

# 3M™ Tegaderm™ Transparent Film Dressings - IV

## Commonly Asked Questions

**Question:**

What is MVTR? And, why does it matter?

**Answer:**

MVTR (Moisture Vapor Transmission Rate) of a transparent film is measured in a Lab for purposes of materials research. The MVTR number does not predict the performance of a film dressing when on skin or in the clinical setting. This can be validated with an evaporimeter and with published clinical studies. (Clinical studies available upon request.)

**Question:**

The clinical data is old. What new information has been published?

**Answer:**

The 2002 HICPAC/CDC committee used the most recent clinical study using Tegaderm™ Film (Rasero, 2000) to base the recommendation for transparent dressing wear-time on central venous catheter sites. Since this was a well-designed study, the CDC classified the recommendation as IA (for implementation and strongly supported by well designed experimental clinical or epidemiological studies). Well-designed clinical studies live forever and until new data is available, conclusions remain. Clinical portfolio is available from 3M. (70-2009-6290-3)

**Question:**

How does Tegaderm™ Film work with preps?

**Answer:**

Tegaderm™ Film has been used with CHG and iodine-based preps for greater than twenty years. Testing indicates these skin preps have no effect on the adhesion of Tegaderm™ Film. Skin preps are not allowed to dry prior to the application of a transparent dressing, contact dermatitis (skin redness) may occur.

**Question:**

What is the wear time on Tegaderm™ Film?

**Answer:**

I.V. Sites: Based on the 2002 HICPAC/CDC recommendation and the clinical outcomes of studies using Tegaderm™ Film:

1. Transparent dressings can be safely left on peripheral venous catheters for the duration of catheter insertion without increasing the risk for thrombophlebitis (MMWR, pp. 7, 17)
2. Replace dressings used on short-term CVC sites every 2 days for gauze dressings and at least every 7 days for transparent dressings, except in those pediatric patients in which the risk for dislodging the catheter outweighs the benefit of changing the dressing (MMWR pp. 17). (Quick Summary CDC Guidelines: 70-2009-0582-9)

Wounds: Leave on as long as possible until the dressing becomes compromised (i.e. edge lift, rolled or soiled) to prevent disruption of the healing process. Dressing generally changed when fluid is “excessive,” dressing is loose or routinely at 7 days.

**Question:**

What difference do the new CDC guidelines make?

**Answer:**

The CDC guidelines provide evidenced-based recommendations proven to reduce catheter-related infections and the high costs associated with CRBSIs (Catheter-Related Blood Stream Infections). Major areas of emphasis in the 2002 Guidelines include: education and training, maximal barrier precautions for inserting central venous catheters, use of 2% CHG skin antiseptic, proper hand-hygiene using waterless products, defined dressing change intervals for peripheral and central venous catheter sites, discourage routine CVC replacement, and use of antimicrobial/antiseptic coated CVCs in certain circumstances.

**Question:**

What is the best dressing to use for “difficult” situations?

**Answer:**

When selecting an appropriate dressing, consider:

- location on patient: neck or IJ-#1655; sacrum #9543HP
- skin conditions: moist – Tegaderm™ HP Film
- devices: large bulky or high profile catheters/introducers – #1650 or 1655
- implanted ports: #1616 or 1650
- problems: edge lift – #1614/1616

**Question:**

Isn't Tegaderm™ Film the same as it has always been, for the past 20 years?

**Answer:**

Since the launch of Tegaderm™ Film, 3M has introduced an alternate adhesive and film dressing (Tegaderm™ HP Film), a dressing specifically shaped for the sacrum, dressings with reinforced notches to reduce mechanical stress (drag) from heavy catheters, dressings with borders designed to reduce edge lift and sterile tape strips designed to enhance securement.

Tegaderm™ Roll can be used as a secondary dressing or as a primary dressing over intact skin. Tegaderm™ Roll provides all the benefits of surgical tape, while providing a waterproof, bacterial, viral\* barrier.

\*Laboratory testing has proven Tegaderm™ and Tegaderm™ HP dressings provide a viral barrier (HIV-1 and HBV) while dressings remain intact without leakage.

**Question:**

What is recommended if additional adhesion is needed? (e.g., tape/tincture of Benzoin)

**Answer:**

Avoid using Benzoin since it is a skin irritant. If you use Benzoin, apply only around the dressing's edge. Use a bordered dressing (1610, 1614, 1616, 1655, 1650). Select Tegaderm™ HP Film which has a hydrophilic adhesive for moist skin conditions.

Use the right tape:

3M™ Medipore™ Soft Cloth Tape (gentle, stretches, and long wear-time).

3M™ Transpore™ White Tape (good adhesion on damp and dry skin, yet gentle).

Check application technique: allow dressing to drape over device, pinch film onto device, and then massage the dressing onto the skin. Apply pressure to dressing edge while removing frame.

**Question:**

Any suggestions for patients with skin sensitivities?

**Answer:**

1. Allow preps to dry.
2. Consider the use of a barrier film such as 3M™ Cavilon™ No Sting Barrier Film.
3. Proper techniques for application: allow dressing to relax, pinch film onto device and apply pressure so that the dressing sticks to the skin. Apply pressure to dressing with your finger as you remove the frame and smooth down the dressing.

The use of optimal removal technique (low and slow or stretch technique) will help to reduce discomfort. Maintain skin integrity and prevent the worsening of a current skin injury if it exists.

4. Alternate adhesive (Tegaderm™ and Tegaderm™ HP Films have two different adhesive systems).

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Contact your 3M Health Care Sales Representative, or call the 3M Health Care Customer Helpline at **1-800-228-3957**. These products can be ordered from your local distributor. Outside the United States, contact the local 3M subsidiary.