



Veterinary Case Studies

Cutimed®

Delta-Cast®

Leukomed®
by **Leukoplast®**

 **essity**

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Post-operative care of a female Labrador following excision of a mass

Author: Elisa Best, BVSc Cert SAS MRCVS, Rowe Veterinary Referrals

Introduction

A seven year old, female, neutered Labrador presented with a high grade 2.3 cm fibrosarcoma (confirmed by previous biopsy) on the left lateral elbow. Computed tomography (CT) evaluation found no evidence of invasion into deeper tissues or metastasis.

Methods

The mass was excised with 2cm lateral margins and a deep fascial plane. The mass was submitted for histology to confirm margins. Surgical kit and gloves were changed prior to closure, which involved using a skin flap (axillary flap) and a closed suction drain. The wound length was 15cm.

The wound was closed in layers with Ethilon™ sutures in the skin. Post-operatively Leukomed® Sorbact® bacteria-binding post-operative dressing was applied to the wound to prevent post-surgical wound contamination. Adherence was good. A spica splint dressing (whole leg and forequarter) was applied over this to immobilise the limb.

Results

The dressing was changed 48 hours post-operatively, and re-applied using the same method i.e. Leukomed® Sorbact® and spica splint. The wound presented as clean and dry, with some oozing from the drain exit port due to the drain being clamped off.

The dressing was changed again 24 hours later and the wound was still clean and dry. The dog was sent home with the owner continuing to manage the drain.

Three days after discharge a new dressing was applied. The wound presented as above and was redressed using same method.

Three days later the dressing was changed. A little strike-through was detected on the dressing and the skin edges were slightly pink. The drain was removed and a Leukomed® Sorbact® dressing was applied, this time with no splint.

The sutures were removed seven days later. The wound had healed well and there was no sign of dehiscence, infection or other complications.

Clear tumour margins were obtained via histopathology.

Leukomed® Sorbact® dressings kept the wound clean and dry whilst maintaining a moist wound bed environment. They adhered well despite a difficult location and no skin reaction to the adhesive was experienced.

Conclusion

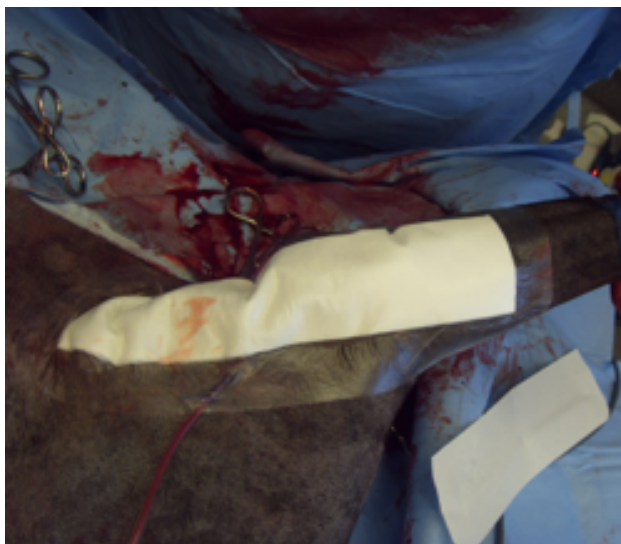
Leukomed® Sorbact® is a post-operative dressing which is extremely useful when treating high risk incisions, in difficult to apply areas.



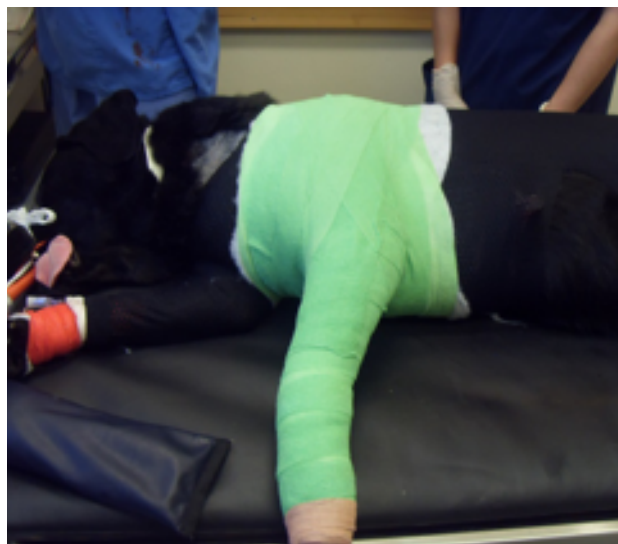
Excision of mass



Closure of wound with drain



Leukomed® Sorbact® application



Spica splint applied



Dressing change 48 hours after surgery



Wound at time of suture removal, two weeks post-surgery

Post-operative wound management using Leukomed® Sorbact®

Author: Elisa Best, BVSc Cert SAS MRCVS, Rowe Veterinary Referrals

Introduction

An eight year old, male, neutered Rottweiler was diagnosed with hyperparathyroidism. An enlarged right cranial parathyroid gland was found on ultrasound. Chest radiographs and abdominal ultrasound were unremarkable.

Methods

A ventral approach was made to the neck. Both thyroids and parathyroids were examined and the enlarged right parathyroid excised. The wound was closed in layers, with Dermabond Advanced™ flexible skin glue as the final layer. Leukomed® Sorbact® bacteria-binding post-operative dressing was applied to the wound following closure and adherence was excellent. This dressing was used to keep the wound clean to avoid bacterial contamination because of the excellent adherent properties and ability to use in difficult areas i.e. ventral neck.

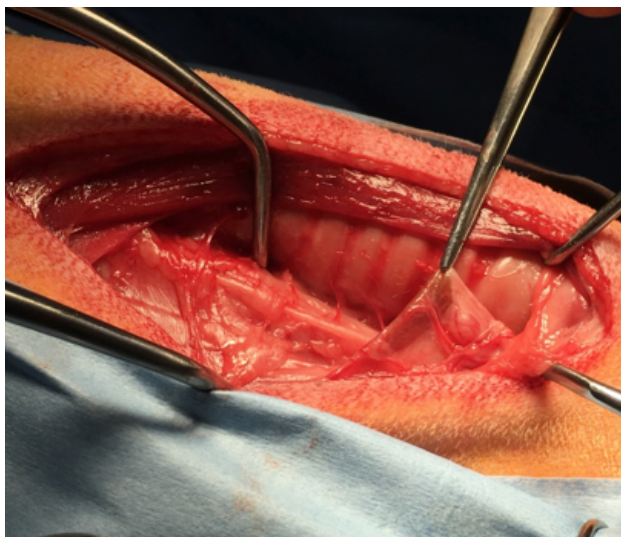
Results

On the day of surgery, the dressing adhered well post-operatively, but the dog scratched at its neck and pulled the dressing apart. A new dressing was re-applied.

Four days post-operatively the dressing was still adhering well. The wound was examined and was healing well, so a fresh dressing was applied.

Conclusion

The dressing adhered very well in a difficult area and there was no skin irritation from the adhesive. The wound healed well and there were no complications.



Parathyroidectomy



One day post-surgery, dressing ripped by dog



Four days post-surgery
(three days after reapplication)



Dressing removed, wound clean and dry



Dressing reapplied



Dressing reapplied

A novel way to use a post-operative wound dressing: Leukomed® Sorbact®

Author: Elisa Best, BVSc Cert SAS MRCVS, Rowe Veterinary Referrals

Introduction

A 14 year old, female, neutered West Highland Terrier presented for total left ear canal ablation. The dog was suffering from chronic otitis externa which had been ongoing for some years and resulted in stenosis of the canal.

Methods

A left sided total ear canal ablation and lateral bulla osteotomy was performed. The bulla was filled with hyperplastic mucosa, which was curetted out and the bulla flushed. The wound was closed in layers with Ethilon™ sutures in the skin. A bupivacaine block was applied after wound closure. Samples for culture were submitted from the middle ear and all tissue submitted for histology

Leukomed® Sorbact® post-op dressing was applied over the t-shaped incision. The dog was discharged the following day. Leukomed® Sorbact® dressings were chosen for their ability to adhere in difficult places, and their bacteria-binding ability.

Results

There was no strikethrough on the dressing so no dressing change prior to discharge.

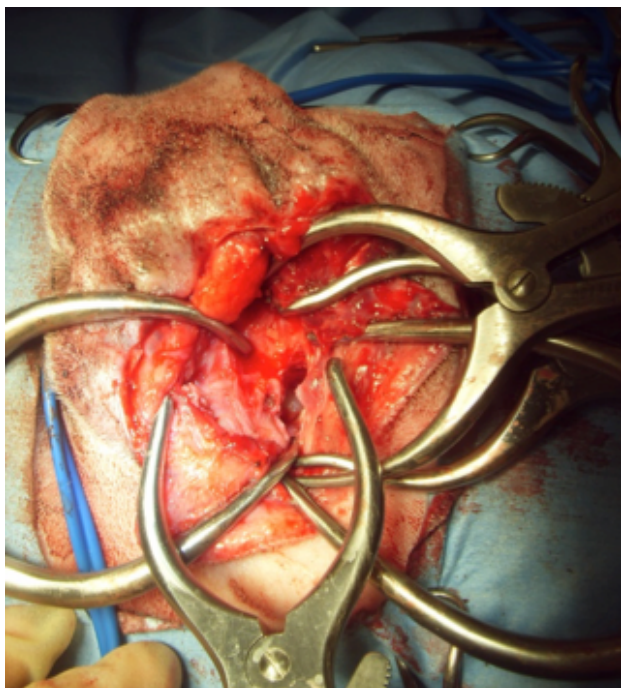
When the patient presented for re-examination three days later the dressing was in place and the patient was comfortable with no evidence of strike-through. This was still the case seven days post-surgery.

The dressing was finally removed so that sutures could be removed ten days post-surgery. There was a small area of skin eversion at the top of the wound but otherwise the skin had healed well.

Histopathology confirmed chronic otitis and otitis media. A coagulase negative staphylococcus was cultured from the middle ear.

Conclusion

The dressing remained attached for ten days protecting the wound in a very hard to apply area. The skin healed well under the dressing.



Intraoperative view of surgery



Dressing still adhered seven days post-surgery



Wound at suture removal, ten days post-surgery

Effectiveness of Leukomed® Control used post-operatively following cruciate repair

Author: Fiona Garrard, RVN PTLLS Cert - VWL Bandaging Angel, Sunderland, Vets 4 Pets

Introduction

Two female dogs aged five and seven, both neutered, underwent a cruciate repair right hind. The dressing was applied to cover the incision wound for protection.

Methods

The dressing was not applied until approximately 30 minutes after the operation was completed and the patient was back in recovery in each case. Due to previous issues with dressings not sticking to the skin and covering the wound we did not apply until the skin was completely dry, so there was a lag period of approximately 30 minutes before dressing the operative site.

The dogs had very fine hair that once clipped left almost bare skin. The skin was surgically prepped as normal for orthopaedic surgery, and cleansed post-operatively with Prontosan™ and Hartmanns™ solution padded dry with sterile towels.

Results

When Leukomed® Control was applied it stuck easily to the skin, felt soft and instantly conformed to the operation site. It was easy to apply and to remove the backing film cover to release it onto the skin.

The dressing covered the wound fully and stayed semi clear so observation of the wound was possible without removing the dressing. In previous applications of non-woven post-operative dressings, they would start to lift and peel away, not staying in place. Leukomed® Control stayed in place securely for four days and the wound was observed through the dressing at day one post-operatively. At this point, the assessment indicated that the dressing could be left in place until day four.

The dressing was removed easily with limited 'skin pull'. The skin was slightly red where the adhesive had been in contact with the skin, but once the dressing was off the redness was short lived and faded to normal inside 15 minutes post dressing removal.

The dogs showed no sign of discomfort on dressing removal, although Leukomed® Control was moistened with water at any sensitive areas, to aid removal and reduce discomfort. This worked very well. Post-operative dressings used in the past has been difficult to remove causing pain for the patient. Leukomed® Control was removed with ease and little discomfort for the patients.

The dressing conformed over the cruciate site well covering the entire wound and surrounding skin. It appeared to allow movement freely and the dogs were comfortable at all times. You can see the wound progress through the dressing, without removing the dressing, keeping the wound protected, minimising any pain caused by routine dressing changes, and preventing external contaminants entering the wound.

The dressing was in situ for four days, no odour or leakage was observed, the wound appeared to be healing in a timely manner with no signs of infection or complications evident.

Conclusion

In this case Leukomed® Control out performed expectations. I liked the fact the dressing had antibacterial / viral properties to protect the wound over a longer period of time. It conformed very well and gently mimicked the skins action without causing redness or soreness from the adhesive edge.

I would recommend the dressing for post-operative cruciate surgery having found it easy and effective to use. It locked away any exudate and maintained a moist wound healing environment giving the wound protection throughout the initial, vulnerable period of healing.



Day 0 post-op



Day four post-op check



Day 0 dressing removal



Day four post dressing removal

Demonstrating the effectiveness of Cutimed® Siltec® in the management of a trauma wound

Authors: Stef Green, RVN and Emma Sykes, BVSc MRCVS, at Yorkshire Vets

Introduction

A three year old, female Whippet presented with multiple wounds around her left fore leg and chest after being attacked by another dog. She was in incredible pain and unable to stand on presentation. The two largest wounds on her left fore leg were 6cm in length (Image 1 and 2). The other wounds appeared to be more superficial.

Methods

Initial stabilisation of the patient included fluids, pain relief and wound management. This involved the application of a foam dressing (Cutimed® Siltec®) over the two major wounds. Due to the depth and extent of the wound, Cutimed® Siltec® was chosen as it has breathable and absorbent properties, with a highly adhesive border to help it stay in place.

The next day, the patient was anaesthetised and her wounds were copiously lavaged with sterile saline, followed by debridement and then sutured using Monocryl™ 3-0 simple interrupted suture pattern. A small drainage hole was left ventrally to prevent any seroma formation.

Results

Two days post-surgery at the initial bandage change, Cutimed® Siltec® was still securely in place. There was minimal discharge and the dressing was easy and pain free to remove, despite her painful swollen leg (Image 3) (The 'pull down' technique was used to remove easily). Often with other types of dressings in similar situations, sedation has been needed for dressing removal.

Four days post-surgery, there was still minimal exudate and the wound was showing signs of good granulation tissue around the open drainage hole.

Eight days post-surgery, there was little bruising and the wound was looking healthy, this is where the treatment regime was discontinued (see image 4).

Conclusion

This product has benefited the patient and is preferred due to the highly adhesive border and breathable film. It is easy to apply and you can rely on the security of this dressing even in the most awkward of locations.



Image 1



Image 2



Image 3



Image 4

Demonstrating the use of Cutimed® Sorbact® and Cutimed® Siltec® in the management of a wound following a cat bite

Author: Hannah Pocklington, RVN, Barton Veterinary Centre

Introduction

Oliver is a neutered male, 14 year old Bengal cat, who presented with a cat bite to the dorsal aspect of his front left paw. No previous medical history was available but he has been in a few cat fights previously.

Methods

Initial treatment involved clipping and cleaning of the wound, and the patient was given Convenia™ and Loxicom™.

Three days post injury, the wound presented with an infection and a section of the wound was necrotic due to licking of the wound. The wound was clipped, cleaned, and flushed with saline. A dressing was applied (Cutimed® Sorbact® dressing pad) with Intrasis Gel™ to help debride the dead tissue, dressings were secured using Soffban®, Knitfix™ and Vetwrap™ over the top.

Results

Five days post injury high levels of thick, viscous yellow discharge were observed. The wound was cleaned, debridement of dead tissue had been achieved with healthy granulation tissue underneath now visible (Image 1). Cutimed® Sorbact® dressing pad was continued to absorb exudate with same dressing regime to hold in place.

Ten days post injury, the wound is now granulating nicely and less exudate is being produced (Image 3). It was decided to change the dressing from Cutimed® Sorbact® dressing pad to Cutimed® Siltec® foam dressing as exudate had now reduced and was clear fluid, rather than thick viscous.

Eighteen days post injury part of the wound is starting to show signs of over granulation despite the overall wound healing well. Due to Bank Holiday, dressing was left longer than it normally would have been. Thicker exudate was observed than last time and the patient is starting to get a sore area. (Image 4) Cutimed® Siltec® is discontinued at this dressing change, and the owner placed a small bandage over the wound as the patient had been trying to lick at it.

Day 28 and the wound has achieved full closure and the patient is doing well (Image 5).

Conclusion

We were really pleased with how well Cutimed® Sorbact® worked, really helping to bind the bacteria and keep the wound moist and clean we have ordered more for future use. The Cutimed® Siltec® helped maintain the moisture and we liked how it adhered around the patient's foot.



Image 1



Image 2



Image 3



Image 4



Image 5

Demonstrating the management of an oedematous ulcerated limb on a shire mare

Author: Louise Pailor, REVN RVN, (Wright & Morten Veterinary Surgeons), Chelford, Macclesfield, Cheshire

Introduction

An eight year old Shire Mare, presented with necrotic vasculitis as a result of an oedematous limb that had ulcerated. Dimensions to the medio plantar left hind limb distal cannon area were 9cm x 10cm (Image 1). The wound had a necrotic appearance. It was initially surgically debrided back to the wound margins to encourage granulation; this was done under sedation. The exudate was purulent at times and heavy in volume when the wound was at its largest. We were concerned about the limb being oedematous and so swollen that the circulation was obviously compromised, thus would delay the healing process. She has a foal at foot, and her only previous past medical history involved fertility treatment.

Methods

The wound was debrided with a Versajett™ machine with Hartmanns™ solution. This was performed every other day for two weeks. Cutimed® Siltec® foam dressings were used to absorb the exudate and provide a moist wound environment (Image 2).

When the owner lavaged the wound he used a saline solution. Initially the dressings were changed every two to three days, then, later on when the wound was granulating and starting to epithelialise every four to five days.

Results

The wound was treated over a three month period. The wound contracted slowly, exudate level reduced and the dressing managed the exudate well. Cutimed® Siltec® absorbed excess exudate efficiently, holding the exudate within the dressing (Image 4), whilst maintaining a moist wound interface. The dressing was extremely easy to apply and remove and did not adhere to the wound surface. There was no patient interference or discomfort during any of the dressing changes or in between. The wound was bandaged with a soft synthetic padding, cotton wool, conforming layer and a tertiary layer. Despite this wound being bandaged for three months there was no maceration or other bandage sores observed (Image 5 & 6).

Conclusion

This case was more challenging than any other as the mare belonged to a farmer who had no stables so the mare and foal had to live out. This was their normal routine so they were less stressed and quite happy. It also meant the Mare was able to walk around the field improving the swelling and circulation in her limb.

This wound had minimal impact on her life, normal routine. She could continue to nurse her foal. This was partly due to her gentle and quiet nature and the fact that she was very cooperative at each treatment / dressing change.

I felt that the Cutimed® Siltec® appeared comfortable in situ, and it managed the exudate well. This was a very challenging wound as it was so large initially and took several weeks to heal. I felt that Cutimed® Siltec® foam dressing assisted in achieving the wound to close.

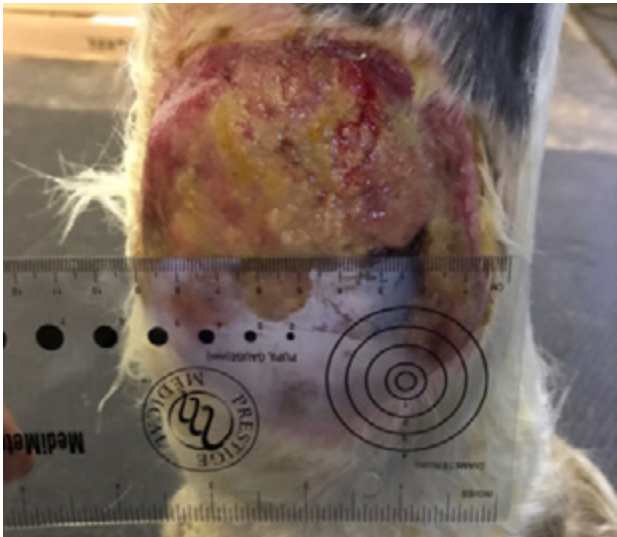


Image 1



Image 2

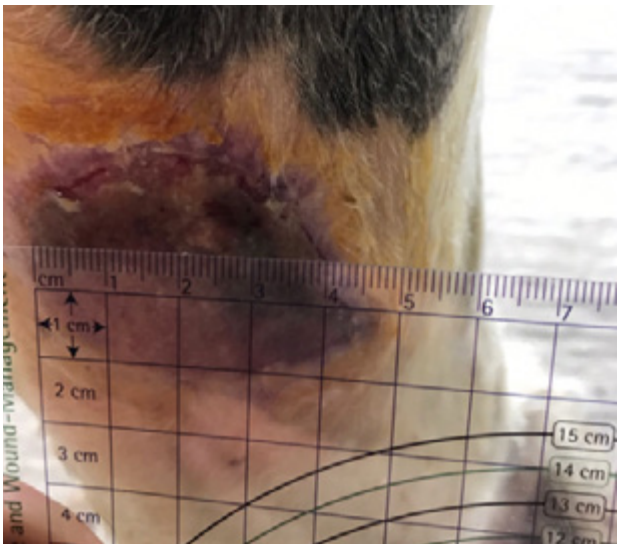


Image 3



Image 4

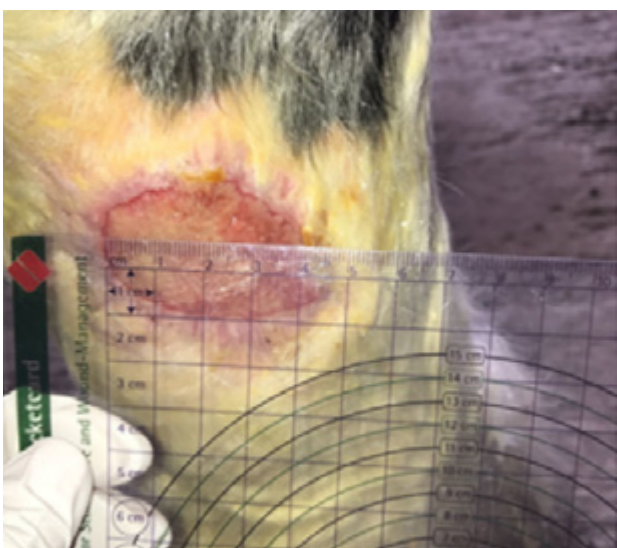


Image 5



Image 6

Managing a wound with bacterial bioburden that is resistant to antibiotics

Author: Sarah Carney, RVN DipAvn Medical, Helen Baxter, BVMS MRCVS Cert AVP, CVS Petmedics

Introduction

A two year old, female, neutered, domestic short-hair cat presented with two severely contaminated wounds after a suspected road traffic accident. Both wounds were clipped, lavaged with saline and debrided. A large laceration to the right thigh (Image 1) and a cranial laceration overlying the right stifle (Image 2) can be seen post initial wound treatment.

Methods

Under general anaesthetic (GA), a wet-to-dry dressing was applied and left in place for 24 hours, secured with nylon stay sutures over both wounds.

After 24 hours further debridement and lavaged with sterile saline was performed under GA. The thigh wound was surgically closed and dressed with Cutimed® Sorbact® gel. The stifle wound was dressed with a Cutimed® Siltec® foam dressing for protection and absorb any exudate (Images 3 and 4).

After seven days the thigh wound showed signs of a partial wound breakdown. A bacterial swab was taken for culture and sensitivity. This showed that the antibiotics prescribed were ineffective as the bacteria was resistant. Further debridement under general anaesthetic undertaken. This wound was then dressed with Cutimed® Sorbact® gel to help manage the bacterial bioburden and Cutimed® Siltec® foam dressing to provide a moist wound environment.

Results

At day twelve both wounds were reassessed (Images 5 and 6) a healthy granulation bed could be seen on both wounds and a repeat dressing combination of Cutimed® Sorbact® gel and Cutimed® Siltec® foam dressing was used every three to five days depending on client availability to present the patient. (Image 7).

At week four there was good wound contraction at both sites, surgical closure was performed at this point with minimal tension required (Images 8 and 9).

A supportive dressing was applied after surgery using Cutimed® Sorbact® gel as the primary dressing and Cutimed® Siltec® to help reduce movement. This dressing was replaced twice using the same regime over a period of 10-14 days, wound healing was achieved by day 37 (Images 10 and 11).

Conclusion

Our overall experience with these dressing materials exceeded our expectations when compared to previously used materials. The dressings were easy to apply and remove. They were comfortable for the patient when in situ. A combination of excellent owner and patient compliance along with the new dressing technology ensured an end result of a healthy tissue bed, allowing closure of the wounds to the satisfaction of all involved with the care of this patient.



Image 1



Image 2



Image 3



Image 4



Image 5



Image 6



Image 7



Image 8



Image 9



Image 10



Image 11

Demonstrating the use of Cutimed® DebriClean and Cutimed® Sorbact® in exotic species with traumatic wounds

Author: Matthew Rendle RVN

RVN Matthew Rendle was working with Wildlife Vets International, treating injured sea turtles, with Cutimed® DebriClean and Cutimed® Sorbact®. The images show injury to sea turtles through the deliberate actions of humans, often leading to serious head wounds, which can even leave the brain exposed. Find out about Wildlife Vets International's work here: <https://www.wildlifevetsinternational.org/projects/saving-the-turtles>

Cutimed® DebriClean pad has been specially designed to support the mechanical debridement process and lead to more effective wound healing. It gently debrides slough, biofilm and microorganism to support wound bed preparation.

Cutimed® Sorbact® is a range of non-medicated dressings that has a unique bacterial binding action using the principle of hydrophobic interaction, to remove bacteria and fungi from a wound.

Matthew Rendle RVN said:

"Debriding the wounds of sea turtles can be very challenging as the exudate is thick and often well adhered to the delicate granulation bed. It is also important to remember these are wild animals, and removing them from the water and handling them for wound management has a negative impact on their welfare, so the quicker this process can be done the better.

I found the Cutimed® DebriClean pads worked well in a variety of the wounds. It allowed quick efficient debridement, better welfare and better wound healing. This reduced the time these beautiful animals have to stay in captivity."





A case study demonstrating the effectiveness of casting material on a bull

Authors: Niall Connolly, BSc BVSc MRCVS, Lecturer in Livestock Health and Welfare. Philip Leverhulme, Farm Animal Practice, University of Liverpool

Patient

A nine month old, 730kg Simmental Bull presented to the University of Liverpool Farm Animal Practice at Leahurst with a closed, displaced, oblique, comminuted fracture of the left metacarpal III bone. The injury was confirmed on radiographs from the referring veterinary surgeon.

Methods

Surgery performed by: Dr Ellen Singer DVM, DVSC, DACVS, DECVS, MRCVS

Given this type of fracture and the patient's size, open reduction and stabilisation was required. The use of two plates, one dorsally and one laterally has been described in previous literature.¹

Unfortunately fissure lines on the lateral aspect of the bone ruled out the use of a full length lateral plate and screws. Two 4.5mm diameter lag screws were used to position the main bone fragments and a dorsal 4.5mm locking plate held in position with 7 x 4.5mm diameter screws was used to bridge the fracture. This alone would not be sufficient to resist the forces acting through the limb. A full limb cast (Delta-Cast® Conformable) was used to protect the plate by sharing the weight bearing load and resisting the bending forces at the fracture site.

Results

The casting material held up against significant strain. The patient used the cast as a lever to get from a sitting to standing position. A cast change was required 4 weeks post-surgery. This was to ensure healing of the surgical wound and allow a tighter fitting cast to be placed, as the initial limb swelling had reduced over time. At 12 weeks post-surgery the cast was removed. The caudal aspect of the cast was able to be preserved and incorporated into a bandage, acting as a splint. This was left in place for a further week to prevent injury to the ligaments and tendons of the lower limb, which had fatigued due to immobilisation.

The clinical outcome with this case has been excellent. The patient was able to ambulate on the cast 24 hours after surgery. He returned to unaided full weight bearing 14 weeks post-operatively. Post-operative radiographs were taken to monitor fracture healing and calcification at various stages through the recovery phase.

Conclusion

Overall, the outcome of this case was excellent. It is a rare opportunity to have such a compliant patient.

¹ Fubini and Ducharme (2004) Farm Animal Surgery, Elsevier, USA



13/12/2016
Surgery



13/12/2016
Post-op



6/1/2017
Cast change



14/2/2017



8/3/2017
Cast off



Week four cast change under sedation



Surgical wound inspection, clean and dry



Cast reapplied

Cutimed® Sorbact® range

Bacteria binding dressings coated with Sorbact® technology

- Cutimed® Sorbact® displays hydrophobic properties allowing it to bind bacteria and fungus in a moist wound bed
- Available in a range of dressing options to reduce bacterial burden in all wound types and exudate levels, regardless of the wound aetiology



Cutimed® Sorbact® dressing pad

An absorbent dressing pad covered with a Sorbact® technology coated acetate swab. For wounds with low to moderate exudate levels.



Cutimed® Sorbact® Swabs

Sorbact® technology coated acetate wound contact layer. Primary wound dressing for either deep or superficial wounds.



Cutimed® Sorbact® Ribbon

Sorbact® technology coated cotton. For use in deep or cavity wounds or wrapping around digits.



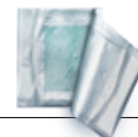
Cutimed® Sorbact® Round Swabs

Sorbact® technology coated acetate fabric. For filling small, deep cavity wounds.



Cutimed® Sorbact® Gel

A Cutimed® Sorbact® swab coated with an amorphous hydrogel for dry, sloughy or low exuding wounds.



Cutimed® Sorbact® Hydroactive

A unique combination of a Cutimed® Sorbact® swab combined with an absorbent hydropolymer gel matrix. These dressings reduce bacterial load, absorb and lock in wound exudate whilst maintaining a moist wound environment. For low to moderate exudate levels.



Cutimed® Siltec® Sorbact®

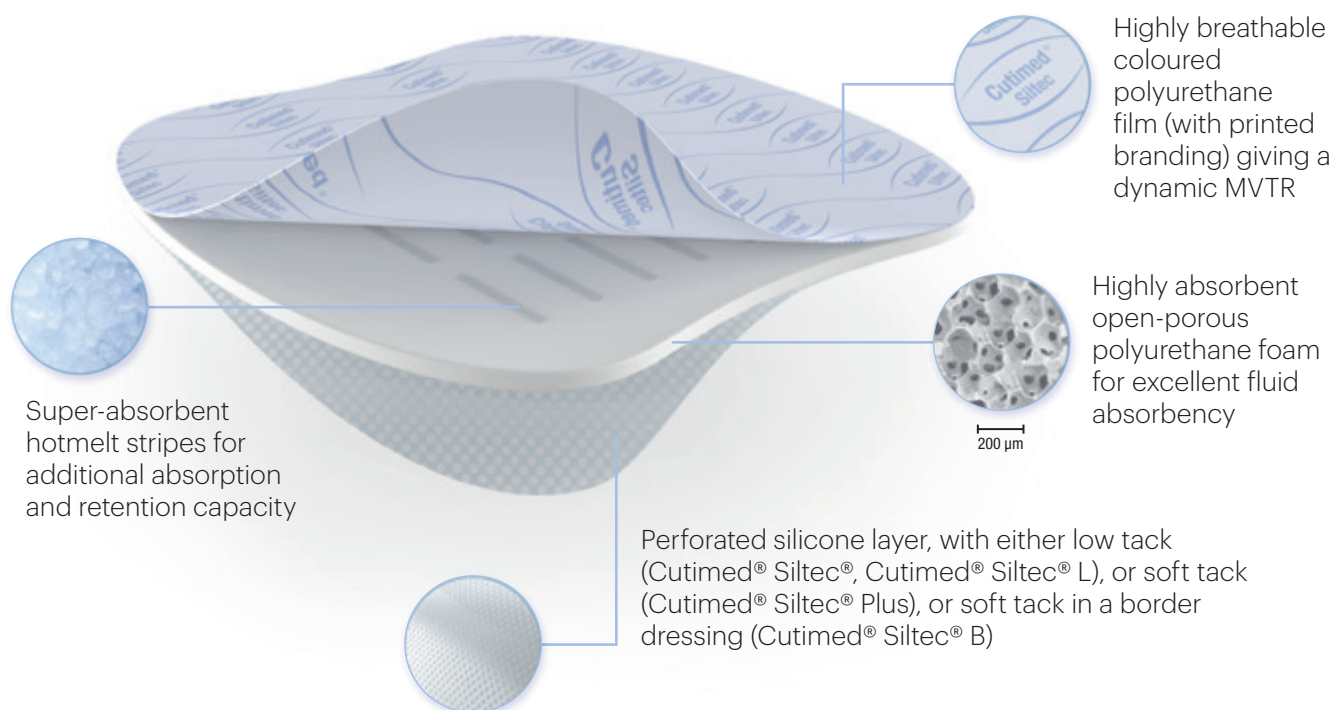
Cutimed® Siltec® Sorbact® combines infection management with the excellent fluid handling of Cutimed® Siltec®. For wounds with moderate to high, viscous exudate.



Ordering information

Code	Size	Pack Qty	Case Qty
Cutimed® Sorbact® Dressing pads			
72161-01	7cm x 9cm	1 x 5	16 x 5
72162-01	10cm x 10cm	1 x 5	16 x 5
72163-00	10cm x 20cm	1 x 20	2 x 20
Cutimed® Sorbact® Swabs*			
72164-01	4cm x 6cm folded (11cm x 16cm unfolded)	1 x 5	24 x 5
72165-01	7cm x 9cm folded (17cm x 27cm unfolded)	1 x 5	24 x 5
Cutimed® Sorbact® Ribbon			
72166-00	2cm x 50cm	1 x 20	6 x 20
72167-00	5cm x 200cm	1 x 10	6 x 10
Cutimed® Sorbact® Round swabs			
72168-00	3cm	14 x 5	6 x 70
Cutimed® Sorbact® Hydroactive (wound pad)			
72646-03	7cm x 8.5cm (5cm x 6.5cm)	1 x 10	10 x 10
72646-04	14cm x 14cm (10cm x 10cm)	1 x 10	10 x 10
72646-05	19cm x 19cm (15cm x 15cm)	1 x 10	10 x 10
72646-06	24cm x 24cm (20cm x 20cm)	1 x 5	10 x 5
72646-07	14cm x 24cm (10cm x 20cm)	1 x 10	10 x 10
Cutimed® Sorbact® Hydroactive B (wound pad)			
79933-00	7cm x 8.5cm (5cm x 6.5cm)	1 x 10	10 x 10
79933-02	14cm x 14cm (10cm x 10cm)	1 x 10	10 x 10
79933-03	19cm x 19cm (15cm x 15cm)	1 x 10	10 x 10
79933-04	14cm x 24cm (10cm x 20cm)	1 x 10	10 x 10
Cutimed® Siltec® Sorbact® (wound pad)			
79929-00	7.5cm x 7.5cm (3.9cm x 3.9cm)	1 x 10	10 x 10
79929-01	12.5cm x 12.5cm (8.2cm x 8.2cm)	1 x 10	10 x 10
79929-02	15cm x 15cm (10cm x 10cm)	1 x 10	10 x 10
79929-03	17.5cm x 17.5cm (12.3cm x 12.3cm)	1 x 5	10 x 5
79929-04	22.5cm x 22.5cm (16.5cm x 16.5cm)	1 x 5	10 x 5
79929-05	Sacrum 17.5cm x 17.5cm	1 x 5	10 x 5
79929-06	Sacrum 23cm x 23cm	1 x 5	10 x 5
Cutimed® Sorbact® Gel			
72611-00	7.5cm x 7.5cm	1 x 10	36 x 10
72611-01	7.5cm x 15cm	1 x 10	20 x 10

Cutimed® Siltec®



Managing Exudate

Using Cutimed® Siltec®'s sophisticated technology

- **Shape**

Now in a modern shape with anatomical fit. Highly regarded for its functionality, reliable exudate management and secure hold for leakage prevention. Rounded corners as part of the design. Can be cut to shape without losing functionality.

- **Tack**

The only foam dressing offering different strengths of adherence of silicone wound contact layer, from gentle to tacky. Cutimed® Siltec® B has a silicone border that has increased tack to prevent the border edges from curling and to enhance dressing security.

- **Texture**

A noticeable softer foam and smooth top layer.

The Range

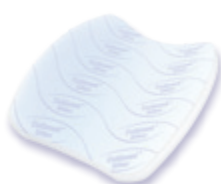
Secure, comfortable, conformable

Cutimed® Siltec® products are designed for atraumatic dressing changes with minimised pain and to protect against odour.. Additionally, the border products are fully water resistant.



Cutimed® Siltec® B

- Fast application, secondary fixation is not necessary



Cutimed® Siltec® Plus

- Strong initial tack for that helping hand effect, easy to apply and easy to re-adjust



Cutimed® Siltec®

- Skin protection with a feather tack
- Excellent exudate management



Cutimed® Siltec® L

- Soft and conformable wound dressing
- Protective dressing for compromised and fragile skin

Ordering information

	Code	Dressing size (cm)	Pack Qty
Cutimed® Siltec® B (Border)	73284-00	7.5 x 7.5	1 x 10
Self-adherent bordered dressing	73284-01	12.5 x 12.5	1 x 10
	73284-02	15 x 15	1 x 10
	73284-03	17.5 x 17.5	1 x 5
	73284-04	22.5 x 22.5	1 x 5
	73284-05	10 x 10	1 x 10
	73284-06	10 x 22.5	1 x 10
Cutimed® Siltec® B Oval	73284-14	7 x 10 / oval	1 x 10
Cutimed® Siltec® Plus			
With a soft tack	73288-00	5 x 6	1 x 10
	73288-01	10 x 10	1 x 10
	73288-02	10 x 20	1 x 10
	73288-03	15 x 15	1 x 10
	73288-04	20 x 20	1 x 5
Cutimed® Siltec®			
With a feather tack	73285-00	5 x 6	1 x 10
	73285-01	10 x 10	1 x 10
	73285-02	10 x 20	1 x 10
	73285-03	15 x 15	1 x 10
	73285-04	20 x 20	1 x 5
Cutimed® Siltec® L (Light)			
For lower levels of exudate	73283-00	5 x 6	1 x 10
	73283-01	10 x 10	1 x 10
	73283-02	15 x 15	1 x 10

Leukomed® Control

Continuous wound inspection plays an important role in fighting surgical site infections. The Leukoplast® experts have combined the highly innovative hydropolymer technology with the most protective and transparent of the Leukomed® films. Thanks to the outstanding transparency of both film and hydropolymer pad, wound inspection and early detection of infection is easily possible – without dressing changes.

Completely transparent composition

- Visual inspection made easy
 - ▶ Quick detection of infection
- Helps reduce the number of dressing changes
 - ▶ Less effort, cost and time

Ultra thin and conformable film for a second skin feeling

- Hardly noticeable on the skin
 - ▶ Very comfortable for wearer
 - ▶ Helps prevent tension blisters
- Highly breathable
 - ▶ Helps prevent skin maceration

Sterile barrier

- Protects against water, bacteria and contaminants

Excellent adhesion

- Provides gentle, yet strong fixation



Thin, absorbent hydropolymer wound pad

- Excellent exudate management
 - ▶ Capable of managing low to moderate levels
- Ensures optimal moisture level at the wound site and surrounding skin
 - ▶ Provides ideal wound healing conditions

Unique application technique

- Simple step-by-step red strip application for precise placement and quick dressing changes

Indications

Leukomed® Control is indicated for dry and low exuding acute wounds such as surgical incisions, superficial partial-thickness burns, donor sites, lacerations and abrasions.

Recommendation: It is especially suited for the control of wounds on patients with an increased risk of infection.



Code	Size	Pad Size	Pack Quantity
73230-00	5cm x 7cm	2cm x 4cm	1 x 10
73230-01	7cm x 10cm	4cm x 7cm	1 x 10
73230-02	8cm x 15cm	4.5cm x 11.5cm	1 x 10
73230-03	10cm x 24cm	6cm x 20cm	1 x 5
73230-05	10cm x 35cm	6cm x 31cm	1 x 5

Leukomed® Sorbact®

If surgical circumstances or patient risk factors increase the likelihood of an infection or if the wound is already contaminated, Leukomed® Sorbact® is a good choice. Purely by its physical mode of action, it binds microbes to the hydrophobic pad and helps to prevent critical colonisation by binding bacteria to the dressing.

Binds bacteria

- Physically attracting and binding bacteria to the Sorbact® layer
- Removes bacteria from the wound
- Low risk of bacterial or fungal resistance
 - ▶ Safe and skin-friendly - releasing no active ingredients

Highly breathable and conformable

- Helps prevent skin maceration
- Provides reliable adhesion

Sterile and waterproof barrier

- Protects effectively against external contaminants
 - ▶ Helps to reduce the risk of wound infections



Absorbent, cushioning, low adherent

- Locks exudate
- Soft on the skin
- Does not stick to the wound



Code	Size	Pack Quantity
76199-00	5cm x 7.2cm	1 x 20
76199-01	8cm x 10cm	1 x 20
76199-02	8cm x 15cm	1 x 20
76199-03	10cm x 20cm	1 x 20
76199-05	10cm x 30cm	1 x 20
76199-06	10cm x 35cm	1 x 20
76199-07	5cm x 7.2cm	1 x 3
76199-08	8cm x 10cm	1 x 3
76199-09	8cm x 15cm	1 x 3

Indications

For patients predisposed to risk of infection and the need for safe, undisturbed wound healing:

- For surgical incisions
- For post-operative dehiscent wounds and lacerations
- For cuts and abrasions

Leukomed® T plus

This sterile film dressing combines the ultra-flexible and thinnest of the Leukoplast® films with a low adherent wound pad for secure absorption and high wearing comfort. It helps protect against bacteria and viruses and can help reduce the risk of surgical site infection (SSI).

Ultra thin and conformable film for a second skin feeling

Transparent with low friction and matt surface

- The dressing's border is hardly noticeable on skin, either visibly or by touch
 - ▶ Comfortable

Sterile barrier

- Helps protect against water, bacteria, viruses and contaminants
 - ▶ Reduces the risk of wound infection
 - ▶ Provides ideal healing conditions
 - ▶ Showerproof
 - ▶ Supports undisturbed wound healing

Unique application technique with the distinctive red strip

- Allows for easy and quick application

Wide assortment of sizes

- Provides easy and safe application for wounds up to 30cm



Secure absorption for high protection

- For secure uptake of wound fluid
- Reduces the risk of skin maceration

Protecting skin's integrity

- Seamless combination of highly breathable film with a low-adherent pad
- Soft, absorbent wound pad
 - ▶ Reduces the risk of skin maceration
 - ▶ High skin tolerance
- Low adherent contact layer
 - ▶ Ensures atraumatic dressing changes and removal

Code	Size	Pack Quantity
72382-00	7.2cm x 5cm	1 x 50
72382-01	8cm x 10cm	1 x 50
72382-02	8cm x 15cm	1 x 50
72382-03	10cm x 25cm	1 x 50
72382-04	10cm x 30cm	1 x 50
72382-05	10cm x 35cm	1 x 50
72382-14	10cm x 20cm	1 x 50

Indications

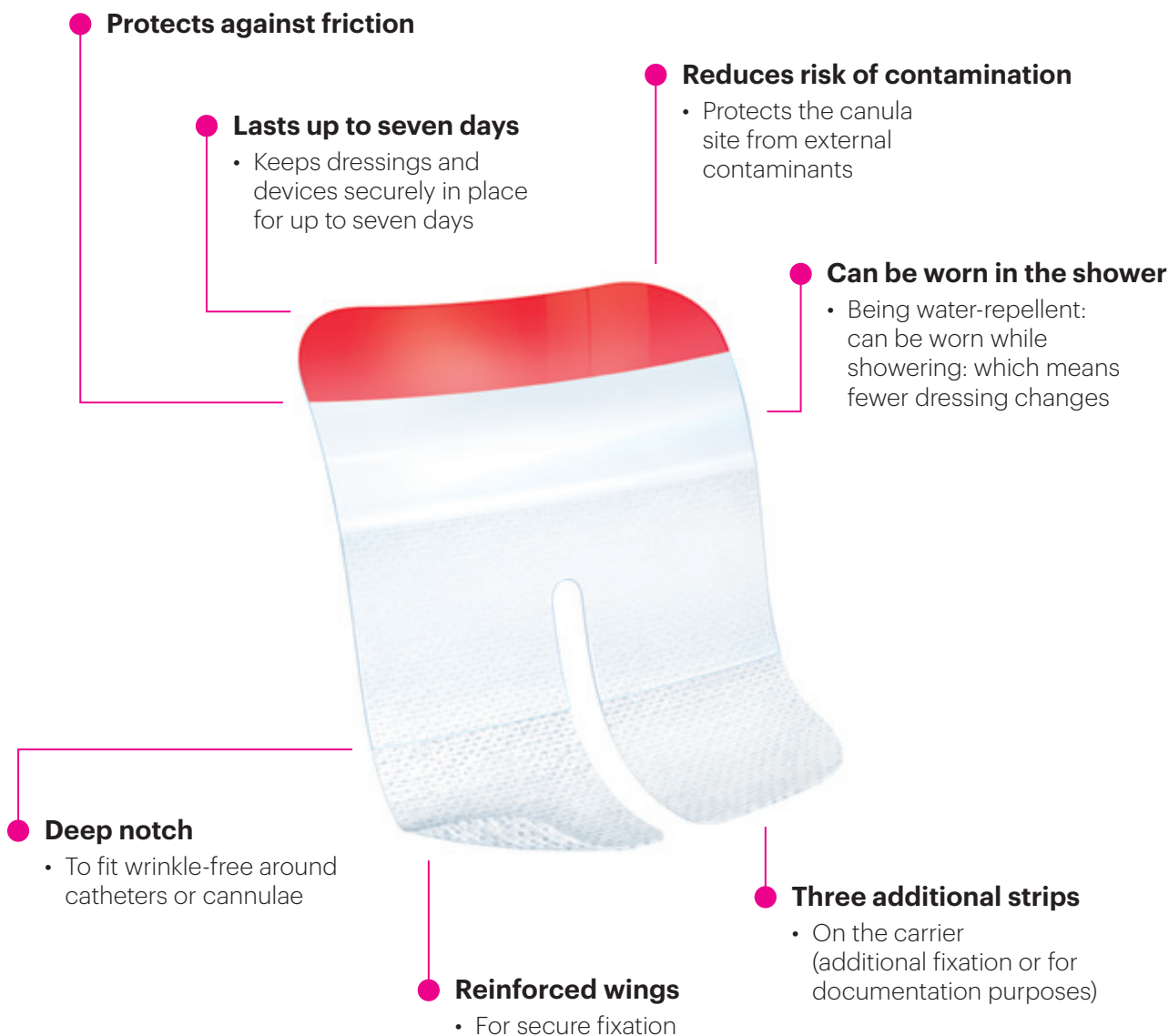
Leukomed® T plus – protection plus absorption

- For surgical incisions
- To cover and protect superficial cuts, lacerations and minor burns

Both products work as a bacterial and viral barrier, are waterproof and effectively help to prevent infections.

Leukomed® I.V. Film

A range of a sterile transparent dressings for IV sites. Secures intravenous catheters, covers and protects cannula sites. Allows easy insertion site inspection and showering and is skin-friendly.



Code	Size	Pack Quantity
72390-00	5.8cm x 8cm	1 x 50
72390-03	8.5cm x 11cm	1 x 50
72390-04	4.5cm x 4.5cm	1 x 50
72390-05	7cm x 9cm	1 x 50

Indications

Leukomed I.V. film is a sterile transparent dressing for IV sites. It secures intravenous catheters and covers and protects puncture sites.

Soffban® Synthetic

Synthetic padding

- Made from 100% polyester
- Autoclavable
- Soft and highly conformable
- Maximum loft retention for excellent cushioning
- Reduced risk of skin maceration and sensitivity
- Tearable for easy application

Ideal for: use under synthetic casts, plaster of Paris and bandages



Code	Size	Pack Qty	Case Qty
71464-01	5cm x 2.7m	1 x 12	24 x 12
71467-01	7.5cm x 2.7m	1 x 12	16 x 12
71486-05	10cm x 2.7m	1 x 12	12 x 12
71465-01	15cm x 2.7m	1 x 12	8 x 12
71466-01	20cm x 2.7m	1 x 6	12 x 6

Soffban® Natural

Natural padding

- A highly absorbent padding made from 100% viscose rayon
- Excellent conformability
- Easy to tear
- Autoclavable

Ideal for: using as a comfortable undercast layer, use under bandages or under plaster of Paris and synthetic casts



Code	Size	Pack Qty	Case Qty
71472-00	5cm x 2.7m	1 x 12	24 x 12
71473-00	7.5cm x 2.7m	1 x 12	16 x 12
71469-00	10cm x 2.7m	1 x 12	12 x 12
71470-00	15cm x 2.7m	1 x 12	8 x 12
71471-00	20cm x 2.7m	1 x 6	12 x 6

Delta-Cast® Conformable



Non-Fibreglass Cast Tape

Delta-Cast® Conformable sets a high standard in removable, non-fibreglass cast tapes. Delta-Cast® Conformable responds to the daily challenges of fracture management. It's distinctive construction provides rigid and semi-rigid casting options for primary and secondary casting applications where patient fit, comfort and compliance are critical.

Delta-Cast® Conformable is the only UK cast tape with clinical evidence¹ to support it's use for focused rigidity casting.

Code	Size	Colour	Pack Qty
72280-00	2.5cm x 1.80m	○ White	1 x 10
72280-01	5cm x 3.6m	○ White	1 x 10
72280-02	7.5cm x 3.6m	○ White	1 x 10
72280-03	10cm x 3.6m	○ White	1 x 10
72280-04	12.5cm x 3.6m	○ White	1 x 10
72281-00	5cm x 3.6m	● Pink	1 x 10
72281-01	7.5cm x 3.6m	● Pink	1 x 10
72281-02	10cm x 3.6m	● Pink	1 x 10
72282-00	5cm x 3.6m	● Dark blue	1 x 10
72282-01	7.5cm x 3.6m	● Dark blue	1 x 10
72282-02	10cm x 3.6m	● Dark blue	1 x 10
72283-00	5cm x 3.6m	● Yellow	1 x 10
72283-01	7.5cm x 3.6m	● Yellow	1 x 10
72283-02	10cm x 3.6m	● Yellow	1 x 10
72284-00	5cm x 3.6m	● Orange	1 x 10
72284-01	7.5cm x 3.6m	● Orange	1 x 10
72284-02	10cm x 3.6m	● Orange	1 x 10
72285-00	5cm x 3.6m	● Red	1 x 10
72285-01	7.5cm x 3.6m	● Red	1 x 10
72285-02	10cm x 3.6m	● Red	1 x 10
72286-00	5cm x 3.6m	● Purple	1 x 10
72286-01	7.5cm x 3.6m	● Purple	1 x 10
72286-02	10cm x 3.6m	● Purple	1 x 10
72287-00	5cm x 3.6m	● Green	1 x 10
72287-01	7.5cm x 3.6m	● Green	1 x 10
72287-02	10cm x 3.6m	● Green	1 x 10
72288-00	5cm x 3.6m	● Black	1 x 10
72288-01	7.5cm x 3.6m	● Black	1 x 10
72288-02	10cm x 3.6m	● Black	1 x 10
72289-10	5cm x 3.6m	Mixed*	1 x 10
72289-11	7.5cm x 3.6m	Mixed*	1 x 10
72289-12	10cm x 3.6m	Mixed*	1 x 10

*Mixed packs contain two rolls each of dark blue, black, red, purple and pink

High performance 3-D stretch polyester bandage

- Outstanding conformability allows uninterrupted application without the need to tuck and fold, and without creasing
- 3-D stretch helps to cover even difficult body contours in one go to help produce wrinkle-free casts, without pressure points
- Long-lasting durability and resiliency for minimal cast breakdown

Patented resin formula

- Silicone and latex-free resin is designed to support ease of application and to ensure strong, long lasting lamination, offering:
 - Consistent and reliable set times
 - High lamination of layers and end lay down for optimum stability, strength and reliability
 - A smooth sensation during moulding which results in a smooth finish to the cast
 - Application with any standard examination gloves

Countless options

- Versatile rigidity enables the practitioner to generate either traditional total contact casts (TCC) or focused rigidity casts (FRC) with just one product
- Removable casts can be made and re-applied for greater control of the healing process



1. Petty, A. C., Wardman, C., (1998). A randomized, controlled comparison of adjustable focused rigidity primary casting technique with standard plaster of Paris/synthetic casting technique in the management of fractures and other injuries. Journal of Orthopaedic Nursing. 2. 95 - 102



**Professional Accredited Training
for Healthcare Professionals**

Animal Healthcare Modules

Exudate Management

Investigates the different types of exudate, the role it plays in normal wound healing, exploring different management techniques to improve outcomes.

Anatomy and physiology of wound healing

Investigates the physiology and phases of normal wound healing and the differences between healing by primary and secondary intention.

Infection Management

Provides an overview of micro-organisms commonly found in an infected wound, complications arising from infection and correct management.

Improving the assessment of wounds

Provides a practical understanding of how using a full holistic assessment can support effective wound management.

Factors Affecting Wound Healing

Explores the various intrinsic and extrinsic factors that affect wound healing.

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