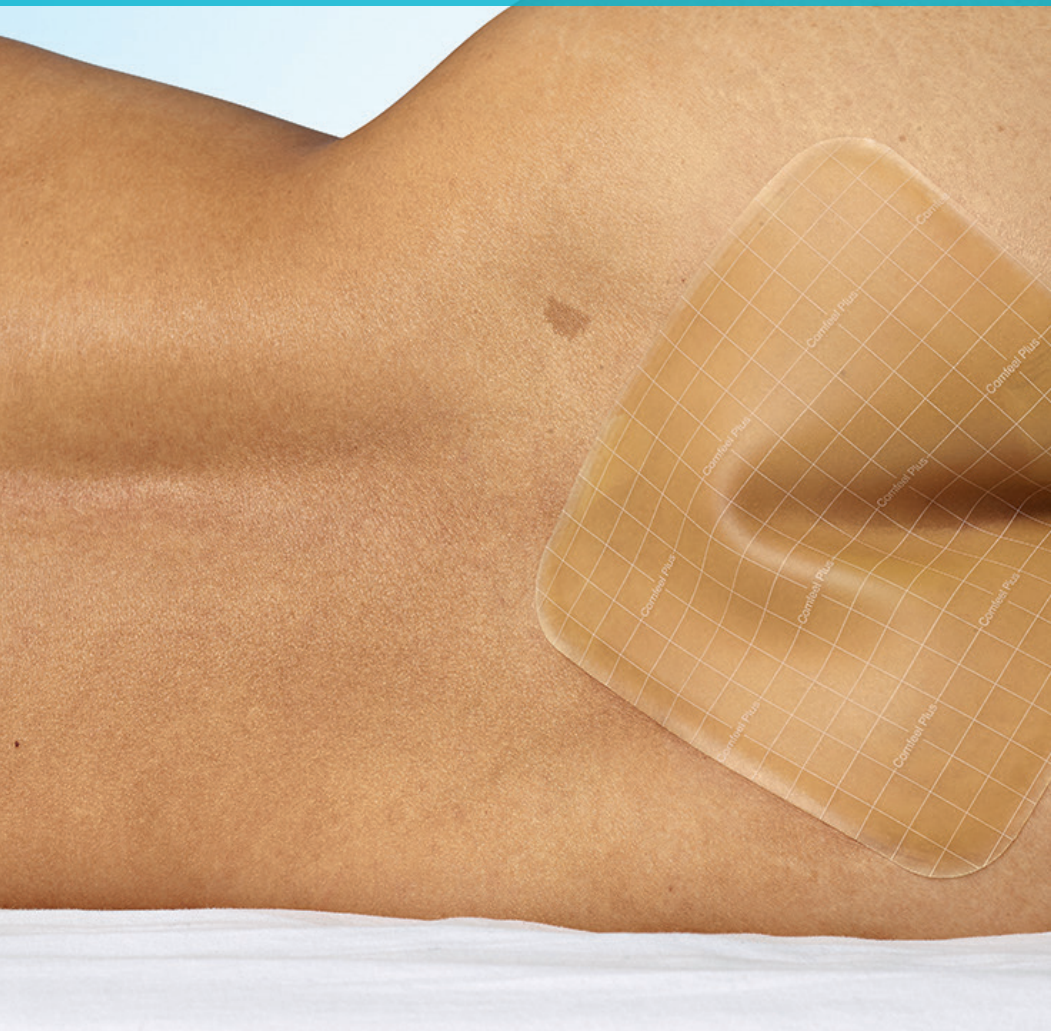
Comfeel®

Protection and treatment of pressure ulcers

A Coloplast Wound Care quick guide



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This guide has been developed in collaboration with Mark Collier.

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Foreword

Pressure ulcer prevention and appropriate management remains a very important issue for all practitioners, regardless of the healthcare setting in which they work. This is due to:

- Recent international and political focus, primarily stimulated by the associated costs and resource utilisation
- The enormous effects that the development of a pressure ulcer can have on an individual patient's health-related quality of life (HRQoL), their family/caregiver and the wider community

Hydrocolloid dressings can be considered for both prevention and management of patients with at-risk skin or with an already developed pressure ulcer.

Prevention: Hydrocolloid dressings can be used for prevention of skin (pressure) damage when placed over vulnerable anatomical areas to help reduce the effects of friction forces on the skin and to help keep the covered tissues hydrated and protected from potential contaminants.
Thin versions are best suited for the achievement of this care objective.

Management: For skin already compromised (a pressure ulcer has developed) hydrocolloid dressings may be considered for managing all categories of damage after careful consideration of the depth of the pressure ulcer.

This quick guide will introduce you to best practice principles for patients at risk of pressure ulcer development as well as benefits of using hydrocolloid dressings to promote a moist wound healing environment when pressure damage has occurred.

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Introduction to pressure ulcers

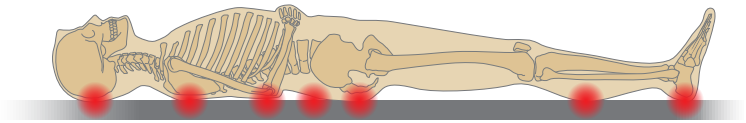
Pressure ulcer prevention

Risk assessment and documentation are an important part of pressure ulcer management and help to identify and protect patients with at-risk skin from developing a pressure ulcer.

Most important risk factors for pressure ulcer development

- Reduced mobility or immobility
- Sensory impairment
- Vascular disease
- Age and care settings
- Malnutrition or dehydration
- Medical interventions
- illness or multiple co-morbidities
- Patient support surfaces

High risk areas



Remember!

The risk of developing a pressure ulcer is highest on skin over bony prominences. However, this risk is relevant for any part of the skin under prolonged pressure, as an ulcer can start to develop in less than 1 hour.

Moisture Associated Skin Damage[1] (MASD)

Patient review and skin assessments are important, as MASD can be mistaken for an early stage pressure ulcer.

- MASD are skin injuries occurring due to prolonged exposure to wound exudate, faecal and/or urinary incontinence and perspiration

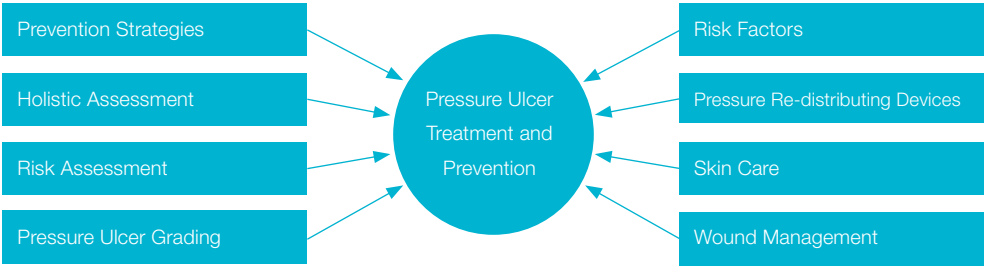
"More than 50% of healthcare professionals use hydrocolloid dressings to prevent wounds and to protect skin at risk*"

* Market research 2013 – data on file.

Good clinical practice

Good clinical practice involves both pro-active pressure prevention as well as treatment and management of the ulcer.

A holistic approach may include the below elements



SSKIN guide - 5 simple principles to prevent and treat pressure ulcers[2]

S Surface: Make sure your patients have the right support

S Skin inspection: Early inspection means early detection

K Keep your patients moving: Consider frequent repositioning and the use of pressure re-distributing devices

I Incontinence: Your patients need to be clean and dry

N Nutrition/hydration: Help patients have the right diet and plenty of fluids

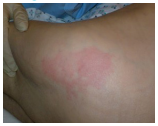
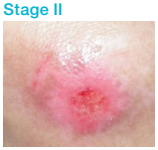
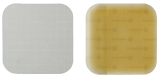
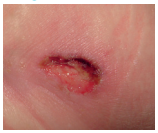
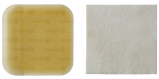
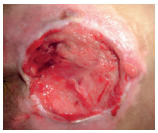
Additional management principles

- Treat the underlying pathology, if possible
- Relieve and minimise the effect of shear to avoid further damage
- Do NOT massage the area of the ulcer or use non-prescribed creams prophylactically as this can cause further skin damage

Pressure ulcer guide

NPUAP – EPUAP International Classification System[3]

The classification of pressure ulcers into stages 1-4 provides support to practitioners to identify and assess pressure ulcers. Furthermore, the guideline provides recommendation for the use of hydrocolloid dressings.

International NPUAP – EPUAP Pressure Ulcer Classification System[3]			Comfeel Plus
Stage description		**Recommendation for use of hydrocolloid dressings**	**Product based on treatment needs**
Stage I 	**Non-blanchable redness of intact skin** Intact skin with non-blanchable erythema of a localized area usually over a bony prominence. Discolouration of the skin, warmth, oedema, hardness or pain may also be present. Darkly pigmented skin may not have visible blanching.	Consider using hydrocolloid dressings to protect body areas at risk of friction injury or risk of injury from tape.[3]	**Comfeel Plus Transparent** 
Stage II 	**Partial thickness skin loss** Partial thickness loss of dermis presenting as a shallow open ulcer with a red-pink wound bed, without slough. May also present as an intact or open/ruptured serum-filled blister.	Use hydrocolloid dressings for clean Stage II pressure ulcers in body areas where they will not roll or melt.[3]	**Comfeel Plus Transparent or Comfeel Plus** 
Stage III 	**Full thickness skin loss** Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Some slough may be present. May include undermining and tunneling.	**Shallow wound** Consider hydrocolloid dressings on non-infected, shallow Stage III pressure ulcers.[3]	**Comfeel Plus** 
		Deep wound Consider filler dressing beneath hydrocolloid dressings in deep ulcers to fill in dead space.[3,4]	**Comfeel Plus + Biatain Alginate** 
Stage IV 	**Full thickness tissue loss** Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present. Often include undermining and tunneling.	In areas with no subcutaneous tissue, e.g. on the bridge of the nose and the ear, Stage IV can be shallow.[3]	Use under the discretion of a healthcare professional **Comfeel Plus + Biatain Alginate** 

Benefits of hydrocolloid dressings

General benefits

- Protect skin at risk[3]
- Provides a moist wound healing environment
- Visual monitoring of skin and wound
- Protect against contaminants and bodily fluids
- Minimise friction and further damage to skin and wound
- Good dressing conformability to skin and wound
- Cost-effective

Enhanced patient comfort

- Long wear time and fewer dressing changes
- Patient hygiene can be maintained – water and shower-proof dressing
- Dressings are discreet, soft and comfortable to wear
- Gelling protects granulation tissue and nerve endings, providing the patient with a reduced sensation of pain
- Protect and reduce discomfort from friction against clothes and bedding

Typical clinical objectives

- To optimise the local healing environment
- To protect the surrounding skin
- To minimise risk of complications e.g. contamination, infection and further tissue breakdown
- To promote angiogenesis

Comfeel Plus

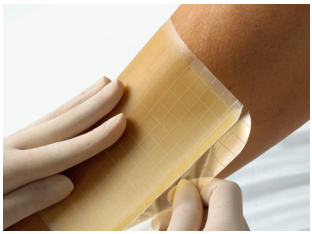
Ensured protection. Faster healing.

Protection and treatment of pressure ulcers

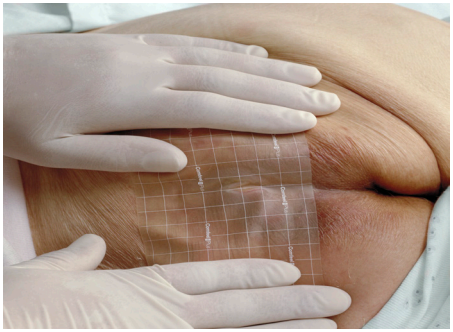
Comfeel® Plus Transparent and Comfeel Plus hydrocolloid dressings are suitable for the protection of skin at risk[3] and for moist wound healing of pressure ulcers.

Key benefits

- Semi-permeable protective topfilm, impermeable to water, virus and bacteria[5]
- Smooth topfilm for low friction and reduced shear
- Enhanced exudate handling capacity for long wear time[6]
- Mapping grid for wound size monitoring and dressing change indication
- Thin edges for close adhesion to the skin to reduce risk of rolling

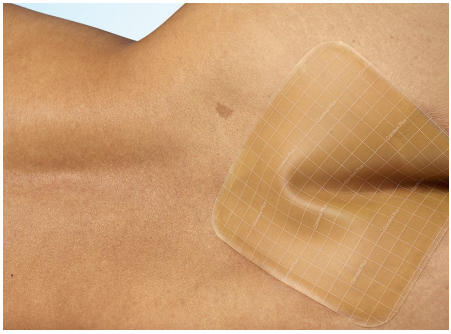


Soft and conformable for easy application



Comfeel Plus Transparent

Protection and visual monitoring of skin at risk and early stage pressure ulcers



Comfeel Plus

Protection and treatment of low-to-moderately exuding pressure ulcers

Protection and treatment of pressure ulcers

The Comfeel Plus range of sizes and shapes delivers flexibility for the protection and treatment of pressure ulcers.

Indications for use:

- For non-infected, low-to-moderately exuding pressure ulcers
- As primary dressing to protect and heal pressure ulcers
- As secondary dressing to cover hydrogel or an alginate dressing

Comfeel® Plus Transparent

Size in cm	Item no.	Units per box	NHS	PIP
5x7	3530	10	ELM036	236-7332
10x10	3533	10	ELM060	282-7780
15x15	3539	5	ELM037	292-7798
20x20	3545	5	ELM190	282-7806

Comfeel® Plus

Size in cm	Item no.	Units per box	NHS	PIP
4x6	3146	30	ELM064	285-2945
10x10	3110	10	ELM351	222-9904
15x15	3115	5	ELM353	222-9912
20x20	3120	5	ELM164	222-9920

Comfeel® Plus Transparent

Size in cm	Item no.	Units per box	NHS	PIP
5x15	3547	10	ELM096	301-0618
5x25	3548	5	ELM163	301-0600
9x14	3536	10	ELM002	236-7340
9x25	3537	5	ELM189	296-2561
15x20	3542	5	ELM004	236-7324

Comfeel® Plus Contour

Size in cm	Item no.	Units per box	NHS	PIP
6x8	3280	10	ELM033	228-4818
9x11	3283	10	ELM034	228-4826

Biatain® Alginate

Size in cm	Item no.	Units per box	NHS	PIP
5x5	3705	30	ELS068	377-6747
10x10	3710	10	ELS069	377-6754
15x15	3715	10	ELS070	377-6762
3x44	3740	6	ELS071	377-6770

Comfeel® Plus Sacral

Size in cm	Item no.	Units per box	NHS	PIP
18x20	3285	5	ELM001	252-9055

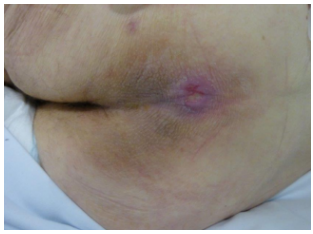
Comfeel® Plus Pressure Relief

Size in cm	Item no.	Units per box	NHS	PIP
Ø7	3350	10	ELP011	236-7316
Ø10	3353	10	ELP013	236-7290
Ø15	3356	10	ELM188	236-7308

The Comfeel Plus range does not contain pectin, known allergens such as latex or colophony, or animal derivatives such as gelatin.

Pressure ulcer treatment with Comfeel Plus

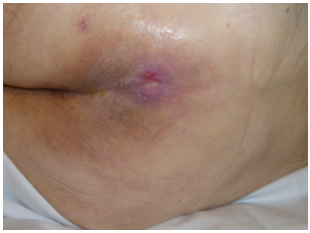
Case report: 75 year old man admitted with a pressure ulcer grade 2, located over bony prominence in the sacral area. Ulcer size was 10 mm x 9 mm, shallow and low exuding.



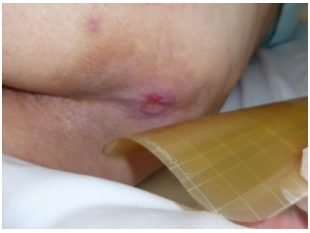
The Comfeel Plus dressing was chosen, based on wound and exudate characteristics, to provide an optimal moist wound healing environment and for wound protection.

Dressing application

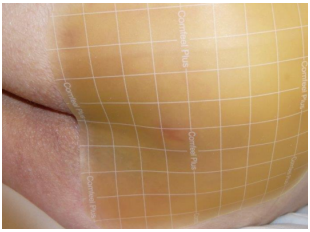
1. Wound was cleaned and dried gently before dressing application



2. Dressing size was selected to cover the wound with min. 2 cm wound margin. Application was with gloves, using aseptic non-touch technique



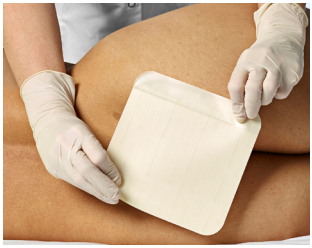
3. Dressing was placed over the wound and gently molded down on the peri-wound area to ensure good adhesion and to avoid tunnels.
   Comfeel Plus dressing should be changed after 5-7 days

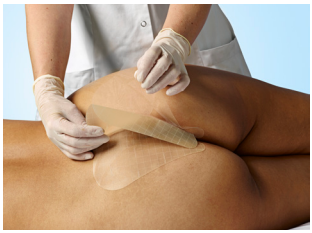


Practical advice

Dressing application

- Gently warming the product before use, e.g. rubbing between the hands, will increase its malleability and adhesiveness
- Select and apply dressing size with min. 2 cm margin around the wound
- Gently mould/contour on peri-wound area to ensure good adhesion and to avoid funnels
- Do not stretch the dressing as this will impact dressing adherence
- Rolling of edges can be avoided when using a thin dressing or a dressing with bevelled edges





Use gloves and non-touch handles for aseptic dressing application

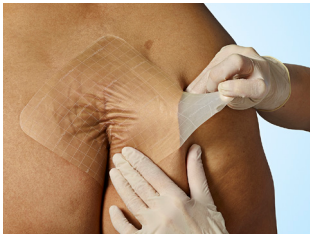
Dressing change indication

- Leave the dressing on the wound for up to 7 days or until the gelling covers the wound and is 1 cm from the edge, indicating time for dressing change
- The formed gel may be misinterpreted as pus and the smell as infection. Both is perfectly normal

Removal

- For gentle removal, continuously stretch the dressing edges parallel to skin and slowly release adhesion

Tip: Use adhesive remover spray under the lifted dressing edges for even more gentle removal.



Stretch the dressing for gentle and atraumatic removal

References

1. Dowsett C, Allen L (2013) Moisture-associated skin damage made easy, Wounds UK 9(4)
2. http://nhs.stopthepressure.co.uk/
3. National Pressure Ulcer Advisory Panel and European Pressure Ulcer Advisory Panel. Prevention and treatment of pressure ulcers: clinical practice guideline. 2009
4. "In deeper ulcers (stage III-IV) the use of alginate with hydrocolloid resulted in significantly greater reduction in size of the ulcers compared to hydrocolloid alone". Citation from Medical Advisory Secretariat. Management of chronic pressure ulcers: An evidence based analysis. Ontario Health Technology Assessment Series 2009;9(3)
5. Bacteria and virus impermeability: Coloplast data on file
6. Thomas S et al. An in-vitro comparison of the physical characteristics of hydrocolloids, hydrogels, foams, and alginate/cmc fibrous dressings. SMTL 2004. www.dressing.org

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