

# kliniderm<sup>®</sup> superabsorbent dressing

## User guide

**Kliniderm superabsorbent** is a four-layer superabsorbent dressing held together by a hypoallergenic seal. **Kliniderm superabsorbent** is a protease modulator and is indicated for moderate to highly exuding chronic and acute wounds. Can be used effectively under compression<sup>1</sup>.

**Kliniderm superabsorbent** removes excessive MMPs and exudate, provides moist wound healing, prevents maceration and excoriation to the wound bed.

### Where can Kliniderm superabsorbent be used?

Moderate exudate  
High exudate  
Granulating tissue

Sloughy tissue  
Under compression



Dry wounds  
Low exudate  
Necrotic tissue



### Where exudate is moderate to high.

Diabetic foot ulcers  
Pressure ulcers  
Leg ulcers  
Surgical dehiscence

Large cavity wounds  
Infected wounds  
Burns



Small sinuses  
Small cavities



### Applying Kliniderm superabsorbent.

In the majority of instances **Kliniderm superabsorbent** may be applied directly to the wound bed as a primary dressing, thus ensuring optimised exudate handling capacity:

- Choose the appropriate dressing size which is slightly larger than the wound size
- Place directly to the wound bed as a primary dressing
- Secure in place with a suitable fixation i.e. tape, bandage or film dressing

## Do's and Don'ts.

To ensure optimum results for **Kliniderm superabsorbent** follow the guidelines below:

### DO

- ✓ Use on moderate to highly exuding wounds
- ✓ Choose an appropriate dressing size leaving a small margin around the wound
- ✓ Apply directly to the wound bed as a primary dressing
- ✓ Use a fixation product to secure e.g. bandages, tapes or film dressings
- ✓ Use in place of alginates, gelling fibres and other absorbent dressings
- ✓ Use under compression and areas of pressure
- ✓ Examine the dressing regularly, particularly at the beginning of treatment
- ✓ Leave in place for up to 4 days
- ✓ Use on infected wounds as a complementary treatment regime as bacteria are sequestered and retained within the dressing core<sup>2</sup>
- ✓ Use as a protease modulator to assist wound healing<sup>3</sup>
- ✓ Use to reduce the risk of maceration to peri-wound tissue
- ✓ Use to reduce the risk of cross-contamination on dressing removal<sup>2</sup>
- ✓ Use with caution if using impregnated topical applications as they may affect absorbency of the product

### DO NOT

- ✗ Use **Kliniderm superabsorbent** with multiple dressings (sandwich) as this may reduce the absorbency and will certainly increase costs
- ✗ Layer **Kliniderm superabsorbent** dressings
- ✗ Cut or fold, instead choose the appropriate dressing size
- ✗ Pack into small wounds and cavities as the dressing needs space to expand
- ✗ Use in contact with mucous membranes, eye areas and dry wounds
- ✗ Use on necrotic wounds
- ✗ Use on bleeding wounds

## Answers to frequently asked questions.

- Make sure the wound is secreting sufficient fluid. If there are concerns that **Kliniderm superabsorbent** may adhere we recommend combining with an atraumatic wound contact layer such as **Kliniderm silicone wound contact layer**.
- **Kliniderm superabsorbent** is hypoallergenic, there are no glues, adhesives or latex.
- If there is an initial high level of exudate the dressing may become heavy and need to be replaced more frequently.
- The exudate is locked away in the core of the dressing and cannot leak back on to peri-wound skin<sup>1</sup>.