# Wound Care Product Selection Guide

<table>
<thead>
<tr>
<th>Product Category</th>
<th>Description, Product Characteristics</th>
<th>Outcomes</th>
<th>Indications for Use</th>
<th>Disadvantages</th>
<th>Special Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-Adherent</strong></td>
<td>- Silicone or Vaseline impregnated gauze or woven material. - Some contain topical antibiotics. - Simple to use.</td>
<td>- Minimises trauma and pain - Non-absorptive - Some may have minimal moisture retention properties.</td>
<td>- Re-epithelializing skin - Skin tears - Skin grafts and donor sites - Cancerous lesions - Minor burns.</td>
<td>- May cause maceration - May adhere to wound bed if left in place too long. - Requires secondary dressing.</td>
<td>- Silicone based dressings can stay in place up to 7 days in epithelializing and cancerous wounds - Peri-wound skin may require protection from maceration</td>
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<td><strong>Example:</strong> Flex, Mepitel, Adaptic, FlexiGel, Jetlonet, Bactigras, Telfa, Melolite, Release, Tegapore</td>
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<td></td>
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| **Transparent Film Dressings** | - Semi-permeable polyurethane film coated with an adhesive. - Will not adhere to wound bed. - Moisture retentive and does not absorb. | - Protects area from friction and shearing. - Maintains a moist environment. - Promotes epithelialization. - Helps protect against bacterial contamination. | - Skin tears - Superficial partial thickness wounds - Stage II ulcers - Donor sites - Secondary dressing - Healing ulcers with limited drainage. | - Should not be used on infected wounds - Does not have any absorptive properties. | - Care must be taken during removal to prevent skin stripping and skin tears. - Dressing must be changed if it leaks. |
| **Example:** Tegaderm, Bioclusive, Mefilm, Comfeel, Opsite | | | | | |

| **Absorbent Clear Acrylic Dressings** | - Enables monitoring of moderately exuding wounds without changing the dressing - Thin profile, conformable. - Low friction surface. - Washable. - Hypoallergenic and latex-free. | - Protects area from friction and shearing. - Maintains a moist environment. - Has some absorption - Promotes epithelialization. - Helps protect against bacterial contamination. | - Moderately draining, granulating wounds. - Skin tears - Superficial partial thickness wounds - Second degree burns - Stage II ulcers - Donor sites. | - Should not be used on infected wounds - Has limited absorptive properties | - Care must be taken during removal to prevent skin stripping and skin tears. - Dressing must be changed if it leaks. |
| **Example:** Tegaderm Absorbent Clear Acrylic Dressing | | | | | |

| **Hydrocolloid Dressings** | - Occlusive dressings available in a variety of shapes and sizes. - Depending on brand will allow for up to a moderate amount of exudates absorption. - Conformable | - Provides a moist wound environment. - Aids in autolytic debridement. - Minimises pain and trauma to wound base. - Protects wound from bacteria. | - Partial to full thickness wounds with small to moderate amounts of exudate. - Granulating wounds - Soft necrotic debris with no clinical signs of infection. | - Characteristic odour from dressing. - May contribute to hypergranulation. - Not indicated for heavily draining or infected wounds. | - Dressing must be at least 2 inches larger than the wound. - Dressing may tend to soften and melt. - Change if leakage occurs. - Great for protecting peri-wound skin. Maximum wear time is 7 days. - Caution to avoid skin tears upon removal. |
| **Example:** NuDerm, Restore, Comfeel Plus, DuoDERM Signal, Replicare, Ultec | | | | | |

| **Hydrogel Dressings** | - Available in sheet, gel and impregnated gauze forms. - Donates moisture to wound surface. - Minimal absorption. - Non-toxic. - Some gels may have collagen added. - Conformable - Non-adherent - No residue. | - Provides a moist wound environment. - Aids in autolytic debridement. - Minimises trauma to wound base. - Can be used in all phases of wound healing. | - Granulating wounds requiring additional moisture. - Necrotic wounds requiring autolytic debridement. - Wounds with small to moderate exudate. - Gel form should not be used to fill dead space. | - May lead to peri-wound maceration. - Not the treatment of choice for clinically infected wounds. | - Frequency of dressing change will depend on amount of exudate and goal of treatment. - Secondary dressing required. - Gels containing glycerine may cause burning sensation. - May be combined with other products. |
| **Example:** Nu-gel, Normagel, Tegagel, Wound’Dres, Intrasite gel, Duoderm Hydroactive Gel, Geriperm, Hypergel, Intrasite Conformable, Vigilon | | | | | |

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| **Foam Dressings**<br>Example: Meplex, Tielle, Biatain, 3M Foam, Lyofoam, Allyven | - Non-adherent polyurethane foam sheet  
- Absorbs wound exudate.  
- Protects wound base from trauma. | - Absorbs large amount of exudate.  
- Maintains moist wound environment.  
- Promotes granulation and epithelialization.  
- Removes exudate from wound surface. | - Moderate to heavily exudating wounds. | - May not conform well to wounds with dead space  
- Primary wound packing may be required.  
- May potentially dry wound surface. | - Provides cushioning effect but no pressure relief.  
- Dressing must be at least 2 inches larger than the wound.  
- Change if leakage occurs.  
- Maximum wear time is 7 days.  
- Caution to avoid skin tears when removing adhesive type. |
| **Composite Dressings**<br>Example: Versiva, Combiderm | - Non-adherent absorbent dressing made from a composite of advanced wound care products.  
- Protects wound base from trauma. | - Absorbs large amount of exudate.  
- Maintains a moist wound environment.  
- Promotes granulation and epithelialisation  
- Removes exudate from wound surface. | - Moderate to heavily exudating wounds  
- Works well as a secondary dressing. | - May not conform well to wounds with dead space  
- Primary wound packing may be required.  
- May potentially dry wound surface. | - Provides cushioning effect but not pressure relief.  
- Dressing must be at least 2 inches larger than the wound.  
- Change if leakage occurs.  
- Maximum wear time is 7 days.  
- Caution to avoid skin tears upon removal. |
| **Alginate Dressings**<br>Example: Kaltostat, Melgesite, Tegagen, SeaSorb | - Fibrous dressings derived from algae.  
- May be in sheet or rope form.  
- Highly absorbent.  
- Non-occlusive.  
- Becomes gel-like when wet. | - Highly absorptive  
- Aids in maintaining a moist wound environment.  
- Promotes autolytic debridement. | - Granulating wounds with moderate to heavy exudate.  
- Wounds with soft necrotic debris.  
- Calcium alginate have haemostatic properties.  
- Requires a secondary dressing. | - May dry out wound bed if there is not enough wound fluid. | - Frequency of dressing change is related to the amount of exudate.  
- Any remaining fibres are reabsorbed.  
- May create an odour |
| **Hydrofiber Dressings**<br>Example: Aquacel | - Available in sheet or rope form.  
- Highly absorbent.  
- Non-occlusive.  
- Becomes gel-like when wet | - Highly absorptive  
- Aids in maintaining a moist wound environment. | - Granulating wounds with moderate to heavy exudate.  
- Wounds with soft necrotic debris. | - May dry out wound bed if there is not enough wound fluid. | - Frequency of dressing change is determined by the amount of exudate.  
- Dressing becomes brown when moistened with wound fluid. |
| **Charcoal Dressings**<br>Example: Actisorb, Carboflex | - Used for odour control.  
- Absorption varies depending on individual dressings. | - Eliminates / controls odours.  
- Activated charcoal dressings absorb and inactivate bacterial toxins.  
- Promotes a clean wound base. | - Infected wounds  
- Foul smelling wounds.  
- Fungating malignant lesions. | - Minimal absorption of exudate in some dressing forms. | - Requires a secondary dressing. |
| Product Category                  | Description, Product Characteristics                                                                 | Outcomes                                                                                     | Indications for Use                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Disadvantages                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Special Considerations                                                                                                                                                                                                                       |
|----------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Hypertonic Saline               | Example: Mesalt                                                                                 | - Maintains a moist environment.                                                           | - Highly exuding wounds  
- Wounds with dead space.  
- Wounds which require autolytic debridement. | - May dry out wound base if too little exudate.  
- May cause a burning sensation.  
- May irritate peri-wound skin. | - Do not pack wounds tightly.  
- Frequency of dressing changes depends on amount of exudate.  
- Secondary dressing is required. |
| 2-Octylcyanoacrylate Liquid Bandage | Example: Liquid Band-Aid, Dermabond                                                              | - Liquid bandage                                                                           | - Maintains a moist wound environment  
- Protects wound from infection. | - Stops minor bleeding  
- Reduces pain.  
- Used for partial thickness wounds  
- Category I, III skin tears dependent on exudate and size. | - Not indicated for full thickness or large wounds.  
- Should not be used on infected wounds.  
- Should not be used in combination with other dressings, ointments or creams. | - Liquid bandage must be used in conjunction with activator stick.  
- Do not touch wound for at least one minute until seal forms.  
- Avoid contact with eyes. |
| ORC Collagen                     | Example: Promogran                                                                               | - Topically applied interactive wound therapy.  
- A sheet form that dissolves into the wound fluid. | - Matrix modulates and re-balances the wound environment by binding and inactivating proteases and binding and protecting growth factors | - For the management of granulating wounds which are not progressing despite optimal wound care. | - Contraindicated for patients with known hypersensitivity to oxidised regenerated cellulose and/or Collagen. | - If infection is suspected, an appropriate antimicrobial dressing should be used in combination  
- Secondary dressing is required. |
| Ionic Silver Dressing           | Example: Silvercel, Prisma, SilvaSorb Gel, Actisorb, Aquacel AG, Contreet, Acticoat              | - Anti-microbial dressings.  
- Available combined with hydrofibre, alginate, foam, powder, film, hydrocolloid, gel and ORC Collagen. | - Effective broad spectrum antimicrobial action including antibiotic resistant organisms such as MRSA  
- Non-allergenic  
- Does not cause severe destruction of live tissue. | - Critically colonized or infected wounds. | - Expensive dressing.  
- Should not be used indefinitely.  
- Contraindicated in patients with silver allergy. | - Dressing choice will be dependent on wound conditions and location. |
| Polyhexamethylene Biguanide      | Example: Curity AMD Gauze                                                                        | Antiseptic dressings:  
Impregnated gauze and foams dressings                                                                   | Broad range effectiveness against gram positive and gram negative microorganisms including some multi-drug resistant strains such as MRSA | Critically colonized or infected wounds                                                                 | Non expensive  
Dressing choice will be dependent on wound conditions and location. |
| Methylene Blue/ Gentian Violet foam | Example: Hydrofera Blue                                                                          | Polyvinyl alcohol (PVA) sponge complexed                                                | Broad Spectrum Bacteriostatic, effective against a variety of microorganisms including MRSA and VRE | Critically colonized or infected wounds | Critically colonized or infected wounds  
- Good choice for critically colonized or infected diabetic foot ulcers. |
| Cadexomer Iodine                | Example: Iodosorb                                                                               | - Anti-microbial dressings.  
- Slow release iodine available in paste or sheet form. | - Effective broad spectrum antimicrobial action including antibiotic resistant organisms  
- Non-allergenic  
- Does not cause severe destruction of live tissue. | - Critically colonized or infected wounds. | - Expensive dressings.  
- Should not be used indefinitely.  
- Should be used with caution if patient has a seafood allergy or known thyroid condition. | - Good choice for critically colonized or infected diabetic foot ulcers. |

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| Compression Therapy | Example: 3M 2 layer Coban, SurePress, DynaFlex, Four-Flex, CircPlus, ProGuide | - Compression therapy, available in single or multiple layered wraps.  
- May be single use or reusable. | - Effective treatment to aid in the reduction of peripheral edema by aiding in the transport of fluid from the lower limbs by external pressure | - Treatment of venous stasis ulcers and lymphedema. | - Caution should be taken when applying compression on patients with known CHF or in patients with arterial disease.  
- If ABI ≥0.8 can use high compression  
- Light compression if ABI 6-8 can be tried.  
- ABI ≤ 6 should not use compression. | - Ankle Brachial Index (ABI) should be known prior to starting compression therapy.  
- Clinician skill and competence is required for proper application. |
| Debriding Agents | Example: TenderWet Gel sheet, Collagenase Santyl, Maggot Therapy | - Gel and Sheet formats available.  
- Aids in debridement of necrotic tissue by using autolytic and enzymatic debridement. | - Increased speed in selective debridement. | - Treatment of wounds with eschar and a large amount of necrotic debris. | - Expensive  
- Not the treatment of choice for infected wounds.  
- Patients may be reluctant to try certain therapies (Maggot Therapy). | - Limited product variety available in Canada.  
- “Yuk” factor with Maggot Therapy. |
| Medical Honey | Medihoney | Alginate impregnated sheets or paste available.  
- Aids in moist wound healing, antimicrobial properties, Aids in autolytic debridemnt. | - Effective broad spectrum antimicrobial action including antibiotic resistant organisms  
- Non-allergenic  
- Does not cause severe destruction of live tissue. | - Critically colonized or infected wounds | - Expensive dressing.  
- Should not be used indefinitely.  
- May cause peri-wound maceration. | Dressing choice will be dependent on wound conditions and location. |
| Negative Pressure Wound Therapy | Example: Vacuum Assisted Closure (VAC), BlueSky NPWT PICO | - Specially designed foam dressing is applied wound dead space  
Dressing is attached to negative pressure.  
- Dressing is usually changed 3 times per week. | - Negative pressure is applied to the wound to remove exudate  
- Places tension on wound bed to increase blood flow and encourage epithelialization. | - Treatment of granulating full thickness wounds  
- Stage II and III ulcers  
- Significant burns  
- Donor sites.  
- Acute and chronic wounds. | - Very expensive  
- Patient will be attached to external pump at all times.  
- Can limit mobility. | - Should be considered if wound is not progressing in a timely fashion despite optimal wound care. |
| Biological dressings | Example: Hyalogel, Regranex, Ossis | - Biologics, Growth Factors, and Synthetic and Harvested Skin.  
- Can be in cream form | - Aids in wound closure  
- Can initiate progression to proliferation in a stalled wound. | - Treatment of recalcitrant wounds  
- Diabetic ulcers when optimal wound therapy fails. | Very expensive | - Should be considered when conventional treatment has failed and after multidisciplinary consultation. |
| Topical Antibiotics | Example: Fucidin, Polysporin, Bacitracin | - Antibiotics are antimicrobials which can target specific bacteria.  
- Available in ointment, cream and powder forms. | - Goal is to kill bacteria  
- Overuse may lead to bacterial resistance. | - Critically colonized or infected wounds  
- Should be used for only a short period of time. | - Should not be used to prevent infection  
- Selects out antibiotic resistant strains.  
- Absorption not sufficient to reach deep tissue infection.  
- Increased risk of contact dermatitis. | Question whether topical antibiotics is able to:  
- reach the involved tissues  
- adequately target all bacteria in the wound  
- promote bacterial resistance. |
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<td>Antiseptics</td>
<td>- Liquid solution used to either clean wounds or in combination with gauze to pack wounds.</td>
<td>- Cytotoxic agents - Kills living cells, Non-discriminatory, though more likely to kill bacteria than live tissue in infected wound</td>
<td>- Critically colonized or infected wounds. - Sloughy wounds - Palliative wounds - Dry gangrene</td>
<td>- Will harm peri-wound skin and fragile granulation tissue. - May be painful to patient.</td>
<td>- Require TID dressing changes due to short duration of action. - Not the treatment of choice for granulating wounds. - Should be reassessed frequently.</td>
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<td>Adjunctive Therapies</td>
<td>- Adjunctive therapies used to assist in wound closure for recalcitrant wounds.</td>
<td>- Modality may aid in wound progression.</td>
<td>- For the management of wounds which are not progressing despite optimal wound care.</td>
<td>- Cost versus patient benefits must be considered.</td>
<td>- Should be considered if wound is not progressing in a timely fashion despite optimal wound care.</td>
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