



Advazorb[®]
Hydrophilic foam dressing range



Advazorb[®]
Advazorb Silfix[®]
Advazorb Silflo[®]

Adv **ancis**
Medical
www.advancis.co.uk

Advazorb®

Hydrophilic foam dressing range

Advazorb® is a comprehensive range of patient friendly, absorbent foam dressings presented in non-adhesive and atraumatic silicone adhesives.

The Advazorb® range has been specifically designed to overcome the complex challenges of managing exudate whilst protecting 'at risk' fragile skin.

Each dressing in the Advazorb® foam range is available in both a regular thickness for moderate to high exudate and 'Lite' versions for light to moderately exuding wounds.



Advazorb®

Hydrophilic foam dressing with film backing

Advazorb® and Advazorb Lite® are soft and conformable, low-adherent, hydrophilic, polyurethane foam dressings with a breathable film backing.

A great all round foam dressing for moderate to highly exuding wounds. Soft and conformable with great fluid handling properties.

Dressing features & benefits

- **Hydrophilic foam**
Absorbent by nature, rapidly absorbs and retains what it absorbs
- **Film backing**
Provides a bacterial barrier and prevents strike-through
- **Soft and conformable**
Increasing patient compliance and comfort
- **Maintains moist healing environment**
Ideal condition for wound healing
- **Flexible & Versatile**
Can be used on a wide variety of exuding wounds including under compression and can be cut to shape and size.

Advazorb Silfix®

Hydrophilic foam dressing with soft silicone wound contact layer

Advazorb Silfix® and Advazorb Silfix Lite® combine the excellent fluid handling capabilities of Advazorb® with a layer of atraumatic soft silicone adhesive.

The soft silicone ensures that the dressing does not stick to the wet surface of a wound bed or cause trauma to delicate new tissue upon dressing removal, particularly suited to those patients with friable or delicate skin.

Dressing features & benefits

- **Hydrophilic foam**
Absorbent by nature, rapidly absorbs and retains what it absorbs
- **Film backing**
Provides a bacterial barrier and prevents strike-through
- **Soft and conformable**
Increasing patient compliance and comfort
- **Maintains moist healing environment**
Ideal condition for wound healing
- **Flexible & Versatile**
Can be used on a wide variety of exuding wounds including under compression and can be cut to shape and size.
- **Atraumatic soft silicone contact layer**
Minimising the pain and trauma associated with dressing change or removal.

Advazorb Silflo®

Hydrophilic foam dressing with soft silicone wound contact layer and border

Advazorb Silflo® and Advazorb Silflo Lite® are absorbent, atraumatic, self-adhesive bordered dressings with a unique perforated soft silicone wound contact layer.

The silicone wound contact layer has large pores which enable the passage of exudate into the absorbent foam whilst protecting the fragile wound bed. This combination ensures the dressings comfortably stay in place whilst creating the ideal moist wound environment.

Dressing features & benefits

- **Hydrophilic foam**
Absorbent by nature, rapidly absorbs and retains what it absorbs
- **Film backing**
Provides a bacterial barrier and prevents strike-through
- **Soft and conformable**
Increasing patient compliance and comfort
- **Maintains moist healing environment**
Ideal condition for wound healing
- **Flexible & Versatile**
Can be used on a wide variety of exuding wounds including under compression and can be cut to shape and size
- **Atraumatic soft silicone contact layer**
Minimising the pain and trauma associated with dressing change or removal
- **Silicone border**
Secure but gentle adhesion.

Case reports

Introduction

Mr P presented with a non healing ulceration which had been ongoing for 4 months having previously been treated with topical silver dressings there had been little progress so referral was made to specialist leg ulcer clinic.

History and examination revealed palpable peripheral pulses and APBI (Ankle brachial pressure index) of 0.75, which is slightly below recommended guidance for full strength compression therapy. Additionally Mr P suffered from severe rheumatoid arthritis and spinal spondylosis, but the ulcer did not cause him any significant pain. The ulcer bed showed superficial slough with little evidence of wound edge advancement, exudate levels were moderate to high with mild amounts of lower limb oedema.

Method

It was decided to commence Mr P on modified (three layer) compression to reduce the oedema to see if this would promote healing. Silver dressings were discontinued as there was no evidence of problems with increased bacterial loads, Advazorb® non adhesive foam dressing were applied as a primary dressing due to its rapid and highly absorbent properties and its highly conformable nature ideal to fit around difficult areas like the malleolus.

Results

Four weeks later healing was evident, slough had been debrided leaving healthy granulation tissue and there was visible evidence of epithelisation, the ulcer had reduced in size and so had the levels of exudate levels.



Conclusion

Advazorb® non adhesive foam dressing controlled the exudate under compression therapy preventing maceration whilst maintaining moist wound environment allowing healing to occur and permitting pain free dressing renewal.

Introduction

Mr W presented with a spontaneous painful leg ulcer, which had been present for 3 months. The ulcer appeared to be superficial in depth but the wound bed had approx 90% dehydrated slough visible which was turning into eschar. The surrounding skin appeared discoloured and fragile.

On assessment Mr W had a full complement of pulses with an ABPI (Ankle Brachial Pressure Index) of 0.95 with a normal triphasic Doppler tone, indicating no problems with peripheral arterial disease. There were signs of venous insufficiency with mild oedema and visible varicosities. Mr W complained of pain at times especially at dressing change.

Method

The ulcer was diagnosed as being venous in origin and he was commenced on 4 layer compression bandaging, to reduce the venous insufficiency and promote healing. Activon Tulle® dressings were used to rehydrate the slough and eschar; this was topped with Advazorb Silfix® soft silicone faced adhesive foam dressing to ensure the wound bed was kept moist but simultaneously coping with any increase in exudate caused by the honey rehydrating the wound bed. Additionally Advazorb Silfix® soft silicone is designed to minimise pain and trauma on dressing change ensuring that the surrounding fragile skin and newly formed granulation tissue is protected.

Results

Four weeks later the ulcer had significantly reduced in size, the wound bed showed 100% healthy granulation tissue and the surrounding skin appeared healthy. At this stage Activon Tulle® was discontinued and Advazorb Silfix® was used as a primary dressing under compression bandaging. Four weeks later the wound fully healed.



Conclusion

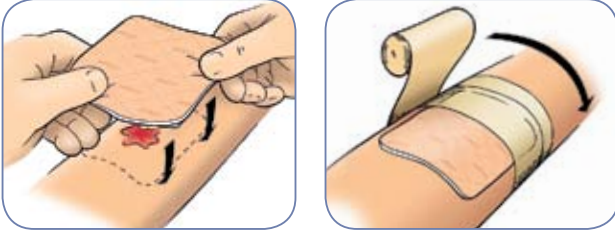
Advazorb Silfix® provides ideal protection of fragile tissue under compression therapy whilst ensure that moisture levels are maintain at an ideal optimum to promote wound healing.

Advazorb®

Hydrophilic foam dressing range

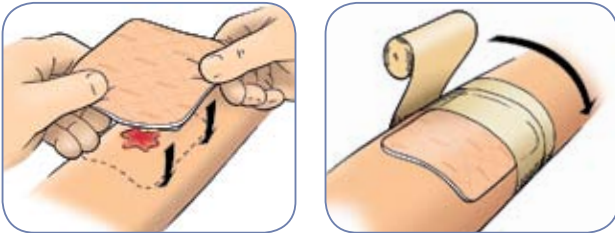
Advazorb®

Apply directly to the wound surface, pink film side up and secure in place with tape, appropriate bandage or secondary dressing.



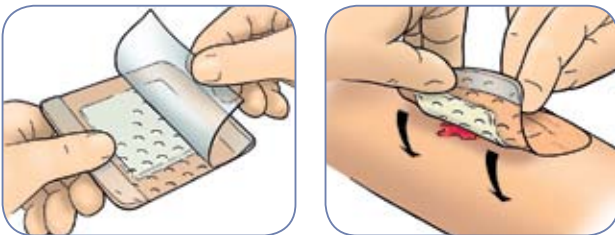
Advazorb Silfix®

Remove clear liners and apply pink side up to wound ensuring the central foam pad covers the entire wound area and a minimum overlap of 2cm around the edges of the wound. Secure in place with tape, appropriate bandage or secondary dressing.



Advazorb Silflo®

Remove clear liners apply pink side up to wound ensuring the central foam pad covers the entire wound area and a minimum overlap of 2cm around the edges of the wound.



All Advazorb® dressings can be left in place for up to 7 days but should be changed immediately if strike through is apparent or when dressing reaches its absorbency capacity.

If exudate is visible around the edges of the dressing this is a clear indication that a dressing change is required. Clinical observation is necessary to determine required frequency of change in exuding wounds.

Product	Stock code	Size	Pack size
Advazorb®	CR4165	7.5cm x 7.5cm	10
	CR4166	10cm x 10cm	
	CR4167	12.5cm x 12.5cm	
	CR4168	15cm x 15cm	
	CR4169	10cm x 20cm	
	CR4170	20cm x 20cm	
Advazorb Lite®	CR4171	7.5cm x 7.5cm	10
	CR4172	10cm x 10cm	
	CR4173	12.5cm x 12.5cm	
	CR4174	15cm x 15cm	
	CR4175	10cm x 20cm	
	CR4176	20cm x 20cm	
Advazorb Silfix®	CR4177	7.5cm x 7.5cm	10
	CR4178	10cm x 10cm	
	CR4179	12.5cm x 12.5cm	
	CR4180	15cm x 15cm	
	CR4181	10cm x 20cm	
	CR4182	20cm x 20cm	
	CR4184	Heel	
Advazorb Silfix Lite®	CR4185	7.5cm x 7.5cm	10
	CR4186	10cm x 10cm	
	CR4187	12.5cm x 12.5cm	
	CR4188	15cm x 15cm	
	CR4189	10cm x 20cm	
	CR4204	20cm x 20cm	
Advazorb Silflo®	CR4190	7.5cm x 7.5cm	10
	CR4191	10cm x 10cm	
	CR4192	12.5cm x 12.5cm	
	CR4193	15cm x 15cm	
	CR4194	10cm x 20cm	
	CR4195	20cm x 20cm	
	CR4196	10cm x 30cm	
Advazorb Silflo Lite®	CR4197	7.5cm x 7.5cm	10
	CR4198	10cm x 10cm	
	CR4199	12.5cm x 12.5cm	
	CR4200	15cm x 15cm	
	CR4201	10cm x 20cm	
	CR4202	20cm x 20cm	
	CR4203	10cm x 30cm	

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