

kliniderm[®] superabsorbent dressing

User guide

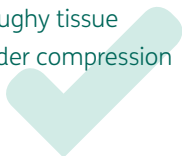
Kliniderm superabsorbent is a four-layer superabsorbent dressing held together by a hypoallergenic seal. **Kliniderm superabsorbent** is a protease modulator and is indicated for moderate to highly exuding chronic and acute wounds. Can be used effectively under compression¹.

Kliniderm superabsorbent removes and locks away excessive MMPs and exudate into the dressing, provides moist wound healing, prevents maceration and excoriation to the wound bed and peri-wound skin.

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. Ensure the dressing size incorporates at least 1.5cm of the surrounding healthy skin
- Place directly to the wound bed as a primary dressing
- Secure in place with a suitable fixation i.e. tape, bandage or film dressing
- Kliniderm superabsorbent can remain in place for up to 7 days, dependent on the condition of the wound and the level of exudate

Do and Don'ts

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

DO

- ✓ Use on moderate to highly exuding wounds
- ✓ Choose the appropriate dressing size. Ensure the dressing size incorporates at least 1.5cm of the surrounding healthy skin
- ✓ 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
- ✓ Use on infected wounds as a complementary treatment regime as bacteria are sequestered and retained within the dressing core²
- ✓ Use as a protease modulator to assist wound healing³
- ✓ Use to reduce the risk of maceration to peri-wound tissue
- ✓ Use to reduce the risk of cross-contamination on dressing removal²
- ✓ Use with caution if using impregnated topical applications as they may affect absorbency of the product
- ✓ Use with **Kliniderm silicone wound contact layer** if there are concerns that the dressing may not adhere.
- ✓ Use on sensitive skin. **Kliniderm superabsorbent** is hypoallergenic, there are no glues, adhesives, or latex in the product or packaging.
- ✓ Change more frequently for high exudate as the dressing may become heavy.

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

Kliniderm superabsorbent is 100% LATEX FREE



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*Data on file. KLIN012. Kliniderm superabsorbent dressing product and packaging are 100% latex free
References: **1.** Free swell absorption, 2015. Data on file. **2.** Bacterial retention, 2015. Data on file. **3.** Sellars, L., Thornhill, S., Thomas, H. and Westgate, S. J. Sequestration and modulation of MMP-2 and MMP-9 by a superabsorbent wound dressing. Wounds UK poster, 2018.