

PolyMem® WIC® Wound Filler Instructions

DESCRIPTION

PolyMem WIC wound filler products are dressings which may be placed into open wounds to eliminate dead space, absorb exudate, and help establish and maintain the appropriate moisture balance of exposed tissues. They provide fast wicking, gently expand about 1/3 to fill space, and help create an optimal healing environment. The filler minimizes the need to disturb the wound bed. It allows extended time between dressing changes and provides easier changes. Fewer and faster changes save time and money.

PolyMem WIC products are a patented hydrophilic polyurethane membrane matrix, which contains (1) a mild nonionic nontoxic tissue friendly cleansing agent, (2) a moisturizer (glycerol) and (3) an absorbing agent (superabsorbent starch polymer). Both the wound cleanser and glycerol are soluble in wound fluid and skin moisture. The dressing design draws wound fluid, which is known to contain natural growth factors and nutrients, to the wound site.

PolyMem WIC Silver products incorporate silver (186 micrograms/cm² minimum; = 2,000 parts/million) in the formulation. The silver protects the dressings from microbial contamination. PolyMem Silver dressings will not stain skin.

PolyMem WIC Cavity Fillers are perforated in strips to facilitate ease of use (for separation or folding).

PolyMem WIC Silver Rope may be used in tunneling wounds. The top and bottom wide surfaces of the dressing are reinforced so that the entire dressing may be easily removed when placed in tunnels.

All PolyMem dressings help relieve wound pain.

INDICATIONS

Under the supervision of a healthcare professional, PolyMem Wound Fillers may be used for the management of:

- Pressure Ulcers (Stages III-IV)
- Diabetic Ulcers
- Vascular Ulcers
- Acute Wounds

All PolyMem dressings may be used when signs of infection are present if proper medical treatment that addresses the cause of the infection has been implemented.

PolyMem Silver dressings are recommended when a wound displays delayed healing, signs of infection, increased bioburden, or the patient has infection risk factors (such as contaminated wound, poor nutrition, diabetes, history of infection, etc.).

CONTRAINDICATIONS

Do not use on patients with demonstrated sensitivity to the dressing.

PRECAUTIONS

- Use only in wounds where there is sufficient room to contain the wound filler and to facilitate removal later. Trim so the filler is about 1/3 smaller than the open cavity or tunnel width. Leave Rope longer than the tunnel to make it easier to remove.
- Do not pack tightly.
- PolyMem formulation dressings are not compatible with hypochlorite solutions (bleach).
- Prior to performing imaging procedures, determine if the dressing should be removed.
- Avoid contact with electrodes or conductive gels during electronic measurements (e.g. EEG or ECG).
- Topical treatments are not recommended in conjunction with PolyMem dressings. Use of PolyMem dressings with lotions, creams, or ointments may diminish the benefits of the PolyMem dressing or change the effect of the other products.
- For external use only.

DIRECTIONS FOR USE

Eliminate cavities by gently filling. AVOID OVERFILLING THE WOUND. Over-packing may increase pressure on the wound, potentially causing damage. Use sterile or clean technique as appropriate for the situation.

APPLICATION

1. Initial Dressing Application: Prepare the wound according to protocol or as directed by physician or ordering clinician.
2. Size - Cavity Filler and Rope will gently expand about 1/3 when absorbing fluid. Therefore, they should be smaller and thinner than the wound by 1/3.

For open wounds, Cavity Filler is perforated in 1" wide strips for easy fold.

For tunneling wounds, Rope should be narrower than the tunnel or wound.



PolyMem WIC can be divided along perforations



Perforations can also aid in folding WIC

3. Insertion - For open wounds, gently place one or more layers of Cavity Filler. For tunneling wounds, gently guide the Rope into the tunnel. A small slit near insertion using an appropriate probe. Do not overfill by forcing. Leave a sufficient gap for removal. Extra Rope may be folded, rolled, or trimmed to fill the rest of the wound.



4. Cover - PolyMem WIC products are primary dressings. Cover with a suitable敷料. Helpful hint - Draw the wound size on the outside of the secondary dressing.

DRESSING CHANGE

1. For an exuding wound, fluid will become visible through the top of the PolyMem WIC dressing. Change the dressing when more than 7 days of covering dressing.



Cover the filled wound with PolyMem



Chan exudate has been covered

2. As with other dressings, more frequent changes may be indicated if the infection or when desiring to speed up the removal of non-viable tissue in the wound.
3. To remove, lift or pull slowly and gently by hand or with wide tip forceps. PolyMem WIC fillers will not adhere to the wound bed, usually assuring pain-free removal.
4. Do not disturb the open wound bed. Do not clean the wound bed or flush contaminated. PolyMem formulation dressings continuously cleanse the wound by wicking exudate and delay healing. If dried exudate has caused the use a small amount of saline or water to gently soften and loosen.

OBSERVATIONS during dressing change

- A dramatic increase in wound fluid may be observed during the first few days of dressing change.
- Dressing change is not uncommon and indicates that the dressing is working.
- During the body's normal healing process, the wound may appear to become larger. This is a normal part of the healing process. The wound continues to heal as it naturally removes non-viable tissue. If the wound continues to bleed, consult a healthcare professional.
- If you notice that the wound has increased redness, pain, warmth, irritation or odor, consult a healthcare professional.
- PolyMem dressings help support new blood vessel formation so it is not uncommon for the wound to increase in size during dressing changes.

STORAGE: Keep dry at room temperature and humidity.

PolyMem Products are available in several shapes, sizes, thicknesses, with or without

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placed into open wounds to eliminate dead space, absorb exudate, and help protect healthy tissues. They provide fast wicking, gently expand (about 1/3) to fill space, and do not need to disturb the wound bed. It allows extended time between dressing changes, saving time and money.

The dressing has a polyurethane membrane matrix, which contains (1) a mild nonionic nontoxic tissue adhesive and (2) an absorbing agent (superabsorbent starch polymer). Both the wound filler and the dressing design draw wound fluid, which is known to contain bacteria.

The dressing has a minimum of 1000 gams/cm² (minimum; = 2,000 parts/million) in the formulation.

Note: PolyMem Silver dressings will not stain skin.

The dressing is designed for ease of use (for separation or folding).

The top and bottom wide surfaces of the dressing are reinforced so that they can be folded over the wound.

Wound Fillers may be used for the management of:

- Ulcers
- Vascular Ulcers
- Acute Wounds

Wound fillers are present if proper medical treatment that addresses the cause of the wound.

Wound fillers display delayed healing, signs of infection, increased bioburden, or the presence of necrotic tissue (e.g., poor nutrition, diabetes, history of infection, etc.).

Wound dressing.

Wound fillers are used in the wound filler and to facilitate removal later. Trim so the filler is about 1/2" longer than the tunnel to make it easier to remove.

Wound fillers should be removed with hypochlorite solutions (bleach).

Wound fillers should be removed.

Wound fillers should be removed with electronic measurements (e.g. EEG or ECG).

Wound fillers should be removed with PolyMem dressings. Use of PolyMem dressings with lotions, creams, or ointments may change the effect of the other products.

Wound fillers should be removed from the WOUND. Over-packing may increase pressure on the wound, potentially leading to further damage for the situation.

Wound fillers should be removed to protocol or as directed by physician or ordering clinician.

Wound fillers should be removed when absorbing fluid. Therefore, they should be smaller and thinner than the wound.

For open wounds, Cavity Filler is perforated in 1" wide strips for easy folding or detachment, or may be cut to size. For tunneling wounds, Rope should be narrower than the tunnel or wound.



PolyMem WIC can be divided along perforations



Perforations can also aid in folding WIC



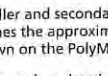
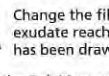
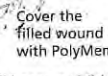
If narrower Rope is desired, cut only in half using the slits at each end as a guide.

3. Insertion – For open wounds, gently place one or more layers of Cavity Filler. **Reminder: WIC will expand 30%.**

For tunneling wounds, gently guide the Rope into the tunnel. A small slit near each end of the Rope facilitates insertion using an appropriate probe. Do not overfill by forcing. Leave a sufficient portion outside the tunnel to grasp for removal. Extra Rope may be folded, rolled, or trimmed to fill the remaining wound bed.



4. Cover – PolyMem WIC products are primary dressings. Cover with a suitable PolyMem dressing as a secondary dressing. Helpful hint – Draw the wound size on the outside of the secondary dressing to help determine when a change is needed.



Cover the filled wound with PolyMem

Change the filler and secondary dressing when exudate reaches the approximate wound margin that has been drawn on the PolyMem secondary dressing

DRESSING CHANGE

1. For an exudating wound, fluid will become visible through the top of the PolyMem secondary dressing. Change before fluid reaches the wound margin, when good practice dictates, or after no more than 7 days. Change immediately if fluid reaches the edge of the covering dressing.

2. As with other dressings, more frequent changes may be indicated if the patient has a compromised immune system, diabetes, infection or when desiring to speed up the removal of non-viable tissue in the wound.

3. To remove, lift or pull slowly and gently by hand or with wide tip forceps. Small, sharp forceps may cut or shred saturated filler. PolyMem WIC fillers will not adhere to the wound bed, usually assuring pain-free changes. However, inspect the dressing and wound to assure all material has been removed.

4. Do not disturb the open wound bed. Do not clean the wound bed or flush with saline or water unless the wound is infected or contaminated. PolyMem formulation dressings continuously cleanse the wound bed and leave no residue. Additional cleaning may injure regenerating tissue and delay healing. If dried exudate has caused the dressing to adhere to intact skin adjacent to the wound, use a small amount of saline or water to gently soften and loosen.

OBSERVATIONS during dressing change

- A dramatic increase in wound fluid may be observed during the first few days due to the strong fluid attraction of the dressing. This is not uncommon and indicates that the dressing is working.
- During the body's normal healing process, the wound may appear to become larger during the first few dressing changes because the body is naturally removing non-viable tissue. If the wound continues to become larger, consult a healthcare professional.
- If you notice that the wound has increased redness, pain, warmth, irritation, odor, or the area around the wound appears whitish, consult a healthcare professional.
- PolyMem dressings help support new blood vessel formation so it is not uncommon to see blood-stained wound fluid and dressings during dressing changes.

STORAGE: Keep dry at room temperature and humidity.

PolyMem Products are available in several shapes, sizes, thicknesses, with or without silver, and with or without adhesive tape borders.