Acute Wound Management

HARTMANN Hong Kong

Outline

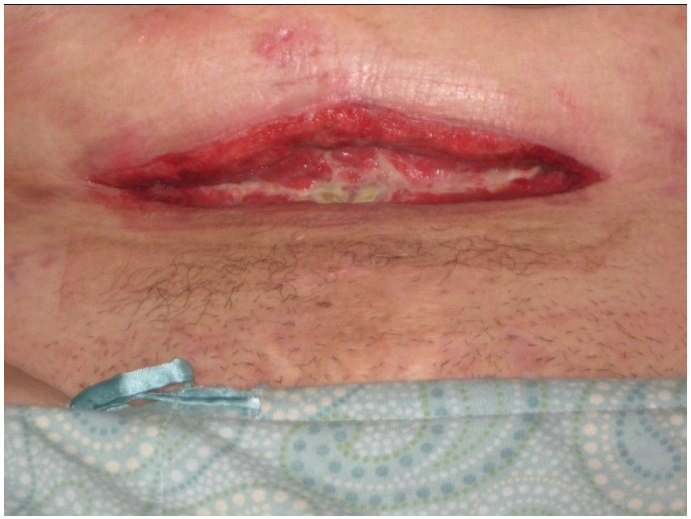
- Traumatic Wound Classification
  - Incisions
  - Lacerations
  - Abrasions
  - Puncture Wounds
  - Penetration Wounds
  - Ballistic trauma
- Traumatic Wound Management
- Surgical Wound
- Modern Wound Dressing for Surgical Wound

Acute open wounds are categorized into:

TRAUMATIC AND SURGICAL WOUNDS

Incisions

- Caused by clean sharp cutting objects
- Minimum loss to tissue
- Edges are regular
- Bleeds freely and painful



Lacerations

- Caused by tearing of tissue
- Wounds have irregular jagged borders
- Loss of tissue is limited to skin

Abrasions

- Superficial damage to skin
- No deeper than epidermis
- Less severe than laceration but stills bleed
- Minor abrasion may not bleed
- Deep abrasion may lead to formation of scar tissues
- **Avulsion**
  - Traumatic abrasion that removes all layers of skin

Puncture Wounds

- Caused by an object piercing skin and creating a small hole
  - i.e: wood splinters, nails, pins, glass
- Varies in depth
- Usually not excessive bleeding

Penetration Wounds

- Created by sharp objects such as knives
- Foreign object enters tissue of body
- Foreign object may either:
  - Remain in tissue
  - Come back out the way it came in
  - Pass through tissues and exit from another area
    - **Perforating wound**
- Penetrating trauma implies object does not pass through

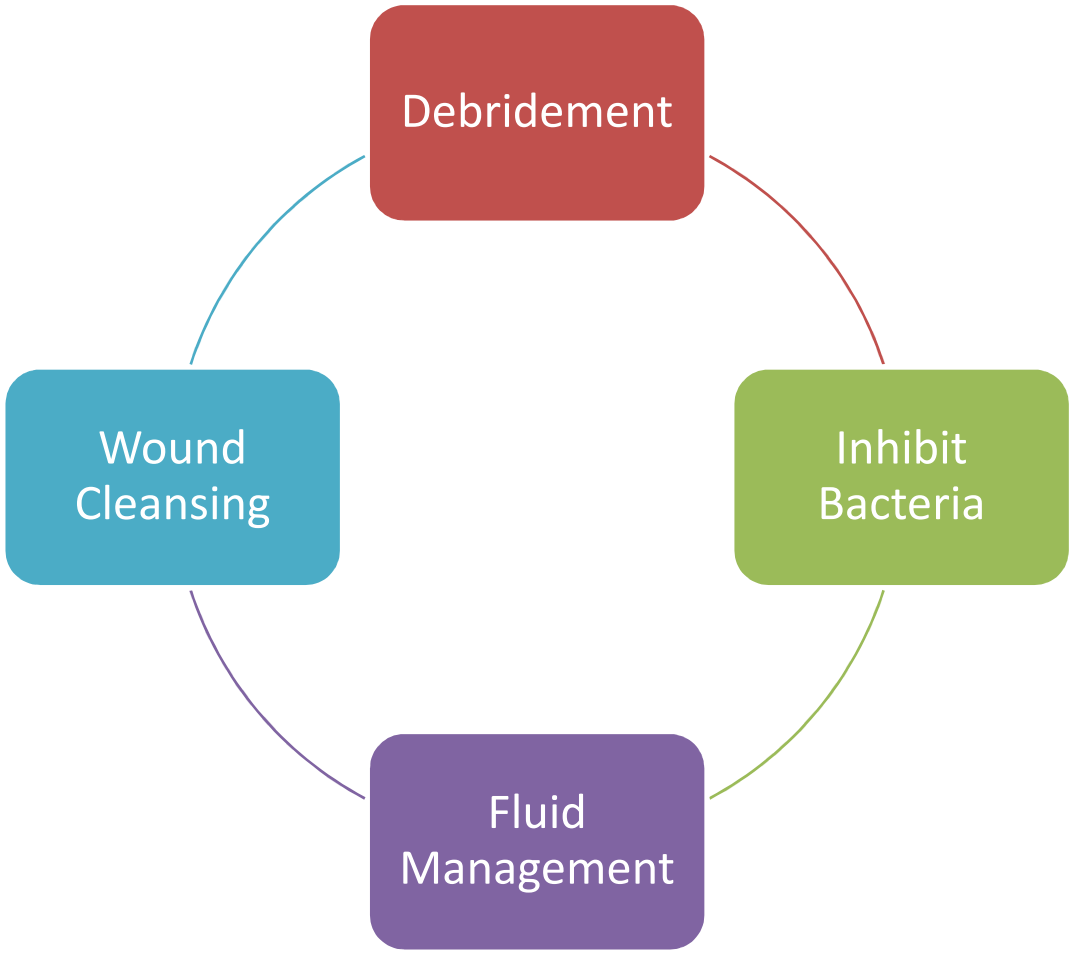
Ballistic Trauma

- Caused by a discharge of arms or munitions
- Bullets may either:
  - Stay within the wound; or
  - “through-and-through”
    - Formation of two wounds, one at entrance, one at exit

Traumatic Wound Management

- Traumatic damage causes large amount of necrotic tissues
- Surgical debridement needed for further wound healing progress
- Border-line patients may be sent up to ward, waiting for surgical debridement in operating theatre depending on wound progress
- Implicated costs:
  - Human resources
  - Bed space
  - Operating theatre

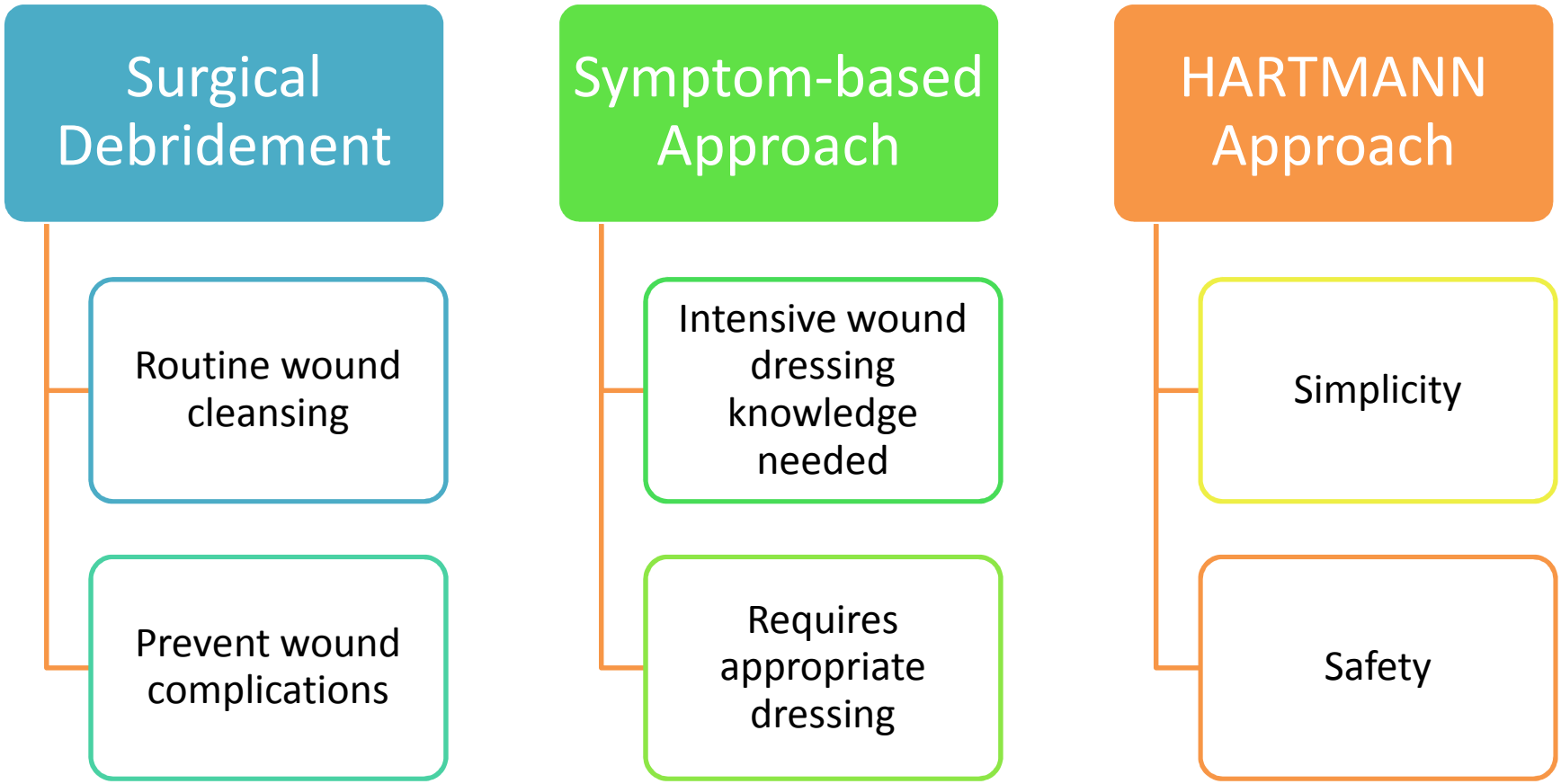
Traumatic Wound Management



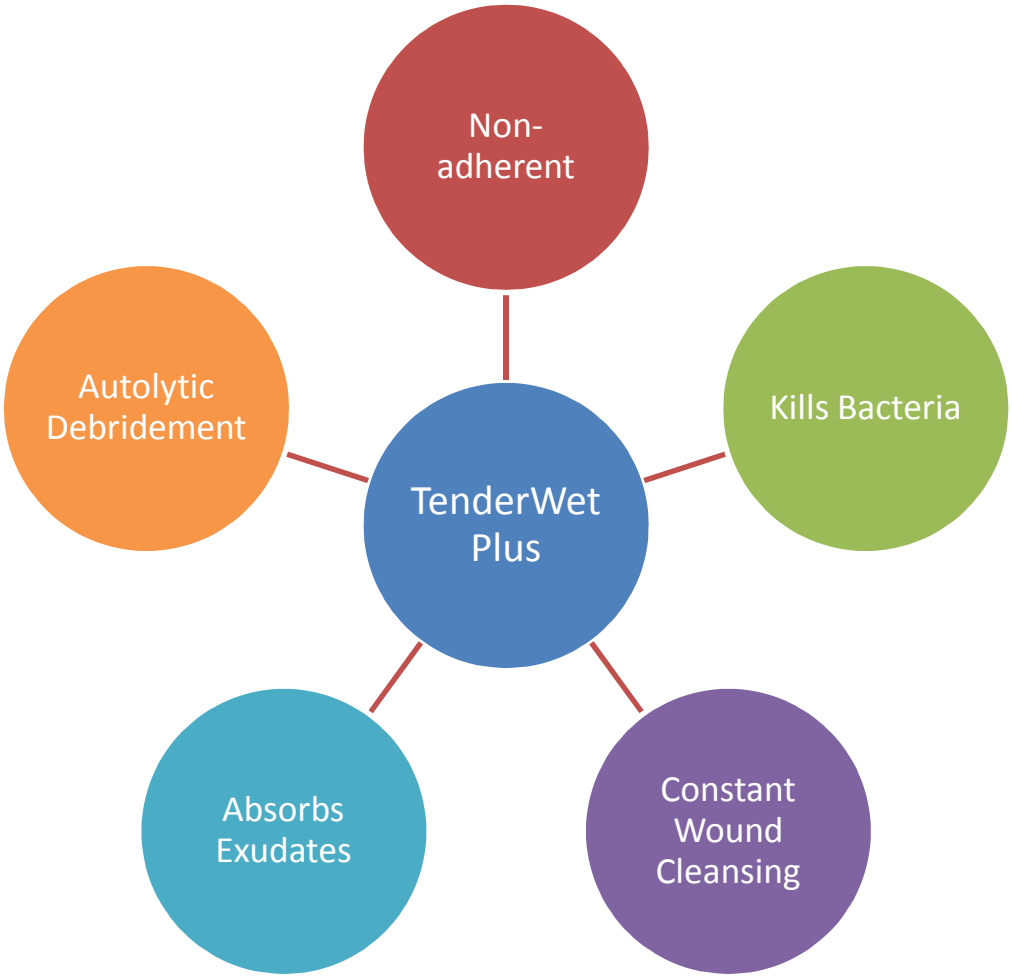
How do you currently treat traumatic wounds?

1. Inhibits bacteria?
    1. Silver
2. Exudates management?
    1. Foam/Alginates
3. Wound cleansing?
    1. Debridement agent/wound irrigation

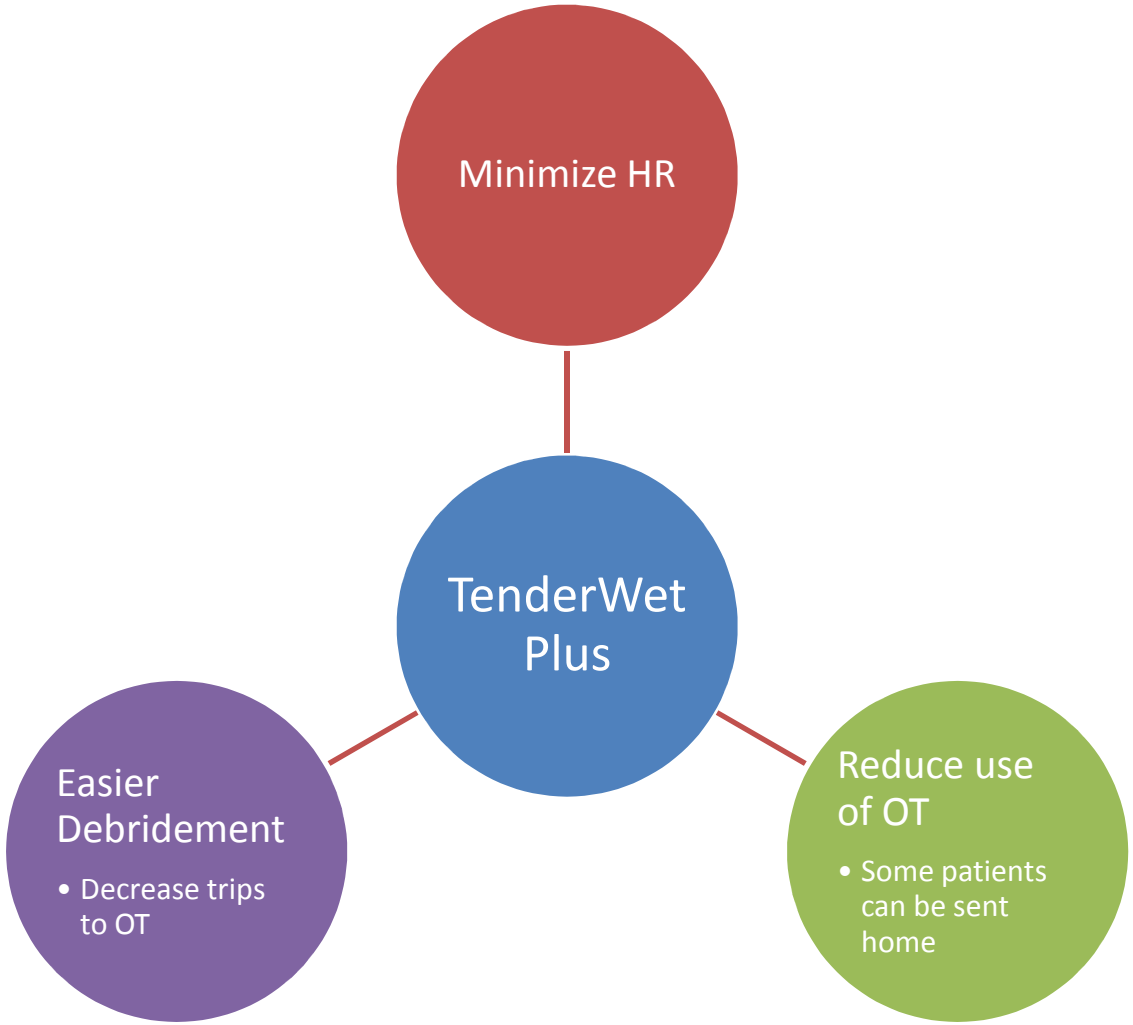
Possible Options



The ideal wound dressing is:



TenderWet Plus can potentially:



Surgical Wounds

- Estimated to account for vast majority amount of skin injuries
  - Over 27 million surgical incisions a year in US (Safe Care Campaign, 2007)
  - Approx 500k SSI per year (Safe Care Campaign, 2007)
- Characteristics
  - Acute wounds with uneventful healing and lower number of chronic wounds
  - Wound is clean to begin with
  - Usually closed by primary intentions
    - Sutures, stapes, glue, etc
  - Secondary intentions (Dressings) may also be allowed
    - Proceeds to granulation and epithelialization
- Complications
  - Pathological infection
    - Extends healing time
    - Increase hospital stay
    - Usage of expensive products and drugs
    - Increases healing cost
  - Fluid management

Dressing goals

1. Effective fluid handling
    1. Excessive wound exudates is withdrawn from wound to eliminate bacterial breeding ground
2. Bacterial prophylaxis
    1. Reduce risks of infection, thus reducing costs and healing time

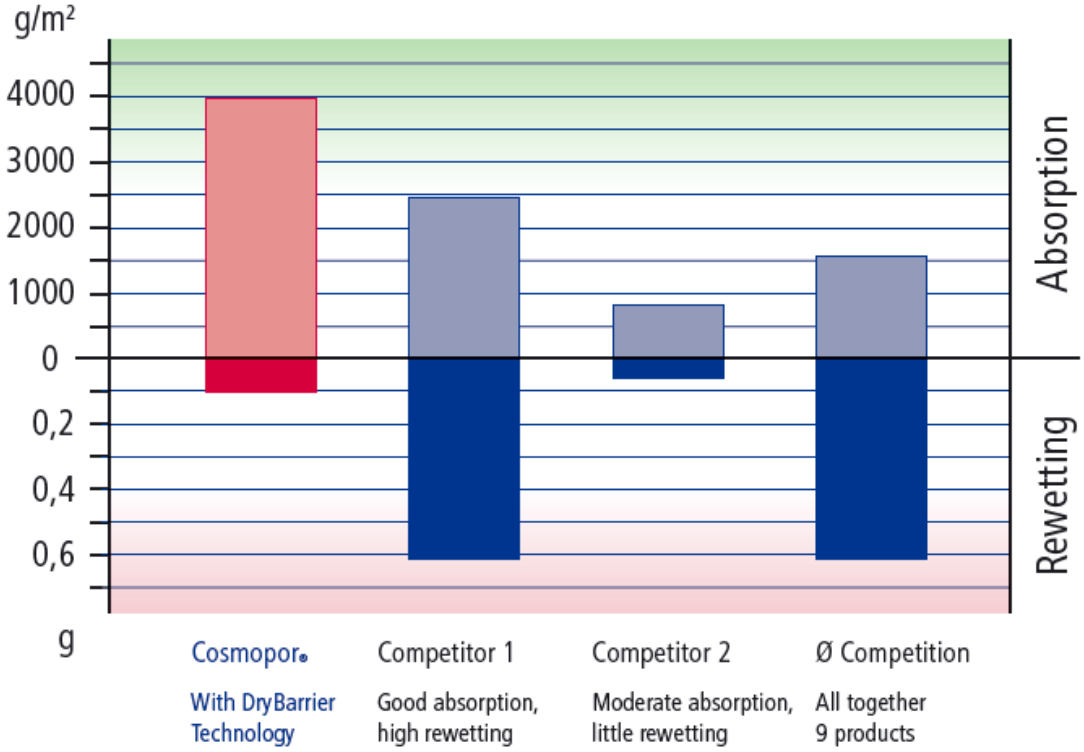
Cosmopor Antibacterial

DryBarrier® Technology

HARTMANN

Cosmopor Antibacterial

- The Min-Max principle
  - Minimum rewetting
  - Maximum absorption
- Metallic silver ensures bacteria is killed as exudates is drawn away from wound bed
- Result:
  - An optimal wound bed that eliminates:
    - Bacterial breeding ground
    - Recontamination



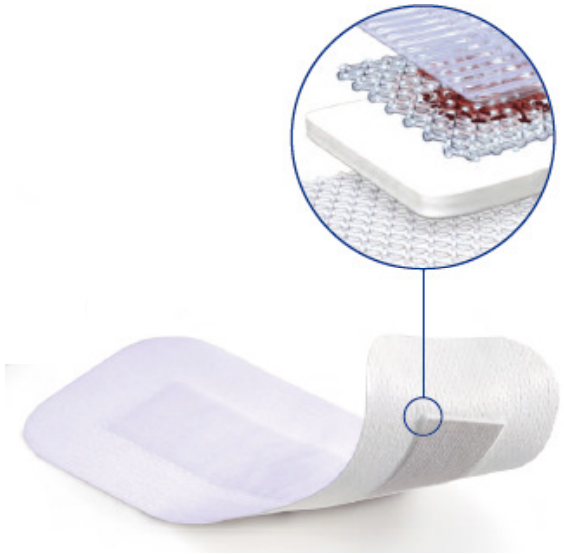
Maximum fluid absorption according to ISO 9073-6:2000 Test method rewetting: 1 ml of fluid at a load of 200 g/cm2 after a contact time of 30 minutes.

The Complete Solution to Wound Management

- Traumatic Wound

TenderWet® plus

- Surgical Wound



Cosmopor® Antibacterial

HARTMANN's Acute Wound Management Range

Sample Trial Available Now!

Please contact our sales reps for more info!

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