Wound Product Selection Guide

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Dressing Selection

• Over 6000 products on the market!
• Consider the following:
  – Wound related factors
  – Patient/resident related factors
  – Dressing related
Objectives

• Describe the different wound care product categories
• Understand the advantages and disadvantages of wound care products
• Recognize appropriate dressing selection based upon wound presentation
Dressing Considerations

• **What do you need the dressing to do?**
  - Create or maintain moist wound bed
  - Provide for non-traumatic removal
  - Create a bacterial barrier
  - Protect healthy cells

• **Consider**
  - Ulcer location
  - Cost and frequency of change
  - Is the dressing user-friendly?
  - Any sensitivities or allergies your patient/resident may have
    - bovine, latex, adhesives, fiberglass, sulfur, etc. as all are components of some dressings and topicals
Dressing Considerations

• Ask yourself:
  – Is the wound clean and free of infection?
  – Is the wound dry or wet?
• These questions will guide your selection of dressings, topical medications and possible use of adjunctive therapies
• Consider cost-effectiveness in treatment planning (minimize resident and wound disruption, care giver time, etc.)
• Caution: Always follow manufacturer’s recommendations. Inappropriate use of dressings can cause harm (dehydration, maceration, hypergranulation, reinjury, granuloma, skin stripping, contact dermatitis, etc.)
Moist Wound Healing

- Standard of care for wound management
- Enables body to heal at peak efficiency
- Improved epithelial migration
- At times, not the method of choice (wound etiology, goals, etc.)**
  - Dry, stable heel ulcer
  - Dry gangrene
  - Resident status/wishes at end-of-life
Moist Wound Healing

Advantages

- reduced wound pain
- decreased edema
- rapid healing
- better cosmetic results
- softens eschar → facilitates autolytic debridement
- creates environment at near physiological temperature to optimize phagocytosis

- easy to implement
- fewer dressing changes → cost effective
- excludes environmental bacteria
- some dressings are waterproof
- some dressings can be used to reduce friction/shear forces
Dressing Categories

**Primary dressing**
- The dressing that comes into contact with the wound bed

**Secondary dressing**
- The dressing used to cover and protect the primary dressing

- Absorptives
- Antimicrobials
- Biologicals & Biosynthetics
- Calcium Alginates
- Collagens
- Composite Dressings
- Contact layers
- Elastic Bandages
- Foams
- Gauze Dressings
- Honey (Active Leptospermum)
- Hydrocolloids
- Hydrogels (Amorphous, Impregnated, sheets)
- Silicone Sheets
- Solutions
- Transparent Films
- Wound Fillers
- Emerging Technologies
Wound Care Technologies

**Compression**
- Dynamic Compression
- Static Compression

**Debridement**
- Jetox
- Arobella Quostic
- VersaJet
Wound Care Technologies

Diagnostic Technology
- Doppler’s
- Pressure Assessment

Drainage Collectors
- Component Parts
- Pouches
Wound Care Technologies

Negative Pressure Wound Therapy

- KCI (Various Models)
- Renasys (Smith & Nephew)
- Sved (ITI)
- MoblVac (Ohio Medical Corp)
- Pro-I, II, III (Prospera)
- Invia (Medela)
- Snap (Spiracur)
- Kalypto (Kalypto Medical)

Just to name a few...
Wound Care Technologies

**Nutritional Management**
- Crucial (Nestle Nutrition)
- Nestle Carnation Instant Breakfast
- Nutren Replete
- Resource Arginaid

**Positioners and Protectors**
- Elbow Lift
- HeelBoot
- Heelift
- Rooke Boots
- Tempur-Med Positioner

**Off Loading**
Skin Care Technologies

Adhesive Removers
Solvents formulated to dissolve adhesives and assists in removing residue from the skin

• Hollister Universal Remover
• Remove
• Unlv
• Preppies
• Triad Adhesive Tape Remover Pads
Skin Care Technologies

Antimicrobials/Antifungals
Agents in cream, ointment, lotion, spray or powder form that may be typically applied to the skin
• Aloe Vesta Antifungal Ointment
• Inzo Antifungal
• Mitrazol Powder
• Remedy Antifungal Cream, powder
• Secura
• Baza
• Interdry
• Microguard
• Sprays
• Powders
• Applied to skin fungal, yeast or bacterial infection
Skin Care Technologies

Cleansers
Solutions used to remove urine, feces, contaminants, foreign debris and exudate from the skin. Formulated with cleansing agents that minimize irritation and dryness of the skin.

• 3 N 1 Cleansing foam
• 4 N 1 Wash cream
• Loe Vesta
• Bathe Away
• ProShield
Skin Care Technologies

Liquid Skin Protectors
Formulations designed to protect vulnerable areas from the effects of mechanical or chemical injury and excessive moisture due to incontinence, perspiration or wound drainage.

• DermaMed Spray
• Hollister Skin Gel
• IV Prep
• Marathon Liquid Skin Prep
• Sting Free
• Sureprep/ and No Sting
Skin Care Technologies

Moisture Barriers
Creams, gel, ointment or paste preparations formulated to protect the skin from excessive moisture due to incontinence, perspiration or wound drainage. Indicated on Stage I pressure ulcers, on peri wound skin to prevent maceration, and on pressure points and bony prominences for prevention of skin breakdown.

- Aloe Vesta Ointment, spray
- Baza
- Calmoseptine Ointment
- Criticaid
- Dermagran
- Laniseptic
- Periguard
- Proshield
- Remendy
- Secura
- Soothe and Cool
Wound Care Technologies

**Tapes and Securement**
- Tapes
- Tubing & Dressing Securement
- Wound Approximators

**Therapeutic Interventions**
- Oxygen Therapy
- Electrostimulators
- Anodyne
- Diapulse
- Mist Therapy

**Topical Agents**
- Antimicrobials
- Topical Wound Dressings

**Skin Substitutes**
- Apligraf
- Dermagraft
- GammaGraft

**Support Surfaces**
Absorptives

Multi-layer wound covers that provide either a semi-adherent quality or a non adherent layer, combined with highly absorptive layers of fibers, such as cellulose, cotton or rayon. Designed to minimize adherence to the wound and manage exudate. May be used as a primary dressing or manage surgical incisions, lacerations, abrasions, burns, donor and skin graft sites or any exudating wound.

- Aquacel (ConvaTec)
- CombiDERM
- DuPad
- Exu-DRY
- Primapore (Smith & Nephew)
- Xtrasorb
- ARD
Calcium Alginate

- Seaweed derivative
- Rope or pad
- Can absorb up to 20 times its weight in fluid
- For moderately to heavily draining wounds
- Biodegradable
Calcium Alginate

**Advantages**
- absorbent, filler
- biocompatible with periwound tissue
- no trauma to wound bed with removal
- facilitates autolytic debridement
- cost-effective

**Disadvantages**
- more expensive if used improperly
- cannot visually monitor wound
- “gel” can sometimes be mistaken for infection (odor)
- not for use on desiccated wounds
# Calcium Alginates

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>BRANDNAMES (examples only)</th>
<th>DESCRIPTION</th>
<th>INDICATIONS AND CONSIDERATIONS</th>
<th>HOW TO USE TransCu O₂ WITH THESE PRODUCTS</th>
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<tbody>
<tr>
<td>Calcium Alginates</td>
<td>AlgiCell Maxsorb Algisite Restore CalciCare Kalginate Aquacel Seasorb CarboFlex Sorbsan Carrasorb Melgisorb Kaltostat Soralgon GentellAlginate AlgiDERM CurraGinate CURRASORB FyBron DermaShield Hyperion 3MTegaderm HI Melgisorb Silvercell Tegagen Restore CalciCare CarraGinate</td>
<td>Alginates are derived from brown seaweed. Composed of soft, nonwoven fibers shaped as sheet ropes or pads. Alginates are absorbent and conform to the shape of the wound. Interacts with wound exudate to form a soft gel that maintains a moist wound healing environment. An alginate can absorb up to 20 times its weight.</td>
<td>• Stage III to IV pressure ulcers • Full thickness wounds • Moderate to heavy draining wounds • Good choice for undermined or tunneled, draining wounds • May leave fiber residue which may be flushed with saline to remove • Calcium alginate dressings facilitate autolytic debridement</td>
<td>• Can be used as a primary moisture absorbent dressing with TransCu O₂ • Depending on the amount of drainage, a secondary dressing may be needed • Should be covered with a transparent or thin film to ensure an oxygen rich environment • For frequency of dressing changes, follow manufacturer’s or health care provider’s recommended guidelines</td>
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Calcium Alginate
Transparent Films

- Adhesive
- Polyurethane membrane
- Semi-permeable
- As a group, waterproof and create a bacterial barrier
- Moisture Vapor Transfer Rates (MVTR)
Transparent Films

Advantages
• semipermeable
• retain moisture
• facilitate autolytic debridement
• allow visualization of wound
• no secondary dressing required

Disadvantages
• light exudate only
• may tear fragile skin
• difficult to apply
• may dislodge
• adhesive backing weakened with moisture
• drainage often mistaken for infection
## Transparent or Thin Films

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| Transparent or Thin Films  | Biocclusive                | Adhesive semi permeable, polyurethane membrane dressing that vary in thickness and size. They are waterproof and impermeable to bacterial and contaminants yet they permit water vapor to cross the barrier. Maintain a moist wound healing environment promoting formation of granulation tissue and autolysis of necrotic tissue. | • Stage II wounds as primary dressing  
• Partial thickness wounds as a primary dressing  
• Wounds with little or no exudate  
• May be used as a secondary dressing  
• Nonabsorptive  
• Retains moisture  
• Allows wound observation  
• Prevents or reduces friction  
• May not be recommended for infected wounds  
• May be difficult to apply and handle  
• Not recommended for use on fragile skin | • Recommended for use with TransCu O₂ as a cover for moisture absorbent dressings to ensure an adequate oxygen rich environment  
• Should be used above a moisture absorbent dressing  
• For frequency of dressing changes, follow manufacturer’s or health care provider’s recommended guidelines |
|                            | Suresite                   |                                                                                                        |                                                                                                |                                          |
|                            | 3M Tegaderm                |                                                                                                        |                                                                                                |                                          |
|                            | Dermaview                  |                                                                                                        |                                                                                                |                                          |
|                            | OpSite                     |                                                                                                        |                                                                                                |                                          |
|                            | Flexi Pore                 |                                                                                                        |                                                                                                |                                          |
|                            | CarraFilm                  |                                                                                                        |                                                                                                |                                          |
|                            | Invacare                   |                                                                                                        |                                                                                                |                                          |
|                            | Polyskin MR                |                                                                                                        |                                                                                                |                                          |
|                            | 3M Tegaderm                |                                                                                                        |                                                                                                |                                          |
|                            | Transparent Film           |                                                                                                        |                                                                                                |                                          |
Transparent Films
Foams

• Can be either a cover dressing or a filler
• With or without an adhesive border
• Varying thickness and absorptive capabilities
• May have a polyurethane film coating
Foams

Advantages
- good/excellent absorption
- good MVTR
- good O₂ permeability
- min/no trauma to granulation tissue
- supports autolytic debridement

Disadvantages
- no direct visual monitoring of wound
- may desiccate wound
- may require secondary dressing
- not for wounds with dry eschar
Foams

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<tr>
<td>Foam</td>
<td>Allevyn Biatain CarraSmart Optifoam Curafoam DermaLevin Flexan Silon Dual-Dress Hydrofoam HydroSorb HydroCell LoProfile Hydropolmer Lyofoam Mepilex DeRoyal Mitraflex MP Foam Permafoam Polyderm Polymem PolyWic Sof-Foam SorbaCell 3M Foam Tiell VigiFoam</td>
<td>Foam dressings are absorbent, vary in thickness and have a non-adherent layer, allowing non-traumatic removal. Provide a moist environment and thermal insulation. Some have an adhesive border and may have a film coating as an additional bacterial barrier.</td>
<td>• Partial and full thickness wounds • Stage II to IV pressure ulcers • Minimal to heavy exudate • May be fenestrated for ease of use around tubing • Comfortable • May be used under compression • Primary and secondary dressings for absorption and insulation • Non-adherent • May repel contaminants</td>
<td>• Can be used as a primary moisture absorbent dressing with TransCu O₂ • Depending on amount of drainage may require an additional secondary dressing • Should be covered with a transparent or thin film to ensure an oxygen rich environment • For frequency of dressing changes, follow manufacturer’s or health care provider’s recommended guidelines</td>
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Foams

As Primary Dressings
Foams

- As Secondary Dressings
Hydrogels

• Water or glycerin based gels
• Variety of forms: sheet, amorphous, or impregnated gauze
• Add or contribute moisture to wound bed
Hydrogels

Advantages
• good MVTR
• facilitates autolysis
• soothing
• no tissue trauma
• hydrates wound bed

Disadvantages
• will dehydrate if not covered
• poor/fair exudate absorption
• can macerate periwound tissue
• require secondary dressing
## Hydrogels

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| Hydrogels | Amerigel hydrogel         | Water or glycerin-based amorphous gels, impregnated gauzes help maintain a moist healing environment, promote granulation and epithelialization, and facilitate autolytic debridement | • Recommended with dry and minimal exudate  
• Stage II pressure ulcers  
• Stage III and IV pressure ulcers  
• Full thickness wounds  
• Minor burns  
• Tissue damaged by radiation  
• Requires a secondary dressing  
• Non-adherent, trauma-free removal  
• Soothing and reduce pain  
• Can be used with topical medications  
• Can be used in infected wounds  
• May cause maceration to periwound | • Can be used as a primary moisture absorbent dressing with TransCu O₂  
• May require an underlying dressing such as a contact layer  
• Should be covered with a transparent or thin film to ensure an oxygen rich environment  
• For frequency of dressing changes, follow manufacturer's or health care provider’s recommended guidelines |
|          | Aquaflo Flexgel           |             |                                 |                                          |
|          | Curarasyn Intrasite       |             |                                 |                                          |
|          | Aquasite SAF-Gel          |             |                                 |                                          |
|          | Aquasorb Tenderwet        |             |                                 |                                          |
|          | Curafil Vigilon           |             |                                 |                                          |
|          | Curasol Xcell             |             |                                 |                                          |
|          | Curagel Restore Gel       |             |                                 |                                          |
|          | Skintegrity Solosite      |             |                                 |                                          |
|          | Dermagauze Tenderwet      |             |                                 |                                          |

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Hydrogels
Hydrocolloids

- Composition varies - gelatin, pectin, carboxymethylcellulose
- Variety of sizes, shapes and forms (pads, pastes, powders)
- Occlusive or semi-occlusive
- Some with high MVTR
Hydrocolloids

Advantages
• bacterial barrier
• moderate exudate absorption
• decreases pain in wound
• facilitates autolysis
• self-adherent
• cost-effective

Disadvantages
• dressing residue sometimes difficult to remove
• no visual monitoring of wound
• not indicated for infected wounds, tracts, or exposed tendon/bone
• adherent/tacky
Hydrocolloids

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<td>Hydrocolloids</td>
<td>CarraSmart</td>
<td>Occlusive or semi-occlusive dressings composed of such materials as gelatin, pectin, and carboxymethylcellulose.</td>
<td>• Partial and full thickness wounds&lt;br&gt;• Primary and secondary dressing&lt;br&gt;• Provide light to moderate absorption&lt;br&gt;• Impermeable to bacteria and other contaminants&lt;br&gt;• Facilitate autolytic debridement&lt;br&gt;• Are self adherent and mold well&lt;br&gt;• Long wear 3-5 days&lt;br&gt;• Not indicated for heavy draining wounds&lt;br&gt;• Not indicated for infected wounds&lt;br&gt;• May leave residue&lt;br&gt;• Odor may be noted with removal&lt;br&gt;• Provides an occlusive property that limits gas exchange&lt;br&gt;• Can make wound assessment difficult, if opaque</td>
<td>• Can be used as a primary moisture absorbent dressing with TransCu O₂&lt;br&gt;• Consider using a skin prep on the intact skin surrounding the wound bed to protect the periwound&lt;br&gt;• Should be covered with a transparent or thin film to ensure an oxygen rich environment&lt;br&gt;• For frequency of dressing changes, follow manufacturer’s or health care provider’s recommended guidelines</td>
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<tr>
<td></td>
<td>CombiDerm</td>
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<td>Comfeel</td>
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<td></td>
<td>DuoDerm</td>
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<td>Exuderm</td>
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<td></td>
<td>Nu-Derm</td>
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<td>MPM Excel</td>
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Hydrocolloids
Gauze Dressings

• Most variability of any product category
• Sterile vs. non-sterile
• Pads, fluffs, strips, rolls
• Impregnated with water, saline, or “other”
• With or without an adhesive border
Gauze Dressings

Advantages

• mechanical debridement (non-selective)
• permeable
• good filler
• conformable
• adaptable
• combined w/ other dressings

Disadvantages

• may be ineffective
• damage viable tissue
• painful removal
• dehydrate wound
• permeable to bacteria
• macerate
• may not be cost-effective
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<tr>
<td>Gauze</td>
<td>Avant elux, Bulkee II, ComDress, CovRSite, Medline ABD, Mepore</td>
<td>Most variability. Sterile vs. non sterile. Pads, fluffs, strips, rolls. Impregnated with water saline or other. Advantages: mechanical debridement, permeable, good filler, conformable, adaptable combined with other dressing. Disadvantages: may be ineffective, damage viable tissue, painful removal, dehydrate wound, permeable to bacteria, macerate, may not be cost effective.</td>
<td>• Dry woven or non-woven sponges and wraps with varying degrees of absorbency, based in design. • Fabric may include cotton, polyester or rayon. • Used for cleansing packing and covering a variety of wounds.</td>
<td>• Can be used with TransCu O₂. • Care should be taken to observe and monitor amount of exudate may require more frequent dressing changes based on exudate. • Should be covered with a transparent or thin film to ensure an oxygen rich environment. • For frequency of dressing changes, follow manufacturer’s or health care provider’s recommended guidelines.</td>
</tr>
</tbody>
</table>
Gauze
Collagens

• Typically derived from bovine collagen
• Promotes granulation tissue formation
• Stimulates new tissue development and autolytic debridement
Collagens

**Advantages**

- absorbent
- facilitates autolytic debridement
- moist environment
- nonadherent
- easy application
- facilitates wound healing
- may be used in combination with topical agents
- biodegradable

**Disadvantages**

- not recommended for full thickness burns
- not recommended for black, dry wounds (adherent eschar)
- requires secondary dressing
# Collagens

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<td>Collagen</td>
<td>BGC Matrix&lt;br&gt; Fibrocol&lt;br&gt; Promogran&lt;br&gt; Promagran/Prisma&lt;br&gt; Puracol&lt;br&gt; Coactive&lt;br&gt; Collagen- Cellerate powder, jel&lt;br&gt; Medfill&lt;br&gt; WOUND’DRESS&lt;br&gt; GraftJacket&lt;br&gt; Prisma&lt;br&gt; Biostep/ AG&lt;br&gt; Stimulen Primatrix</td>
<td>Major protein of the body, stimulates cellular development</td>
<td>• Stage III and IV pressure ulcers&lt;br&gt; • Requires secondary dressing&lt;br&gt; • Absorbent&lt;br&gt; • Nonadherent&lt;br&gt; • Conforms well, easy to apply&lt;br&gt; • May be used in combination with topical agents</td>
<td>• Can be used as a primary moisture absorbent dressing with TransCu O\textsubscript{2}&lt;br&gt; • Should be covered with a transparent or thin film to ensure an oxygen rich environment&lt;br&gt; • For frequency of dressing changes, follow manufacturer’s or health care provider’s recommended guidelines</td>
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Collagens
Composite Dressings

• Combine two physically different components into one dressing
• Features MUST include:
  – bacterial barrier
  – absorptive layer other than alginate, foam, hydrocolloid, or hydrogel
  – a semi- or non-adherent wound covering
Composite Dressings

Advantages
• facilitates autolytic debridement
• safe with infected wounds
• easy application and removal
• can be primary or secondary dressing

Disadvantages
• requires intact/healthy skin border
## Composites

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| Composites | Alldress, CovRSite, DermaDress Island, Mepore, Opsite Post-op composite, Primapore, Stratasorb, Suresite 123 + pad, Versiva Composite Foam, Dressing with hydrofiber | Wound covers that combine physically distinct components into a single product to provide multiple functions such as a bacterial barrier, absorption and adhesion. | • They can function as either a primary and/or secondary dressing on a wide variety of wounds | • Can be used as a primary moisture absorbent dressing with TransCu O₂.  
• Depending on the material of the composite may need a secondary dressing, thin film or transparent dressing to ensure an oxygen rich environment  
• For frequency of dressing changes, follow manufacturer's or health care provider's recommended guidelines |
Composites
## Contact Layers

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| Contact Layer  | Tegapore, Silon-TSR, Temporary Skin Replacement, Dermanet, Telfa Clear, Mepitel, Profore Wound Contact layer, N Terface | Contact layers are thin, non-adherent sheets placed on an open wound bed to protect tissue from direct contact with other agents or dressings applied to the wound. They conform to the shape of the wound and are porous to allow exudate to pass through for absorption by an overlying, secondary dressing. | • Indicated for partial and full thickness wounds, infected wounds, donor sites and split thickness skin grafts  
• May be used with topical medications | • Can be used with TransCu O₂  
• Do not use products with a petrolatum base  
• Contact layer is utilized to protect the wound bed, skin or structures  
• Should be used with a secondary dressing and a transparent or thin film dressing to ensure an oxygen rich environment  
• For frequency of dressing changes, follow manufacturer’s or health care provider’s recommended guidelines |

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## Antimicrobial

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<td>Antimicrobial (Silver Impregnated and others)</td>
<td>Acticoat Maxsorb AG Actisorb Silver Argaes Barrier &amp; Powder SilverSorb Aquacell AG Contreet Telfa AMD Excel-Gel SilverDerm7 Excilon AMD Algidex Excelginate AG Curity AMD Hydrogel AG Tegaderm Ag Mesh Telfa AMD Excilon AMD Hydrofera Blue Xcell AM Iodoflex Iodosorb Silver Seal Di-DAK-Sol</td>
<td>Derived from agents such as silver, iodine and polyethylene biguanide. These products combine active ingredients or physical characteristics of a particular active ingredient with a dressing or delivery system in an attempt to deliver an antimicrobial action to the wound. Available in foams, hydrocolloids, alginates, hydrogels, barrier layers and charcoal cloth. • <strong>Used for locally infected wounds</strong> • <strong>Used to control bacteria bioburden</strong> • Effective against a broad spectrum of microorganisms • For acute and chronic wounds, burns, surgical wounds diabetic foot ulcers, pressure ulcers, leg ulcers • Not for hypersensitivity to silver, iodine • No magnetic resonance imaging when using silver</td>
<td>• Can be utilized with TransCu O\textsubscript{2} • May require a secondary dressing or a contact layer • Should be covered with a transparent or thin film to ensure an oxygen rich environment • For frequency of dressing changes, follow manufacturer’s or health care provider’s recommended guidelines</td>
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# Biologicals & Biosynthetics

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<th>INDICATIONS AND CONSIDERATIONS</th>
<th>HOW TO USE TransCu O₂ WITH THESE PRODUCTS</th>
</tr>
</thead>
</table>
| Biologicals & Biosynthetics  | Apligraf, Dermagraft, Biobrane, E-Z Derm, Humantrix, MatiStem, MediStem, Oasis, Dermgraft, GRAFTJACKET, Regenerative GRAFTJACKET XPRESS, Orcel, Regranex, Integra | Gels, solutions or semi permeable sheets derived from a natural source. A gel or solution is applied to the wound surface and covered with a dressing. A sheet may act as a membrane, remaining in place after a single application for undisturbed healing. | • Indicated for partial thickness wounds, such as burns, abrasions, donor sites, skin tears and as a temporary covering for autografts or to manage second degree burns or pressure ulcers  
• May be part of a procedure billed using a CPT code | • Can be used with TransCu O₂  
• Can be used prior to a graft, with a graft or after a graft  
• Recommended to use a contact layer below the TransCu O₂ tubing  
• Cover with a moisture absorbent dressing underneath a transparent or thin film to ensure an oxygen rich environment  
• For frequency of dressing changes, follow manufacturer’s or health care provider’s recommended guidelines |
## Compression

<table>
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<tbody>
<tr>
<td>Compression</td>
<td>Unna Boot Primer Tenderwrap Unna flex- Elastic Wraps Comrilan Setopres DynaFlex Coflex Wrap Tubigrip 2 –layer Conco Medicopaste 3-Layer Dynaflex Profore Lite 4-Layer Profore Conco</td>
<td>Indicated for venous ulcers, compression therapy products are used to manage edema and promote the return of venous flow to the heart. Conventional management with zinc oxide impregnated bandaging systems, such as an Unna Boot provides inelastic compression. Multilayered, sustained graduated, high compression bandages aid in the management of wounds caused by venous insufficiency.</td>
<td>• Frequency of change to be determined by drainage • Contraindicated for use with arterial disease • Ankle-brachial index must be performed prior to use</td>
<td>• Can be used in conjunction with TransCu O₂ • Care should be taken to ensure that the TransCu O₂ tubing is properly off-loaded • May require a secondary dressing to manage exudate • Wound and secondary dressing should be covered with a transparent or thin film to ensure an oxygen rich environment • For frequency of dressing changes, follow manufacturer’s or health care provider’s recommended guidelines</td>
</tr>
</tbody>
</table>
Enzymatic Debriding Agents

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| Enzymatic Debriding Agents| Collagenase, Ethezyme Ointment, Kovia, Gladase, Santyl | Enzymatic debriding agents act on any one or all of these materials: collagen, protein, fibrin, elastin or nucleoproteins. Check with each product as to its method of action. | • Some enzymatic debriders are selective for necrotic tissue while some are not  
  • By loosening the necrotic debris, surgical debridement may be avoided  
  • Tunneling ulcers are particularly suitable for these products as they remove debris which may be difficult to visualize and/or reach  
  • Requires a prescription | • Petrolatum-based products are not recommended for use with TransCu O₂ – only use aqueous based debriding agents  
  • Consider debriding wound and, once there is an adequately clean wound bed, initiate TransCu O₂ |
# Wound Fillers

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</table>
| Wound Fillers  | Altrazeal Transforming Powder  
Dermagran Hydrophilic B Wound Dressing  
FlexGel Strands  
Gold Dust  
PolyMem QuadraFoam Cavity QuadraFoam WIC Cavity fillers with Silver Silverlon | Beads, creams, foams, gels ointments, pads, pastes, pillows, powders strands or other formulas that are non-adherent. | • Fillers function to maintain a moist wound environment and manage exudate  
• Indicated in partial and full thickness wounds, infected wounds, draining wounds and deep wounds that require packing  
• Absorption capability depends on the products composition  
• Require a secondary dressing | • Can be used with TransCu O₂  
• Petrolatum-based products are not recommended for use with TransCu O₂ – only utilize non-petrolatum based dressings  
• Ensure that the diffusion of oxygen across the wound bed is achieved  
• Should be covered with a transparent or thin film to ensure an oxygen rich environment  
• For frequency of dressing changes, follow manufacturer’s or health care provider’s recommended guidelines |
Amount of Drainage

Slight

Hydrogel
Thin Film

Hydrocolloid
Gauze

Calcium Alginate

Hydrofiber
Collagen

Foam

When used as primary

Dressing Options
Dressings Summary

• What do you want the dressing to do?
• Where is the wound located?
• During a dressing change, is the wound wet, moist or dry?
• Is the wound clean or infected?
• What tissues are present in the wound?
  – Granulation, slough, eschar, deep tissue structures
• How painful is the wound and surrounding tissues?
• What is the quality of the periwound?
• What are your wound management goals?
• What are the residents/family members goals?