

Instructions for Use:

Wound preparations:

- Carefully cleanse and if necessary debride the wound with Debrisoft®. The area around the wound should be dry and clean.

Application of the wound dressing

- Can easily be cut to size when dry.
- Dressing should overlap the wound edges by approx. 1 cm.
- Loosely pack deep wounds to 85% with rope and leave approx. 2.5 cm overlapping the wound edges.
- Secure with an appropriate moisture-retaining secondary dressing.

Dressing Removal:

- Pain free removal in one piece

Wear time:

- Intervals between dressing changes must be determined by the clinician, based on the condition of the wound, and level of exudate. Maximum wear time 7 days

Contraindication:

- Known sensitivity to the product or its components.
- Full thickness burns

References: The cited properties refer to the currently available *in vitro* and clinical data.

- Harreither W., Absorbing capacity, retention capacity and contraction of Suprasorb Liquacel vs. Aquacel. R & D (2013) No. 00185/2013
- Harreither W., Wound adaptation of Suprasorb Liquacel vs. Aquacel. R & D data on file (2013) No. 00183/2013
- Harreither W., Stability of the fiber structure of Suprasorb Liquacel vs. Aquacel. R & D data on file (2013) No. 00186/2013
- Schmitz et al (2015) Performance assessment by a hydroactive wound dressing as part of a clinical and cost effective wound treatment. Poster presentation. Wounds UK, Harrogate, UK

Ordering information

Suprasorb® Liquacel Hydroactive Fibre Dressing

Individually sealed and sterile

Size (cm)	PIP Code	Ref Code	NHS SC Code	Pack contains
5 x 5	407 3458	33435	ELY802	10 singles
10 x 10	407 3441	33436	ELY803	10 singles
15 x 15	407 3466	33437	ELY804	5 singles
2 x 45	407 3433	33438	ELY805	5 singles



Suprasorb® Liquacel
 Hydroactive Fibre Dressing



Effectively manages exudate whilst protecting the wound edge and surrounding skin

Indications

Ideal for use on superficial and deep exuding wounds e.g.:

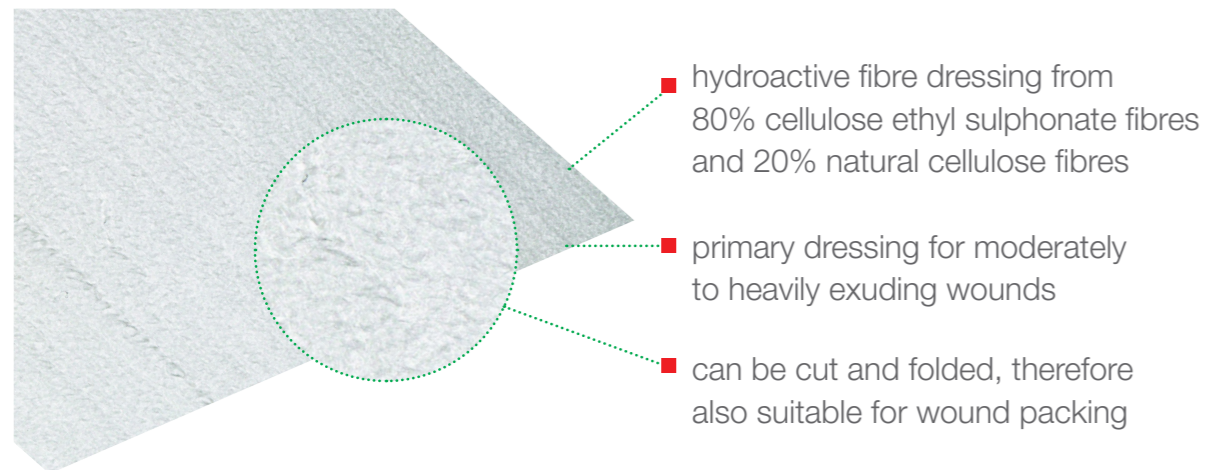
- Chronic wounds:** leg ulcers, diabetic ulcers and pressure ulcers
- Traumatic wounds:** lacerations, cuts and abrasions
- Acute wounds:** after surgical incision, partial thickness burns
- Post-surgical wounds:** skin grafts and donor sites



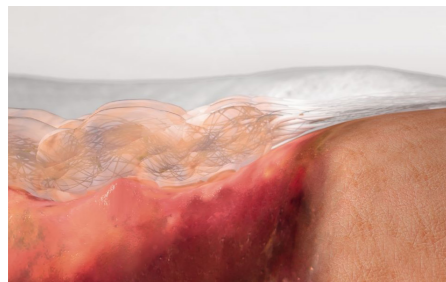
Suprasorb® Liquacel

The advantages at a glance

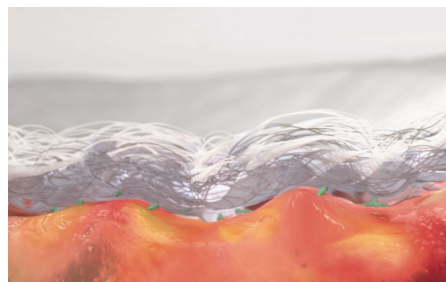
- Effective exudate management assists moist wound healing and the healing process
- Assists in protecting against maceration of the wound edge and the surrounding skin
- Easy application and removal in one piece



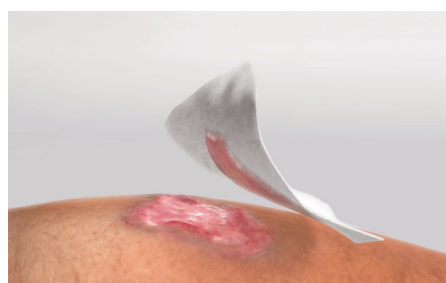
Benefits:



- Vertically wicks away exudate and transfers to a secondary dressing; ensuring exudate is kept away from the wound edge.
- Aids wound closure by protecting the wound edge.



- Forms a cohesive gel on contact with wound exudate¹
- Traps exudate, debris and bacteria in the gel¹
- Conforms to the wound bed without sticking^{1,2}



- Reduces the risk of residual dressing remaining in the wound³
- Easier, faster dressing changes which can be removed in one piece
- Atraumatic dressing changes assist with wound healing
- The gelling effect helps bath nerve endings and has a significant reduction on pain⁴

Clinically effective

The evidence for Suprasorb® Liquacel

Multicentre Study

In an International study⁴, 64 patients with a total of 68 wounds were included to assess the clinical and cost-effectiveness of Suprasorb® Liquacel.

The study spanned four visits and the parameters of ease of use, shrinkage, patient comfort and pain, application and removal, improved wound condition, wound edges and surrounding skin were evaluated.

Results:

- Patient comfort category - the Suprasorb® Liquacel was rated as 'excellent' or 'very good' by 95.2% of patients.
- Improvement in the wound condition was rated as 'excellent', 'very good' or 'good' by 94.6% by users.
- Patients confirmed a significant reduction in their pain ($p=0.000$).
- The electronic assessment tool (W.H.A.T) showed a reduction in the slough/necrosis from 79.94% of the wound surface Visit 1, to 29.56% Visit 4/final visit (if wound healed earlier) and an increase in the percentage of granulation tissue from 20.06% to 70.44%.

Case study

Presentation:

- 93-year-old female patient who has had an ulcer for 2 months.
- Chronic venous insufficiency, kidney failure, chronic arthritis and anaemia.
- The ulcer developed after bumping into the table edge.
- The ulcer measures 2.3 x 2.1 cm and there is a moderate level of exudation.
- The wound bed has a small quantity of fibrinous slough; there is visible granulation tissue.

Treatment:

- Following mechanical debridement with Debrisoft®, Suprasorb® Liquacel was applied up to and beyond the wound edges and a polyurethane foam dressing used as a secondary dressing.

Observations & Outcomes:

- Considerable improvement by Day 4 and complete epithelialisation by Day 44
- Excellent wound edge and surrounding skin protection
- Reduction/avoidance of pain
- High patient comfort
- Reduction in numbers of dressing changes
- Very easy to use and remove



Day 1



Day 4



Day 44