施樂輝有限公司
香港新界沙田安耀街三號匯達大廈八樓八一三至八一 八室
Unit 813-818, 8/F., Delta House, 3 On Yiu Street, Shatin, N.T., Hong Kong
Tel (852) 2648 7700  Fax: (852) 2648 7282
website : www.smith-nephew.com

AWM-PRO-CAT-0058

We are smith&nephew

**ALLEVYN® AG GENTLE / GENTLE BORDER**
Absorbent Silver Barrier Dressing

**DURAFIBER®**
Gelling Fibre Dressing

**ACTICOAT® Flex 3 & 7**
Antimicrobial Barrier Dressing
SILCRYSTA

# Professional Wound Care Guideline and Product Catalog

## Ordering Information

**Primapore®**

| | | |
|---|---|---|
| 7133 | 7.2cm x 5cm | 100 Pieces/Box |
| 7135 | 8.3cm x 6cm | 50 Pieces/Box |
| 66000317 | 10cm x 8cm | 20 Pieces/Box |
| 66000318 | 15cm x 8cm | 20 Pieces/Box |
| 66000319 | 20cm x 10cm | 20 Pieces/Box |
| 66000320 | 25cm x 10cm | 20 Pieces/Box |
| 96800009 | 6cm x 1m | 1 Roll |
| 66000321 | 30cm x 10cm | 20 Pieces/Box |

**Profore® 4 Layer Bandage System**

| | | |
|---|---|---|
| 66000016 | | 1 Kit |

**Remove®**

| | | |
|---|---|---|
| 403100 | Adhesive Solvent Wipe | 50 Pieces/Box |

**Skin Prep®**

| | | |
|---|---|---|
| 420400 | Protective Barrier Wipe | 50 Pieces/Box |

**Non-Sting Skin Prep® (Non alcohol)**

| | | |
|---|---|---|
| 66800709 | Spray 28 ml | 1 bottle |
| 59420700 | Swab 3 ml | 50 Piece / Box |
| 59420600 | Wipe 1 ml | 50 Piece / Box |

**Versajet® II**

| | |
|---|---|
| 66800039 | Power Console (115V/230V) |
| 66800040 | Disposable handpiece 15 degree and 14mm |
| 66800041 | Disposable handpiece 45 degree and 14mm |



## Professional wound care guideline

### General wound assessment information



### International wound assessment tools

# Product information

# General wound assessment

## Assessing the general health of the patient

To identify and eliminate any underlying causes or contributing factors which may impact the healing process. These may include:

1. Full medical history
   Including Concomitant disease such as:
   - Diabetes
   - Vascular disease
   - Impaired immunity
   - Allergies
2. Age/ Sex
3. Medications
4. Body build
5. Nutritional status
6. Lifestyle
   - Smoking/ alcohol habits
   - Impaired mobility
   - Ability to self-care or support available
7. Psychological/ Psychiatric problems

## Local wound assessment

To identify any local factors which might delay healing. Local assessment is an ongoing process and should include:

1. Location of wound (including mechanical stressors)
2. Nature of wound
3. Size/Depth (including cavity/ sinus/ tunneling/ undermining)
4. Wound bed (including tissue oxygenation/ present of foreign bodies)
5. Wound edges
6. Peri-wound
7. Exudate
8. Odour
9. Signs of inflammation/ critical colonization/ infection
10. Wound pain

Falanga, V., Phillips, T.J., Harding, K.G., Moy, R.L. & Peerson, L.J. (2000) Text atlas of wound management. London: Martin Dunitz.
Grey, J. & Harding, L. (2006). ABC of wound healing: Wound assessment. British Medical Journal. 332, 285-288.



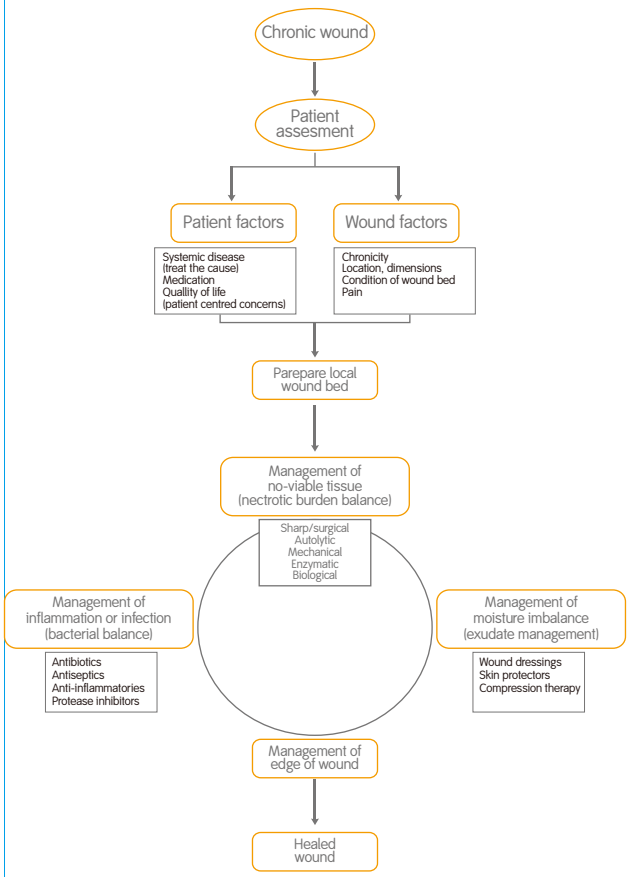


## Preparing the Wound Bed

| | |
|---|---|
| Treat the cause | • Assess the patient for healability. Adequate blood supply must be present and host factors (coexisting diseases, drugs) must all be considered.<br>• Correct treatable cause of tissue damage. |
| Patient centred concerns | • Make the patient part of the decision making process. Pain and quality of life should be documented and should form part of the treatment plan.<br>• Provide education and support for patient centred care to increase coherence with a treatment process. |
| Local wound care | • Assess and monitor the wound history and physical characteristics (location, size, base, exudate, surrounding skin, staging and pain). |
| Debridement | • Debride healable wounds, removing necrotic and non-viable tissue (surgical, autolytic, enzymatic and mechanical).<br>• Non-healable wounds should have only non-viable tissue removed and active debridement to bleeding tissue is contraindicated. |
| Persistent inflammation and bacterial balance | • Assess the wound for bacterial balance, infection or persistent inflammation.<br>• Use only non-sensitising topical antibacterial agents for local symptoms and signs of increased bacterial burden.<br>• Use systemic antibiotics if symptoms or signs of infection extend beyond the wound margin, or the ulcer probes to bone.<br>• For persistent inflammation, topical and systemic anti-inflammatories should be considered based on superficial, local or systemic disease process. |
| Moisture balance | • Cleanse wounds with normal saline and water. The use of topical antiseptics should be reserved for wounds that are non-healable or those in which the local bacterial burden is of greater concern than the stimulation of healing.<br>• Select appropriate dressings for local moisture balance to stimulate granulation tissue and re-epithelialization. |
| Edge effect | • Evaluate expected rate of wound healing to determine if treatment is optimal. If sub-optimal healing is noted, re-assess the cause and patient centred concerns.<br>• Use active wound therapies (biological agents, skin grafts, adjunctive therapies) when other factors have been corrected and if healing still does not progress. |
| Overall | • For improved outcomes, education and evidence base must be tied to interdisciplinary teams with the cooperation of health care systems |

Sibbald. R.G., Orsted, H., Schultz, G.S., Coutts, P. & Keast, D. (2003) Preparing the Wound Bed: Focus on infection and inflammation. Ostomy Wound management, 49(11), 24-51.

## Preparing the wound bed Paradigm




Flanagan, M. (2003)The Philosophy of Wound Bed Preparation in Clinical Practice.





## Differential diagnosis of common lower extremity ulcers

Differential diagnosis of common lower extremity ulcers

| Arterial Ulcer | Venous Ulcer | Neuropathic Ulcer |
|---|---|---|
| **Patient presentation:**<br>History of intermittent claudication<br>History of rest pain, improves with dependency<br>History previous vascular surgery<br>Abnormal pulse examination<br>Temperature differential<br>Cyanosis, rubor<br>Smoking habit<br>Diabetes<br>Hypertension<br>Hyperlipidemia<br>Aging | **Patient presentation:**<br>Chronic edema<br>Lipodermatosclerosis<br>Previous DVT / varicosities<br>Previous venous surgery<br>Decrease mobility<br>Obesity<br>Traumatic injury<br>Family history<br>Previous Venous ulcers<br>Pain when extremity is dependent for prolonged periods<br>Decreased pain and swelling with elevation | **Patient presentation:**<br>Deformity<br>Callous<br>Previous history of ulceration<br>Loss of protective sensation<br>Peripheral Vascular Disease<br>Duration of Diabetes<br>Poor glycaemic control<br>Impaired functional abilities |
| **Confirmation by:**<br>1. Arterial Doppler<br>2. Arterial duplex scan<br>3. Transcutaneous PO2 MRA,<br>4. Arteriogram | **Confirmation by:**<br>1. Venous Doppler<br>2. Venous duplex scan<br>3. Phethysmography | **Confirmation by:**<br>1. Compatible history<br>2. Abnormal sensory exam (Monofilament test) |
| **Location:**<br>Generally at the ankle or below<br>Over bony prominence or area exposed to pressure; interdigital spaces | **Location:**<br>Gaiter area (lower calf area and above the ankle)<br>Most frequent is medial aspect of lower leg superior to malleolus | **Location:**<br>Plantar or lateral aspect of the foot, metatarsal heads, site of repetitive pressure and/or friction |

| | | |
|---|---|---|
| **Appearance:**<br>Color: Wound base pale, may see dry necrotic tissue (eschar)<br>Size: Tend to be small round ulcers with smooth wound edges "punched out"<br>Drainage: Minimal, unless infected<br>Edema: Generally not present unless co-morbid CHF<br>Skin temperature: Decrease, cool and may have dependent rubor and pallor on elevation<br>Surrounding skin: Skinny, taut, thin, dry, scaly, no hair on lower extremity, thick brittle toe nails | **Appearance:**<br>Color: Wound base fibrinous or granular<br>Size: Shallow in depth, small to large in surface area, irregular margins<br>Drainage: Moderate to heavy<br>Edema: Frequently present and often associated with dermatitis<br>Skin temperature: Normal<br>Surrounding skin: Brown staining called hemosidero-sis | **Appearance:**<br>Color: Wound base granular<br>Size: Variable, usually small, well defined wound margins but may be large<br>Drainage: Minimal, unless infected<br>Edema: Generally not present<br>Skin temperature: Warm<br>Surrounding skin: Peri-wound has thick callous, skin is dry often with fissures. May see structural changes and bony deformities |
| **Perfusion:**<br>Pulses diminished, may only be audible with Doppler or absent<br>ABI 0.7 or lower<br>Capillary refill > 3 seconds | **Perfusion:**<br>Typically palpable pulses<br>ABI >0.8 (if lower may be of mixed etiology)<br>Capillary refill < 3 seconds | **Perfusion:**<br>+/- Palpable pulses<br>ABI may not be reliable in diabetic patients<br>Capillary refill normal <3 seconds |
| **Caveat:**<br>Large vessel arterial occlusive disease may coexist with venous insufficiency and stasis, neuropathic, and other causes of lower extremity ulceration | **Caveat:**<br>Arterial disease may coexist and should always be assessed | **Caveat:**<br>Remember that diabetics mellitus has numerous specific effects on wound healing making it a unique category of neuropathic ulcer. |

Sheffield, P. J. & Fife, C. E. (2007) Wound Care Practice (2nd edition). Flagstaff, Arizona: Best Publishing Company.

Bryant, R. A. & Nix, D. P. (2007) Acute & Chronic Wounds: Current Management Concepts (3rd edition). St. Louis.: Mosby.

Carville, K. (1998) Wound Care Manual (3rd edition). Australia: Silver Chain Foundation.





## International wound assessment tools

### Pressure Ulcer-National Pressure Ulcer Advisory Panel (NPUAP) Staging System

**National Pressure Ulcer Advisory Panel (NPUAP) Pressure Ulcer Staging System**

| Classification | Anatomical involvement | Appearance | Remarks |
|---|---|---|---|
| Suspected Deep Tissue | Intact skin<br>Blood filled blister | Localized discoloured skin (Purple/ maroon)<br>Blood-filled blister<br>May be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue | Deep tissue injury may be difficult to detect in individuals with dark skin tones<br>The wound may further evolve and become covered by thin eschar.<br>Evolution may be rapid exposing additional layers of tissue even with optimal treatment |
| Stage I | Intact skin | Intact skin with non-blanchable redness of a localized area (esp. bony prominence)<br>May be painful, firm, soft, warmer or cooler as compared to adjacent tissue | Stage I may be difficult to detect in individuals with dark skin tones. May indicate "at risk" persons (a heralding sign of risk) |
| Stage II | Partial loss of dermis | Presents as a shiny or dry shallow ulcer with a red pink wound bed without slough or bruising<br>May also present as an intact or open/ ruptured serum-filled blister | This stage should not be used to describe skin tears, tape burns, perineal dermatitis, maceration or excoriation |
| Stage III | Full thickness | Subcutaneous fat may be visible but bone, tendon or muscle are not exposed<br>Slough may be present but does not obscure the depth of tissue loss.<br>May include undermining and tunneling | The depth of a stage III pressure ulcer varies by anatomical location |
| Stage IV | Full thickness | Exposed bone, tendon or muscle<br>Slough or eschar may be present on some parts of the wound bed.<br>Often include undermining and tunneling | The depth of a stage IV pressure ulcer varies by anatomical location<br>Stage IV ulcers can extend into muscle and/or supporting structures (e.g., fascia, tendon or joint capsule) making osteomyelitis possible |
| Unstageable | Full thickness tissue | Base of the ulcer is covered by slough (yellow, tan, gray, green or brown) and/or eschar (tan, brown or black) in the wound bed | Until enough slough and/or eschar is removed to expose the base of the wound, the true depth, and therefore stage, cannot be determined.<br>Stable (dry, adherent, intact without erythema or fluctuance) eschar on the heels serves as "the body's natural (biological) cover" and should not be removed |

National Pressure Ulcer Advisory Panel (NPUAP) (2007) Pressure Ulcer Staging System

## Diabetic Foot-Wagner's Classification

**Wagner's classification for diabetic foot disease**

| Classification | Definition | Appearance | Remarks |
|---|---|---|---|
| Grade 0 | High risk foot and no ulceration | Intact skin | |
| Grade 1 | Superficial Ulcer | May be necrotic/ viable with early granulation tissue | |
| Grade 2 | Deep Ulcer ( Cellulitis ) | Involves ligament, tendon, bone, joint capsule or deep fascia<br>No abscess or Osteomyelitis | |
| Grade 3 | Osteomylitis with Ulceration or abscess | With deep abscess, osteitis, or Osteomyelitis | |
| Grade 4 | Gangrenous Patches. Partial foot gangrene | Moist/ dry gangrene at some portion of the toes or forefoot | The exact extent of lesion is frequently difficult to determine from superficial examination |
| Grade 5 | Gangrene of entire foot | Complete involvement | No foot healing or local procedure is possible |

Wagner, F., Levin, M., & O'Neal, L. (1983). Supplement: algorithms of foot care. In The Diabetic Foot. (3 rd ed). St. Louis, MO. CV. Mosby. p. 291– 302



## Burn-Depth Classification

**Classification of Burns Based on Depth**

| Classification | Examples of Cause | Anatomical involvement | Appearance | Sensation | Scarring |
|---|---|---|---|---|---|
| Superficial burn | Ultraviolet light, very short flash (flame exposure) | Epidermis only | Red; blanches with pressure<br>No blister,dry<br>Normal capillary refill | Painful | None |
| Superficial partial thickness burn | Scald (spill or splash), short flash | Epidermis & superficial dermis | Red/pink; blanches with pressure<br>+/- Weeping<br>+/- Blisters +Capillary refill | Painful to air and temperature | Unusual; potential pigmentary changes |
| Deep partial thickness burn | Scald (spill), flame, oil, grease | Epidermis & dermis<br>Hair follicles & sweat glands are partially destroyed | Wet or waxy dry; variable color (patchy to cheesy white to red/pale); does not blanch with pressure<br>+/- Blisters (easily unroofed)<br>+/- Capillary | Perceptive of pressure only | Severe (hypertrophic) risk of contracture |
| Full thickness burn | Scald (immer-sion), flame, steam, oil, grease, chemical, high-volt-age electricity | Entire thickness of skin destroyed e.g. muscle or bone | Waxy white to leathery gray to charred and black; does not blanch with pressure<br>Dry and inelastic<br>No blister<br>No capillary refill | Deep pressure only | Very high risk of contracture |

Morgan, E.D., Bledsoe, S.C., Barker, J. (2000) Ambulatory managmenet of burns. American Family Physician. 1, 62(9), 2015-26, 2029-30, 2032.

(Adapted from: Mertens, D.M., Jenkins, M.E. & Warden, G.D. (1997) Outpatient burn management. Nurs Clin North Am, 32, 343-64. Clayton, M.C. & Solem, L.D. (1995). No ice, no butter. Advice on management of burns for primary care physicians. Postgrad Med, 97(5),151-5,159-60,165 and Peate, W.F.(1992) Outpatient management of burns. American Family Physician, 45,1321-30)

## Surgical Wound Classification

**Surgical wound classification**

| Classification | Definition | Examples | Remarks |
|---|---|---|---|
| Class 1<br>Clean | Operative wound clean<br>Non-traumatic, with no inflammation encountered<br>No break in technique<br>Respiratory, gastrointestinal (GI) and genitor-urinary tracts not entered<br>Caesarean section, elective, no pre-repture of membranes | Vascular procedure<br>Endocrine procedures<br>Skin (mastectomy, lumpectomy, lesions, lipoma, cosmetic, I&D IV, old wounds III, inflamed III, infected IV) | |
| Class 2<br>Clean-contaminated | Operative wound clean-contaminated<br>Non-traumatic wound with minor break in technique<br>GI, respiratory or genitor-urinary tracts entered without significant spillage | Thoracic procedures (except mediastinoscopy I, inflammation III, infected IV, foreign body III) | Any wound open for drainage II (except total hip/knee)<br>R/O old implants<br>Re-operation at the same site |
| Class 3<br>Contaminated | Operative wound contaminated<br>Fresh traumatic wound from dirty source<br>Operative wound with a major break in technique<br>Gross spillage from the GI tract<br>Entrance into the genitor-urinary or biliary tracts<br>When infected urine or bile is present<br>Incision encountering acute non-purulent inflammation | Inflammation<br>Gross spillage<br>Fresh accidental wound | Foreign bodies in a wound |
| Class 4<br>Dirty-infected | Operative wound dirty<br>Traumatic wound from dirty source/ delayed treatment<br>Fecal contamination<br>Foreign body<br>Retained devitalized tissue<br>Operative wound where clean tissue is transected to gain access to a collection of pus | Infected<br>I & D abscess<br>Wound debridement | |
| Unclassified | When unable to classify accurately an operative wound | | |

Mangram, A.J., Horan, T.C., Pearson. M.L., Silver, L.C., & Jarvis, W.R. (1999) The Hospital Infection Control Practices Advisory Committee. Guideline for prevention of surgical site infection. Infect Control Hospital Epidemiol, 20, 247-80.





## Wound Bed Preparation-TIME principles

The TIME principle provides a systematic approach to the management of wounds, by focusing on each stage of wound healing and therefore by removing these barriers allows the wounds to heal. TIME is based on intervention in four clinical areas and leads to an optimal well vascularised wound bed.

**T**-Tissue non viable or deficient

**I** -Infection or inflammation

**M**-Moisture imbalance

**E**-Edge of wound non advancing or undermined

Tissue Viability

The first step in local wound assessment is to evaluate the level of tissue viability present in the wound. Non-viable tissue may be black (necrotic) or yellow (sloughy) and if left in the wound, creates the ideal conditions for bacterial growth and infection.

**Inflammation and Infection**

Harmful bacteria in the wound can cause infection or inflammation which may delay wound healing, and in severe cases, may cause life-threatening infections. Harmful bacteria can delay wound healing by releasing toxins that damage tissue and increasing exudate levels in the wound.

**Moisture and Exudate Management**

Wounds heal better in a moist environment. Nerve endings are protected - reducing pain - and skin layers repair at a faster rate producing less scarring than in dry wounds. As part of the normal healing process wounds release exudate, too much exudate (maceration) or too little exudate (desiccation) can interfere with wound healing.

**Edge of the Wound - Monitoring Healing**

In a wound that is healing normally, new skin cells are formed and added to the edges and the base until it closes up. In many chronic wounds, this does not happen and the wound fails to close. Reasons for this include abnormal skin cells at the edges and base of the wound, or inhibitory factors in the wound exudate.
In diabetic ulcers or pressure ulcers, the wound edge may be worn away or damaged (i.e. undermined) so that new skin cells cannot attach properly.

The International Advisory Board on Wound Bed Preparation. Adapted from table 6 - Schultz GS, Sibbald, RG, Falanga V et al (2003) Wound bed preparation: systematic approach to wound management Wound Rep Reg 11; 1-28

smith&nephew

# TIME*

TIME to prepare for optimal healing

| | T | I | M | E |
|---|---|---|---|---|
| Wound Factors |  |  |  |  |
| | **Tissue non-viable*** necrotic tissue or slough present | **Inflammation and/or infection** high bacterial counts, increased exudate, surface discolouration or increased odour | **Moisture imbalance** heavy exudate - risk of maceration, or dry wound bed - risk of desiccation | **Edge of wound not advancing** e.g. chronic wound with prolonged inflammation |
| Clinical action | **Remove defective tissue** debride | **Remove or reduce bacterial load** topical antimicrobials, debridement of devitalised tissue | **Restore moisture balance** absorb exudate, or add moisture to dry wounds | **Address T/I/M issues** |
| Suggested product solution | INTRASITE° GEL<br>INTRASITE° CONFORMABLE<br>IODOSORB° RANGE<br>IRUXOL° MONO | ACTICOAT° RANGE<br>IODOSORB° RANGE<br>ALLEVYN° AG<br>ALGISITE° AG<br>DURAFIBRE° AG | DURAFIBRE°<br>INTRASITE° GEL / CONFORMABLE<br>ALGISITE° M<br>ACTICOAT° MOISTURE CONTROL<br>ACTICOAT° ABSORBENT<br>ALLEVYN° RANGE | NO STING SKIN-PREP° |
| | RENASYS° EZ Plus/GO / PICO° (Negative Pressure Wound Therapy) | | | |
| Wound healing outcome | **Viable (vascularised) wound bed**  **NB:** Debridement should not be undertaken until vascular status has been established | **Reduced inflammation**  **NB:** Systemic antibiotics may be required for infected wounds | **Optimal moisture balance**  | **If edge of wound not advancing after 2-4 weeks reassess intervention, or refer** |

* Adapted from International Advisory Board on Wound Bed Preparation.Schultz G, Sibbald G, Falanga V, Ayello E et al. Wound Rep Reg 2003; 11: 1–28.







smith&nephew

# ACTICOAT°

Antimicrobial Barrier Dressing

SILCRYST° NANOCRYSTALLINE


## Description

**Acticoat°** (with Nanocrystalline Silver)† dressing is an effective antimicrobial barrier dressing. The nanocrystalline coating of silver rapidly kills a broad spectrum of bacteria in as little as 30 minutes. Acticoat° dressing consists of three layers: an absorbent inner core sandwiched between outer layers of silver coated, low adherent polyethylene net. Nanocrystalline silver protects the wound site from bacterial contamination while the inner core helps maintain the moist environment optimal for wound healing.

## Features & Benefits

- Nanocrystalline Silver Antimicrobial barrier
- Fast acting – kills bacteria in as little as 30 minutes
- Long lasting antimicrobial barrier, remaining effective for 3 days
- Effective barrier to over 150 pathogens (including MRSA & VRE)
- Helps prevent infection, in turn facilitating wound healing
- Reduces risk of colonization (including MRSA & VRE)
- Effective barrier to bacterial penetration
- Helps maintain a moist wound environment
- Easy to use
- Low adherent

## Indications

**Acticoat°** is used as an antimicrobial barrier layer for partial and full-thickness wounds such as infected wounds, burns, donor sites and graft recipient sites that are judged to be at risk from infection.

## ACTICOAT° PRODUCT RANGE

| Product | Description | Features & Benefits |
|---|---|---|
| **Acticoat° 7**<br>Antimicrobial Barrier Dressing<br>SILCRYST<br>  | **Acticoat° 7** is a silver coated antimicrobial dressing with a 7-day efficacy.<br><br>Suitable for infected partial thickness wound. | • Fast acting – kills bacteria in as little as 30 minutes<br>• Long lasting antimicrobial barrier,remaining effective for 7 days<br>• Longer wear time and can be left in place for up to 7 days |
| **Acticoat° Absorbent**<br>Absorbent Antimicrobial Dresaing<br>SILCRYST<br>  | **Acticoat° Absorbent** is a silver coated highly absorbent alginate dressing.<br><br>Suitable for partial full thickness wound with moderate to high exudate wounds. | • Fast acting – kills bacteria in as little as 2 hours<br>• Long lasting antimicrobial barrier, remaining effective for 3 days, but can be worn for 7 days |
| **Acticoat° Moisture Control**<br>Absorbent Antimicrobial Dressing<br>SILCRYST<br>  | **Acticoat° Moisture** Control is a silver coated antimicrobial dressing.<br><br>Suitable for partial thickness wounds with moderate exudate. | • Fast acting – kills bacteria in as little as 2 hours<br>• Long lasting antimicrobial barrier, remaining effective for 7 days<br>• Longer wear time and can be left in place for up to 7 days |



smith&nephew

## ACTICOAT° FLEX 3 & 7

Antimicrobial Barrier Dressing

SILCRYST


### Description

**Acticoat° Flex 3 & 7** are effective antimicrobial barrier dressings. The Nanocrystalline† silver coating rapidly kills a broad spectrum of bacteria in as little as 30mins. **Acticoat° Flex 3 & 7** consist of a single layer of knitted polyester to ensure ultimate flexibility and comfort during wear time for the patient.

### Features & Benefits

- Sustained (3 or 7 day) antimicrobial activity against a broad spectrum of wound pathogens including MRSA & Pseudomonas aeruginosa
- Rapidly kills bacteria in as little as 30 minutes.
- Soft and highly flexible with stretch properties
- Allows exudate transport through the dressing
- Easy to use range of dressing sizes and formats with a 3 and 7 day wear time.
- As a low adherent wound contact layer can be used with NPWT

### Indications

**Acticoat° Flex 3 & 7** are indicated for use on partial and full thickness wounds. This includes:

- First and second degree burns
- Surgical sites
- Venous ulcers
- Pressure ulcers
- Diabetic ulcers

Product Information

smith&nephew

## ALGISITE° M

Calcium Alginate Dressing


### Description

**Algisite° M** is a calcium-alginate dressing which forms a soft, integral gel when it comes into contact with wound exudate. Unique needling process provides stronger structure and conformable dressing with minimal shed and higher tensile strength.

### Features & Benefits

- Highly absorbent, fast gelling, high mannuronic acid fibres
- Maintain moist wound environment: promote faster healing and prevent eschar formation.
- Minimal fibre shed construction
- High integrity when wet, easy to remove: does not adhere to the healing tissue of the wound
- Soft and conformable
- Can be left in wound for up to 7 days, depending on the nature of the wound.

### Indications

Full and partial thickness exuding wounds:

- Leg Ulcers
- Pressure Ulcers
- Diabetic Foot Ulcers
- Surgical Wounds



smith&nephew

## ALGISITE° AG

Calcium Alginate With Silver


### Description

**Algisite° Ag** is an absorbent dressing for moderately to highly exuding wounds. **Algisite° Ag** consists of the following:

- An absorbent type 1 calcium alginate dressing
- Non-woven dressing of silver impregnated calcium alginate fibre

**Algisite° Ag** forms a gel on contact with fluid, which creates a moist wound healing environment, to assist faster healing. **Algisite° Ag** provides an antimicrobial barrier.

### Features & Benefits

- General features of **Algisite° M** with additional antimicrobial properties.
- Contains silver which kills a broad range of bacteria.

### Indications

Wounds where there is a moderate to high level of exudate with signs of infection

- Partial thickness and full thickness wounds
- Arterial, venous and diabetic leg ulcers
- Pressure sores
- Post-operative wounds
- Fungating lesions

Product Information

smith&nephew

# ALLEVYN° NON-ADHESIVE / ADHESIVE

Hydrocellular Polyurethane Dressing

## Description

**Allevyn°** have a unique hydrocellular structure which allow for more fluid handling capacity. The dressings have a built in triple layer, wound contact layer, a highly absorbent foam core and a highly breathable top film.

## Features & Benefits

- Excellent fluid handling which minimizes the risk of leakage
- Low risk of maceration
- Provide moist wound healing environment
- Reduced pain and trauma of dressing changes
- A bacteria proof top film which reduces the risk of infection
- It can left on the wound for up to 7 days
- Cost-effective wound care

## Indications

- Pressure ulcers
- Leg ulcers
- Acute and chronic wounds
- Moderate exuding wounds



# ALLEVYN° RANGE

**Allevyn°** is a range of moist wound healing dressings designed specifically for the management of chronic and exuding wounds. The Allevyn range caters for all wound shapes, sites and levels of exudate.

| Product | Description | Applications |
|---|---|---|
| **Allevyn° Heel**  | **Allevyn° Heel** have all the benefits of **Allevyn° hydrocellular** dressings which has been designed for a superior anatomical and comfortable fit to enhance management of wounds on the heel | • Superficial wounds of heel with medium exudate level<br>• Provide Pressure relieving and cushion comfort of heel |
| **Allevyn° Tracheostomy**  | **Allevyn°** Tracheostomy have all the benefits of Allevyn° hydrocellular dressing which is an absorbent aperture dressing for the stoma Created by tracheostomy or for appropreately sized wound drain sites | • Superficial wounds with medium exudate level<br>• Help to care of tracheostomy and drain site exudate management |
| **Allevyn° Cavity**  | **Allevyn° Cavity** provides **Allevyn°** hydrocellular technology in a unique 3 dimensional structure for effective management of deep wounds. | Cavity wounds with medium exudate level |
| **Allevyn° Plus Cavity**  | **Allevyn° Plus Cavity** is a cavity dressing with highly absorbent, mouldable wound dressing for effective management of deep wounds. (cut appropriate dressing size to fill approximately 50% of cavity) | Cavity wounds with medium to high exudate level |

smith&nephew

# ALLEVYN° GENTLE / GENTLE BORDER

Hydrocellular Polyurethane Dressing

## Description

**Allevyn° Gentle** is designed for patients have fragile skin. Triple-action ALLEVYN technology with the addition of silicone or soft gel wound contact layer which absorbs, retains and transpires the optimal balance of fluid for the best in patient care.

## Features & Benefits

- Promote moist and fast wound healing environment
- Long wear time , cost effective and can be used up to 7 days
- Silicon or soft gel wound contact layer minimizes pain to the patient and trauma to the wound at dressing change
- On application the gel adhesive flow into the crevices of skin allowing more points of contact to stay in place
- On removal, the gel adhesives stretch and flow out of the crevices of the skin, minimizing the risk of trauma to the wound and pain to the patient

**Indications**

- All wound types especially for patient with fragile skin

| | | | | |
|---|---|---|---|---|
| Triple-action **Allevyn°** Technology | + | Silicone gel or Soft gel adhesives | = | More capacity to minimize pain, maximize comfort and optimize healing |



smith&nephew

# ALLEVYN° AG NON-ADHESIVE / ADHESIVE

Absorbent Silver Barrier Dressing

## Description

All of the **Allevyn° Ag** dressings have been designed to combine the essential qualities of the Allevyn° range with the added antimicrobial activity of silver. The unique tri-layer structure of the dressings consist of an absorbent hydrocellular foam pad held between a highly permeable outer top film and a non-adherent wound contact layer which enable optimal fluid handling to support moist wound healing and the addition of SSD to the foam pad provides a broad spectrum bacteria kill.

## Features & Benefits

- Depending on the specific dressing there is a choice of adhesive or non-adhesive
- Proven against a broad spectrum of bacteria including antibiotic resistant bacteria such as Pseudomonas, Methicillin-Resistant Staphylococcus Aureus (MRSA) and Vancomycin Resistant Enterococcus (VRE)
- Provides a sustained action with antimicrobial properties remaining effective for up to 7 days
- Breathable top film provides an effective barrier to bacteria and minimizes the risk of cross contamination
- Highly absorbent foam core providing absorption capacity for up to 7 days
- Non-adherent wound contact layer which is comfort to patient

**Indications**

- Leg ulcers
- Pressure sore
- Donor sites
- Surgical incision
- Burns (1st and 2nd degree)

smith&nephew

## ALLEVYN° AG GENTLE / GENTLE BORDER

Absorbent Silver Barrier Dressing

### Description

Antimicrobial hydrocellular foam dressing with soft or silicone gel as wound contact layer for the treatment of moderately to highly exuding wounds on patients with fragile or sensitive skin where infection or infection risk needs to be managed.

### Features & Benefits

- Prevents leakage and reduces risk of maceration
- The foam core contains SSD silver which is effective against a broad range of pathogens, including bacteria, yeast, fungi and antibiotic resistant trains
- Minimises trauma and pain during dressing changes
- Conformable and comfort to patients
- Optimal balance in fluid for moist wound healing
- Waterproof dressing allowing patients to shower with the dressing in place
- Easy to apply and remove

### Indications

- Shallow, granulating wounds
- Chronic and acute exudative wounds
- Full and partial thickness wounds
- Infected wounds
- Surgical wounds
- First and second degree burns





smith&nephew

## ALLEVYN° LIFE

Hydrocellular Foam Dressing

### Description

**ALLEVYN°** Silicone gel adhesive composite hydrocellular foam dressing for moderately and highly exuding wounds. ALLEVYN Life contributes to a pressure relieving protocol when used in conjunction with pressure relieving devices. The film layer aids in the prevention of bacterial contamination of the wound.

### Features & Benefits

- Facilitates dynamic fluid management
- Provide the optimal moist wound environment which promotes healing, and may help reduce the risk of maceration.
- The wound contact surface of ALLEVYN Life is coated with a gentle silicone adhesive layer that ensures atraumatic removal at dressing changes.
- Provide lift and reposition without losing its adherent properties but ensure no creasing or stretching occurs.
- Able to leave in place without the need for secondary retention and is both easy to apply and remove.

### Indications

- Wound management by secondary intention on shallow, granulating wounds, chronic and acute exudative wounds
- Pressure ulcers
- Leg ulcers
- Diabetic foot ulcers
- Infected wounds
- Malignant wounds
- Surgical wounds
- First and second degree burns
- Donor sites
- Skin tears
- Fungating ulcers

smith&nephew

## AMETOP® GEL

4% w/w Tetracaine

### Description

**Ametop® Gel** is a white semi-transparent gel containing 4% w/w of Tetracaine which is a local anaesthetic and produces numbness of the skin. It is specially formulated to allow effective concentrations of Tetracaine to diffuse across the stratum corneum and reach the pain receptors.

### Features & Benefits

- It effects in 30 – 45 minutes depending on the indication
- It last for up to 6 hours
- It is non-toxic and is associated with only mild episodes of sensitivity after prolonged exposure
- It is easy to use, the shape of the tube enables accurated application to the skin
- Aluminium tube container prevents leakage and protects the gel from the effect of strong light

### Indications

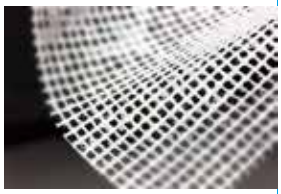
- Can be used on patients over 1 month of age
- It can also be used to reduce the pain associated with venous cannulation in both children and adults
- It is used to reduce pain of a needle procedure or taking a blood sample
- Cover the 'blob' of gel with an occlusive dressing such as **Opsite® Flexigrid**, this helps the gel permeate the skin and prevents accidental ingestion
- Adults and children over 5 years: A maximum of 5 tubes (approximately 5g) can be applied to separate sites at the same time
- Children over 1 month of age and under 5 years: No more than 1 tube should be applied at a single time but this may be split over separate sites
- Application of Ametop gel can be repeated after a minimum of 5 hours if necessary. The maximum cumulative dose in a 24 hour period should not exceed 7 tubes for adults and 2 tubes for children
- Store at 2-8°C. Do not freeze. Protect from heat



smith&nephew

## BACTIGRAS®

Chlohexidine Acetate Tulle Gras Dressing



### Description

Leno weave tulle gras dressing impregnated with soft paraffin and 0.5% chlorhexidine acetate.
It is an antiseptic, soft paraffin dressing which soothes and protects the wound whilst helping to reduce wound infection and inflammation. It has low adherence and allows the wound to drain freely into an absorbent secondary dressing

### Features & Benefits

- Soft paraffin base contain 0.5% chlorhexidine acetate (Broad spectrum antiseptic)
- Soothing & low-adherent
- Allows the wound to drain freely into an absorbent secondary dressing
- Reduces risk of infection
- Wide range of sizes

Broad spectrum antiseptic:

- Gram-positive & Gram-negative organisms, including MRSA
- Can be used in conjunction with systemic antibacterial agents

### Indications

- Minor burns & scalds
- Donor & recipient graft sites
- Lacerations, abrasion & skin loss
- Leg ulcers

smith&nephew

## CICA CARE°

Silicone Gel Sheeting


### Description

A self-adhesive silicone gel sheet for prevention and treatment of scaring. It is clinically proven to be up to 90% effective in the improvement of red, dark or raised scars.
**Cica Care°** can be used on scar up to 20 years old. It softens, flatten and fade scars.

### Features & Benefits

- Non-adherent outer silicone membrane with self-adhesive silicone gel layer
- Cut to size
- Washable & reusable
- Each cut piece lasts up to 28 days
- Cost effective
- Non-medicated
- Young children use need to secure with secondary retention dressing

### Indications

- Treatment: Both existing & new red, dark or raised scars.
- Prevention: Use on closed wounds to prevent hypertrophic & keloid scar

### Precautions

- Do not use when sutures still institute/on open or infected wounds
- Do not use on skin currently affected by acne
- Do not use with ointment/ cream under the gel sheet



smith&nephew

## DERMAPAD°

Unique Polymer Gel Pad


### Description

Dermapad is a unique polymer gel pad specifically designed to help reduce the risk of pressure related tissue damage which available in sheet, strip, sacrum and heel for use.

### Features & Benefits

- Prevent deterioration of grade one pressure ulcers and aid tissue recovery
- Help to prevent re-ulceration of recently healed pressure ulcers
- Prevent ulcers on areas at risk or showing signs of developing skin damage
- Can be cut with scissors
- Can be washed and re-used on the same patient

### Indications

- Select the appropriate size / shape from the range
- Ensure the application areas is completely dry
- Apply directly to the affected or at risk area
- Apply either side of pad to the skin are fine except the heel variant
- Apply bandage or silicon tapes to secure when necessary
- Inspect the skin under the pad regularly in line with local clinical protocols
- Keep packaging for easy storage
- The pad may be washed in soap and water for re-use with the same patient
- The pad must be dry before application

### Contra-Indications

- Do not use on broken skin
- Do not use if deep tissue injury is suspected

smith&nephew

## DURAFIBER®

Gelling Fibre Dressing

### Description

**Durafibre®** is a highly absorbent, non-woven, gelling filler dressing. It composed from unique blend of cellulose based fibres for management of medium to highly exuding wound.

### Features & Benefits

- Form a soft cohesive gel sheet on contact with wound fluid which is conforms with wound bed and reduce dead space
- Have minimum dressing shrinkage which can sustain wound bed coverage
- Lock in fluid and bacteria which can minimize risk of pooling and maceration
- Lasting integrity and gelled strength which can ensure intact when wet and one piece removal
- Have high absorbent capacity which have an effective fluid management can be used up to 7 days

### Indications

- Leg ulcers
- Pressure ulcers
- Diabetic ulcers
- Surgical wounds
- Wounds left to heal by secondary intention
- Donor sites
- Partial thickness burns
- Traumatic wounds



smith&nephew

## DURAFIBER® AG

Silver Gelling Fibre Dressing

### Description

**Durafibre® Ag** is an absorbent, non-woven, silver containing antimicrobial dressing composed of cellulose ethyl sulphonate fibres. The ionic silver in the dressing provides antimicrobial activity against a broad spectrum of common wound pathogens which may help to reduce bacterial bioburden and the risk of infection.

### Features & Benefits

- Rapidly form a clear cool gel on contact with wound fluid
- High absorption and retention capacity
- Locks exudate away from the wound which prevent maceration
- Locks harmful bacteria prevent the risk of cross contamination
- Minimal shrinkage when wet which help sustained coverage
- Provides a moist environment to support autolytic debridement and conforms to wound bed
- Provides high integral wet strength facilitate remove in one piece and minimizing trauma to the wound and pain to the patient on removal
- Sustains release of silver for up to 7 days against a broad spectrum of aerobic, anaerobic bacteria including antibiotic resistant strains (MRSA, VRE and yeast)

### Indications

- Leg ulcers
- Pressure ulcers
- Diabetic ulcers
- Surgical wounds
- Traumatic wounds
- Donor sites
- Partial thickness burns

smith&nephew

# FLAMAZINE® CREAM

Silver Sulphadiazine 1% w/w


## Description

**Flamazine®** consists of a white hydrophilic cream containing micronised silver sulphadiazine 1% w/w in a semi-solid oil in water emulsion.

## Features & Benifits

- A layer of **Flamazine®** cream at least 3-5mm thick should be applied to the base of a previously cleansed wound or ulcer bed, and covered with a suitable absorbent dressing held in place with tape or an appropriate bandage.
- In the treatment of conventionally dressed burns, it is recommended that the cream be replaced at least every 24 hours; more frequently if the volume of exudate is large.
- In the treatment of ulcers and other injuries the dressing should be changed every 2-3 days unless the production of exudate is excessive when the dressing should be changed more frequently.

## Indications

**Flamazine®** is used for the prophylaxis and treatment of soft tissue infections in a variety of wound types. It is specifically indicated for burn wounds, as an aid to the short-term treatment of infection in leg ulcers and pressure ulcers, and as an aid to the prophylaxis of infection in skin graft donor sites and extensive abrasions.

## Contra-indications

**Flamazine®** should not be used on patients who are known to be hypersensitive to silver sulphadiazine or other ingredients of the preparation. As sulphonamides can cause kernicterus, **Flamazine®** cream should not be used at or near term in pregnancy, or on premature or newborn infants.

## Remarks

P1 class pharmacentical product
Physician prescription is required





smith&nephew

# INTRASITE® GEL / CONFORMABLE

Hydrogel Wound Dressing

## Description

**Intrasite® Gel** is an amorphous hydrogel which promotes gentle autolytic debridement of necrotic tissue, whilst being able to loosen and absorb slough and some exudate to prepare the wound bed.

**IntraSite® Conformable** combines the advantages of the **Intrasite® gel** with a non-woven dressing to aid the gentle packing of deep, shallow or open undermined wounds ensuring the gel remains in close contact with the entire wound surface.

## Features & Benefits

The gel consist of :
-2.3% carboxymethyl cellulose polymer
-20% propylene glycol
-77.7% water

- Have a soothing and cooling effect
- Rehydrate of hard necrotic tissue
- Loosening and debring slough and exudate
- Support autolytic debridement
- Bacteriostatic Effect (propylene glycol )
  -bacteriostatic properties
  -moisturizer

## Indications:

- Dry wound bed as it can rehydrate the wound
- Nectotic, eschar wound as it can promote autolytic debridement

smith&nephew

## IODOSORB®

0.9% Cadexomer Iodine

| Iodosorb dressing | Iodosorb powder | Iodosorb ointment |
|---|---|---|
| 60% cadexomer iodine and 40% polyethylene glycol | 100% cadexomer iodine | 50% cadexomer iodine and 50% ointment base |

### Description

**Iodosorb®** is highly effective anti-microbial products with additional absorbent and debriding properties. Cadexomer with Iodine is a uniquely formulated starch matrix formed into spherical, highly absorbent microbeads containing 0.9% elemental iodine. The Iodine is released on contact with the exudate in the wound and kills a broad spectrum of bacteria. The unique slow release mechanism means the product is effective for up to 3 days.

### Features & Benefits

Unique 4 in 1 action

- Effective deslougher
- High absorption capacity
- Sustained release of iodine which has broad spectrum antimicrobial activity which help to reduce the microbial burden
- Disrupt and substantially eradicate mature biofilms of P. aeruginosa

### Indications

- Leg ulcers (arterial / venous / DM)
- Pressure ulcers
- Chronic wounds moderate to highly exudate
- Chronic wounds with slough, infection or risk of infection

### Contra-indications

- Iodine sensitivity, sever impaired renal function, hyperthyroidism, thyroid disease
- Patients on lithium
- Pregnant & lactating women
- Children under 12yrs of age

### Dosage

- Single application should not exceed 50grms
- One week total must not exceed 150grms
- If treatment exceed 3 months, allow 1 week break before re-start the treatment
- **Iodosrob®** can be left in situ up to 72hrs or until saturated (indicated by loss of color)



smith&nephew

## IRUXOL® MONO

Collagenase Ointment 1.2U

### Description

**Iruxol® mono** ointment produces a gentle, bloodless and practically pain-free enzymatic debridement of wounds. Sloughs are dissolved or separated, thereby facilitating their removal.

### Composition

Each 1 g of ointment contains:

Collagenase Clostridiopeptidase A 1,20 units

Proteases 0,24 units

### Features & Benefits

- **Iruxol® mono** ointment is applied once or twice daily in a layer of about 2 mm thickness (if not otherwise prescribed by the physician).
- Dry and hard crusts should be softened by application of a moist dressing.
- Additional preparations for topical use should not be applied, since such preparations may influence the activity of **Iruxol® mono** ointment.
- At the beginning of treatment a burning sensation and pain may be felt in the wound surface. This, however, results only in rare cases in discontinuance of treatment. Some patients may show signs of local irritation which may be due to hypersensitivity. In such cases the physician should be consulted regarding the continuance of treatment.

### Indications

For wound cleaning in various types of ulcerations and decubitus; in poorly healing wounds and necroses.

### Remarks

Non poison (NP) pharmacentical product. Available from pharmacy.

smith&nephew

## JELONET°

Paraffin Gauze Dressing


### Description

Non-medicated, leno weave tulle gras dressing impregnated with soft paraffin, making it ideal for use with topical antibiotics or antiseptics. It is smoothing and low adherent and allows the wound to drain freely into an absorbent secondary dressing.

### Features & Benefits

- Soft paraffin base
- Sterile leno weave presentation
- Comprehensive size range
- Soothes and protects the wound and allows free passage of viscous exudate
- Maintains shape, resists fraying
- Not medicated can be combined with topical medication of choice

### Indications

- Minor burns & scalds
- Donor & recipient graft sites
- Lacerations, abrasion & skin loss
- Leg ulcers





smith&nephew

## LEUKOSTRIP°/ LEUKOSTRIP° S

Wound Closure Strips


### Description

**Leukostrip°** wound closure strips are made of 100% polyamide material coated with a hypoallergenic adhesive which allows almost pain free closure of the wound.

### Features & Benefits

- Elastic polyamide textile
- Shear-free wound edge adaptation
- Permeable to moisture and air
- Hypoallergenic adhesive
- Reliable adhesive strength
- Sterile and individually sealed

### Indications

- Primary and secondary closure of wounds (lacerations, surgical incisions)
- Fixing skin transplants
- Replacing skin sutures following subcutaneous sutures
- Support and relief for intracutaneous sutures, clip, stitching or individual over-and-over sutures
- Wound support following early suture/staple removal

### Remarks:

**Leukostrip° S** (Skin tone) is also available

smith&nephew

## MELOLIN®

Low Adherent Wound Dressing


### Description

**Melolin®** consists of a highly absorbent cotton and acrylic fibre pad which is heat bonded on one side to a very thin perforated polyester film. The film side of the dressing is placed next to the wound.

**Melolin®** consists of three layers:

- Low adherent perforated film
- Highly absorbent cotton/acrylic pad
- Hydrophobic backing layer

### Features & Benefits

- Low adherent perforated film: allow for rapid drainage of exudate, reducing trauma to healing tissue
- Highly absorbent cotton/acrylic pad
- Patient Comfort: Cushions and Protects, Comfortable and minimises pain on removal
- Easy to cut to shape: Retains its integrity when cut
- Non-sensitising
- **D**elays time to strike through: requiring fewer dressing changes

### Indications:

- Mainly on its own: dry sutured wounds, superficial cuts and abrasions, and other lightly exuding lesions
- As the primary wound contact layer if backed by a second absorbent dressing



smith&nephew

## OPSITE® FLEXIFIX

Transparent Film Roll


### Description

**OpSite® Flexifix** is a roll of transparent adhesive film, ideal for use in dressing fixation, tube fixation, dressing reinforcement. The flexible film also offers protection against skin breakdown due to friction and moisture

### Features & Benefits

- Waterproof and a barrier to bacteria
- High moisture vapour permeability allows the skin to breathe
- The acrylic adhesive minimises the risk of skin damage on removal, especially after long periods of wear

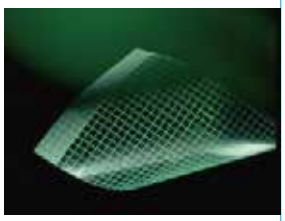
### Indications

- Retention of primary dressings
- Tube fixation
- Reduction of shearing/friction forces on unbroken skin

smith&nephew

# OPSITE° FLEXIGRID

Sterile Film Dressing



## Description

Film dressings are composed of a thin polyurethane membrane coated with a layer of acrylic adhesive. Whilst being extremely flexible and allowing visualisation of the wound without disturbance. **OpSite° Flexigrid** is a transparent, adhesive film, with a unique wound measurement grid.

## Features & Benefits

- Moisture vapour permeable, conformable and extensible
- Waterproof and bacterial film
- Superior film with polyacrylate adhesive
- Adaptable to awkward areas
- Unique wound measurement grid

## Indications

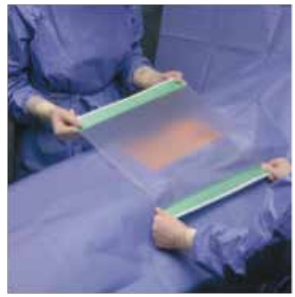
- Superficial wounds, such as minor burns, cuts and abrasions.
- Pressure sore prophylaxis and skin protection around stoma and under leg bags.
- Use as a secondary dressing
- To provide catheter fixation.



smith&nephew

# OPSITE° INCISE

Adhesive Incise Drape



## Description

**Opsite° Incise** is a transparent, adhesive polyurethane film which adheres throughout long surgical operations to the surrounding skin and most importantly to the wound edge.

## Features & Benefits

- Allow skin to breathe and therefore prevents the build up of moisture under the drape
- Help to prevent the lateral migration of bacteria which can lead to infection
- Help to hold theatre drapes securely in place
- Provide a sterile field around the incision site
- Conformable and elastic
- Thin yet strong can be cleanly cut with scalpel

## Indications

Suitable for all types of surgery:

- Orthopaedic
- Nero surgery
- Major abdominal
- Plastic
- Open Heart and Thoracic

smith&nephew

## OPSITE° SPRAY

Spray on Film Dressing


### Description

**Opsite° Spray** is a transparent and quick drying film which is easy and convenient to apply. The film helps to provide protection for dry minor surgical and surface wounds, from secondary contamination by bacteria and liquids. It is permeable to moisture vapour and air, allowing the surrounding skin to breathe, so preventing maceration.

### Features & Benefits

- Easy to apply
- Easy to remove
- Easy to breathe
- Easy on the environment which is CFC free
- Easy protection
- Easy to live with
  - Skin area can be bathed easily without affecting the dressing or wound
  - Film is conformable, elastic and stays intact over skin areas that are flexible or mobile

### Indication

- Minor cuts and abrasions
- Over dry sutured wounds
- Sealing of drainage site and orthopaedic fixation





smith&nephew

## IV3000° FRAME DELIVERY / PORTED

Moisture Responsive
Catheter Dressing


### Description

**IV3000°** is a moisture responsive, transparent film dressing, specifically designed to meet the needs of catheter fixation

**IV3000°** is and significantly more breathable and permeable to water vapour than ordinary film.
With a Moisture Vapour Transmission Rate (MVTR) which is up to eight times higher than that of other transparent dressings, **IV3000°** helps to ensure a lower risk of bacterial colonisation and a dry site leading to more secure fixation

### Features & Benefits

- The patented REACTIC film in **IV3000°** has a unique molecular structure which is significantly more permeable to water vapour than ordinary films.
- Waterproof and impermeable to liquids, bacteria and viruses
- Due to the pattern spread adhesive, pain on removal is reduced Frame Delivery System
- Transparent and conformable
- Large Border Opening
- Date and Inserter Label

### Indications

Fixation of all kinds of catheter
e.g.: IV
Arterial line
Central catheter

smith&nephew

## OPSITE® POST-OP

Clear Adhesive Waterproof Dressing


### Description

**Opsite® Post-Op** has been designed especially for low to moderate exuding post-operative wounds. Its hydrophilic polyurethane film counters the presence of moisture by 'switching on' to let excess fluid transpire safely away and provides a barrier to infection. The pad with its low adherent wound contact layer offers both excellent absorbency and protection to the wound.

### Features & Benefits

- Round corners reduces occurrence of lifting or snagging, helping dressing stay in place for longer
- High Moisture Vapour Transition Rate (MVTR) the REACTIC® film has a unique molecular structure with an average MVTR of 11000gm-2/24hr@37°C. This allows unwanted moisture to transpire and helps prevent infection
- Low adherent wound contact layer minimizes trauma on removal
- Waterproof film patient can shower with dressing in situ
- Conformable and transparent film
- Easy application system
- Highly absorbent pad to reduce the risk of skin maceration and minimizing the number of dressing changes
- Low allergy adhesive with unique grid pattern
- Bacterial barrier provides a barrier against bacteria including MRSA to reduce the risk of infection

### Indications

- Lacerations wound
- Cuts wound
- abrasions
- minor burns



smith&nephew

## OPSITE® POST-OP VISIBLE

Waterproof, Bacteria-Proof Dressing with See-through Absorbent Pad

### Description

**OpSite® Post-Op Visible** is a transparent film with a unique see-through absorbent pad. The highly breathable film is waterproof and bacteria-resistant, and the unique lattice structure foam pad enables regular wound assessment without the need to lift or remove the dressing.

**OpSite® Post-Op Visible** is ideal for moderately exuding wounds including invasive surgical wounds, lacerations and abrasions. The low allergy adhesive reduces the risk of irritation and keeps the dressing in place, even over awkward contours.

### Features & Benefits

- Absorbent lattice structured foam pad (Greater visibility)
- Highly breathable waterproof outer film
- Perforated low-adherent wound contact layer
- Low allergy adhesive
- Easy application flexible carrier
- Range of sizes
- High Moisture Vapour Transmission Rate (MVTR)
- Bacterial barrier
- Comfortable and Conformable

### Indications

Post operative wounds and superficial wounds with moderate exudates level

smith&nephew

## PRIMAPORE°

Adhesive Non-Woven
Dressing

### Description

**Primapore°** dressings combine an absorbent pad with a soft and conformable fixative layer for the simple and effective management of sutured wounds.

### Features & Benefits

- Soft breathable cover
- Low Allergy Adhesive
- Highly absorbent and low-adherent pad
- Secure Fixation
- Soft and Conformable
- Ease of use
- Patient Comfort

### Indications

Post operative wounds and superficial wounds





smith&nephew

## PROFORE°

Multi-Layer Compression
Bandage System

### Description

**PROFORE°** is a multi-layer system for treating venous leg ulcers. It comprises a kit containing 5 components; a wound contact layer, a roll of absorbent padding and a light conformable dressing, a compression bandage & flexible cohesive bandage

### Features & Benefits

Each system pack contains a combination of the following:

- **Profore°** wound contact layer (WCL) (9.5cm x 9.5cm)
- **Profore°** #1 natural padding bandage (10cm x 3.5m unstretched)
- **Profore°** #2 light conformable dressing (10cm x 4.5m stretched / 10cm x 3m unstretched)
- **Profore°** #3 light compression bandage (10cm x 8.7m stretched)
- **Profore°** #4 flexible cohesive bandage (10cm x 5.25m stretched and 2.5m unstretched)
- Effective Compression: **Profore°** is designed to deliver 40mmHg pressure at the ankle, decreasing to 17mmHg at the knee
- Sustained Compression: Even up to a full week after application, **Profore°** maintains effective levels of compression
- Cost-Effective: Weekly dressing changes greatly reduce the nursing time required for the treatment of venous leg ulcers

### Indications

For the management and treatment of venous leg ulcers and associated conditions

smith&nephew

## REMOVE◇

Universal Adhesive
Remover Wipes

### Description

**Remove**◇ solvent formulated to dissolve adhesives and assist in removing acrylic-based, rubber-based, and hydrocolloid-based residues from the skin.

### Features & Benefits

- Gently cleans hydrocolloid, acrylic and rubber-based adhesive residues from the skin without irritation, discomfort or trauma.
- Helps maintain proper skin integrity while removing adhesive products and residues by reducing adhesive trauma.
- Aloe-formulated to moisturize and condition tender or friable skin.
- Non-irritating and non-sensitising - even for ostomates and geriatric patients.

### Indications

- To remove adhesive residue from skin.
- To minimise trauma caused by adhesive removal.

### Precaution

Do not apply to open wounds or mucous membranes





smith&nephew

## NO-STING SKIN-PREP◇

Protective Dressing


### Description

**NO-STING** can form a protective film that prepares the skin for the attachment of drainage tubes, external catheters, adhesive dressings and stoma bag.

### Features & Benefits

- Fast drying time under 30 seconds
- Non-irritating alcohol-free formation which reduces the potential for stinging on damaged skin
- Latex, fragrance and preservative-free formulation
- Effective barrier for up to 96 hours (4 days)
- Available in three sterile formats: spray, swab and wipe
- Waterproof, breathable and visible barrier
- Easy to apply and remove
- Extending dressing wear time by providing an effective barrier and protective interface that helps prepare skin attachment sites for drainage tubes, external catheters, ostomy pouch and other adhesive dressing.
- Protecting skin from urinary faecal incontinence, body fluid, adhesive trauma and friction forces
- Maintain skin integrity from trauma during tape and adhesive removal

### Indication

- Can be used on full-term infants from 1 month old, pediatrician tested, CHG compatible
- Effective topical barrier between skin and adhesive

smith&nephew

# RENASYS° EZ PLUS/GO

Negative Pressure Wound Therapy

## Renasys EZ° Plus

### Features

Light weight: 8.14 lbs (3.7 kg)
Dimensions: 36.1x 24x 17 cm
Vacuum range: -40 to -200mmHg
Battery operation: Lithium ion: Up to 40-hour operating time
Canister: 250 ml / 800 ml canisters

- Intuitive design and quick-click connectors to help reduce the risk of medical errors
- User-friendly analog pressure control
- Simple on/off toggle switch
- Multiple safety alarms with patient lock-out feature
- IV pole and bed mount

## Renasys GO°

### Features

Light weight: 2.4 lbs (1.1 kg)
Dimensions: 17.5x 21 x 8.5cm
Vacuum range: -40 to -200mmHg
Battery operation: Lithium ion; up to 20-hour operating time
Canister: Frosted 300 ml canister for patient dignity

- Sleek, quiet and comfortable for compliance across the continuum of care
- User-friendly digital pressure settings to reduce the risk of medical errors

Multiple safety alarms with patient lock-out feature



smith&nephew

RENASYS° EZ PLUS/GO

Negative Pressure Wound Therapy

## Negative Pressure Wound Therapy (NPWT) system

Controlled subatmospheric pressure in a sealed system that may promote wound healing
Achieved by:

- Selected drain
- Layers of moistened antimicrobial gauze/ selected sterile open-pores foam
- Transparent film to achieve seal
- Vacuum source for negative pressure (suction)
- “Chariker-Jeter® Technique”

### Therapeutic Benefits of NPWT

- Removes and manages wound exudates
- Maintains moist wound environment
- Removes slough and maintains clean wound bed
- Removes infectious material and controls bacterial burden
- Stimulates granulation tissue formation
- Protection of wound environment
- Decreases the frequency of dressing changes

### Indications

- Pressure ulcers
- Diabetic ulcers
- Chronic, acute and traumatic wounds
- Sub-acute and dehisced wounds
- Skin grafts and flaps

Product Information

smith&nephew

## PICO°

Single Use Sterile Pump

### Description

Sing use Negative Pressure Wound Therapy System is deceptively small and quiet system which can shorten patients' hospitalization and increase cost effectiveness.

### Features & Benefits

- User friendly
- Easy to apply
- Comfortable to wear – just dress, press, and go

### Indications

- Acute wound
- Chronic wound
- Skin graft





smith&nephew

## VERSAJET° II

Hydrosurgery System

### Description

**The Versajet° II** system is an advanced hydrosurgery which enables precisely select, excise and evacuate nonviable tissue, bacteria and contaminants from wounds.

### Features & Benefits

- Holds, cuts and removes in one instrument
- Selective and precise removal of tissue which helps reduce the wound healing time
- Safe to use and never gets "dull"
- Removal of debris enhances visualization and potentially reduces the chance for infection
- Useful tissue preservation tool
- Cost effectiveness which helps thorough preparation of wound bed

### Indication

- Orthopedic: Debridement of open fracture, osteomyelitis and soft tissue infections
- Plastic Surgery: Skin graft preparation, infections and decubitus ulcers
- Trauma & General Surgery: Debridement of traumatic wounds, road-rash, de-gloving injury, pressure ulcers and contaminated wounds
- Vascular Surgery: Debridement of vascular ulcers and diabetic ulcers
- Podiatry: Debridement of diabetic foot ulcers and amputation wound

## Ordering Information

| | | |
|---|---|---|
| **Acticoat®** | | |
| 66000808 | 5cm x 5cm | 1 Piece |
| 66000791 | 10cm x 10cm | 1 Piece |
| 66000792 | 10cm x 20cm | 1 Piece |
| **Acticoat® 7** | | |
| 66000809 | 5cm x 5cm | 1 Piece |
| 66000796 | 10cm x 12.5cm | 1 Piece |
| **Acticoat® Absorbent** | | |
| 66000841 | 10cm x 12.5cm | 1 Piece |
| **Acticoat® Flex 3** | | |
| 66800396 | 5cm x 5cm | 1 Piece |
| 66800399 | 10cm x 10cm | 1 Piece |
| 66800409 | 10cm x 20cm | 1 Piece |
| **Acticoat® Flex 7** | | |
| 66800395 | 5cm x 5cm | 1 Piece |
| 66800397 | 10cm x 12.5cm | 1 Piece |
| **Acticoat® Moisture Control** | | |
| 66001791 | 10cm x 10cm | 1 Piece |
| 66001792 | 10cm x 20cm | 1 Piece |
| **Algistie® Ag** | | |
| 66800111 | 5cm x 5cm | 10 Pieces/Box |
| 66800112 | 10cm x 10cm | 10 Pieces/Box |
| **Algisite® M** | | |
| 66000519 | 5cm x 5cm | 10 Pieces/Box |
| 66000520 | 10cm x 10cm | 10 Pieces/Box |
| **Allevyn® Adhesive** | | |
| 66000043 | 7.5cm x 7.5cm | 10 Pieces/Box |
| 66000044 | 12.5cm x 12.5cm | 10 Pieces/Box |
| 66000045 | 17.5cm x 17.5cm | 10 Pieces/Box |
| **Allevyn® Non Adhesive** | | |
| 66007643 | 5cm x 5cm | 10 Pieces/Box |
| 66007637 | 10cm x 10cm | 10 Pieces/Box |
| 66007638 | 20cm x 20cm | 10 Pieces/Box |
| 66007335 | 10cm x 20cm | 10 Pieces/Box |
| 66000093 | 15cm x 15cm | 10 Pieces/Box |
| 66007640 | 9cm x 9cm, Tracheostomy | 10 Pieces/box |





## Ordering Information

| | | |
|---|---|---|
| **Allevyn® Ag Adhesive** | | |
| 66800073 | 7.5cm x 7.5cm | 10 Pieces/Box |
| 66800078 | 12.5cm x 12.5cm | 10 Pieces/Box |
| **Allevyn® Ag Non-Adhesive** | | |
| 66800086 | 10cm x 10cm | 10 Pieces/Box |
| 66800089 | 15cm x 15cm | 10 Pieces/Box |
| **Allevyn® Cavity** | | |
| 66007326 | 5cm circular | 10 Pieces/Box |
| 66007327 | 10cm circular | 5 Pieces/Box |
| 66007328 | 9cm x 2.5cm tube | 10 Pieces/Box |
| 66007329 | 12cm x 4cm tube | 5 Pieces/Box |
| 66007630 | Allevyn Heel | 6 Pieces/Box |
| **Allevyn® Plus Cavity** | | |
| 66047571 | 5cm x 6cm | 10 Pieces/Box |
| 66047573 | 10cm x 10cm | 5 Pieces/Box |
| **Allevyn® Gentle** | | |
| 66800247 | 5cm x 5cm | 10 Pieces/Box |
| 66800248 | 10cm x 10cm | 10 Pieces/Box |
| 66800249 | 10cm x 20cm | 10 Pieces/Box |
| 66800250 | 15cm x 15cm | 10 Pieces/Box |
| 66800251 | 20cm x 20cm | 10 Pieces/Box |
| **Allevyn® Gentle Border** | | |
| 66800269 | 7.5cm x 7.5cm | 10 Pieces/Box |
| 66800272 | 12.5cm x 12.5 cm | 10 Pieces/Box |
| 66800273 | 17.5cm x 17.5cm | 10 Pieces/Box |
| **Allevyn® Ag Gentle** | | |
| 66800464 | 5cm x 5cm | 10 Pieces/Box |
| 66800465 | 10cm x 10cm | 10 Pieces/Box |
| 66800468 | 20cm x 20cm | 10 Pieces/Box |
| **Allevyn® Ag Gentle Border** | | |
| 66800460 | 7.5cm x 7.5cm | 10 Pieces/Box |
| 66800462 | 12.5cm x 12.5 cm | 10 Pieces/Box |
| 66800463 | 17.5cm x 17.5cm | 10 Pieces/Box |
| **Allevyn® Life Border** | | |
| 66801067 | 10.3cm x 10.3cm | 10 Carton |
| 66801068 | 12.9cm x 12.9cm | 10 Carton |
| 66801069 | 15.4cm x 15.4cm | 10 Carton |
| 66801070 | 21cm x 21cm | 10 Carton |
| **Allevyn® Life Sacrum** | | |
| 66801306 | 17.2cm x 17.5cm | 10 Carton |

# Ordering Information

| | | |
|---|---|---|
| **Ametop® Gel** | | |
| 66000311 | Dispensing Pack | 12 tube / Box |
| **Bactigras®** | | |
| 7456 | 5cm x 5cm | 50 Pieces/Box |
| 7457 | 10cm x 10cm | 10 Pieces/Box |
| 66007505 | 15cm x 1m | 1 Roll |
| 7461 | 15cm x 20cm | 10 Pieces/Box |
| **Cica-Care®** | | |
| 66250706 | 12cm x 15cm | 1 Pieces/Box |
| 96800001 | 12cm x 2.5cm | 1 Pieces/Box |
| 66250704 | 12cm x 6cm | 1 Pieces/Box |
| **Cutinova® Hydro** | | |
| 66047441 | 5cm x 6cm | 10 Pieces/Box |
| 66047443 | 10cm x 10cm | 5 Pieces/Box |
| 66047445 | 15cm x 20cm | 3 Pieces/Box |
| **Dermapad®** | | |
| 66801320 | Heel Large | 2 Pieces |
| 66801321 | Heel Standard (bulk) | 30 Pieces |
| 66801322 | Sacrum / Ankle Wrap | 1 Pieces |
| 66801323 | Strip 50cm x 2.5cm x 0.3cm | 5 Pieces |
| 66801324 | Strip 30cmx 5cm x0.3cm | 5 Pieces |
| **Durafiber®** | | |
| 66800559 | 5cm x 5cm | 10 Pieces/Box |
| 66800560 | 10cm x 10cm | 10 Pieces/Box |
| 66800561 | 15cm x 15cm | 5 Pieces/Box |
| 66800563 | 2cm x 45cm | 5 Pieces/Box |
| **Durafiber® Ag** | | |
| 66800578 | 5cm x 5cm | 10 Pieces/Box |
| 66800579 | 10cm x 10cm | 10 Pieces/Box |
| 66800580 | 15cm x 15cm | 10 Pieces/Box |
| 66800581 | 20cm x 30cm | 5 Pieces/Box |
| 66800582 | 2cm x 45cm | 5 Pieces/Box |
| **Flamazine® 1% Cream** | | |
| 66160155 | 500g | 1 Jar |
| **IntraSite® Gel Applipak** | | |
| 7308 | 8g | 10 Pieces/Box |
| 7311 | 15g | 10 Pieces/Box |
| 7313 | 25g | 10 Pieces/Box |





# Ordering Information

| | | |
|---|---|---|
| **IntraSite® Conformable** | | |
| 66000324 | 10cm x 10cm | 10 Pieces/Box |
| 66000325 | 10cm x 20cm | 10 Pieces/Box |
| **Iodosorb® Iodine Dressing** | | |
| 66001298 Ointment | 10g | 4 Tubes/Box |
| 66001286 Powder | 3g | 7 Pieces/Box |
| 66001291 Dressing | 10g | 3 Pieces/Box |
| **Iruxol® Mono** | | |
| 66169015 | 15g | 1 Tube/Box |
| **Jelonet®** | | |
| 7403 | 5cm x 5cm | 50 Pieces/Box |
| 7404 | 10cm x 10cm | 10 Pieces/Box |
| 66007477 | 10cm x 7m | 1 Tin |
| 7409 | 10cm x 10cm | 100 Pieces/Box |
| 7459 | 10cm x 40cm | 10 Pieces/Box |
| 7415 | 15cm x 2cm | 1 Roll |
| 66007478 | 10cm x 10cm | 1 Tin |
| **Leukostrip®** | | |
| 66002876 | 4mm x 38mm | 5 strip / bag, 50 /box |
| 66002878 | 6.4mm x 76mm | 3 strip / bag, 50 /box |
| 66002879 | 6.4mm x 102mm | 5 strip / bag, 50 /box |
| 66002880 | 13mm x 102mm | 6 strip / bag, 50 /box |
| 66002903 | 4mm x 76mm | 4 strip / bag, 50 /box |
| **Leukostrip® S** | | |
| 66002882 | 4mm x 38mm | 4 Strips/Bags, 50 Bags/Box |
| 66002883 | 6.4mm x 76mm | 3 Strips/Bags, 50 Bags/Box |
| **Melolin®** | | |
| 66974940 | 5cm x 5cm | 100 Pieces/Box |
| 66974941 | 10cm x 10cm | 100 Pieces/Box |
| 66974939 | 20cm x 10cm | 100 Pieces/Box |

**NPWT System**

66800697 Renasys EZ Plus Pump
66800164 Renasys GO Pump

**RENASYS®-F with Soft Port**

66800794 RENASYS F SM W/SOFT PORT, 5'S
66800795 RENASYS-F M W/SOFT PORT, 5'S
66800796 RENASYS F LR W/SOFT PORT, 5'S
66800797 RENASYS-F XL, 50X63X1.5CM W/SOFT PORT, 5'S
66800980 ABDOMINAL FOAM DRESSING KIT, 5'S

# Ordering Information

**RENASYS°-G with Soft Port**

| | |
|---|---|
| 66800933 | RENASYS-G SM W/SOFT PORT, 5'S |
| 66800934 | RENASYS-G M W/SOFT PORT, 5'S |
| 66800935 | RENASYS-G LR W/SOFT PORT, 5'S |
| 66800936 | RENASYS-G XL W/SOFT PORT, 5'S |
| 66800961 | RENASYS-G STERILE OR KIT W/SOFT PORT, 5'S |
| 66800932 | RENASYS-G HIGH OUTPUT FISTULA GAUZE DRESSING KIT, 10'S |

**RENASYS° Canisters**

| | |
|---|---|
| 66800912 | RENASYS EZ PLUS CANISTER 800ML, 10'S |
| 66800913 | RENASYS EZ PLUS CANISTER 250ML, 10'S |
| 66800914 | RENASYS GO CANISTER 300ML, 5'S |
| 66800916 | RENASYS GO CANISTER 750ML, 5'S |

**RENASYS° Accessories**

| | |
|---|---|
| 66800799 | SRAND ALONE SOFT PORT KIT, 5'S |
| 66800972 | ROUND DRAIN ACCESSORY KIT, 10'S |
| 66800973 | FLAT DRAIN ACCESSORY KIT, 10'S |
| 66800974 | CHANNEL DRAIN ACCESSORY KIT, 10'S |
| 66800971 | Y-CONNECTOR, 10'S |
| 66800394 | NPWT TRANSPARENT FILMS 20X30CM (PACK OF 10), 10'S |
| 66800853 | NPWT TRANSPARENT FILMS 40X60CM (PACK OF 5), 10'S |
| 66800391 | GAUZE ROLLS (PACK OF 5), 10'S |

**RENASYS°**

| | |
|---|---|
| 66801251 | 10Fr Round Drain Accessory Kit |
| 66801252 | 10mm Flat Drain Accessory Kit |
| 66801253 | 15Fr Channel Drain Accessory Kit |
| 66801254 | 19Fr Round Drain Accessory Kit |
| 66801255 | Renasys-G 10Fr Round Drain Gauze Dressing Kit |
| 66801256 | Renasys-G 10mm FLat Drain Gauze Dressing Kit |
| 66801257 | Renasys-G 15Fr Channel Drain Gauze Dressing Kit |
| 66801258 | Renasys-G 19Fr Round Drain Gauze Dressing Kit |

**PICO° Single Use Sterile Pumps**

| | |
|---|---|
| 66800951 | 10x20cm |
| 66800952 | 10x30cm |
| 66800954 | 15x15cm |
| 66800955 | 15x20cm |
| 66800957 | 20x20cm |

**Opsite° Flexfix**

| | | |
|---|---|---|
| 66000040 | 5cm x 10m | 1 Roll |
| 66000041 | 10cm x 10m | 1 Roll |
| 66000375 | 15cm x 10m | 1 Roll |





# Ordering Information

**Opsite° Flexigrid**

| | | |
|---|---|---|
| 4631 | 15cm x 20cm | 10 Pieces/Box |
| 4632 | 12cm x 25cm | 20 Pieces/Box |
| 964628T | 6cm x 7cm | 100 Pieces/Box |
| 4629 | 10cm x 12cm | 10 Pieces/Box |
| 964630T | 10cm x 12cm | 50 Pieces/Box |

**OpSite° Incise Drapes**

| | | |
|---|---|---|
| 4986 | 15cm x 28cm | 10 Pieces/Box |
| 4987 | 28cm x 30cm | 10 Pieces/Box |
| 4988 | 28cm x 45cm | 10 Pieces/Box |
| 4989 | 55cm x 45cm | 10 Pieces/Box |
| 4994 | 84cm x 56cm | 10 Pieces/Box |
| 4995 | 42cm x 40cm | 10 Pieces/Box |

**IV 3000° Frame Delivery**

| | | |
|---|---|---|
| 59410082 | 6cm x 7cm | 100 Pieces/Box |
| 59410882 | 10cm x 12cm | 50 Pieces/Box |

**IV 3000° Ported**

| | | |
|---|---|---|
| 66004011 | 5x6cm | 100 pcs |
| 4006 | 7x9cm | 100 pcs |
| 66004009 | 9x12cm | 50 pcs |
| 66800512 | 11x14cm | 25 pcs |

**Opsite° Post-Op**

| | | |
|---|---|---|
| 66000708 | 6.5cm x 5cm | 100 Pieces/Box |
| 66000709 | 9.5cm x 8.5cm | 20 Pieces/Box |
| 66000710 | 12cm x 10cm | 10 Pieces/Box |
| 66000712 | 15.5cm x 8.5cm | 20 Pieces/Box |
| 66000713 | 20cm x 10cm | 20 Pieces/Box |
| 66000714 | 25cm x 10cm | 20 Pieces/Box |

**Opsite° Post-Op Visible**

| | | |
|---|---|---|
| 66800136 | 8cm x 10cm | 20 Pieces/Box |
| 66800137 | 15cm x 10cm | 20 Pieces/Box |
| 66800138 | 20cm x 10cm | 20 Pieces/Box |
| 66800139 | 25cm x 10cm | 20 Pieces/Box |
| 66800140 | 30cm x 10cm | 20 Pieces/Box |

**OpSite° Spray**

| | | |
|---|---|---|
| 66004979 | 100ml | 12 Aerosol Cans / Box |
| 66004980 | 240ml | 12 Aerosol Cans / Box |