



Advazorb®
Hydrophilic foam dressing range



Advazorb®



Advazorb Silfix®



Advazorb Silflo®

Gentle on skin, easy on the budget

Advancis
Medical
www.advancis.co.uk

Advazorb®

Hydrophilic foam dressing range

Advazorb® is a comprehensive range of patient friendly, absorbent foam dressings presented in non-adhesive and atraumatic silicone adhesives.

The Advazorb® range has been specifically designed to overcome the complex challenges of managing exudate whilst protecting 'at risk' fragile skin.

The complete Advazorb® foam range is available in both a regular thickness for moderate to high exudate and 'Lite' versions for low to moderately exuding wounds.



Advazorb®
Hydrophilic foam dressing
with film backing

Advazorb® and Advazorb Lite® are soft and conformable, low-adherent, hydrophilic, polyurethane foam dressings with a breathable film backing.

A non-adherent foam dressing with excellent fluid handling properties. Ideal for use under compression bandaging with its fluid retention, low profile and low friction film backing.

Dressing features & benefits

- **Hydrophilic foam**
High quality polyurethane foam, rapidly absorbs and retains what it absorbs.
Available in regular and 'Lite' versions to suit a wider range of wounds.
- **Bacteria-proof, low friction, thin film backing**
The Advazorb® range features a waterproof film backing that prevents strike-through. The backing has been designed to reduce friction on clothes and bandages which extends dressing wear time by reducing 'rucking' and preventing dressings falling off.
- **Maintains moist healing environment**
With an MVTR range of 2600-2700 g/m²/24hours the Advazorb® foam range provides the ideal conditions for wound healing.
- **Soft and conformable**
Increasing patient compliance and comfort.
- **Flexible and versatile**
Can be used on a wide variety of exuding wounds including under compression and can be cut to shape and size.



Advazorb Silfix®
Hydrophilic foam dressing with soft
silicone wound contact layer

Advazorb Silfix® and Advazorb Silfix Lite® combine the excellent fluid handling capabilities of Advazorb® with a layer of atraumatic soft silicone adhesive.

The soft silicone ensures that the dressing does not stick to the wet surface of a wound bed or cause trauma to delicate new tissue upon dressing removal. This is particularly suited to those patients with friable or delicate skin.

Dressing features & benefits

- Advazorb Silfix® features the same high quality foam and low friction film as Advazorb® with an atraumatic soft silicone wound contact layer across the surface area of the dressing.
- The Advazorb Silfix® wound contact layer enables the dressing to be placed onto the patient whilst a secondary dressing or bandage is applied for retention.
- Provides gentle adherence to intact skin whilst the hydrophobic nature of silicone ensures that it won't adhere to a wet wound bed.
- Minimises the pain and trauma associated with dressing change or removal.
- Prevents disruption of newly formed granulation tissue.
- Ideal choice for sensitive wounds with fragile skin that also require a degree of compression.



Advazorb Silflo®
Hydrophilic foam dressing with soft
silicone wound contact layer and border

Advazorb Silflo® and Advazorb Silflo Lite® are absorbent, atraumatic, self-adhesive bordered dressings with a unique perforated soft silicone wound contact layer.

The silicone wound contact layer has large pores which enable the passage of exudate into the absorbent foam whilst protecting the fragile wound bed. This combination ensures the dressings comfortably stay in place whilst minimising the potential for maceration.

Dressing features & benefits

- Advazorb Silflo® features the same high quality foam and low friction film as Advazorb® and Advazorb Silfix®, plus a border to eliminate the need for secondary fixation.
- The soft silicone contact layer extends across the entire surface area of the dressing, not just the border, providing secure but gentle adhesion.
- Suitable for hard to dress wounds as a secondary fixation isn't required.
- The large open pores enable the passage of exudate through to the foam whilst providing optimal adherence to the skin.
- Minimises the pain and trauma associated with dressing change or removal.
- Also available in 10cm x 30cm particularly useful for post-operative wounds.

Case reports

Leanne Cook, Vascular Nurse Specialist, UK

Introduction

Mr P presented with a non healing ulceration which had been ongoing for 4 months having previously been treated with topical silver dressings. There had been little progress so referral was made to specialist leg ulcer clinic.

History and examination revealed palpable peripheral pulses and ABPI of 0.75, which is slightly below recommended guidance for full strength compression therapy. Additionally Mr P suffered from severe rheumatoid arthritis and spinal spondylosis. The ulcer bed showed superficial slough with little evidence of wound edge advancement, exudate levels were moderate to high with mild amounts of lower limb oedema.

Method

It was decided to commence Mr P on modified (three layer) compression to reduce the oedema to see if this would promote healing. Silver dressings were discontinued as there was no evidence of problems with increased bacterial loads, Advazorb® non adhesive foam dressing were applied as a primary dressing due to its rapid and highly absorbent properties and its highly conformable nature ideal to fit around difficult areas like the malleolus.

Results

Four weeks later healing was evident, slough had been debrided leaving healthy granulation tissue and there was visible evidence of epithelisation, the ulcer had reduced in size and so had the levels of exudate.



Conclusion

Advazorb® non adhesive foam dressing controlled the exudate under compression therapy preventing maceration whilst maintaining a moist wound environment allowing healing to occur and permitting pain free dressing changes.

Introduction

Mr W presented with a spontaneous painful leg ulcer, which had been present for 3 months. The ulcer appeared to be superficial in depth but the wound bed had approx 90% dehydrated slough visible which was turning into eschar. The surrounding skin appeared discoloured and fragile.

On assessment Mr W had a full complement of pulses with an ABPI of 0.95 with a normal triphasic Doppler tone, indicating no problems with peripheral arterial disease. There were signs of venous insufficiency with mild oedema and visible varicosities.

Mr W complained of pain at times especially at dressing change.

Method

The ulcer was diagnosed as being venous in origin and treatment under 4 layer compression was introduced to reduce the venous insufficiency and promote healing. Activon Tulle® dressings were used as the primary dressing, to rehydrate the slough and eschar, in conjunction with Advazorb Silfix soft silicone adhesive foam as the secondary dressing. This ensured that the wound bed was kept moist whilst simultaneously coping with any increase in exudate caused by the 100% Manuka Honey dressing rehydrating the wound bed. Additionally Advazorb Silfix® soft silicone is designed to minimise pain and trauma on dressing change ensuring that the surrounding fragile skin and newly formed granulation tissue is protected.

Results

Four weeks later the ulcer had significantly reduced in size, the wound bed showed 100% healthy granulation tissue and the surrounding skin appeared healthy. At this stage Activon Tulle® was discontinued and Advazorb Silfix® was used as a primary dressing under compression bandaging. Four weeks later the wound fully healed.



Conclusion

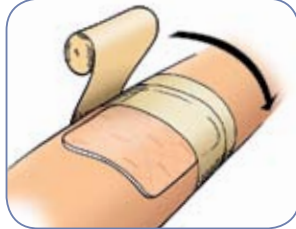
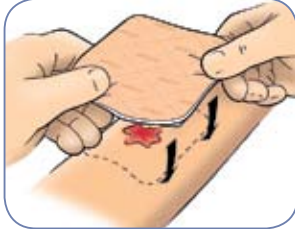
Advazorb Silfix® provides ideal protection of fragile tissue under compression therapy whilst ensuring that moisture levels are maintained at an ideal optimum to promote wound healing.

Advazorb®

Apply directly to the wound surface pink film side up and secure in place with tape, appropriate bandage or secondary dressing.

Advazorb Silfix®

Remove clear liners and apply pink side up to wound ensuring the foam pad covers the entire wound area and a minimum overlap of 2cm around the edges of the wound. Secure in place with tape, appropriate bandage or secondary dressing.



Advazorb Silflo®

Remove clear liners apply pink side up to wound ensuring the central foam pad covers the entire wound area and a minimum overlap of 2cm around the edges of the wound.

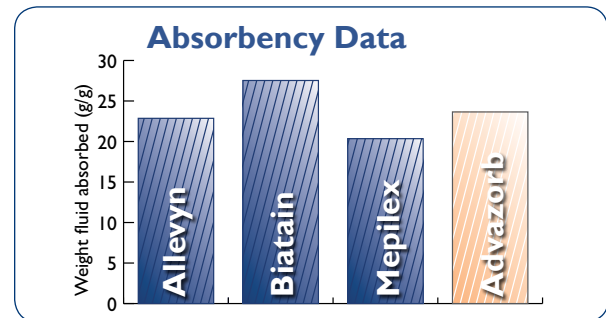


All Advazorb® dressings can be left in place for up to 7 days but should be changed when dressing reaches its absorbency capacity.

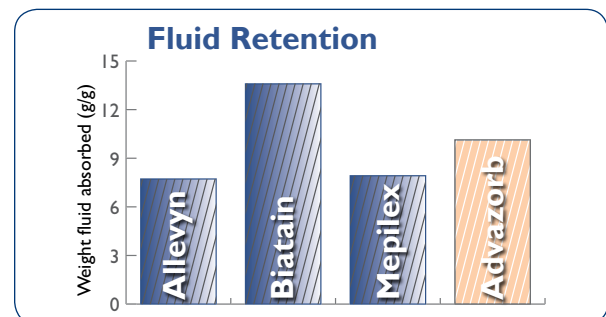
If exudate is visible around the edges of the dressing this is a clear indication that a dressing change is required. Clinical observation is necessary to determine required frequency of change in exuding wounds.

Product	Stock code	Size	Pack size
Advazorb®	CR4165	7.5cm x 7.5cm	10
	CR4166	10cm x 10cm	
	CR4167	12.5cm x 12.5cm	
	CR4168	15cm x 15cm	
	CR4169	10cm x 20cm	
	CR4170	20cm x 20cm	
Advazorb Silfix®	CR4177	7.5cm x 7.5cm	10
	CR4178	10cm x 10cm	
	CR4179	12.5cm x 12.5cm	
	CR4180	15cm x 15cm	
	CR4181	10cm x 20cm	
	CR4182	20cm x 20cm	
Advazorb Silflo®	CR4190	7.5cm x 7.5cm	10
	CR4191	10cm x 10cm	
	CR4192	12.5cm x 12.5cm	
	CR4193	15cm x 15cm	
	CR4194	10cm x 20cm	
	CR4195	20cm x 20cm	
	CR4196	10cm x 30cm	

Independent Test Data



Polyurethane Foam Dressing - Absorbency, Surgical Dressings, British Pharmacopoeia 1993 Volume II.



Water Retention Capacity. British Pharmacopoeia (1993) Section A222, Appendix XXT.

Source: Data on File, Cica Biomedical Ltd July 2011

Product	Stock code	Size	Pack size
Advazorb Lite®	CR4171	7.5cm x 7.5cm	10
	CR4172	10cm x 10cm	
	CR4173	12.5cm x 12.5cm	
	CR4174	15cm x 15cm	
	CR4175	10cm x 20cm	
	CR4176	20cm x 20cm	
Advazorb Silfix Lite®	CR4185	7.5cm x 7.5cm	10
	CR4186	10cm x 10cm	
	CR4187	12.5cm x 12.5cm	
	CR4188	15cm x 15cm	
	CR4189	10cm x 20cm	
	CR4204	20cm x 20cm	
Advazorb Silflo Lite®	CR4197	7.5cm x 7.5cm	10
	CR4198	10cm x 10cm	
	CR4199	12.5cm x 12.5cm	
	CR4200	15cm x 15cm	
	CR4201	10cm x 20cm	
	CR4202	20cm x 20cm	
	CR4203	10cm x 30cm	

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