FOAM RANGE

THESE FOAM DRESSINGS ARE EFFECTIVE AT MANAGING EXUDATE.
CASE STUDY

Patient H was an 82 year old lady resident in a nursing home. The patient had a Category 3 moderately exuding pressure ulcer situated over the coccyx which had been present for 6 months.

Day 1
The wound presented healthy granulation tissue however it had become inert. The tissue surrounding the wound was hydrated, healthy and there were no complaints of discomfort. Exudate levels remained moderate.

Day 9
The wound continued to improve with good epithelial growth. The patient’s discomfort levels remained low and there were no signs of peri ulcer skin reactions. The dressing was easy to apply, remove and was atraumatic for the patient.

Day 24
The wound had continued to progress through the wound healing continuum with increasing amounts of epithelial tissue visible and a slight reduction in size.

ActivHeal® Foam Adhesive is a two layer dressing indicated for moderately to heavily exuding wounds. Each layer of the ActivHeal® Foam Adhesive contributes to the performance of the dressing.

The dressing comprises of a polyurethane absorbent foam pad and a polyurethane membrane. The core of the dressing is a layer of absorbent polyurethane foam which absorbs wound exudate rapidly and vertically into the dressing. The absorbent pad retains the exudate within the dressing preventing the exudate from re-entering the wound and preventing maceration to the peri wound and surrounding skin. The polyurethane membrane provides an effective barrier function, waterproof whilst allowing the transpiration of exudate which aids the total fluid handling capacity of the dressing.

Indicated for moderately to heavily exuding wounds the dressing offers a pressure sensitive acrylic adhesive border ensuring the dressing remains in place allowing the patient to continue everyday activities confidently. The dressing conforms to the contours of the body which reduces the risk of rucking or catching on clothing and bedding.

INDICATIONS

ActivHeal® Foam Adhesive is indicated for moderately to heavily exuding wounds:

- Pressure ulcers
- Leg ulcers
- Diabetic ulcers
- Post operative surgical wounds
- Superficial and partial thickness burns
- Cavity wounds (as a secondary dressing)
- Lacerations
- Abrasions
- Graft wounds and Donor sites

SIZES AND CODES

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References
1. SMTL Independent Data Report No. 10/3421/1. Permafoam is a registered trademark of Paul Hartmann Limited.

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**ACTIVHEAL® FOAM NON-ADHESIVE**

**CREATES A MOIST WOUND HEALING ENVIRONMENT**

ActivHeal® Foam Non-Adhesive is a versatile dressing developed to offer protection and absorbency on moderate to heavily exuding wounds.

It’s three-layer construction offers a low-friction backing, soft highly absorbent foam and a perforated wound contact layer. This non-adhesive dressing is ideal when reducing trauma is a key part of the wound dressing regime; and its soft and flexible properties mean patients can wear it underneath clothing with comfort and confidence. The ActivHeal® Foam Non-Adhesive range offers a variety of shapes and sizes including; the ActivHeal® Foam Heel dressing, a two-layer, soft pre-moulded dressing, specifically designed to apply easily to the heel and other anatomical areas. The ActivHeal® Foam Tracheostomy two layer dressing which features a versatile fenestration, allowing it to fit neatly around a tracheostomy tube, intubation tube, cannula insertion, external bone fixators and appropriately sized wound drainage tubes.

**FEATURES**
- Excellent absorption of exudate
- Versatile
- Promotes healing through a moist wound environment
- Reduces the risk of maceration
- Low adherent wound contact layer
- Soft and comfortable
- Ideal under compression

**CASE STUDY**

Patient A was admitted to the unit with a fresh, sizeable skin tear to her left shin. The skin on her right leg was in danger of further breakdown. Her past medical history included left hemiparesis due to cerebral infarct, osteoarthritis, hypertension, shingles and low mood.

**Day 1**
The wound was assessed and the skin tear measured 7cm at the widest point. The dermis and the epidermis had been pulled apart. Distally the epidermal flaps were lost, leaving a small area of dermal tissue exposed. The wound had no areas of necrosis or slough, moderate levels of exudate, and no sign of infection. Additionally the flap was also viable.

**Day 12**
The wound continued to show improvement following the use of ActivHeal® Non-Adhesive Foam. Proximal wound margins were now apposed. No signs of maceration or breakdown of surrounding skin. The wound area had reduced in size and contained both granulation tissue and epithelial tissue.

**INDICATIONS**
- Pressure ulcers
- Leg ulcers
- Diabetic ulcers
- Post operative surgical wounds
- Skin tears
- Superficial and partial thickness burns
- Lacerations
- Abrasions
- Graft wounds and Donor sites

**SIZES AND CODES**

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**REFERENCES**
1. SMTL Independent Data Report No. 10/3421/1.

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**CASE STUDY**

Patient S is a 72 year old man who attended as an outpatient with an ulcer to the lateral side of his right foot. He had history of ischaemic heart disease, chronic obstructive pulmonary disease, and Type 2 diabetes. He also was a cigarette smoker and had a history of alcohol abuse.

**Day 1**

On initial assessment the wound was diagnosed as a neuroischaemic ulcer and had been present for 16 weeks. The wound bed was 100% sloughy and exudate levels were moderate. The priority was to manage the exudate levels of the wound, therefore ActivHeal® Foam Contact dressing was applied.

**Day 22**

Following assessment, the wound had autolytically debrided, there was now 100% granulating tissue and the wound had reduced in size. The exudate levels had reduced and the periwound skin remained intact with no signs of maceration. It was decided that ActivHeal® Foam Contact would be used.

**Day 36**

The wound was reassessed and there was 100% epithelial tissue present. The periwound skin remained intact. The clinician noted the ActivHeal® Foam Contact dressing conformed well to the wound and stayed in place. The patient liked that the dressing enabled him to wear normal footwear and allowed him to carry on with normal activities and daily living.

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**FEATURES**

- Excellent absorption of exudate
- Promotes healing through a moist wound environment
- Reduces the risk of maceration
- Enhanced total fluid handling
- Bevelled edges
- Continuous adhesive coverage
- Conformable
- Perforated wound contact layer
- Waterproof and bacterial barrier
- Versatile

**ACTIVHEAL® FOAM CONTACT IS A HIGHLY ABSORBENT FOAM DRESSING WITH AN ADHESIVE WOUND CONTACT LAYER**

This ActivHeal® Foam Contact is a three-layer dressing that has been developed to offer excellent absorption properties alongside security and protection on moderately to heavily exuding chronic and acute wounds.

The perforated wound contact layer minimises trauma during dressing changes, whilst the continuous adhesive coverage across the dressing ensures it stays securely in place. Each layer of ActivHeal® Foam Contact contributes to the performance of the dressing to ensure that efficient management of exudate is maintained. The polyurethane foam is an absorbent layer which is ergonomically shaped to improve conformability to the wound area. The wound exudate is rapidly and vertically absorbed into the hydrophilic foam. The third layer of the dressing is a polyurethane film which provides an effective barrier function, waterproof whilst allowing the transpiration of exudate when combined with the absorption of the foam provides an excellent total fluid handling capacity.

**PERFORMANCE**

Total Fluid Handling (g/10cm²)³

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**INDICATIONS**

ActivHeal® Foam Contact is indicated for moderately to heavily exuding wounds:

- Pressure ulcers
- Venous leg ulcers
- Diabetic ulcers
- Lacerations
- Abrasions
- Post operative surgical wounds
- Superficial and partial thickness burns
- Cavity wounds (as a secondary dressing)
- Graft wounds and Donor sites

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**REFERENCES**

1. SMRL Independent Data Report No. 10/3421/1.
2. Allevyn is a registered trademark of Smith & Nephew.