The **right** dressing at the **right** point in time™

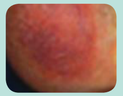
Pressure ulcer management

The European Pressure Ulcer Advisory Panel (EPUAP) and The National Pressure Ulcer Advisory Panel (NPUAP) guidelines recommend the use of hydrocolloids for the management of pressure ulcers.

DuoDERM™ Signal™ and DuoDERM™ Extra Thin dressings can be used to manage stage I and stage II pressure ulcers.

EPUAP and NPUAP guidelines for stage I and II ulcers

Stage I

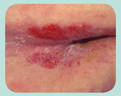


Non-blanchable redness of intact skin

Intact skin with non-blanchable erythema of a localised area usually over a bony prominence. Discoloration of the skin, warmth, oedema, hardness or pain may also be present. Darkly pigmented skin may not have visible blanching.

"Consider using hydrocolloid dressings to protect body areas at risk for friction injury or risk of injury from tape. (Strength of Evidence=C)"[16]

Stage II



Partial thickness skin loss

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

"Use hydrocolloid dressings for clean Category/ Stage II pressure ulcers in body areas where they will not roll or melt. (Strength of Evidence=B)"[16]

DuoDERM™ Signal

DuoDERM™ Extra Thin

Additional support includes:

Ordering information

DuoDERM™ Signal™	Pack size	Product code
10cm x 10cm	5	S166
14cm x 14cm	5	S167
20cm x 20cm	5	S168
11cm x 19cm	5	S174
18.5cm x 19.5cm Heel	5	S169
20cm x 22.5cm Sacral	5	S170
15cm x 18cm		
19.5cm x 23cm		

DuoDERM™ Extra Thin	Pack size	Product code
7.5cm x 7.5cm	5	S160
10cm x 10cm	10	S161
15cm x 15cm	10	S162
5cm x 10cm	10	S163
5cm x 20cm	10	S164
9cm x 15cm	10	S171
9cm x 25cm	10	S172
9cm x 35cm	10	S173
4.4cm x 3.8cm	10	S001SP
15cm x 18cm Sacral	10	

Granuflex™	Pack size	Product code
10cm x 10cm	10	S150
15cm x 15cm	10	S151
20cm x 20cm	5	S152
15cm x 20cm	10	S153
20cm x 30cm (hospital only)	5	S154

Granuflex™ Bordered	Pack size	Product code
6cm x 6cm	5	S155
10cm x 10cm	10	S156
15cm x 15cm	5	S157
10cm x 13cm	10	S158
15cm x 18cm	5	S159

GranuGEL™	Tubes per box	Product code
15g tube	10	S129

For further information and advice on any of these products, please contact ConvaTec Clinical Support Line Freephone 0800 289 738 (UK) 1 800 946 938 (ROI). Visit the ConvaTec website at www.convatec.com

References: 1. Kerstein MD, Gemmen E, Van Rijswik L *et al.* The cost effectiveness of Venous and Pressure Ulcer Protocols of Care. *Disease Management and Health Outcomes* 2001;9(11): 651–663. **2.** Day A, Dombranski B, Farkas C *et al.* Managing sacral pressure ulcers with hydrocolloid dressings: Results of a controlled clinical study. *Ostomy/Wound Management* 1995;41: 52–65. **3.** Hickerson WL, Kealey GP, Smith DJ, Jr. *et al.* A prospective comparison of a new, synthetic donor site dressing versus an impregnated gauze dressing. *Journal of Burn Care & Rehabilitation* 1994; 15(4):359–63. **4.** Smith DJ, Jr., Thomson PD, Bolton LL *et al.* Microbiology and healing of the occluded skin-graft donor site. *Plastic & Reconstructive Surgery*.1993;91(6):1094–7. **5.** Demetriades D and Psarras G. Occlusive versus semi-open dressings in the management of graft donor sites. *South African Journal of Surgery*. 1992;30(2):40–1. **6.** Pudner R. Hydrocolloid dressings. *PN* 1998;9:7–19. **7.** Wilson *et al.* Methicillin-resistant staphylococcus aureus and hydrocolloid dressings. *Pharm J* 1988: **241**(1): 787-788. **8.** Bowler PG, Delargy H, Prince D and Fondberg L. The viral barrier properties of some occlusive Dressings and their role in infection control. *Wounds* 1993;5(1):1–5. **9.** Burgess B. An investigation of hydrocolloids: a comparative prospective randomised trial of the performance of three hydrocolloid dressings. *Prof Nurse* 1993;8(suppl 7):2–5. **10.** Forshaw A. Hydrocolloid dressings in paediatric wound care. *J Wound Care* 1993;2(4):209–212. **11.** Please see package inserts for full product information, including instructions for use. **12.** Greguric S, Budimcic D, Soldo BA *et al.* Hydrocolloid dressing versus a conventional dressing using magnesium sulphate paste in the management of venous leg ulcers. *Acta Dermatovenerol Croat* 1994; 2:65–71. **13.** Thomas S and Hay P. Fluid handling properties of hydrogel dressings. *Ostomy/Wound Management*.1995;41(3):54–59. **14.** NHS formulary. Information and practice guidelines for the products included in the formulary. Hydrocolloids. Available at: http://www.formulary.cht.nhs.uk/pdf_.doc_files_etc/APC/Wound_Formulary_2ndEdn/13_DressingProducts.pdf. Date accessed September 2011. **15.** Van Rijswick L. Ingredient-based wound dressing classification: a paradigm that is passé and in need of replacement. *J Wound Care*. 2006;15(1):11–14. **16.** European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel (2009). Treatment of Pressure Ulcers: Quick Reference Guide. Washington DC: National Pressure Ulcer Advisory Panel. Available at: http://www.epuap.org/guidelines/Final_Quick_Treatment.pdf. Date accessed: September 2011.

AP-011641-MM

ConvaTec

DuoDERM™

GranuFlex™

The **right** dressing

at the **right** point in time™

Wound management is a daily dilemma. Granuflex™ and DuoDERM™ dressings help tip the balance towards recovery, by protecting the wound and creating a moist healing environment.

ConvaTec

DuoDERM™: gentle and effective wound management

The DuoDERM™ dressings range is trusted by healthcare professionals and patients worldwide to help manage wounds. The dressings contain three hydrocolloids that gel at different rates, creating a dynamic fluid uptake system to maximise wear-time.*

DuoDERM™ dressings:

- are suitable for the different stages of wound healing and multiple wound types
- are cost-effective,[1] and may result in savings compared with other dressings
- may increase the likelihood of pressure ulcer healing compared with other hydrocolloids[2]
- promote faster rates of healing compared to traditional gauze dressings[3,4,5]
- provide a moist wound environment to promote autolytic debridement[6]
- can protect against the spread of bacteria including MRSA[7], and viruses such as HBV and HIV-1*[8]
- are versatile and easy to use

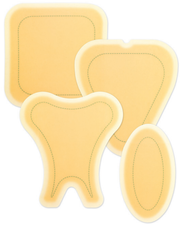
* Whilst the dressing is intact and without leakage. Use of DuoDERM™ dressings neither guarantees nor warrants against the transmission of HIV or HBV. In vitro testing.

DuoDERM™ dressings are designed for:

- Pressure ulcers (stages I-IV)
- Burns (first and second degree)
- Leg ulcers
- Donor sites
- Diabetic ulcers
- Superficial wounds/minor abrasions
- Surgical wounds

Our dressings: more details

DuoDERM™ Signal



Indication: management of lightly or moderately exuding chronic wounds (pressure ulcers, leg ulcers), as well as acute wounds (second degree burns, skin donor sites, other surgical and traumatic wounds).

DuoDERM™ Signal™ dressings have an indicator to help healthcare professionals decide when the dressing should be changed. This avoids premature changes that can disturb healing or cause discomfort.

Key clinical benefits include:

- a visual indicator which shows the right time to change** enabling all caregivers to time their wound management effectively
- offer tapered edges and smooth, low-friction surface to reduce rucking and the effect of shear through less dressing catching on clothing and bed linen
- available in an anatomical range of sizes, enabling tailored selection of a dressing using the green-dotted indicator line for proper positioning
- gelling action helps prevent damage to the wound bed on removal; ensuring maximum comfort for your patient[9]
- an outer waterproof polyurethane film which can protect against the spread of both bacteria, including MRSA, and viruses such as HBV and HIV-1 as well as liquids such as urine***
- designed to reduce the potential for dressing edges to catch on clothing and bed linen***

** Change dressing when clinically indicated, when strike through occurs or before the maximum wear time of seven days. Cleanse wound at appropriate intervals.

***While the dressing is in tact and without leakage. Use of DuoDERM™ dressings neither guarantees nor warrants against the transmission of HIV or HBV.

DuoDERM™ Extra Thin

Indication: management of lightly exuding wounds, including pressure ulcers, minor burns, abrasions, lacerations and post-operative wounds, as well as lightly exuding leg ulcers and recalcitrant dermatological conditions where occlusion is recommended.

The DuoDERM™ Extra Thin dressings protect wounds that are lightly exuding and offer continuous care throughout the healing process.

Key clinical benefits include:

- easy to use,[10] mould and can be cut to shape[11] to allow the convenient management of wounds in awkward areas
- can be used on skin tears and superficial wounds, as well as dry to lightly exuding dermal ulcers
- protects wounds that are lightly exuding, newly-formed tissue or skin at risk of further breakdown through friction and shear
- create a moist wound-healing environment that supports reepithelialisation[12]
- can be used on the body as a primary or secondary dressing

GranuFlex™

Indication: management of low to moderately exuding chronic wounds (pressure ulcers, leg ulcers) as well as acute wounds (minor burns, skin donor sites, other surgical and traumatic wounds).

Creating an occlusive, moist wound environment which promotes healing,[13] the unique hydrocolloid composition of Granuflex™ dressings aid autolytic debridement and promote granulation.[2] Also have a wear time of up to seven days.

Key clinical benefits include:

- facilitate a moist wound healing environment[14]
- keep nerve endings moist, helping to relieve discomfort and pain[14]
- aiding of autolytic debridement[14]
- cost-effective and easy to apply[10]

Granuflex™ Bordered dressing

Indication: management of low to moderately exuding chronic wounds (pressure ulcers, leg ulcers) as well as acute wounds (minor burns, skin donor sites, other surgical and traumatic wounds). Granuflex™ Bordered shares the powerful hydrocolloid composition of Granuflex™, but low profile edges help to reduce rucking, for use in awkward areas. Also have a wear time of up to seven days.

Key clinical benefits include:

- adhesive border for application to hard-to-dress areas[2]
- aiding of autolytic debridement[11]
- facilitate a moist wound healing environment[15]
- keep nerve endings moist, helping to relieve discomfort and pain[14]
- cost-effective and easy to apply[10]

GranuGEL™

Indication: management of dry, necrotic and sloughy wounds, which can be superficial or deep.

GranuGEL™ gel both absorbs fluid from and donates fluid to the wound, ensuring a balance of moisture and pH. The clear, viscous gel has a powerful hydrating action.

Key clinical benefits include:

- brings moisture to dry, necrotic, sloughy or granulating wounds[15]
- promotes autolysis and removal of necrotic and sloughy tissue
- easy to apply with sterile nozzle