SMTL Dressings Datacard

Product Name:	**BORDERED GRANUFLEX**
Classification Name:	**Dressing Hydrocolloid, Semipermeable, Bordered**
Manufacturer:	**ConvaTec Ltd**

Description

[*** display ps-granuflex-brd ***]

[*** linked granuflex-brd-01 ***] Bordered Granuflex consists of a thin polyurethane foam sheet bonded onto a semipermeable polyurethane film, which is impermeable to exudate and micro-organisms including the HIV virus. The adhesive foam with a thin layer of hydrocolloid extends beyond the central hydrocolloid mass to provide a border with low profile edgesfor extra security in awkward areas. The dressing is available as a square, and in two sizes triangular in shape for application to sacral areas and heels.

The surface of the dressing to be placed in contact with the wound is coated with a cross-linked adhesive mass containing a dispersion of gelatin, pectin and carboxy-methylcellulose together with other polymers and adhesives forming a fexible wafer. When the dressing comes into contact with wound exudate, the polysaccharides and other polymers absorb water and swell, forming a gel. The moist conditions produced under the dressing promote fibrinolysis, angiogenesis and wound healing, without causing maceration. The gel which is formed as a result of the absorption of wound exudate is not mobile and free running but held within the structure of the adhesive matrix. The hydroactive mechanism of the Granuflex range of dressings, whereby the adhesive seal over the wound forms a chamber that becomes filled with exudate and thus exerts a back pressure into the wound to reduce further exudate production, further adds to Granuflex's exudate management capacity. As Improved Formulation Granuflex is waterproof, the patient may bath or shower with the dressing in position.

Indications

Bordered Granuflex is indicated in the treatment of chronic exuding wounds such as [*** linked l-ulc-venous-01 ***] leg ulcers, [*** linked p-sore-grad3-01 ***] pressure sores, [*** linked bu-su-00 ***] minor burns, [*** linked donor-site-01 ***] donor sites, (after haemostasis has been achieved), and other types of granulating wounds. If applied to wounds containing [*** linked sloughy-wound-01 ***] dry slough or necrosis , the dressing prevents the loss of water vapour from the surface of the skin, and this effectively rehydrates the dead tissue, which is then removed by autolysis.

Contra-Indications

Known sensitivity to Bordered Granuflex or its components.

Method of use

A dressing is chosen that provides a minimum overlap of 1-2 cm around the wound (excluding the border). The central portion of the backing paper is removed and the dressing applied with a rolling motion and pressed firmly into place over 1-2 minutes. The release papers are then removed from the border which is gently pressed into place. Because Granuflex is adhesive, and will not allow exudate to pass through the backing, no additional dressings are required.

Frequency of Change

The frequency of dressing changes will be governed by the state of the wound and the amount of exudate produced. Bordered Granuflex should be changed just before the softened are reaches the edge of the dressing. It recommended that the dressing is not left in place for longer than 7 days.

Warnings

Colonisation of chronic wounds is common and is not a contraindication to the use of Improved Formulation Granuflex. Where systemic or local infection develops during the use of the dressing, appropriate adjunctive therapy should be initiated. The use of Improved Formulation Granuflex may be continued but the progress of the wound should be monitored carefully and all treatment should be under medical supervision. The use of Granuflex in the presence of anaerobic infection is not recommended. Inappropriate use or too frequent dressing changes may result in skin irritation or stripping.

Presentation

Granuflex is presented individually wrapped in a peel pouch, sterilised by gamma irradiation.

Sizes

Square dressings

6.0 cm × 6.0 cm*

10.0 cm × 10.0 cm*

15.0 cm × 15.0 cm

Triangular dressings

10.0 cm × 13.0 c*

15.0 cm × 18.0 cm*

*Available on Drug Tariff

Bibliography

1. Burgess B, A comparative prospective randomised trial of the performance of three hydrocolloid dressings, *Professional Nurse* 1993,**8**, (7) Supplement pp3-6

2. Day A, *et al*., Managing sacral pressure ulcers with hydrocolloid dressings: Results of a controlled clinical study. *Ostomy/Wound Management,* 1995, **41**, (2), 52-65.

3. Thomas S, The effects of dressings on exudate production from venous leg ulcers, *Wounds* 1996, **8,** (5), 145-150

Revision Details

Revision Author	Dr S. Thomas
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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.