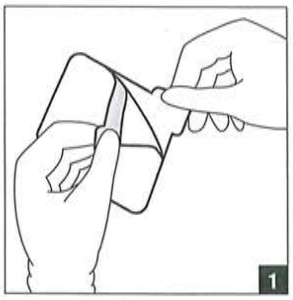

Hydrocolloid Dressing

Hydrocolloid Dressings are sterile, occlusive dressings. The flexible outer layer helps isolate the wound against bacterial and viral (HIV-1 and HBV) contaminants and other external contamination such as urine and feces while the dressing remains intact without leakage.† The self-adhesive inner layer maintains a moist wound environment while absorbing excess wound exudate to prevent fluid pooling.

The dressings are designed for use on dermal ulcers, partial and full-thickness wounds with light to moderate amounts of exudate.

Indications for Use

- Dermal ulcers, including full-thickness wounds
- Diabetic ulcers
- Pressure sore management (Stages I-IV)
- Leg ulcer management
- Superficial wounds (minor abrasions)
- Second degree burns
- Donor sites

Contraindications

- Third degree burns

Precautions/Observations

Hydrocolloid dressings have been shown in viral penetration laboratory experiments to act as a barrier to bacteria and viruses (Hepatitis B and C and Human Immunodeficiency Virus HIV) while the dressings remain intact without leakage.†

Initial use of a hydrocIloid on a dermal ulcer should be under the direction of a health care professional.

Hydrocolloid dressings provide local management of the wound site. When managing pressure sores, other aspects such as repositioning of the patient and nutritional support are important. In the management of leg ulcers, patients with vascular insufficiency who remain standing for long periods of time can increase the amount of local edema and interfere with potential healing.

Deep tissue damage may already be present under an apparent superficial dermal ulcer. When an occlusive dressing is applied during the intial phase of management, the wound may increase in size and depth as necrotic debris is cleaned away. Vasculitis leg ulcers may rapidly deteriorate during exacerbation of the underlying disorder.

Wounds, particularly those that are large or necrotic, are often accompanied by a disagreeable odor; however, this is not necessarily indicative of infection. The odor should disappear when the wound is cleansed.

If clinical signs of infection are present (e.g., odor, change in color of the exudate, fever or cellulitis), appropriate medical treatment should be initiated. Management of the wound with Hydrocolloid dressings may be continued at the discretion of the clinician.

Excessive granulation tissue may develop in some wounds when using "occlusive" dressings.

Instructions for Use

Preparing the Wound Area

Before applying a dressing, the wound should be thoroughly rinsed or irrigated with an appropriate solution. The skin should be clean and dry for secure application.

Applying the Dressing

To ensure attachment to healthy skin, the dressing should extend at least one inch beyond the wound edge. Dressings may be overlapped or cut to accommodate the size of the wound.

1. Partially remove the release paper from the dressing, exposing the center of the dressing. Do not remove the paper completely at this point.
2. Center the adhesive side of the dressing over the wound site. Be careful not to touch the adhesive side of the dressing (side applied to the wound).
3. Remove the remaining pieces of the release paper from the dressing and press the dressing margins to the skin.

Removing the Dressing

4. To remove, carefully lift an edge of the dressing while pressing gently down on the skin. Continue this procedure around the wound bed until all edges of the dressing are free.

Carefully wash the wound area to remove any residual materials. Remove excess moisture and apply a new dressing.

Note: The dressing should be left in place (not more than 7 days) unless it is uncomfortable, leaking or there are clinical signs of infection.

†The use of this dressing neither guarantees nor warranties against the transmission of the HIV-1 and HBV virus.

Reference: ASTMF1671-97 standard test method for resistance of materials used in protective clothing to penetration by blood-borne pathogens using Phi-X174 Bacteriophage as a test system.