25x30cm

MEPILEX & MEPILEX BORDER® (Mölnlycke)

An absorbent, non-adherent highly absorbent foam dressing, adhesive and non-adhesive.

USED ONLY ON PATIENTS WITH SENSITIVE SKIN. NOT FIRST LINE FOAM. ONLY TO BE USED FOR COMMUNITY PATIENTS IF HAVE A PROVEN ALLERGY TO ALLEVYN

MEPILEX		MEPILEX BORDER	
Codes	Sizes Available	Codes	Sizes Available
ELA623	5x5cm	ELA381	7x7.5cm
ELA378	10x11cm	ELA380	10x12.5cm
ELA085	11x20cm	ELA655	10x20cm
ELA333	15x16cm	ELA657	10x30cm
ELA334	20x21cm	ELA379	15x17.5cm
ELA383	20x50cm	ELA577	15x15cm (sacrum)
		ELA078	17x20cm

HYDROCOLLOIDS

Hydrocolloids come in a variety of forms including fibrous and sheet form. Hydrocolloids are micro-granular suspension of polymers, e.g. gelatine or pectin in an adhesive matrix. The granules are hydrophilic and therefore are capable of absorbing exudate and the adhesive is hydrophobic and therefore prevents the wound from desiccation. Hydrocolloids interact with the wound exudate to produce a gel. Hydrocolloids are impermeable to oxygen and create a hypoxic environment, which stimulates angiogenesis. They provide a moist wound environment, promoting autolytic debridement.

Indications

- Hydrocolloid sheets are occlusive and are suitable for clean, granulating or necrotic wounds with low to moderate exudate. In sloughy or necrotic wounds the dressing prevents loss of water vapour and hydrates dead tissue encouraging autolysis.
- Dressing may be left in place for 7 days depending on the amount of exudate produced.
- Dressing should be changed when gel becomes visible through the dressing as a yellow bubble.

Contra-indications

- Hydrocolloids should not be used if clinical anaerobic infection is present unless systemic antibiotics are given.
- If over granulation occurs with hydrocolloid treatment, changing to a more permeable dressing may encourage epithelialisation.
- **Hydrocolloids must not be applied to diabetic foot wounds**

HYDROCOLL THIN FILM® (Hartman)

Free of gelatine and other animal derivatives it creates an optimal moist wound environment which promotes rapid healing of light exudating wounds. Semi-permeable polyurethane backing which is waterproof and bacteria resistant but allows free passage of gases and moisture vapour. Pliable, easy to mould.

HYDROCOLL THIN FILM	
Codes	Sizes Available
ELM041	7.5x7.5cm
ELM042	10x10cm
ELM168	15x15cm

DUODERM SIGNAL® (ConvaTec)

Consists of an adhesive hydrocolloid dressing. The adhesive layer forms a cohesive gel when in contact with wound exudate.

DUODERM SIGNAL	
Codes	Sizes Available
ELM079	10x10cm
ELM083	14x14cm
ELM112	11x19cm Oval

SUPER- ABSORBENTS

A range of dressings that rapidly absorb and retain large volumes of exudate.

Indications

- Management of heavily exuding wounds, leaking legs and lymphorroea

Contra-indications

- Lightly exuding wounds
- Known sensitivity to any of the components of the dressing
- Can get very heavy when at full absorption

ZETUVIT PLUS® (Paul Hartman)

Super absorbent wound dressing with a non-adherent contact layer and green, water repellent, air permeable, non-woven layer protects against contamination. Management of heavily exudating wounds, leaking legs and lymphorroea. Step up to Zetvit Plus from Zetuvit E if dressing changes are more frequent or leaking between dressing changes.

ZETUVIT PLUS	
Codes	Sizes Available
ELA046	10x10cm
ELA047	10x20cm
ELA048	15x20cm
ELA049	20x25cm
ELA050	20x40cm

DRESSING PAD

ZETUVIT E® Wound dressing pad

Absorbent dressing pad with non-adherent contact layer and blue water repellent air permeable non-woven layer which protects against contamination. For management of exuding wounds.

ZETUVIT E Sterile	
Codes	Sizes Available
ELA025	10x10cm
ELA026	10x20cm
ELA027	20x20cm
ELA028	20x40cm

WOUND DRAINAGE BAG

Disposable devices or systems designed to collect and contain wound drainage. They are especially useful for fistulas and wounds with large volumes of exudate and replace dressings allowing accurate measurement of fluid. May have skin barriers attached to protect peri-wound skin from moisture and trauma. Very thin, flexible hydrocolloid which molds to the body's contours providing a secure seal helping to protect the skin against excoriation. A variety of sizes is available to fit different wound shapes. Transparent material for easy observation of the wound

Indications

- Management of wound fistulae, and high output wounds.

Contraindications

- Should be used with caution in infected wounds where anaerobic bacteria is the causative organism

EAKIN WOUND POUCHES (Pelican) Wound management device consisting of hydrocolloid skin protector and collection bag. Available with fold and tuck closure, or tap closure for connection to remote drainage.

WOUND POUCHES FOLD AND TUCK CLOSURE		WOUND POUCHES BUNG CLOSURE	
Codes	Sizes Available	Codes	Sizes Available
GCC1088	Small (wounds 45x30mm)	GDB093 FP10 ONLY	Small (wounds 45x30mm)
GCC1089	Medium (wounds 110x75mm)		Small Plus (wounds 86x60mm)
GCC1096	Large (wounds 175x110mm)	GCC1095	Medium (wounds 110x75mm)
GCC1097	Extra-large (horizontal wounds 245x160mm)	GBD095	Large (wounds 175x110mm)
		GCC1094	Extra-large (horizontal wounds 245x160mm)
		GDB099	Extra-large (vertical wounds 160x245mm)
		GCC1092	Extra-large (vertical wounds 290x130mm)

POST-OPERATIVE DRESSINGS

Post-operative dressings are able to act as an effective barrier to bacterial contamination. They function as a waterproof barrier, allow gaseous exchange, allow monitoring of the peri wound skin and have low adherence to the wound for easy, atraumatic removal. Ideally they should be left undisturbed for a minimum of 48hrs post operatively and ideally for a week. An aseptic non touch technique should be used to change or remove dressings. Post-operative wounds should not be cleaned routinely. Should the need arise sterile saline should be used for wound cleansing for up to 48hrs after surgery. Patients may shower 48 hours after surgery. Tap water should be used to cleanse the wound after 48 hours if the wound have separated or has been surgically opened to drain pus.

OPSITE POST-OP ® (Smith and Nephew)
Vapour-permeable adhesive film dressing with absorbent pad. Waterproof, impermeable to microorganisms, hypoallergenic. Wear time up to 7 days.

5x6.5cm size is NOT AVAILABLE ON FP10

OPSITE POST-OP	
Codes	Sizes Available
ELW052	5x6.5cm
ELW051	8.5x9.5cm
ELW050	8.5x15.5cm
ELW090	10x12cm
ELW091	10x20cm
ELW092	10x25cm
ELW045	10x30cm
ELW049	10x35cm

TEGADERM + PAD® (3M Healthcare)

Transparent adhesive film dressing with absorbent 'island' pad. Waterproof, impermeable to microorganisms, hypoallergenic. Wear time up to 7 days.

TEGADERM + PAD	
Codes	Sizes Available
ELW005	5x7cm
ELW006	9x10cm
ELW007	9x15cm
ELW008	9x20cm
ELW009	9x25cm
ELW010	9x35cm

AQUACEL SURGICAL (Convatec)- NOT AVAILABLE ON FP10

Conformable cover dressing formed of a soft, sterile, non-woven pad of sodium carboxymethylcellulose with a waterproof poyurethane film backing and hydrocolloid adhesive.

Indications

For the postoperative management of surgical incisions.

Contraindications

Should not be used on individuals who are sensitive to or who have had an allergic reaction to the dressing or its components.

AQUACEL SURGICAL	
Codes	Sizes Available
ELY323	9x10cm
ELY324	9x15cm
ELY325	9x25cm
ELY326	9x35cm

ADHESIVE TAPES

Indications

- Used for securing primary or non-adhesive dressings in place.

Contra-indications

- Should not be applied to patients with known sensitivity to acrylic adhesives

CLINIPORE ® (CliniSupplies)
Soft porous non-woven surgical tape, made from hypoallergenic material. It is permeable to water and air vapour making it ideal for sensitive skin

CLINIPORE	
Codes	Sizes Available
EHU019	1.25cmx5m
EHU027	2.5cm x5m
EHU028	5cmx5m
EHU020	2.5cmx10m

MEFIX® (Mönlycke)
Mefix consists of an aperture, non-woven polyester fabric coated with a layer of an acrylic adhesive and protected on the roll by a release paper backing. Care should be taken when applying mefix that it is not applied under tension, to prevent shearing forces causing damage to the skin.

MEFIX	
Codes	Sizes Available
EHR000	2.5cm x5m
EHR001	5cmx5m
EHR002	10cmx5m
EHR003	15cmx5m
FP10 ONLY	20cmx5m
FP10 ONLY	30cmx5m

HYPAFIX® (BSN Medical)
Permeable, apertured, non-woven, synthetic adhesive tape.
FOR PODIATRY AND PAEDIATRICS (FOR FIXING NG TUBES) ONLY

HYPAFIX	
Codes	Sizes Available
EHR033	5cmx5m
EHR034	10cmx5m
EHR030	2.5cm x10m
EHR111	5cmx10m
EHR113	10cmx10m
EHR031	15cmx10m
EHR117	20cmx10m
EHR032	30cmx10m

OPSITE FLEXIFIX® (Smith and Nephew)

Polyurethane film dressing, non sterile. Retention of primary dressings, fixation of tubing. Treatment of painful peripheral neuropathy, reduction of shearing forces on unbroken skin e.g. in pressure ulcer prophylaxis.

OPSITE FLEXIFIX	
Codes	Sizes Available
ELW101	5cmx1m roll
ELW102	10cmx1m roll

RETENTION BANDAGES

Indications

Bandages used for dressing retention, with the aim of keeping the dressing close to the wound without inhibiting movement or restricting blood flow.

HOSPILITE® (Paul Hartmann)

Lightweight cotton conforming bandage. All 4.5m in length

HOSPILITE	
Codes	Sizes Available
ECA193	5cmx4.5m
ECA194	7.5cmx4.5m
ECA195	10cmx4.5m
ECA196	15cmx4.5m

HOSPICREPE® 239(Paul Hartmann)

Crepe twisted cotton stretch bandage. All 4.5m in length. 5cm, 7.5cm, 10cm, 15cm.

HOSPICREPE 239	
Codes	Sizes Available
ECA088	5cmx4.5m
ECA089	7.5cmx4.5m
ECA090	10cmx4.5m
ECA091	15cmx4.5m

COMFIFAST® (Synergy Healthcare)

Tubular bandage for the retention of dressings.

Beige 10m size is NOT AVAILABLE ON FP10

COMFIFAST	
Codes	Sizes Available
EGP063	Red 3.5cmx1m
EGP065,066,006	Green 5cmx1m,3m,5m
EGP067,068,007	Blue 7.5cmx1m,3m,5m
EGP070,071,072	Yellow 10.75cmx1m,3m,5m
EGP062,009	Beige 17.5cmx1m,10m

COMFIGAUZ® (Synergy Healthcare) NOT AVAILABLE ON FP10

Tubular bandages used for dressing retention.

COMFIGAUZE	
Codes	Sizes Available
EGJ045	00 Toes
EGJ041	01 Fingers and toes
EGJ043	56 Adult limbs
EGJ044	78 Large Adult limbs

PADDING

Padding can be used to reshape the legs with a thin ankle and large upper calf or alternatively a large ankle and thin upper calf and thigh to ensure a cylindrical shape to achieve graduated compression. Additional padding can be used on vulnerable areas e.g. tibial crest by applying an additional layer or pleating the wool layer. Unless otherwise indicated, start bandaging on the foot, which, having been adjusted forms an angle of 90◦ to the leg.

PROFORE ® #1(Smith and Nephew)

Natural or synthetic cotton wool padding. This layer is used to shape the leg, absorbs exudate. Under compression it protects bony high points of the ankle and shin from excessive pressure. Should be used with PROFORE Compression systems if extra padding is required.

PROFORE #1	
Codes	Sizes Available
EBA053	10cmx3.5m

FLEXI-BAN ® (Activa Healthcare)

Sub compression bandage wadding. Latex free. Should be used with Actico to pad and reshape the limb under the compression layer.

FLEXI-BAN	
Codes	Sizes Available
EBA070	10cmx3.5m

PASTE BANDAGES

Indications

- Zinc paste bandage can be used with compression bandaging for the treatment of venous eczema or for the management of chronic eczema/ dermatitis where occlusion is indicated

Contra-indications

- Paste bandages are associated with hypersensitivity reactions and should be used with caution they are not to be used if patient has any allergy to any of these ingredients

VISCOPASTE ®PB7 (Smith & Nephew)

Cotton fabric, plain weave, impregnated with paste containing zinc oxide. Beginning at the base of the toes, bandage should be loosely wrapped around the foot and heel and ankle, with every turn, the bandage should be folded back on itself in a pleat, at the front of the leg. This should be repeated up the leg until just below the knee. Once applied, the leg should be covered by a bandage or dressing to prevent soiling to clothing.

VISCOPASTE	
Codes	Sizes Available
EFA011	7.5cmx6m

ICHTHOPASTE® (Smith & Nephew)

Cotton fabric, plain weave, impregnated with paste containing zinc oxide and ichthammol. Beginning at the base of the toes, bandage should be loosely wrapped around the foot and heel and ankle, with every turn, the bandage should be folded back on itself in a pleat, at the front of the leg. This should be repeated up the leg until just below the knee. Once applied, the leg should be covered by a bandage or dressing to prevent soiling to clothing.

ICHTHOPASTE	
Codes	Sizes Available
EFA051	7.5cmx6m

COMPRESSION BANDAGES

ELASTIC SYSTEMS

PROFORE® MULTI-LAYER ELASTIC COMPRESSION BANDAGE SYSTEM (Smith & Nephew)

PROFORE KITS	
Codes	Sizes Available
ECA055	Profore Lite# ABPI 0.6-0.8
EVN022	<18cm ABPI 0.8-1.3
ECA037	18-25cm# ABPI 0.8-1.3
EVN015	25-30cm ABPI 0.8-1.3
EVN023	>30cm ABPI 0.8-1.3

Indications

- Has been specifically developed for the management of venous leg ulcers and associated conditions.
- It is important to measure the patient's ankle to select the correct kit.
- Kits can be used to apply full or modified compression depending on the kit chosen and the patient ankle size (see appendix 2)

Contra-indications

- Should not be used on patients with a diagnosis of venous hypertension associated with active ulceration. Specialist advice should be given if unsure.

#Latex free formulation also available

K TWO® (Urgo Medical)

K TWO Latex Free KITS	
Codes	Sizes Available
ECA234	Reduced 18-25cm ABPI 0.6-0.8
ECA235	Reduced 25-32cm ABPI 0.6-0.8
ECA236	18-25cm ABPI 0.8-1.3
ECA237	25-32cm ABPI 0.8-1.3

Calibrated two layer compression bandage system which composes of two active bandages designed to be used together. Please order latex free version only.

Layer #1 – a composite layer formed of wadding & a short stretch compression fabric. This is designed to be in direct contact with the skin & creates a moderate pressure at rest, which significantly increases when walking. This layer evenly distributes pressure across the leg surface ensuring that there are no areas of excessive or inadequate pressure. NB THIS LAYER CAN NOT BE USED FOR PADDING OR RESHAPING AS IT PROVIDES COMPRESSION.

LAYER #2 – cohesive elastic bandage which provides the additional pressure to achieve the required level of pressure for the treatment of venous ulcers & chronic venous oedema.

COBAN® 2 LAYER COMPRESSION (3M Health Care)

Consists of an inner comfort layer and an outer compression layer. The inner layer is a foam bandage. It is therefore ideal for those patients who have reactions to the wool-padding layer.

It is a latex free system. There is only one size that is suitable for all patients irrespective of ankle size. Layer one can be used to pad and reshape the limb if required. Smaller bandages can be used to apply a moccasin to the forefoot to control foot and toe oedema. Please contact Tissue Viability for further details.

#Available in both padding and compression layers

COBAN 2 KITS	
Codes	Sizes Available
ECA203	Coban 2 Lite ABPI 0.5-0.8
ECA136	Coban 2 ABPI 0.8-1.3
COBAN 2 Components	
Codes	Sizes Available
ECD209	Comfort Layer 5cmx1.2m
ECD210	Comfort Layer 10cmx3.5m
ECD211	Comfort Layer 15x3.5m
ECD501	Compression layer 5cmx2.7m
ECD503	Compression layer 10cmx4.5m
ECD504	Compression layer 15cmx4.5cm

COFLEX TLC 2 WITH MALODOUR CONTROL 2 Layer Kit (Aspen Medical Europe)

A two-layer, latex-free compression system for patients who are less tolerant of compression. Delivers continuous restorative compression. Comprises layer 1, a soft absorbent foam layer with cyclodextrin for malodour control, and layer 2, a cohesive short-stretch bandage. Kit includes nylon stocking for ease of movement under clothes and on bed sheets.

COFLEX TLC 2 Layer Kit	
Codes	Sizes Available
EBA084	Coflex TLC Lite Kit ABPI 0.5-0.8
EBA085	Coflex TLC Kit ABPI 0.8-1.3
EBA086	Coflex TLC XL Kit ABPI 0.8-1.3

Indications

Treatment and management of malodorous venous leg ulcers and associated conditions.

Contraindications

Not suitable for patients with an ABPI of <0.5.

COFLEX UBZ WITH ZINC 2 LAYER KIT (Aspen Medical Europe)

A two-layer, latex-free compression system. Comprises layer 1, an absorbent zinc-impregnated comfort roll to ease pain and skin irritation, and layer 2, a cohesive short-stretch bandage. Kit includes nylon stocking for ease of movement under clothes and on bed sheets.

COFLEX UBZ 2 Layer Kit	
Codes	Sizes Available
tbc	Coflex UBZ Lite Kit ABPI 0.5-0.8
EFA005	Coflex UBZ Kit ABPI 0.8-1.3

Indications

Treatment and management of malodorous venous leg ulcers and associated conditions.

Contraindications

Not suitable for patients with an ABPI of <0.5.

COHESIVE SHORT STRETCH BANDAGES

ACTICO® (Activa Healthcare)

Cohesive inelastic bandages. Applied at full stretch over padding. This range enables below knee, full leg and arm bandaging. This product contains latex.

ACTICO	
Codes	Sizes Available
EBA030	4cmx6m
EBA031	6cmx6m
EBA032	8cmx6m
EBA016	10cmx6m
EBA033	12cmx6m

COMPRESSION HOSIERY AND GARMENTS

Indications

- Used to treat conditions associated with chronic venous insufficiency, to prevent recurrent of thrombosis, or to reduce the risk of further venous ulceration after treatment with compression bandaging.
- It is essential to follow manufacturer's guidance for measurement and fitting. Ensure the manufacturer is specified on prescription as sizes and measurements vary between manufacturers.
- Patients should be re-assessed every 3-6 months prior to issuing the next set of hosiery.

Contra-indications

- Holistic assessment to include limb assessment and ABPI to confirm arterial sufficiency must be done prior to recommending the use of compression hosiery

PLEASE NOTE; Before elastic hosiery can be dispensed, the size, quantity (single or pair), name and class of garment must be specified by the prescriber. There are different compression values for graduated compression hosiery as indicated below.

Hosiery Compression Classes and Values			
Class	**British Standard**	**European**	**RAL**
Class 1 (light support)	14-17mmHg	18-21mmHg	18-21mmHg
Class 2 (medium support)	18-24mmHg	23-32 mmHg	23-32mmHg
Class 3 (strong support)	25-35mmHg	34-46mmHg	34-46mmHg

ALTIFORM HOSIERY® (Urgo)
Ready-to-wear British Standard compression hosiery

Indications

Class 1 (light support); superficial or early varices; varicosis during pregnancy; swollen or aching legs and ankles
Class II (medium support): varices of medium severity; treatment of venous leg ulcers and prevention of recurrence, mild oedema, varicosis during pregnancy.
Class III (strong support): gross varices; post-thrombotic wound insufficiency; gross oedema; treatment of venous leg ulcers and prevention of recurrence.

Contraindications

Arterial insufficiency; congestive heart disease; diabetes (except under specialist supervision); rheumatoid arthritis; known sensitivity to the fabric.

Class	Description	Sizes
Class 1 14-17mmHg	Below knee (closed toe or open toe) Soft beige (black closed toe only)	S, M, L, XL
Class 2 18-24mmHg	Below knee (closed toe or open toe) Soft beige (black closed toe only)	S, M, L, XL
Class 3 25-35mmHg	Below knee (closed toe or open toe). Colour: soft beige	S, M, L, XL
Liners 10mmHg	Altipress Liner Pack – limb length short regular and long Below Knee	S, M, L, XL
Hoisery Kit 40mmHg	Altipress 40 – limb length short regular and long Below Knee	S, M, L, XL

ACTIVA BRITISH STANDARD COMPRESSION HOSIERY (Activa Healthcare)
Ready-to-wear compression hosiery.

Indications

Class 1: Superficial or early varices and prevention of deep vein thrombosis while travelling.
Class 2: Medium varices / Treatment and prevention of venous leg ulcers and associated conditions / Mild oedema
Class 3: Gross varices / Gross oedema / Treatment and prevention of venous leg ulcers and associated conditions /Post-thrombotic venous insufficiency

Contraindications

People with diabetes unless under medical or specialist nurse supervision and or significant arterial disease (ischaemia) according to vascular assessment, congestive cardiac failure as compression can lead to cardiac overload Known sensitivity to the fabric.

Class	Description	Sizes
Class 1 14-17mmHg	Below knee (open or closed toe), colour: black, sand, honey.	S, M, L, XL, XXL
	Unisex Socks (Closed Toe), colour: Brown or Black	S, M, L, XL, XXL
Class 2 18-24mmHg	Below knee (open or closed toe), colour: black, sand, honey.	S, M, L, XL, XXL
	Unisex Socks (Closed Toe) colour: Brown or Black	S, M, L, XL, XXL
Class 3 25-35mmHg	Below knee (open toe). colour: sand	S, M, L, XL, XXL.
Liners 10mmHg	Below knee (closed toe); colour White Below knee (open toe). colour white or sand	S, M, L, XL, XXL
Hosiery Kit 40mmHg	Below Knee colour (Sand)	S, M, L, XL, XXL

ACTILYMPH® (Activa Healthcare)
European Standard, Ready-to-wear chronic oedema and lymphoedema garments.

Indications

For the management of chronic oedema, lymphoedema and lymphovenous conditions.

Contraindications

For large or irregular shaped limbs, compression bandaging may be contraindicated until the limb size and shape is suitable for a compression garment. Current acute inflammatory episode. Acute deep vein thrombosis. Fragile or damaged skin, although it may be used over an appropriate dressing. Patients with diabetes or rheumatoid arthritis unless after specialist referral and under supervision, due to risk of microvascular disease. Significant arterial disease (ischaemia) according to vascular assessment unless after specialist referral and under supervision and regular follow up. Congestive heart failure as compression could lead to cardiac overload. To be used with caution in patients with sensory disorders of the limb i.e. peripheral neuropathy.

Class	Description	Sizes
Class 1 (18–21mmHg)	Below Knee Closed Toe no Top Band: standard (black and sand)	S, M, L, XL, XXL;
	Below Knee Closed Toe no Top Band: petite (sand)	S, M, L, XL.
	Below Knee Open Toe no Top Band: standard (black and sand)	S, M, L, XL, XXL.
Class 2 (23–32mmHg)	Below Knee Closed Toe no Top Band: standard (sand and black)	S, M, L, XL
	Below Knee Closed Toe no Top Band petite (sand)	S, M, L, XL
	Below Knee Open Toe no Top Band: standard (black)	S, M, L, XL
	Below Knee Open Toe no Top Band: petite (sand),	S, M, L, XL
Class 3 (34–46mmHg)	Below Knee Open Toe no Top Band; standard (sand),	S, M, L, XL.

MEDIVEN® (Medi UK Ltd)
RAL

Available in open and closed toe RAL compression garments for the leg

Indications

For the management of lymphoedema, venous disorders and associated conditions.

Contraindications

Arterial circulation disorders; right heart failure; pre-existing gangrenous damage; neuropathy; and/or inability to tolerate the stocking fabric.

Class	Description	Sizes
Class 1 (18–21mmHg)	Mediven Elegance Below knee Standard closed toe Colour Beige / Black	I – VII
	Mediven Elegance Below knee petite closed toe Colour Beige / Black	I – VII
	Mediven Plus Below Knee standard open toe Colour Beige / Black	I – VII (Also Available in extra wide calf)
	Mediven Plus Below Knee petite Colour Beige / Black	I – VII (Also Available in extra wide calf)
	Mediven for men closed toe standard or Petite Colour, Black, Navy, Grey	I – VII
Class 2 (23–32mmHg)	Mediven Elegance Below knee	I – VII
	Mediven Elegance Below knee petite	I – VII
	Mediven Plus Below Knee standard	I – VII (Also Available in extra wide calf)
	Mediven Plus Below Knee petite	I – VII (Also Available in extra wide calf)
	Mediven for men closed toe standard or Petite Colour, Black, Navy, Grey	I – VII
Class 3 (34–46mmHg)	Mediven Plus Below Knee open toe standard Colour Beige / Black	I – VII (Also Available in extra wide calf
	Mediven Plus Below Knee open toe petite	I – VII (Also Available in extra wide calf

JUXTA CURES® (Medi UK Ltd)
TISSUE VIABILITY SERVICE ONLY

An alternative to bandaging. Pressure system guide that helps to ensure that correct and consistent pressure (20, 30, 40 or 50mmHg) is applied to the lower leg. The system can be re-adjusted to maintain the pressure required. Designed to be effective for 6 months of daily use. Latex free. The following accessories are also available: Comfort Leg liner kit contains two liners and Comfort compression Anklets, standard or large contains two anklets.

Juxta CURES	
Codes	Sizes Available
EGD7218	Short kit
EGD7219	Standard kit
EGD7220	Long kit
EGD7221	Leg Liner
EGD7222	Comfort compression anklet standard
EGD7223	Comfort compression anklet Large
	NB Kits come with 1 pair of comfort liners and 1 pair standard footlets

ANTIMICROBIAL DRESSINGS

SILVER DRESSINGS

Indications

- Antimicrobial dressings containing **silver** should be used only when infection is suspected as a result of clinical signs or symptoms. Silver ions exert an antimicrobial effect in the presence of wound exudate; the volume of wound exudate as well as the presence of infection should be considered when selecting a silver-containing dressing.

Contra-indications

- Silver-impregnated dressings should not be used routinely for the management of uncomplicated wounds.
- It is recommended that these dressings should not be used on acute wounds as there is some evidence to suggest they delay wound healing

ACTICOAT® FLEX 3 (Smith and Nephew)

Conformable antimicrobial barrier dressing consisting of a polyester core between low adherent silver-coated high density polyethylene mesh (for 3 day wear)

ACTICOAT FLEX 3	
Codes	Sizes Available
ELY291	5x5cm
ELY292	10x10cm
ELY293	10x20cm
ELY294	20x40cm

ACTICOAT® FLEX 7 (Smith and Nephew)

Conformable antimicrobial barrier dressing consisting of a polyester core between low adherent silver-coated high density polyethylene mesh (for 7 day wear)

ACTICOAT FLEX 7	
Codes	Sizes Available
ELY297	5x5cm
ELY298	10x12.5cm
ELY299	15x15cm

ACTISORB®SILVER 220 (Systagenix)

An activated charcoal dressing encased in a nylon sleeve. Designed to trap wound malodour while protecting the wound from infection. Once the charcoal becomes wet, its odour absorbency is often severely impaired. Frequency of dressing change depends on how often the dressing becomes wet.
Not to be used with dry wounds

ACTISORB SILVER 220	
Codes	Sizes Available
ELV004	6.5x9.5cm
ELV002	10.5x10.5cm
ELV004	10.5x19.5cm

TEGADERM® ALGINATE Ag (3M Healthcare)

A highly absorbent, sterile, non-woven, antimicrobial pad composed of a high G (guluronic acid) calcium alginate, carboxymethylcellulose (CMC), and an ionic silver complex. The guluronic acid maintains the structure and integrity of the dressing allowing for one piece removal with little or no debris.

TEGADERM ALGINATE Ag	
Codes	Sizes Available
ELS584	5x5cm
ELS218	10x10cm
ELS219	3x30cm rope

AQUACEL AG EXTRA ® (CONVATEC)

Soft, sterlle dressing made from two layers of 1.2% ionic silver-impreganted Hydrofiber (sodium carboxymethylcellulose) stitched together with strengthening fibres. Absorbs wound fluid and transform into a soft gel

AQUACEL Ag EXTRA	
Codes	Sizes Available
ELY514	5x5cm
ELY515	10x10cm
ELY516	15x15cm
ELY517	20x30cm

AQUACEL Ag EXTRA TO BE USED IN ACUTE SETTINGS ONLY WHEN PATIENT REQUIRES SILVER DRESSING AND HAS PLANNED MRI SCAN AS IS SAFE TO LEAVE INSITU DURING SCAN AS SILVER CONTENT IN DRESSING IS IONIC AND NOT METALIC.

SILVER SULFADIAZINE/SILVER SULPHADIAZINE - FLAMAZINE (Smith & Nephew) PoM

Indications

- **For the** prophylaxis and treatment of infection in burn wounds
- As an adjunct to short-term treatment of infection in leg ulcers and pressure sores.
- As an adjunct to prophylaxis of infection in skin graft donor sites and extensive abrasions.
- For conservative management of finger-tip injuries.

FLAMAZINE	
Codes	Sizes Available
PoM	20g 50g 250g 500g

Contra-indications

- G6PD deficiency; may inactivate enzymatic debriding agents—concomitant use may be inappropriate; for large amounts.
- Plasma-sulfadiazine concentrations may approach therapeutic levels with *side-effects* and *interactions* as for sulphonamides if large areas of skin are treated. Owing to the association of sulphonamides with severe blood and skin disorders treatment should be stopped immediately if blood disorders or rashes develop—but leucopenia developing 2–3 days after starting treatment of burns patients is reported usually to be self-limiting and silver sulfadiazine need not usually be discontinued provided blood counts are monitored carefully to ensure return to normality within a few days.
- Argyria may also occur if large areas of skin are treated (or if application is prolonged).
- Not recommended for neonates
- Caution if significant hepatic or renal impairment
- caution in pregnancy for the risk of neonatal haemolysis and methaemoglobinaemia in third trimester
- Small risk of kernicterus in jaundiced infants and of haemolysis in G6PD- deficient infants
- Allergic reactions noted including burning, itching, rashes, argyria reported following prolonged use, leucopenia reported (monitor blood levels)

Apply daily or more frequently if very exudative for burns; leg ulcers or pressure ulcers; apply daily or on alternative days (not recommended if ulcer very exudative); fingertip injuries, apply every 2-3 days, consult product literature for details.
Apply with sterile applicator, syringe and gloves.

HONEY DRESSINGS

Indications

- Medical grade honey has antimicrobial and anti-inflammatory properties and can be used for acute or chronic wounds.
- Medical grade honey has osmotic properties, producing an environment that promotes autolytic debridement; it can help control wound malodour.

Contra-indications

- Honey dressings should not be used on patients with extreme sensitivity to honey, bee stings or bee products.
- Patients with diabetes should be monitored for changes in blood-glucose concentrations during treatment with topical honey or honey-impregnated dressings

ACTIVON® (Advancis Medical)

Activon is a range of Manuka honey containing wound dressings:Tube – Activon Tube; Tulle – knitted viscose mesh dressing impregnated with 100% Manuaka honey

ACTIVON	
Codes	Sizes Available
ELZ069	Tube – 25g
EJE027	Tulle - 5x5cm
EJE028	Tulle – 10x10cm

ALGIVON® (Advancis Medical)
Algivon is a soft alginate dressing impregnated with 100% medical grade Manuka honey. The alginate fibres enable a sustained, slower release of honey.

ALGIVON	
Codes	Sizes Available
ELS206	5x5cm
ELS195	10x10cm

L-MESITRAN® BORDER (Aspen Medical)
Indicated for rehydration, promoting autolytic debridement, controlling malodour and promoting granulation in ulcers, superficial wounds, burns (not full thickness), postoperative wounds and fungating ulcers. Apply directly onto the wound ensuring that dressing overlaps the edges of the wound by 2.5 cm. Dressing can remain in place for up to 5 days depending upon the volume of exudate. Should not be used on full thickness burns, deep/narrow cavities, Sinuses

L-MESITRAN BORDER	
Codes	Sizes Available
ELZ128	10x10cm
ELZ129	15x15cm

GLUCOSE BASED DRESSINGS

Indications
- Maintains moist wound environment
- Continuously debrides wound
- Offers anti-microbial protection
- Hypoallergenic
- Used on moderate to heavily exudating wounds

Contra-indications
- Can be used on infected wounds but only under medical supervision
- Not indicated for third degree burns
- Cannot be used on eye lids or in the eye
- Not to be used in those sensitive to polyethylene glycol or alginates

FLAMINAL FORTE® (Ark Therapeutics)
Alginate gel containing two anti-microbial enzymes, glucose oxidase and lactoperoxidase, store at room temperature (below 25c) in a dry place and in the original pack, re- cap the tube immediately after use, once opened, and if re-capped carefully, can be stored and used until the expiry date on the tube

FLAMINAL FORTE	
Codes	Sizes Available
ELG022	15g
ELG023	50g

FLAMINAL HYDRO® (Ark Therapeutics)

Alginate gel containing two anti-microbial enzymes, glucose oxidase and lactoperoxidase. Contains lower proportion of alginate than Flaminal Forte. store at room temperature (below 25c) in a dry place and in the original pack, re- cap the tube immediately after use, once opened, and if re-capped carefully, can be stored and used until the expiry date on the tube

FLAMINAL HYDRO	
Codes	Sizes Available
ELG021	15g
ELG025	50g

IODINE DRESSINGS

Indications
- Broad spectrum antimicrobial which has long been used in the treatment and prevention of infection

Contraindications
- Not indicated for the use of patients with known iodine hypersensitivity
- Not indicated in patients with Hashimoto's Thyroiditis
- Not indicated for use in pregnancy/ lactating mothers or children
- Used with caution in patients with severe renal impairment and thyroid disorders
- Interacts with lithium and mercurial antiseptics

INADINE® (Systagenix)

Knitted viscose sterile dressing, containing 10% providone-iodine, which in the presence of wound exudates is released. Low adherent wound contact material and orange in colour.

INADINE	
Codes	Sizes Available
EKB501	5x5cm
EKB502	9.5x9.5cm

Indications

- Used in the treatment of infection in minor burns, superficial skin loss, leg ulcers and low exudating wounds
- Effective against anaerobes, pseudomonas, gram positive and gram negative organisms

IODOSORB®/ IODOFLEX® (Smith and Nephew)

Indications

- Treatment of chronic exuding wounds such as leg ulcers, diabetic ulcers or pressure ulcer- particularly when infection is present or suspected
- Used in wounds with moderate to high levels of exudates- not to be used in wounds with little or no exudates
- Used in sloughy wounds that require debridement of devitalised tissue
- Can be used on infective wounds
- Carrier gauze is removed from both sides of the paste and then applied directly to the wound. Then covered with suitable secondary dressing
- For light to medium exuding wounds
- Ointment is placed directly onto the wound-to a depth of 3mm and covered with a suitable secondary dressing
- Removal is by sterile water
- Depending on the nature of the wound, dressing changes can occur daily and can extend to 3 times a week. Removal is best by irrigation of the wound with sterile water
- More frequent changes will be required if ointment becomes saturated with exudates as indicated by loss of colour

Contra-indications

- Should not be used for longer than 3 months

Iodosorb® (Smith and Nephew) is an ointment made up of beads of Cadexomer and in the presence of wound exudates the beads in the ointment take up the fluid and swell slowly releasing iodine

IODOSORB	
Codes	Sizes Available
EKB010	3g powder
EKB012	10g ointment tube

Iodoflex Cadexomer iodine paste® (Smith and Nephew) which is in between 2 layers of gauze fabric, this helps carry the product and for ease of application
Releases iodine slowly into the wound giving antibacterial benefits

IODOFLEX	
Codes	Sizes Available
EKB007	5g
EKB008	10g
EKB009	17g

PHMB

Indications

- Polyhexanide (PHMB) interferes with the bacterial cell metabolism. By prohibiting the cell's ability to absorb any nutrients or dispose of waste products, It effectively kills the bacteria without damaging surrounding healthy cells. PHMB kills multi resistant pathogens including MRSA and VRE.

Contra-indications

- PHMB dressings should not be used routinely for the management of uncomplicated wounds.

KENDALL AMD FOAM® (Covidien)

Double-sided, highly absorbent, non-adherent, semi-occlusive, polyurethane foam impregnated with broad-spectrum antimicrobial (PHMB, 0.5%). Antimicrobial barrier is effective for up to 7 days.

KENDAL AMD FOAM	
Codes	Sizes Available
ELA384	5x5cm
ELA386	10x10cm
ELA388	15x15cm
ELA387	10X20cm
ELA389	20x20cm
ELA385	8.8x7.5cm fenestrated

Indications

Moderately to heavily exuding wounds: Pressure ulcers, venous leg ulcers, diabetic ulcers, donor sites, abrasions, lacerations, dermatological disorders and traumatic wounds. Also suitable for surgically induced exit sites.

Contraindications

Can be used in conjunction with prescribed therapies for the treatment of wound infection. Not intended as a primary treatment for clinically infected wounds. Do not use on patients with known sensitivity to PHMB.

VIBRO-PULSE (Vibrant Medical)

Applies cycloid vibration to stimulate wound healing by increasing blood flow, microcirculation and reducing oedema.

VIBRO-PULSE COVERS	
Codes	Sizes Available
294-3678	One Size Pack (contains 3 covers)

Indications

Lower limb and foot (venous, mixed aetiology and diabetic ulcers). Lower limb pressure damage (categories 1–3). Post-surgical or amputation wounds, amputation pain, wound pain and cellulitis. To use contact tissue viability they will order the device. The disposable covers and limb straps can be obtained on FP10.

Contraindications

Severe above-the-knee vascular disease; severe wound infection in patients not receiving antibiotic therapy; severe tissue necrosis; thrombophlebitis; osteomyelitis; Charcot's foot; active deep vein thrombosis; active pulmonary embolism; active cancer; pregnancy; uncontrolled epilepsy; severe rheumatoid arthritis; unstable lower limb structures e.g. bone fragments; recent knee joint replacement; active bleeding or difficult haemostasis in the wound bed.

NEGATIVE PRESSURE WOUND THERAPY

Negative Pressure Wound Therapy is a therapeutic technique used to promote healing in acute or chronic wounds. A vacuum source is used to create sub-atmospheric pressure in the local wound environment. This therapy requires specific wound dressings for use with the vacuum pump equipment.

Indications

- Acute wounds
- Partial thickness burns, flaps and grafts
- Sub-acute wounds (surgical dehiscence)
- Chronic wounds (pressure ulcers/ diabetic wounds)

Contra-indications

- Malignancy in the wound except in palliative care to enhance quality of life
- Untreated osteomyelitis
- Non-enteric and unexposed fistulae
- Necrotic tissue with eschar present
- Direct placement of dressing over exposed arteries, veins or organs

V.A.C ® (KCl Medical)

V.A.C Granufoam dressing kit (contains polyurethane foam dressing with adhesive drapes and TRAC pad) KCl® NPWT Gauze dressings (contains 1 Kendall 3332 Kerlix AMD gauze antimicrobial roll 11.4cm x 411.5cm, 2 V.A.C. Drapes; 1 V.A.C. SensaT.R.A.C. Pad; 1 V.A.C. Wound ruler.

K.C.I. V.A.C. CONSUMABLES		
Codes	Type	Sizes Available
ELZ188	Granufoam - Small	10cm x 7.5cm x 3.3cm
ELZ197	Granufoam - Medium	18cm x 12.5cm x3.3cm
ELZ201	Granufoam - Large	26cm x 15cm x 3.3cm
ELZ544	KCl NPWT Gauze Dressing Kit	One Size
ELZ205	ActiVAC Canister	300ml

RENASYS ® (Smith & Nephew)

Gauze and Foam dressing kits with easy-to-use Softport technology for use with RENASYS GO and RENASYS EZ PLUS negative pressure wound therapy devices.

RENASYS CONSUMABLES		
Codes	Type	Sizes Available
ELZ509,510,511 ELZ512,513,514 ELZ237	Foam Gauze Renasys go Canister with solidifier	RENASYS-F with Softport Small, Medium, Large RENASYS-G with Softport Small, Medium, Large 300ml

PICO® (Smith & Nephew)

A disposable and portable system designed to promote wound healing using NPWT at a preset pressure. It contains one PICO device and two PICO dressings.

Indications

Chronic, acute, traumatic, sub-acute and dehisced wounds; partial-thickness burns; ulcers, such as diabetic or pressure; flaps and grafts; surgically closed incision sites.

PICO	
Codes	Sizes Available
ELZ348	10x20cm
ELZ349	10x30cm
ELZ478	10x40cm
ELZ350	15x15cm
ELZ351	15x20cm
ELZ479	15x30cm
ELZ652	20x20cm
ELZ657	25x25cm

Contra-indications

Contraindicated in the presence of: patients with malignancy in the wound bed or wound margins (except in palliative care to enhance quality of life); previously confirmed and untreated osteomyelitis; non-enteric and unexplored fistulas; necrotic tissue with eschar present; exposed arteries, veins, nerves or organs; anastomotic sites; emergency airway aspiration; pleural, mediastinal or chest tube drainage; surgical suction.

LARVAE THERAPY (MAGGOTS)

Sterile larvae are used primarily for the debridement of necrotic, infected and sloughy tissue from chronic wounds. In most cases this greatly improves the condition of a wound and promotes healing, often catalysing the initiation of the healing process.

Indications

- For the debridement of necrotic, infected and sloughy tissue.

Contra-indications

- Patient objection
- Wounds that have a tendency to bleed easily
- Wounds with a known fistula

'FREE RANGE' LARVAE (Biomonde Ltd)

The 'free range' Larvae are applied directly to the wound and seek out areas of slough or necrotic tissue. They are concealed in a net dressing or similar. Can be left for up to 3 days afterwhich the wound should be reassessed. LarvE® are supplied in a sterile container which has a lid that is permeable to air and also acts as a microbial barrier.

BIOFOAM (Biomonde Ltd)

BioFOAM® dressings consist of maggots that are enclosed in net pouches. The dressings contain pieces of hydrophilic polyurethane foam and this encourages activity in the LarvE® by providing a favourable environment. These are for wounds of a more specific size although they are becoming increasingly popular due to their ease of use and the more precise nature of treatment. The BioFOAM® Dressings can be left for up to 5 days afterwhich the wound should be reassessed. It is supplied in a plastic oyster and is placed inside a paper/polythene bag which acts as a microbial barrier and is permeable to air.

LARVAE		
Codes	Type	Sizes Available
BB50	BioBag	2.5x4cm
BB100	BioBag	4x5cm
BB200	BioBag	5x6cm
BB300	BioBag	6x12cm
BB400	BioBag	10x10cm
STKIT100	Larvae100	30x30cm net kit pack
STKIT200	Larvae200	30x30cm net kit pack
BTKIT100	Larvae100	Boot net kit pack
BTKIT200	Larvae200	Boot net kit pack
LV100	Larvae100	Additional Larvae no net
LV200	Larvae200	Additional Larvae no net

The number of larvae required will be based upon the dimensions of each individual wound.

Calculating how many larvae to order

1. Measure the dimensions of the wound in centimetres
2. Pick the nearest size from the measurements on the left of the chart
3. Move sideways to the appropriate percentage of wound coverage
4. The recommended number of larvae required is indicated.

Key

- 1 x Larvae100®
- 1 x Larvae200®
- 1 x Larvae100® + 1 x Larvae200®
- 2 x Larvae200®
- Use combination of Larvae100® + Larvae200® as required

Maximum wound size (cm)	Percentage of wound covered with slough/necrotic tissue 20%	40%	60%	80%	100%
up to 2 x 2	100	100	100	100	100
5 x 5	100	100	100	100	200
5 x 10	100	100	200	200	300
10 x 10	100	200	300	400	500
10 x 15	200	300	500	600	800
15 x 15	300	500	700	900	1200
15 x 20	300	600	900	1200	1500
20 x 20	400	800	1200	1600	2000

Note that the calculator only measures the surface of the wound. If the wound has significant depth, more larvae may be required.

For advice on how to order larvae therapy please consult your Tissue Viability Service.

PODIATRY ONLY

MELOLIN® (Smith & Nephew)

Absorbent cotton and polyester fibre pad with a hydrophobic backing layer which is heat bonded on one side to a very thin perforated polyester film. The film side of the dressing is placed next to the wound. Retains its integrity when cut.

MELONIN	
Code	Sizes Available
EJE011	5x5cm
EJE013	10x10cm
EJE502	20x10cm

POVITULLE (CD Medical)

Non-adherent dressing containing 10% povidone-iodine USP.

Indications

Treatment and prevention of infections in skin injuries, minor ulcers.

Contraindications

Do not use if the seal is broken or pouch is damaged; if a patient has a known sensitivity to iodine; if the patient is pregnant, breastfeeding; if the patient is being treated for kidney problems; before and after the use of radioactive-iodine or in cases of Duhring's herpetiform dermatitis. Use under medical supervision in infants up to 6 months old and in patients with thyroid diseases.

POVITULLE	
PIP Code	Sizes Available
361-3759	5x5cm
361-3767	9.5x9.5cm

Acknowledgements

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SIGN 26 Care of Patients with Chronic Leg Ulcers (2005),

APPENDIX 1

TIME WOUND BED PREPARATION CONTINUUM

Clinical Observation	Proposed Pathophysiology	Clinical action	Effect	Clinical outcome
Tissue non-viable (Necrotic / Sloughy)	Defective matrix and cell debris impair healing	Debridement (episodic or continuous) Autolytic Sharp Surgical Biological (i.e. Maggots) Debridement pad	Restoration of wound base and functional extra cellular matrix proteins	Viable wound bed
Infection or inflammation	High bacterial counts or prolonged inflammation	Remove infected foci Topical antimicrobials Systemic antibiotics	Low bacterial counts or controlled inflammation	Bacterial balance and reduced inflammation
Moisture imbalance	Desiccation slows epithelial cell migration Excessive fluid causes maceration of wound margin	Address the underlying cause e.g. venous hypertension / infection Apply moisture-balancing dressing / compression / NPWT Protect surrounding skin	Restored, epithelial cell migration, desiccation avoided oedema, excessive fluid controlled, maceration avoided	Moisture balance
Edge of wound non advancing or undermined	Non-migrating keratinocytes Non-responsive wound cells and abnormalities in extra cellular matrix or abnormal protease activity	Reassess cause or consider corrective therapies Debridement Infection Biological agents Adjunctive therapies	Migrating keratinocytes and responsive wound cells. Restoration of appropriate protease profile	Advancing edge of wound

APPENDIX 2

South Tyneside, Gateshead & Sunderland Medicines Management Committee (submission to South Tyneside MMC).

New Wound Management Product Request Form

1.0 PRODUCT DETAILS:

Name of Product *(generic & brand name)*	
Form/ Sizes Available	
Licensed Indication(s)	
Intended Indication(s) for use *(if different from or in addition to the above)*	

2.0 EVIDENCE TO SUPPORT APPLICATION

Summary of Evidence In Support Of Requested Product
Please provide any relevant clinical evidence that may be beneficial in support of this application
What monitoring (efficacy & adverse effects) is required for this product? Please state if this is different from the current situation

3.0 FORMULARY IMPLICATIONS:

Which formulary product(s) will this replace (if none state none)?
Please describe below how the product compares with the existing formulary product(s) or treatment with regard to: Efficacy: Safety: Tolerability & Acceptability:
Please include guidelines for the use of the new product, indicating its place in the therapy of the intended indication in relation to other formulary products

4.0 FINANCIAL AND OTHER IMPLICATIONS:

Specify Number of Patients Requiring New Product Per Annum	
Specify annual CHANGE to medicine budget expenditure:	
In Secondary Care	**In Primary Care**
Specify any other costs incurred by change in treatment e.g. extra monitoring requirements	

5.0 SHARED CARE ARRANGEMENTS:

Is the product intended for GPs to continue care ?	Yes / No
Is there a need for shared care protocol? *appropriate)*	Yes / No* *(* circle as*
When would GPs be expected to take on prescribing?	

6.0 CONFLICTS OF INTEREST

Please declare any relevant or associated interests that may conflict with your request E.g. funding of research, equipment, visits to conferences

Declaration of Conflict of Interest	

7.0 APPLICATION FORM COMPLETED BY:

Name of CONSULTANT or equivalent position in service :

Signature: …… Date: ……

7.0 APPLICATION FORM SUPPORTED BY:

Name of CLINICAL LEAD :……..……

Department: ……..……

Signature: …… Date: ……

South Tyneside NHS
NHS Foundation Trust

Dressings Request Form
GP reception staff

Please issue prescription, scan form into the patient's records then send all original forms to the Tissue Viability Team at the end of each month for audit purposes to; Clarendon House, Windmill Way, Hebburn, Tyne & Wear NE31 1AT

Instructions for use

This form must be completed by any nurse requesting **wound management products** from a GP following initial wound assessment, after a review which identifies a change in wound management goals. It will need to be used every time a non-formulary dressing is requested.

Your initial request for dressings must be for no more than 2 weeks supply of dressings. This is to minimise waste. In order to obtain repeat prescriptions for your patient you must complete the ***predicted treatment duration*** on the form. Repeat prescriptions will be issued to the patient until this cut off. This should not exceed 12 weeks from the first assessment. Please note in line with Trust policy all patients with a wound that fail to respond to 4 weeks of appropriate treatment (where wound healing is the desired outcome) should be referred to the Tissue Viability service for advice / assessment.

Only 2 weeks supply of antimicrobials will be issued – under no circumstances will they be placed on repeat prescription. A new form must be completed each time they are required to establish the rationale for use at each request. In line with trust guidance topical antimicrobials should not be used continuously for longer than 4 weeks.

It is acknowledged that some patients will need different wound products as the wound evolves towards healing or if it deteriorates. In these instances a new form must be completed which details the reassessment and the new products needed.

This form should not be used for any other prescribed items or indication other than wound management.

All initial requests must be for products listed on the wound management formulary unless the patient has a proven allergy to the listed products and all alternatives on the formulary have been tried. Non formulary products will not be placed on repeat prescription.

Please complete one form per wound / anatomical area i.e. unilateral leg ulcers.

If compression bandages please note the type of bandages along with ankle circumference and manufacturer

If hosiery is requested please note the ankle, foot and calf measurements, colour, class manufacturer, size, closed or open toe, below knee etc. If made to measure hosiery is required please append the relevant manufacturers made to measure form with the patients requirements and sizes on it to the dressings request form.

If your patient is house bound please indicate on the form

South Tyneside NHS
NHS Foundation Trust

Dressings Request Form

Patient Name DOB
Address
NHS Number

☐ Initial assessment ☐ Reassessment Date ___/___/_____

Wound Location *(please state)*_____
Wound Duration to date Days ____ Months ____ Years_____

Wound Type
☐ Diabetic Foot Ulcer
☐ Pressure Ulcer
☐ Surgical wound
☐ Leg Ulcer
☐ Other *(please state)*_____

Tissue Type at Wound Bed
☐☐☐ % Necrosis
☐☐☐ % Slough
☐☐☐ % Granulation
☐☐☐ % Epithelialisation
☐☐☐ % Bone / Tendon
Other *(please state)*_____

Level of Exudate ☐ Low ☐ Medium ☐ High ☐ Very High

Frequency of dressing change ☐ X2 Daily ☐ Daily ☐ Alternate days ☐ x2 Weekly ☐ Weekly

Signs of Infection
(please tick all that apply)

None ☐

Local Signs*
Consider topical antimicrobials
☐ Delayed healing
☐ Discolouration
☐ Friable tissue
☐ Wound breakdown
☐ Increased exudate
☐ Abnormal smell
☐ Increased pain / tenderness

Systemic Signs**
****Consider Systemic antibiotics***
☐ Pyrexia
☐ Systemically unwell
☐ Probes to bone
☐ Cellulitis or Erythema extending 1-2cm from the wound margin

Swab taken ☐Yes ☐ No Date ___/___/_____
Results / Actions taken

Dressing/s requested	**Name**	**Size**	**Quantity**
Primary			
Secondary			
Retention / Bandages/			
Compression Bandages / Compression Hosiery requested			
Predicted treatment duration *(Please circle to indicate)*	2 / 4 / 6 / 8 / 10 / 12 weeks		

Rationale for off formulary prescribing	
Which formulary product/s have already been tried?	
Please state why the product/s is unsuitable?	
Please give your rationale for prescribing this product and planned review date?	

☐ Patient / relative will collect prescription at the surgery
☐ Please forward prescription to the patient's preferred pharmacy for home delivery

Name of Nurse: *(PLEASE PRINT)*: Designation: Base:
Signature: Date: Time:
Contact details:

Nursing Home Dressings Request Form

This form must be completed when requesting dressings
Please complete ONE form per wound / anatomical area

Patient Name	
Date of Birth	
NHS Number	
State Care Home and name of Nurse requesting	

Wound Type	☐ Pressure Ulcer ☐ Leg Ulcer ☐ Surgical Wound ☐ Diabetic Foot Ulcer ☐ Other – please state:
Wound Location	
Level of Exudate	☐ Low ☐ High ☐ Medium ☐ Very High
Frequency of dressing change	☐ x2 daily ☐ Daily ☐ Alternate days ☐ x2 weekly ☐ Weekly If none of these, please state: _____

Dressing(s) requested	NAME	SIZE	QUANTITY
Primary			
Secondary			
Retention / Bandages / Compression Bandages etc			