Eclypse®

Super absorbent dressings

Advancis Medical

www.advancis.co.uk

Welcome

Eclypse® is designed to achieve maximum fluid handling. A combination of the highly absorbent lock away core and breathable backing, high moisture vapour transmission rates, ensure that exudate is controlled, maceration is prevented, reducing the impact on the patients quality of life.

The highly absorbent nature of Eclypse® will also help prevent infection. Dressing leakage (known as strike through) is thought to increase the risk of infection since dressings/bandages that are moist or wet on the outside are more attractive to microbes and more easy to penetrate (Adderley, 2008). Eclypse® fluid handling capacity will prevent strike through and in combination with its bacterial proof backing will reduce the risk of infection.

Eclypse® has also been designed to reduce harmful levels of activated matrix metalloproteinases (MMP's), that are found within chronic wounds. In excess MMP's break down the cell-supporting extracellular matrix therefore delaying wound healing. Chronic wounds tend to get stuck in the inflammatory phase of wound healing. This inflammatory response may lead to increased exudate being produced, this exudate contains high levels of enzymes including activated MMP's which can be detrimental to wound healing, (WUWHS, 2008). Eclypse ensures that the MMP's containing exudate is locked away from the wound surface where damage can occur allowing wound healing to take place.

In essence Eclypse® promotes wound healing by controlling exudate, reducing the risk of infection and regulating MMP levels therefore providing the optimum wound environment for healing to occur.

References:

Adderley U (2008) Wound Exudate: what is it and how to manage it. Wound Essentials 3:8-13

World Union of Wound Healing Societies (WUWHS) (2008) Principles of best practice: Wound Exudate and the role of dressings: A consensus document. Medical Education Partnership. London.

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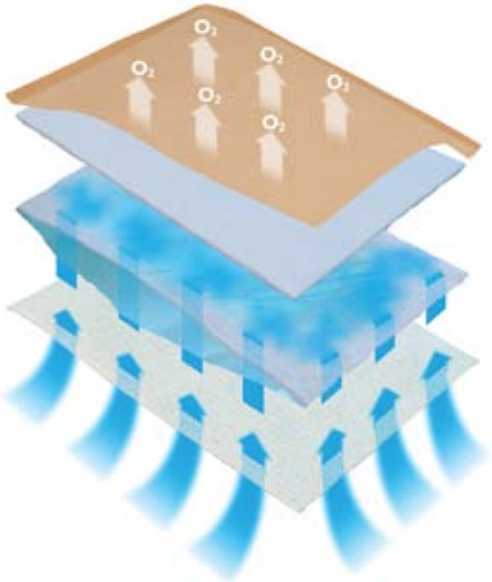

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An introduction to chronic oedema

Simply oedema is fluid retention, it occurs when there is too much fluid in the body's tissues. Normally the amount of fluid within the tissues is controlled by the venous system and the lymphatic system. When the amount of fluid produced is higher than the amount that can be absorbed or the drainage system is obstructed then fluid collects within the tissue spaces resulting in oedema. There are many conditions that can lead to oedema these include cancer, surgery, renal failure, cardiac failure, respiratory failure, abnormal osmotic pressure, lymphoedema and lymphovenous disease.

Oedema can be an acute or chronic problem. Chronic oedema is defined as persistence tissue swelling that has been present for more than 3 months and is not relieved by elevation or diuretics. Initial presentation will be of soft pitting oedema but as the condition progresses that state of the skin will alter and become more fibrosed and there may be evidence of hyperkeratosis and lipodermatosclerosis. Chronic oedema is a wide spread problem with a prevalence similar to that of leg ulceration. While chronic oedema can occur at any age, there is a clear increase in rate with age; estimated general prevalence of 1.33/1000 population increasing to 5.4/1000 in patients aged over 65 years and 10.3/1000 population in patient aged over 85 years, (Moffatt et al, 2003).

European Wound Management Association (EWMA 2003) defines oedema as the accumulation of fluid in the extra cellular vascular tissue and is a symptom of many different clinical conditions, and is the result of a number of complex mechanisms. Physiologically oedema is caused by four mechanisms: increased capillary permeability, increased venous (capillary) pressure, increased oncotic tissue pressure and decreased oncotic capillary pressure, (EWMA, 2003).

- Increased capillary permeability results in fluid from the capillaries entering and accumulating in the surrounding tissues, this can occurs due to many factors these include inflammation, infection, hormonal cycle, burns, vitamin deficiencies and ischaemia.
- Venous pressure can increase in: cardiac failure, due to overload of circulatory system; chronic venous insufficiency (post thrombotic damage, vein incompetence) which leads to backflow in to the veins of the leg increasing venous pressure; and dependency where the combination of lack of calf muscle use and gravity increases venous pressure. This increase in venous pressure (venous hypertension) results in larger spaces in-between the cells of the vessel wall allowing fluid to be passed into the surrounding tissues which forms oedema.
- Increased oncotic tissue pressure (oncotic pressure is the osmotic pressure exerted by proteins) is the result of lymphoedema, the failure of lymph drainage. Lymphoedema is either primary, malformation of lymphatic system or secondary as a result from an insult to the lymph system (surgery, malignancy, cancer treatment or trauma).
- Decreased oncotic capillary pressure occurs when there is lack of proteins within the cells; therefore, this reduction of osmotic pressure allows fluid to be pulled into the surrounding tissues (where the osmotic pressure is higher). Oncotic pressure can be reduced due to liver failure, renal failure and malnutrition resulting in hypoalbuminaemia.

Oedema will cause the skin to stretch and if severe fluid can break through the surface of the skin and appear like droplets of water on the surface on the skin, this is commonly referred to as 'leaky legs' 'leaky skin' or 'wet legs'. The term given to this is lymphorrea (leakage of lymph fluid through the skin), when this occurs there is a high risk of maceration of surrounding fragile skin and of the skin splitting or tearing. Great care need to be taken to prevent maceration or trauma to the legs.

Lymphorrea or excessive exudate can bring misery to patient lives and often practitioners find the management of these conditions incredibly challenging both due to demands on nursing time and costs. The reduction of exudate levels will depend on the successful management of the underlying cause (Adderley, 2008). However, often the underlying cause is a chronic condition and may take some time, if at all possible to address. Until this time the management must focus on limiting the impact on patient's lives and protection of the surrounding skin through managing exudate levels as effectively as possible.

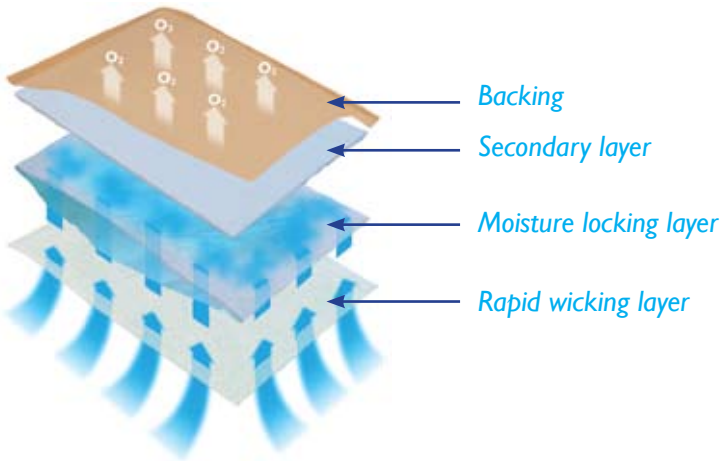
References

Adderley U (2008) Wound Exudate: What is it and how to manage it. Wounds Essentials 3:8–13.

European Wound Management Association (2003) (EWMA) Position Document – Understanding compression. MEP, London.

Moffatt C, Franks P, Doherty D et al (2003) Lymphoedema: an underestimated health problem. QJMed 96(10):731-8.

How do the layers of the Eclypse® dressings work?



The backing

The breathable backing on Eclypse® dressings provides a water resistant barrier which will prevent strike-through.

The added benefit of a high moisture vapour transfer rate this will enable prolonged wear times, it is also bacteria and viral proof.

Secondary layer

This layer sits underneath the backing and on top of the moisture locking layer.

The layer helps to keep the dressing's shape, avoiding sagging and to help distribute the moisture in the moisture locking layer more evenly.

Moisture locking layer

The central layer of the Eclypse® dressing consists of a sheet of highly absorbent crystals and a mechanically bonded cellulose pad.

The risk of infection is reduced as exudate is locked in to the dressing and retained under pressure, thus preventing strike through.

Rapid wicking layer

This layer draws up the exudate from the wound bed delivering the exudate into the moisture lock layer.

This layer wicks and distributes the liquid resulting in sustained movement of exudate from the wound bed. This layer wicks fluid and exudates in a controlled way so that its is effectively removed from the wound and distributed within the dressing. The wicking rate is optimised for moisture withdrawal whilst minimising pain.

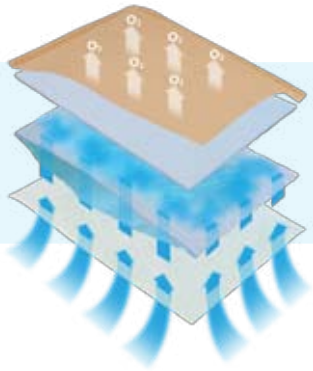
Soft silicone contact layer

The silicone contact layer gently adheres to skin but due to the hydrophobic nature of silicone it will not adhere to the wound bed, the silicone provides a seal around the wound edges reducing maceration.

The atraumatic soft silicone reduces pain/trauma on dressing removal making the adherent dressings suitable for patients with friable or sensitive skin. This layer is on the Eclypse Adherent® and Eclypse Adherent Sacral®.

Eclypse®

Super absorbent dressing



Product description

Eclypse® is a highly absorbent, high capacity wound exudate management product designed to absorb fluid, reduce potential leaks and reduce risk of maceration.

The dressing has a rapid wicking face combined with the highly absorbent moisture locking system. The absorbent layer provides a large capacity with rapid fluid uptake. The backing is a water resistant barrier film to prevent strike-through with a high moisture vapour transfer rate prolonging wear ability.

Use

Eclypse® is placed face down on wound surface with beige backing uppermost. For large wounds several dressings can be placed side-by-side and secured with an appropriate tape or bandage. Wear time will depend on the level of exudate but Eclypse® can be left in place for up to seven days. Eclypse® can be used under compression therapy.

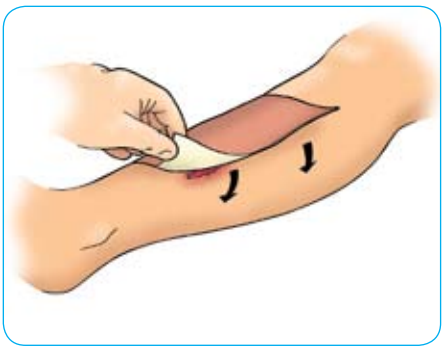
Dressing features

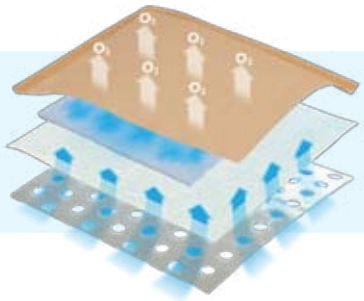
- ***Rapid absorption***
- ***High capacity***
- ***Fluid repellent backing***
- ***Strength and durability***
- ***Stay dry technology***
- ***Thin and conforming***

Indications

Moderate to heavily exuding wounds including:

- ***Leg ulcers***
- ***Pressure ulcers***
- ***Sloughy wounds***
- ***Granulating wounds***
- ***Post operative sutured or dehisced wounds***
- ***Fungating wounds***
- ***Donor site management***





Eclypse Adherent®

Super absorbent dressing with soft silicone contact layer

Product description

Eclypse Adherent® is a super absorbent wound exudate management dressing with Silfix® soft silicone technology. The soft silicone layer provides convenient gentle adherence and will facilitate atraumatic removal.

The Silfix® layer does not damage the surrounding skin, peri-wound area or newly formed tissue and will not adhere to the wound bed. Due to the nature of soft silicone technology, Eclypse Adherent® will only adhere to dry skin surrounding the wound and can be easily lifted for adjustment without losing its adherent properties.

The backing is a water resistant barrier film to prevent strike-through with a high moisture vapour transfer rate prolonging wear ability.

Eclypse Adherent® incorporates a rapid wicking layer, designed to rapidly take up fluid. The absorption capacity is provided by the unique moisture locking system, this technology provides a large capacity for exudate and bacteria which is held in a gel state to reduce the risk of maceration and infection.

Use

Eclypse Adherent® is placed face down on wound surface with blue backing uppermost. For large wounds several dressings can be placed side-by-side. Wear time will depend on the level of exudate but Eclypse Adherent® can be left in place for up to seven days.

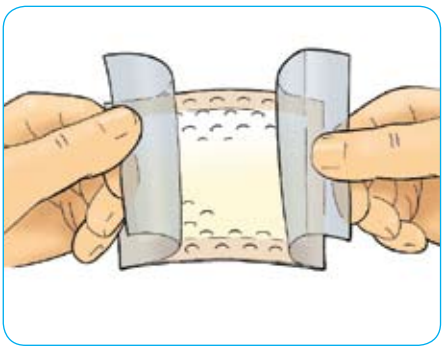
Dressing features

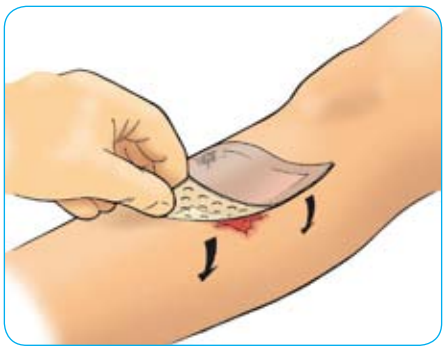
- ***High capacity exudate management***
- ***Atraumatic silicone dressing technology***
- ***Breathable fluid repellent backing***
- ***Moist wound healing environment***
- ***Moisture locking system***

Indications

Moderate to heavily exuding wounds including:

- ***Leg ulcers***
- ***Pressure ulcers***
- ***Sloughy wounds***
- ***Granulating wounds***
- ***Post operative sutured or dehisced wounds***
- ***Fungating wounds***
- ***Donor site management***

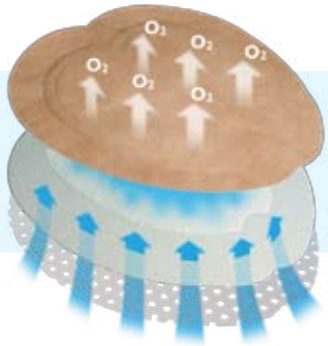




Silfix® soft silicone

Eclypse Adherent Sacral®

Super absorbent sacral dressing



Product description

Eclypse Adherent Sacral® is a super absorbent wound exudate management dressing for the sacral area with Silfix® soft silicone technology. The soft silicone layer provides convenient gentle adherence and will facilitate atraumatic removal.

The Silfix® layer does not damage the surrounding skin, peri-wound area or newly formed tissue and will not adhere to the wound bed. Due to the nature of soft silicone technology, Eclypse Adherent Sacral® will only adhere to dry skin surrounding the wound and can be easily lifted for adjustment without losing its adherent properties.

The backing is a water resistant barrier film to prevent strike-through with a high moisture vapour transfer rate prolonging wear ability.

Eclypse Adherent Sacral® has a very high capacity and uniquely converts all fluid into a moist gel to reduce potential maceration whilst preventing strike-through.

Use

Apply to wound (white silicone face down, beige side up) allowing a minimum of a 2cm border overlap around the wound area. Do not cut Eclypse Adherent Sacral®. Eclypse Adherent Sacral® must be changed before dressing reaches capacity but depending on wound exudate levels, may be left in place for up to 7 days.

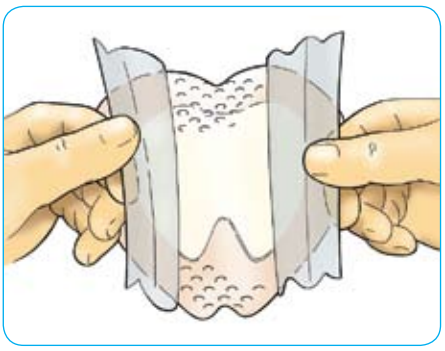
Dressing features

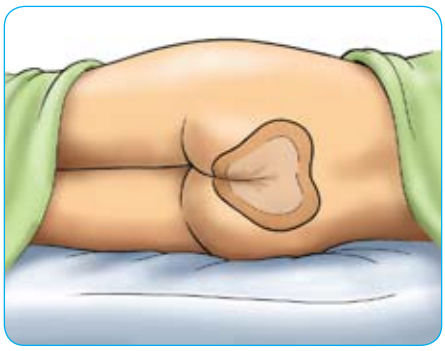
- ***High capacity exudate management***
- ***Atraumatic dressing technology***
- ***Breathable fluid repellent backing***
- ***Moist wound healing environment***
- ***Moisture locking system***
- ***Shaped for sacral area***

Indications

Moderate to heavily exuding wounds including:

- ***Leg ulcers***
- ***Pressure ulcers***
- ***Sloughy wounds***
- ***Granulating wounds***
- ***Post operative sutured or dehisced wounds***
- ***Fungating wounds***
- ***Donor site management***





Silfix® soft silicone

Eclypse Boot®

Super absorbent leg wrap dressing

Product description

Eclypse Boot® is a super absorbent dressing, designed to be applied securely to the lower limb area to manage wound exudate. The dressing combines a rapid wicking polyester and viscose woven face with a sheet of highly absorbent crystals and mechanically bonded cellulose pad. The beige polyethylene backing is highly breathable, it provides a viral and bacterial proof barrier in addition to preventing strike-through.

Use

Open out the dressing fully, white side up placing the heel onto the small triangle, the top of the triangle pointing towards the patient. Fold over the foot one at a time the smaller sections to the left and right and secure with tape. Fold both the larger sections one at a time around the leg also securing with tape. Eclypse Boot® can be used under compression bandaging.

Wear time will depend on the level of exudate, daily changes may be required, but Eclypse Boot® can be left in place for up to 7 days.

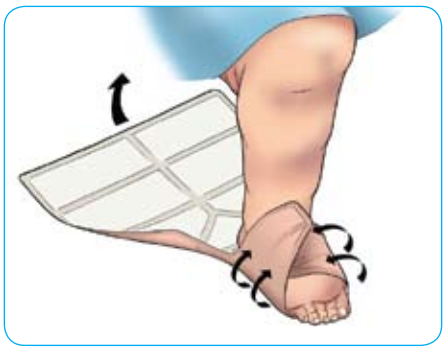
Dressing features

- ***Rapid absorption***
- ***High capacity***
- ***Fluid repellent backing***
- ***Strength and durability***
- ***Stay dry technology***
- ***Thin and conforming***

Indications

Moderate to heavily exuding wounds including:

- ***Leg ulcers***
- ***Superficial wounds***
- ***Pressure ulcers***
- ***Arterial ulcers***
- ***Leaky legs***
- ***Diabetic ulcers***
- ***Lymphoedema***



Frequently asked questions...

How long can you leave Eclypse® on for?

Wear time will depend on the level of exudate, daily changes may be required, but Eclypse® can be left in place for up to 7 days. Because of the excellent fluid handling capability of the dressing, it may become heavy and cause sagging when saturated. Once the crystals are swollen and full of exudate they may cause pressure on the wound bed making it necessary to change Eclypse®.

Can Eclypse® be used as both a primary, and secondary wound contact layer?

Eclypse Adherent® can be used on all wound types as either a primary or secondary dressing due to its unique soft silicone contact layer, which prevents adherence to the wound bed.

On wounds with broken tissue it may be necessary to use an additional primary contact layer with Eclypse® for example Silflex®. Eclypse® can be used as a primary contact layer where the skin is in tact.

How should I choose between the regular Eclypse® and the adherent one?

Eclypse Adherent® is the dressing of choice, when skin is fragile or when any adherence would lead to trauma or pain.

What should I use to secure Eclypse®?

Eclypse® should be secured with the appropriate bandage system, i.e tubular or compression. The Eclypse Adherent® dressings are self adherent due to the soft silicone contact layer, although additional securing can be used as mentioned above.

Can Eclypse® be used under compression?

Yes Eclypse® can be used under compression. In respect of use under compression, Eclypse® in its dry state is a very flat dressing and will not adversely affect compression values.

How much fluid does Eclypse® hold?

The Eclypse® dressings will rapidly absorb fluid with a capacity for 6000gms/sq meter. This volume can be absorbed and retained within the dressing in a period of 5 minutes.

Can Eclypse® be cut?

All Eclypse® dressings cannot be cut, the edges are sealed, cutting would lead to shedding of the internal fibres, which could lead to potential foreign body reactions in the wound.

Does Eclypse® cause maceration?

The dressing has a rapid wicking face combined with the highly absorbent moisture locking system. The absorbent layer provides a large capacity with rapid fluid uptake ensuring the exudate is drawn away from the wound bed and surrounding tissue, preventing maceration.

Do you get strike-through with Eclypse®?

The backing is a water resistant barrier film to prevent strike-through with a high moisture vapour transfer rate prolonging wear ability.

How do we know when to change Eclypse®?

Eclypse® can be left in place for up to 7 days but will need to be changed more frequently depending on the level of exudate. Once saturated the dressing may become heavy and sag these are all signs that the Eclypse® needs to be renewed.

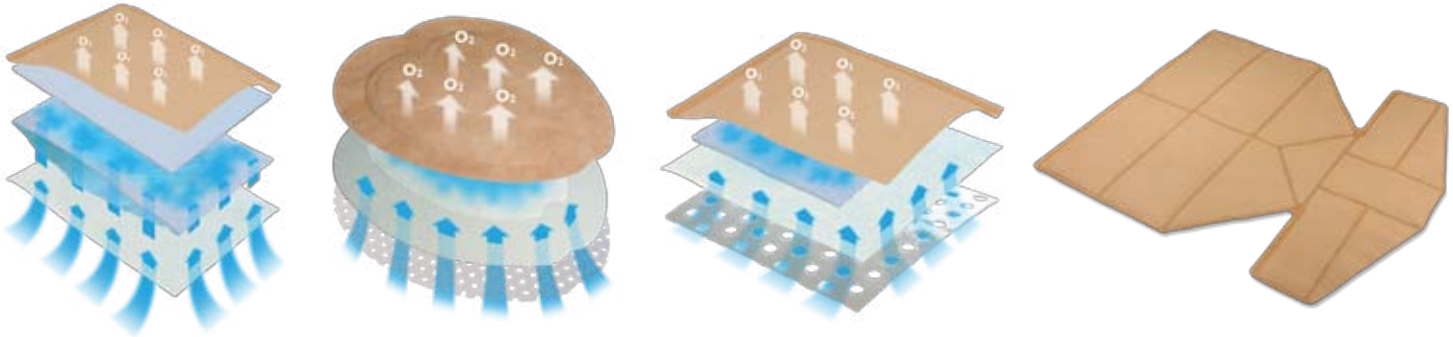
Are there any contra-indications for Eclypse® dressings?

We do not advise use of Eclypse® super absorbent dressings on arterial bleeds or heavily bleeding wounds. The wicking action and absorption of the dressing will absorb the blood making it difficult to assess the amount of blood loss.

Product sizes & codes

Product	Size	Stock code	Pack size	PIP code	NHS code
Eclypse®	10cm x 10cm	CR3818	20	n/a	EJE029
Eclypse®	15cm x 15cm	CR3769	20	305-1349	EJE032
Eclypse®	20cm x 30cm	CR3743	20	306-1272	EJE030
Eclypse®	40cm x 60cm	CR3808	10	232-1131	EJE034
Eclypse Adherent®	10cm x 10cm	CR3881	10	325-2293	EKH034
Eclypse Adherent®	10cm x 20cm	CR3883	10	325-2269	EKH011
Eclypse Adherent®	15cm x 15cm	CR3863	10	325-2277	EKH036
Eclypse Adherent®	20cm x 30cm	CR3864	10	325-2285	EKH015
Eclypse Adherent Sacral®	17cm x 19cm	CR3985	10	348-2213	TBC
Eclypse Adherent Sacral®	22cm x 23cm	CR3986	10	348-2239	TBC
Eclypse Boot®	60cm x 70cm	CR4014	5	347-6207	TBC

Please note Drug Tariff prices exclude VAT, NHS prices include VAT.



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