WOUND DRESSINGS

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These are a vital part of wound care and are used to optimise healing. The most suitable dressing is selected based on the type Jean-Nicolas Marjolin , 1780–1850, Professor of External Pathology , Hôtel-Dieu de Paris, Paris, France. moist environment to facilitate epidermal migration, enable hange between the wound and environment, provide gas ex c protection against bacterial infection and be non-adherent (to avoid trauma on removal). Furthermore, the dressing should be sterile, non-toxic, non-allergenic and readily available at minimal expense. One of the most traditional dressings in regular use is gauze ® (tulle) impregnated with petroleum jelly (e.g. Jelonet); it is ideal for clean wounds with minimal exudate. Semipermeable foam ® dressings (e.g. Allevyn) are suitable for moderately to highly exudating wounds such as leg ulcers. Hydrocolloid dressings ® (e.g. Duoderm) contain an inner colloidal layer with an impermeable outer layer and are ideal for moderately exudating ® wounds such as minor burns. Alginate dressings (e.g. Kaltostat) are derived from seaweed and contain calcium salts that facilitate haemostasis; they can be used on moderate to heavily exudating wounds such as split-thickness skin graft donor sites. ® Mepitel is a non-adherent dressing comprising a perforated silicone sheet that is designed for prolonged applications of up to 2 weeks; it is therefore popular in paediatric wounds. Some dressings contain antimicrobial agents such as ionic silver (e.g. ® ® Aquacel Ag) or povidone iodine (e.g. Inadine) that may have - additional functionality in contaminated wounds. Negative-pressure wound therapy (e.g. vacuum-assisted ® closure; V AC) uses intermittent or continuous topical nega - tive pressure (up to –125 /uni00A0 mmHg) through a sealed foam dress - ing in order to stimulate the formation of granulation tissue, reduce local oedema and tissue exudate and reduce bacterial load. The technique has numerous applications, including as a dressing to secure a skin graft to its recipient bed, temporary coverage of a complex acute wound (e.g. an open abdomen; Figure 47.6) until definitive cover can be achieved or to man - age chronic wounds such as pressure ulcers. - WOUND DRESSINGS

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