SMTL Dressings Datacard

Product Name:	**CAVI-CARE**
Classification Name:	**Dressing Cavity Wound, Silicone Foam**
Manufacturer:	**Smith & Nephew Medical Ltd**

Description

[*** display ps-cavicare ***]

[*** linked cavicare-01 ***] Cavi-Care is a two-part, room-temperature vulcanising foam, produced from a polydimethylsiloxane base, a platinum catalyst and hydrogen gas releasing agents which react together to form a soft, pliable, slightly absorbent white foam, which can be used to replace gauze packs or other dressings for certain defined applications. When cured, the final volume of the foam "stent" is approximately three to four times that of the original mixture.

Indications

The use of Cavi-Care is indicated in the management of a variety of open, moist, granulating cavity wounds. It has been found to be particularly valuable after surgical excision of a [*** linked pilonidal-01 ***] pilonidal sinus and in the management of other [*** linked perianal-01 ***] perianal and [*** linked perineal-01 ***]perineal wounds after surgery for cancer. Its successful use has also been reported following the excision of [*** linked hydraden-01 ***] hidradenitis suppurativa and cases of [*** linked dehisced-01 ***] wound dehiscence (abdominal wall breakdown).

Contra-Indications

Cavi-Care should not be used in wounds that contain deep fistulae, sinuses or tunnels. It also should not be used in dry cavity wounds. Cavi-Care should not be used in mucous membranes, including eyes and nose.

Method of use

Although the dressing is easy to use, it does differ significantly from traditional materials, and required particular attention to the manufacture of the foam stent. The base and catalyst must be mixed in the ration of 1:1 -full details of the technique involved are given on the insert that comes with each dressing. If the foam is to be used after surgical excision, it is usual to pack the wound with a suitable gauze dressing for the first 2-3 days to product a firm-walled cavity before instituting treatment with Cavi-Care.

Frequency of Change

Cavi-Care should be removed and cleansed on a regular basis. The wound should be cleansed with normal saline. The maximum recommended time for the dressing used in cavity wounds to remain in-situ without cleansing or removal is 48 hours. If, however, the wound has a moderate discharge, the dressing should be removed and cleansed more frequently as needed. The stent should be soaked in a

0.5% aqueous solution of chlorhexidine for 10 minutes and rinsed thoroughly under running water, before being replaced into the wound. Each dressing may be used for up to a week - or even longer, depending upon circumstances - but as healing progresses, successively smaller stents will need to be produced.

Warnings

The wound must be open and well shaped with all tracks and pockets laid widely exposed. Normal wound care such as removal of slough and necrotic tissue and treatment of clinically infected wounds is till required with the use of Cavi-Care. Avoid contact of Cavi-Care with fabric, clothing, etc. As it will not be removable. Avoid contact with eyes. Use gloves when preparing the dressing. Cavi-Care is for external use only.

Presentation

The dressing is supplied as a 20 gram kit

Storage

Cavi-Care should be stored in a cool place. If it is going to be used in a warm environment, storage of the product immediately prior to use (30 minutes) should be in a cool place such as the refrigerator. The shelf life is two years from date of manufacture.

Bibliography

1. Wood RAB, Foam elastomer dressing in he management of open granulating wounds: experience with 250 patients, *Br. J. Surg.,* 1977, **64**, 554-557.

2. Macfie J., et al., The management of the open perineal wound using a foam elastomer: a prospective clinical trial, *Br. J. Surg.,* 1980, **67**, 85-89.

3. Whitakar RH, et al., Silastic foam during hypospadias surgery, *Ann R. Coll. Surg.,* 1987, **69**, 59-60.

4. Cooper R, et al., An improved cleansing regime for a modified foam cavity dressing, *Journal of Wound Care*, 1995, **4**, 1, 13-16.

Revision Details

Revision Author	Dr S. Thomas
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Please inform SMTL of any inaccuracies or changes required in this datacard.

Disclaimer

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