SMTL Dressings Datacard

Product Name:	**LYOFOAM**
Classification Name:	**Dressing Polyurethane Foam BP**
Manufacturer:	**Seton Healthcare Group plc**

Description

Lyofoam consists of a soft, open cell, hydrophobic, polyurethane foam sheet approximately 8 mm thick. The side of the dressing that is to be placed in contact with the skin or wound has been heat-treated to collapse the cells of the foam, and thus enable it to absorb liquid by capillarity. The dressing is freely permeable to gases and water vapour but resists the penetration of aqueous solutions and wound exudate. In use, the dressing absorbs blood or other tissue fluids, and the aqueous component is lost by evaporation through the back of the dressing. Cellular debris and proteinaceous material remain trapped in the pores of the wound contact surface which rapidly become occluded if the wound is dirty or producing large volumes of exudate. The dressing maintains a moist warm environment at the surface of the wound, which is conducive to the formation of granulation tissue and epithelialisation. The conditions also favour auto-debridement of the wound, by facilitating rehydration and autolysis of slough, a process that may result in an apparent initial worsening in the appearance of the wound. This is normal and should not give cause for concern, provided there are no clinical signs of infection present.

A special version of Lyofoam is available, which has been cut to fit around tracheostomy tubes and drainage sites.

Indications

Lyofoam has been used to dress a variety of exuding wounds, including leg and decubitus[*** linked ul-de-00 ***] ulcers, sutured wounds, burns, and donor sites[*** linked me-su-do-00 ***]. Lyofoam C may be indicated if such wounds are malodorous. It is recommended that Lyofoam should not be left in position on a shallow drying wound for extended periods, because of the possibility of adherence.

Contra-Indications

No absolute contra-indications to the use of Lyofoam have been reported, but the dressing should not be applied to wounds that are covered with a dry scab or hard black necrotic tissue, until this has been removed surgically or by some other means.

Method of use

A suitable size of Lyofoam is chosen to allow the dressing to overlap the edges of the wound by a minimum of 2-3 cm, but in the treatment of leg ulcers and similar exuding wounds, this overlap should be increased to 4-5 cm where possible. This is to allow exudate to spread laterally across the face of the dressing. Lyofoam should be positioned with the smooth side next to the skin, and held in place with adhesive tape or a bandage, as appropriate. No secondary dressings are generally required. On areas that are particularly difficult to dress, such as the heels or the sacral region, the dressing may be held in position with a dressing retention sheet, such as Hypafix or Mefix . As sloughy or necrotic wounds[*** linked nw-00 ***] are debrided, it is important that they are cleansed thoroughly during dressing changes with sterile normal saline.

Frequency of Change

The frequency with which the dressing should be changed depends entirely upon the nature and condition of the wound. On very dirty sloughy wounds[*** linked sw-00 ***], twice daily changes may be required initially; but as the amount of exudate decreases, the interval between dressing changes may be increased - up to a week, as appropriate.

Presentation

Lyofoam is presented individually wrapped in paper/foil pouches, sterilised by irradiation.

Sizes

7.5 cm × 7.5 cm* 25.0 cm × 10.0 cm

10.0 cm × 10.0 cm* 17.5 cm × 10.0 cm*

20.0 cm × 15.0 cm* 30.0 cm × 25.0 cm

70.0 cm × 40.0 cm 6.5 cm × 9.0 cm ¶

¶ Tracheostomy dressing

* available on Drug Tariff

Bibliography

1. Hughes LE, *et al.,* Wound management in the community - comparison of Lyofoam and Melolin, *Care-Science and Practice* 1986, **7,** (3), 64-67.

2. The effect of a two-layered polyurethane foam wound dressing on the healing of venous leg ulcers, *J. Tissue Viability,* 1992, **2,** (2), 57-61.

3. Thomas S, Foam Dressings: A guide to the properties and uses of the main foam dressings available in the UK., *J.Wound Care,* 1993, **2,** (3), 153-156.

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.