Positive review of a silicone bordered adhesive foam dressing

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Introduction
Whittington Health has been an integrated care organisation since April 2011, which required the hospital and community Tissue Viability team to integrate. As part of the integration all policies, procedures and guidelines needed to be combined. One policy was the integration of the wound management guidance and formulary. A group was developed to look at all categories of wound management products and accessories. This poster will review the process for decision making on changing from the current foam dressings to Advazorb Silflo® using a case study approach.

Method
A group was formulated of all parties with a role in wound management across the hospital and community setting. All foam products were reviewed across the range for positive and negative comments. Advazorb Silflo® was evaluated in the clinical setting comparing the dressing with the current brand being used. Clinical observation and patient comments were obtained.

Discussion
Advazorb Silflo® is a hydrophilic foam dressing with silicone wound contact layer and surrounding adhesive. It is an atraumatic foam dressing, used on light to moderate exuding wounds. It can be used directly onto granulating and epithelialised wounds or as a secondary dressing over a primary dressing. The product can stay in place for up to 7 days without any adverse effects based on clinical observation.

As part of their integration, Whittington Health needed to review the current foam adhesive dressings that were available across the organisation. The current product used by the hospital could no longer be supplied in larger sizes, so a decision had to be made rapidly to change to an alternative dressing.

Case Studies
Case one: A 67 year old gentleman presented with a Grade 2 pressure ulcer to the right below knee stump as a result of pressure from the Prosthetic limb. The wound bed contained healthy granulation tissue with low exudate. The location and proximity of the wound and the shape of the stump meant a dressing was required that was flexible and conformable. Advazorb Silflo® dressing 10cm x 20cm was selected as this would provide protection to the wound and was the correct size to fit along the stump (see fig. 1).

The patient found the dressing comfortable and it stayed in situ for 4 days, when the wound was reviewed. The patient commented that the previous foam adhesive used had come off within a few hours. One reason for this could have been that the incorrect size of foam adhesive dressing was used.

Case Two: A 72 year old with Peripheral Vascular disease and Type 2 Diabetes with previous below knee amputation to the right leg, presented with a chronic heel Grade 4 pressure ulcer to the left heel, which was being managed with a heel foam dressing and bandage. The patient also developed a wound to the dorsum of the left foot as a result of trauma from the bandage used to keep the heel foam in place. The wound required surgical debridement and removal of the tendon to enhance and promote healing. A foam adhesive was deemed the most appropriate secondary dressing to reduce the risk of further trauma.

The location of the wound required the adhesive border to have triangular cuts so the adhesive could be overlapped and ensure the Advazorb Silflo® was able to adhere to the difficult to dress area (see fig. 2).

Conclusion
Advazorb Silflo® has been used on a number of patients and it has been found that, as with other foam adhesives products, its use on certain areas of the body is not successful e.g. Abdomens. This is probably due to the number of creases in this area so on movement the adhesive lifts off. However from the case studies we found it was very effective under compression stockings and as a secondary dressing in most other parts of the body.