SMTL Dressings Datacard

Product Name:	**CELLAMIN**
Classification Name:	**Bandage Plaster of Paris, Resin Reinforced**
Manufacturer:	**Lohmann UK Ltd**

Description

[*** display ps-celamin ***]

[*** linked celamin-01 ***]Cellamin consists of a plain-weave gauze fabric that is coated with a blend of the alpha and beta forms of calcium sulphate hemihydrate (plaster of Paris), together with a melamine-formaldehyde resin. The bandage is supplied wrapped around a plastic spool, which is designed to allow rapid, even wetting of the plaster mass upon immersion. Once wet, the calcium sulphate hemihydrate is converted to the dihydrate, and the bandage sets to form a hard, rigid structure. The calcium sulphate crystals are encased by the plastic resin during the setting process, providing additional strength and water resistance to the cast. If the bandage is used in accordance with the manufacturer's instructions, a cast made from Cellamin may be bivalved or windowed 15 minutes after application, and will be load-bearing after one hour, although it may not gain its maximum strength for up to 24 hours. Casts made from Cellamin require 30% less material than those made from standard plaster of Paris and are therefore significantly lighter. They also have the advantage that they are water-resistant and therefore more durable in use. The principal disadvantages of Cellamin, in common with other plaster of Paris bandages, are its weight and opacity to X-rays.

Indications

Cellamin may be used for most orthopaedic applications in which rigid immobilisation is required. It is particularly suitable for making scoliosis jackets, and for the young and elderly, where the reduced weight is important; for the formation of frog plasters, where water resistance is a major factor; and as a protective waterproofing layer over standard plaster casts to enhance strength and durability.

Contra-Indications

Cellamin should not be used on patients who are known to be sensitive to formaldehyde.

Method of use

Cellamin should be applied over a layer of stockinette and orthopaedic padding. Prior to application, the first 10-15 cm of the bandage should be unrolled to enable the rapid location of the end after dipping. The bandage is held lightly in one hand, and immersed for two seconds at an angle of 45 ° in water at a temperature of 20-25 °C. For 8-ply back slabs (used to hold reductions), a higher temperature is recommended - up to 35 °C, with a dip time of one second. Once removed from the container, any excess water is gently squeezed out and the bandage is rolled evenly around the limb, avoiding the formation of wrinkles but producing pleats or tucks where necessary. As each bandage is applied, it should be constantly moulded and smoothed with wet hands to ensure the formation of a homogeneous cast. Areas of potential weakness may be strengthened by the addition of five or six layers of bandage, previously formed into a slab.

Warnings

A barrier cream or gloves should be applied before using Cellamin because of the risk of formaldehyde sensitisation. When applying a cast, it is important to ensure that all bony prominences are adequately padded, and no indentations are made in the soft plaster that could lead to the application of local areas of high pressure and the formation of plaster sores. Rough finishes on the edges of the cast should also be avoided. If the bandage is applied to a fresh fracture sufficient padding should be used to accommodate any swelling of the limb.

Presentation

Cellamin is presented as a roll, wrapped around a plastic core, and sealed in a paper pouch.

Storage

Unopened rolls of Cellamin should be stored in a cool dry atmosphere.

Sizes

6 cm × 2 m 12 cm × 2 m

8 cm × 2 m 15 cm × 2 m

10 cm × 2 m 20 cm × 2 m

60 cm × 5 m

Revision Details

Revision Author	Dr S. Thomas
Revision No	1.5
Revision date	1997/12/16

Please inform SMTL of any inaccuracies or changes required in this datacard.

Disclaimer

This datacard has been prepared as an aid to contracting for purchasers in the NHS in Wales, and should not be used as a substitute for literature, instructions or training from the manufacturers of the devices.