

# kliniderm<sup>®</sup> silicone wound contact layer

## User guide

**Kliniderm<sup>®</sup> silicone wound contact layer** is a transparent, flexible wound dressing.

The dressing consists of a polyurethane net that is one-side coated with a soft silicone. Its soft porous structure allows exudate to pass through easily into a secondary dressing.

One-sided adhesive silicone ensures easy handling and prevents secondary dressings sticking to the wound ensuring atraumatic dressing changes.

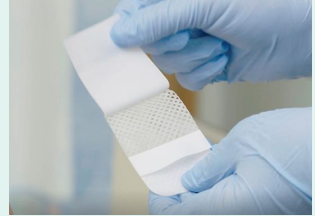
### Where can Kliniderm silicone wound contact layer be used?

- Diabetic foot ulcers
- Pressure ulcers
- Venous and arterial ulcers
- First / second degree burns
- Dry to heavily exuding wounds
- Surgical wounds
- Traumatic wounds
- Fragile skin
- Can be used as protective layer in negative pressure wound therapy
- Third degree burns
- Patients with known sensitivity to silicone, PET film or polyurethane

## Applying Kliniderm silicone wound contact layer\*

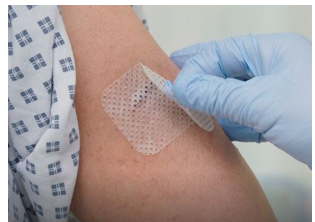
1. Clean the wound area according to local protocols. Ensure the peri-wound skin is dry
2. Select a suitable size so that the dressing overlaps the wound margins by at least 1cm. Larger wounds may require greater overlap
3. Remove carrier and gently apply directly onto the wound site, peel off the carrier film from the back of the dressing. Gently smooth down the wound edges to ensure good adhesion
4. Cover the wound contact layer with an appropriate secondary absorbent dressing such as Kliniderm superabsorbent

\*See product insert leaflet for full instructions for use.



## Dressing change and removal

1. Replace Kliniderm silicone wound contact layer whenever good wound care practice dictates dressing change
2. Kliniderm silicone wound contact layer can remain in place for up to 14 days dependent on the condition of the wound.
3. Gently remove dressing from the wound bed and skin (by supporting surrounding skin)
4. Dispose of the dressing according to local protocols



[www.kliniderm.co.uk](http://www.kliniderm.co.uk)