



Silverlon® Wound Contact Dressing

Directions for Professional Use

Goals

Keep the wound and the Silverlon® Dressing clean, moist, and covered.

Keep Silverlon® in intimate contact with wound bed.

Keep Silverlon® in contact with 1-2cm of healthy tissue outside wound.

Supplies Needed

1. A Silverlon® Wound Contact Dressing sized to fit into the wound bed and up onto 1-2cm (½" one-half inch) of normal skin around the wound. (The Silverlon® Dressing may be used for up to 7 days)

Note: Place silver side down onto wound for all Silverlon® products.

2. A secondary cover dressing of choice to be placed over the Silverlon® Dressing.
3. Clean water for wetting or rinsing Silverlon® as needed.

Initial Application

1. Moisten Silverlon® with clean water and wring out excess water.
2. Cover Silverlon® with cover dressing based on wound condition.
 - a. For exudating wounds use an absorbent dressing of choice.
 - b. For dry wounds, use with a moisture donating dressing, such as but not limited to: hydrogel, hydrocolloid, pre-moistened foam or gauze, film or other moisture control dressings.

For Exudating (Draining) Wounds

1. Remove and dispose of the outer absorbent cover dressings as necessary.
2. Gently remove Silverlon®, if wound or dressing appears dry, add water to dressing.
3. Dispose of Silverlon®, or, if protocols permit reuse, rinse Silverlon® thoroughly with clean water to rinse away any exudate that maybe on the dressing (You may stretch the dressing by its corners to open up its weave to help loosen the exudate from the cloth), gently squeeze out excess water, and reapply to wound while moist for up to 7 days use.
4. Apply fresh cover dressings.

For Dry Wounds

1. At the time of outer dressing change: gently remove Silverlon®, **either**, dispose of the Silverlon® dressing or rinse the existing Silverlon® with water to remoisten it, and reapply for up to 7 days use.
2. Cover the Silverlon® with new moisture donating cover dressings of your choice.

General Considerations During Use

1. **DO NOT USE SALINE** as the primary wetting agent for Silverlon®, as chloride ion inhibits silver ion release.
2. Plain Radiographic and CT Images: The Silverlon® fabric is relatively radio-opaque and will obscure underlying osseous and soft tissue structures.
3. MRI Scans: Silverlon® Wound Dressings applied to open wounds are not compatible with Magnetic Resonance Imaging (MRI) Scanners. Remove Silverlon® prior to MRI procedures.
4. Wound Contact Surface For maximum antimicrobial activity, the silver surface of the Silverlon® Dressings is applied directly to the wound surface.
5. If the Silverlon® fabric is allowed to dry out, no silver ions will be released and the effectiveness of the product will be decreased.
6. Keeping the Silverlon® Dressings moist reduces the adhesiveness of the dressing to the wound surface.
7. Do not remove the Silverlon® Wound Contact Dressing while dry or if Silverlon® is sticking. If sticking occurs, re-wet and saturate the Silverlon® dressing waiting until it can easily be removed.

Various Uses:

Pressure Ulcerations

The depth and configuration of the pressure ulceration will determine the best Silverlon® Wound Dressing to apply. The Silverlon® Wound Contact Dressing is best applied to cavitory wounds and covered with dressings of choice based upon cellular debris and exudates. The Silverlon® Wound Pad and Silverlon® Island Dressing is best applied to flat wounds and do not require covering dressings.

Diabetic Ulcerations

The depth and configuration of the diabetic ulceration will determine the best Silverlon® Wound Dressing to apply. The Silverlon® Wound Contact Dressing or Silverlon® Wound Packing Strips are best applied to cavitory wounds and covered with dressings of choice. The covering dressing is dependent upon the amount of exudate available. The Silverlon® Wound Pad and Silverlon® Island Dressing is best applied to flat wounds and do not require covering dressings.

Venous Stasis Ulcerations

Coupled with the appropriate therapy to improve venous return, Silverlon® Wound Contact Dressings are applied directly to the surface of the ulceration. The Silverlon® Wound Contact Dressing is moistened with sterile or distilled water and applied directly to the wound surface overlapping normal skin approximately one inch circumferentially. More than one layer may be applied; up to four layers folding or cutting the fabric is acceptable. For wounds with moderate-to-heavy exudate, the best results are achieved with multiple layers. The Silverlon® Wound Contact Dressing (one to four layers) should be covered by a secondary dressing. The choice of the secondary dressing is based upon the judgment of the health care provider and selected from Silverlon® Pad Dressing, urethane foams, hydrogels, hydrocolloids, cottons or rayon gauzes. The dressing is covered with the compression of choice selected by the health care provider: e.g. System Four, Profore, Unna Boot etc. The dressings may remain in place up to 7 days based upon the amount of wound exudate and debris.

Epidermolysis Bullosa (simple, junctional, dystrophic)

The Silverlon® Wound Pad Dressings may be applied to epidermolysis bullosa cutaneous lesions. The principle function of the Silverlon® Wound Dressings is to support healing by a reduction of the bioburden of the wound and the creation of a microbial barrier. The application of the moistened Silverlon® Wound Contact Dressings covered with a Silverlon® Wound Pad and soft roller gauze and elastic tubular dressings is recommended. For optimal treatment outcome, it is recommended to change the dressing every second to third day.

Pyoderma Gangrenosum (ulcerative, pustular, bullous and vegetative)

The Silverlon® Wound Pad Dressings may be applied to pyoderma gangrenosum cutaneous lesions. The principle function of the Silverlon® Wound Dressings is to support healing by a reduction of the bioburden of the wound and the creation of a microbial barrier. The application of the moistened Silverlon® Wound Contact Dressings covered with a Silverlon® Wound Pad is recommended. Changing the dressing every second to third day is recommended.



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