

A patient-centred approach to wound management

This application and cutting guide has been developed by specialists who in their daily work as clinicians are dealing with difficult-to-dress wounds.

The application of a dressing should form part of a holistic wound management plan with patient-centred goals. One important goal may be to facilitate faster wound healing by providing the optimal environment for healing to proceed. However, it is necessary to look at the whole patient, the underlying cause, and patient-related concerns before looking at the wound itself¹.

Patient-centred concerns are important to keep in mind as individuals with chronic wounds not only have to deal with having a wound, they also have to face the unfulfilled expectations of healing and its consequences, e.g. odour, leakage, maceration, pain, infection, or social isolation.

Despite the availability of a huge range of wound care dressings and education in the area of tissue viability, some wounds remain a challenge to dress in practice². If you have any questions or suggestions to shapes not listed in this guide, please contact your local Coloplast office.

References:

1. Sibbald, R.G. et al, Preparing the Wound Bed 2003: Focus on infection and inflammation, Ostomy/Wound Management, November 2003, Vol. 49 (11): 24-51.
2. Fletcher, J. A practical approach to dressing wounds in difficult positions. British Journal of Nursing, 1999, Vol. 8 (12): 779-786.

Biatain® and Comfeel® – Cutting Guide



Always remember to wash your hands before and after the application of a dressing. Please use your recommended dressing technique according to infection control guidelines.

Please note: These are general guidelines, please check local treatment recommendations applicable in your country or healthcare institution.



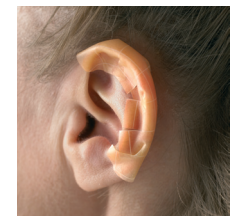
Ears



For wounds caused where oxygen tubing rubs on the ears, cut half way into a thin hydrocolloid (the piece should be approx 2 x 3 cm), anchor to the flat of the head with the uncut half, and then put the other two sections around the ear. These can also be adapted for the nasal region.



Ears



For other types of ear wound, use a thin hydrocolloid (5 x 7 cm), cut into a strip, fold in half lengthways, then cut a 'fringe' along one edge (the cuts should be approximately 0.5 cm apart). Apply the uncut edge of the dressing first, and use the cut edges to fold around the shape of the ear. If the wound is wet, use a small piece of alginate underneath.



Ears



For this type of ear wound, use a Non-Adhesive or Soft-Hold dressing. Cut the dressing in order to fix the size of the ear. Choose a suitable secondary dressing to keep the dressing in place.



Elbows



For elbow wounds, cut two small slits in the dressing and apply it, mould the slit around the elbow. Remember to apply the dressing with the patient bending the arm in a 90° angle.

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Hands



For margin of hand, cut one slit towards the edge of the dressing. Apply over the first or fifth digit (as appropriate). To anchor the dressing mould the remaining dressing to the hand.



Fingers



For wounds between the fingers, cut a dressing and slide onto the finger. Use a secondary dressing to secure the foam dressing.



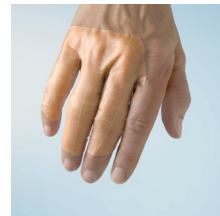
Fingers



For small wounds on and between fingers, a thin hydrocolloid dressing can easily be cut into small strips to fit the wound.



Fingers



For small wounds on and between fingers, a thin hydrocolloid dressing can easily be cut into small strips to fit the wound.



Heels



A variety of different heel dressings is available. Consider which of these shapes is best for your patient.

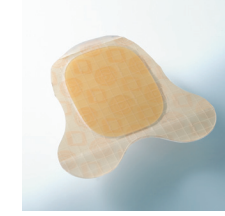
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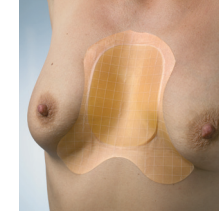
Axilla



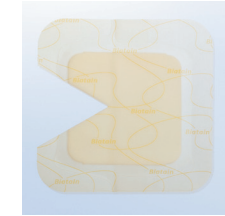
For dressing the axilla area, a heel dressing may be a good solution. Keep the direction of fluid in mind and apply the largest part of the dressing as illustrated on the photo.



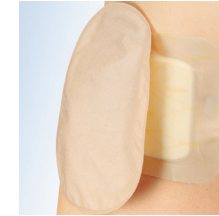
Sternum



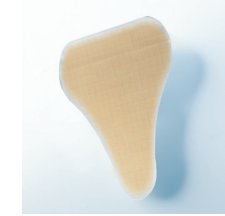
For wounds on the female sternum, a Comfeel® Plus Contour is particularly suitable. Cut according to the size of the breasts.



Peristoma wounds



When the wound is close to an ostomy, care needs to be taken when deciding whether to apply the stoma base plate on top or underneath the dressing.



Sacral



For sacral wounds, use the slimmest dressing possible. There is a variety of different sacral dressings available, consider which of these shapes is best for your patient's bottom. Please ensure that you differentiate between pressure ulcers and moisture lesions, as the supporting management differs greatly.



Sacral



If the sacral wound is wet, use e.g. a foam and/or an alginate dressing (the alginate dressing requires a secondary dressing).

General Notes

- Always check the cause of the wound.
- Follow your local infection control guidelines to prevent cross infection. In case of infection, use an appropriate antimicrobial treatment.
- Please make sure to use a pair of sharp clean scissors.
- When cutting dressings always round off the edges for better adhesion.
- For adhesive dressings keep the backing film as a template for next application on your patient. For non-adhesive dressings draw a template on the pouch.
- Always take care of the surrounding skin.
- Most manufacturers recommend placing the dressing over the centre of the wound. Consider the effect of gravity and apply the dressing to account for the direction of fluid drainage.
- Do not apply dressings with tension as this may cause blistering.
- Although some dressings might provide padding and reduction in friction, they do not relieve pressure.
- For all joints, the principles of application are similar. Examples given here on heels, elbows and knees may be used on any of these joints.

Ostomy Care
Urology & Continence Care
Wound & Skin Care

Coloplast develops products and services that make life easier for people with very personal and private medical conditions. Working closely with the people who use our products, we create solutions that are sensitive to their special needs. We call this intimate healthcare. Our business includes ostomy care, urology and continence care and wound and skin care. We operate globally and employ more than 7,000 people.

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Coloplast

Coloplast Limited
Næne Hall
Peterborough Business Park
Peterborough
PE2 6FX

www.coloplast.co.uk/woundandskincare



Bunion



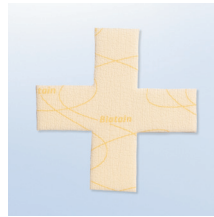
For the hallux toe and for inter-digital ulcers, secure with a secondary dressing.



Toes



For inter-digital wounds, cut slits into a dressing. The dressing must be secured with a secondary dressing.



Toes



For the tip of the toes and for inter-digital ulcers, secure with tubular gauze.



Toes



Cut a “bow-tie” shaped thin hydrocolloid dressing. Use the slimmest dressing possible considering footwear. Often a non-adhesive dressing with separate fixation will work better than an adhesive dressing due to the pressures applied to the feet on walking.



Toes



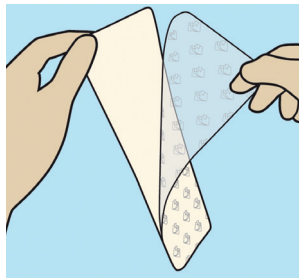
For wet toe wounds, use a foam dressing. Additional fixation is required.

How to use Biatain



The Biatain® Adhesive is hydrocolloid so ensure the dressing is warm to enable it to adhere to the skin.

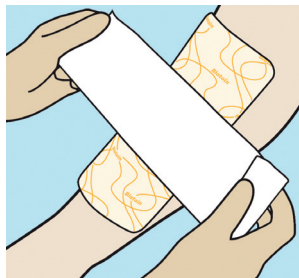
Comfeel® Plus and Comfeel® Plus Transparent are hydrocolloid dressings therefore the above step should be followed prior to application.



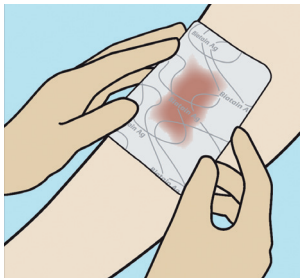
With Biatain® Soft-Hold and Adhesive remove the backing film prior to application.



Always apply the plain white side of the Biatain dressing to the wound.



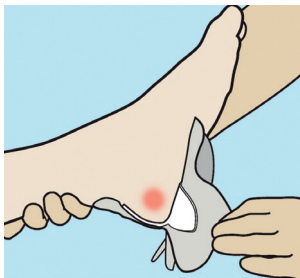
Secure Biatain® Non Adhesive and Biatain Soft-Hold with a secondary dressing.



Change when clinically indicated depending on levels of exudate (usually when it reaches 1 to 2 cms from edge of dressing).



If using Biatain Adhesive gently take the corner and stretch the dressing as this will break down the adhesive making it kinder to remove.



The Biatain heel dressing is shaped like an “arrow”. Fold the dressing in a 90° angle between the “arrow head” and “arrow tail”. Let the “arrow” point towards the toes and fix the “arrow tail” first. Remove the release films one by one and fix the sides carefully, in order that the foam parts touch or overlap.

Acknowledgements

This booklet has been developed for Coloplast by:

- Pia Carlsen, RN, Denmark
- Jacqui Fletcher, Principal Lecturer, MSc BSc (Hons) PG Dip (ED) RN ILT, UK
- Maria Mousley, AHP, Consultant Podiatrist, UK
- Henri Post, M.A., Nurse Practitioner, RN, Netherlands
- Adrienne Taylor, MSc, RN, RM, DN, UK
- Wilma Verbeek-Gijsbers, RN, Netherlands
- Robert Zimmer, RN, Germany

Wound care product codes

Biatain Non-Adhesive

Size (cm)	Product code
5 x 7	6105
10 x 10	3410
10 x 20	3412
15 x 15	3413
20 x 20	3416

Biatain Adhesive

Size (cm)	Product code
7.5 x 7.5	3462
10 x 10	3430
12.5 x 12.5	3420
15 x 15	3421
18 x 18	3423
18 x 28	3426

Biatain Adhesive Shapes

Size (cm)	Product code
17 x 17 Sacral	3483
23 x 23 Sacral	3485
Ø 17 Contour	3486
19 x 20 Heel	3488

Biatain Soft-Hold

Size (cm)	Product code
5 x 7	3473
10 x 10	3470
10 x 20	3472
15 x 15	3475

Biatain® Ibu Non-Adhesive

Size (cm)	Product code
5 x 7	4105
10 x 12	4152
10 x 22.5	4158
15 x 15	4155
20 x 20	4120

Biatain® Ibu Soft-Hold

Size (cm)	Product code
10 x 12	4162
10 x 22.5	4168
15 x 15	4165

Contact your local Coloplast territory manager for more information on the Comfeel and Biatain range.

Biatain® Ag Non-Adhesive

Size (cm)	Product code
5 x 7	5105
5 x 8 Cavity	9628
10 x 10	9622
10 x 20	9623
15 x 15	9625
20 x 20	9626

Biatain® Ag Adhesive

Size (cm)	Product code
12.5 x 12.5	9632
18 x 18	9635
23 x 23 Sacral	9641
19 x 20 Heel	9643

Biatain® Silicone

Size (cm)	Product code
7.5 x 7.5	3434
10 x 10	3435
12.5 x 12.5	3436
15 x 15	3437
17.5 x 17.5	3438

Comfeel Plus Transparent

Size (cm)	Product code
5 x 7	3530
5 x 15	3547
5 x 25	3548
9 x 14	3536
9 x 25	3537
10 x 10	3533
15 x 15	3539
15 x 20	3542
20 x 20	3545

Comfeel Plus Ulcer

Size (cm)	Product code
10 x 10	3110
15 x 15	3115
20 x 20	3120
4 x 6	3146
6x8 Contour	3280
9x11 Contour	3283
18x20 Sacral	3285

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Application and Cutting Guide



Biatain® – the simple choice