

ConvaTec Facebook Live Questions and Answers

Question	Answer
Can ConvaMax™ be used over AQUACEL® AG+?	Yes, ConvaMax™ is compatible with the AQUACEL® family of dressings. Contact your local representative if you need any further information.
Can we still use Atrauman® and Inadine™?	Yes, if it is on your formulary and clinically appropriate for that wound.
Could anyone recommend a good wound care book for legs?	The Leg club https://www.legclub.org/ , Legs Matter https://legsmatter.org/ and National Wound Care Strategy Programme https://www.ahsnnetwork.com/about-academic-health-science-networks/national-programmes-priorities/national-wound-care-strategy-programme/clinical-workstreams/lower-limb-clinical-workstream are great resources for information on legs.
What antimicrobial do you recommend for pseudomonas?	Firstly you need to manage the exudate which will help to manage the pseudomonas bacteria. Check your local formularies and policies, however AQUACEL® Ag+ Extra™ dressing has evidence that it is effective against pseudomonas infection.
There are so many dressings out there. How do you know what dressing to use?	Use your local formulary as a guide. The Wound Care Handbook https://www.woundcarehandbook.com/ is a great resource to learn about dressings and where to use them.
What can you recommend for a diabetic person with slow healing wound caused by an opened blood blister?	We need further information to provide a response. We would advise you reach out to your tissue viability service.
Dry, moist, wet, saturated or leaking. Where is this recommended vocabulary from? I want my team to use this terminology but want it evidence based and did not catch where it is from.	It is from the WUWHS 2019 Consensus Document, Wound Exudate: Effective Assessment and Management from Wounds International. This is available online: exudate.pdf (wuwhs.org)
My patient has a post op vascular surgery digit amputation, necrosis and auto amputation of a remaining digit, wound bed granulation with adherent slough. The surrounding tissue is excoriated and erythematous. Dressing change are very painful. What is the best option for management of exudate as the patient cannot cope with daily dressing changes even with analgesic?	We would advise that you refer the patient to a specialist team.

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What would you recommend for a very wet fungating basal cell wound?	If managing exudate is your priority you could use AQUACEL® Extra™ dressing and ConvaMax™ to manage that excess exudate. We would advise you check your local formulary and policies.
Can you use a silver dressing and deodorising dressing at the same time?	Effective silver dressings can manage some odour through the management of infection. It depends on the dressings you are using. For example, AQUACEL® Ag+ Extra™ dressing can be used underneath CarboFlex®.
What about using VAC® therapy (vacuum assisted closure/topical negative wound therapy) on ulcers?	VAC® therapy can be indicated for use on ulcers. Check your local policy and specific dressing instructions for use.
Any tips for supporting a patient with dementia to keep the dressing on in between visits?	This is a very challenging situation and unfortunately very common. If you are using a cohesive bandage, try and make sure you finish the bandage at the back of the leg so that it is harder for the patient to find the end.
I work in a hospice and often we know we cannot heal the wound (end of life care), but we have limited dressings (charity owned) and sometimes we struggle to contain the exudate, what would you advise?	AQUACEL® Extra™ dressing layered if necessary, with a conformable superabsorbent dressing such as ConvaMax™ as a secondary dressing. Try and get a good seal around the dressing to prevent leakage.
For diabetic foot wounds are nursing teams referring to their local diabetic Podiatry MDT for management planning?	Follow your local referral criteria.
Did you apply anything to the surrounding skin?	If this in relation to the fungating wound case study, yes, Sensi-Care™ was used on the surrounding skin.
What dressing would you suggest for an unstageable pressure area wound?	Refer to your local wound guidelines or formulary. We would need further information to advise on management.
Should Aquacel® be cut to the exact size of the wound?	AQUACEL® dressing should not be cut to the size of wound. Always leave 1cm overlapping the wound edges.
Could you tell me what would be an appropriate dressing for a sloughy and wet diabetic foot ulcer on the toe? Is Iodoflex® and ActivHeal® Foam Non Adhesive appropriate with Tubifast®?	We would advise you reach out to your tissue viability service. Iodoflex® can be a useful debride. It depends on how well the foam dressing is managing the exudate.
What happens if Aquacel® sticks to the wound?	Firstly, check if it is appropriate for the exudate volume of the wound and consider if it could stay in place longer? If it does stick you just need to moisten the dressing to aid removal.
Do you always need to clean a wound with saline before redressing?	Please refer to your local wound management guidelines and formulary for advice on wound cleansing. The most common solutions used are saline and tap water.

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How far would you go with self-management by patients or families in heavily exuding wounds? Whilst you want a treatment plan that is patient focused, it has to be balanced with resources available.	It depends on the patient and family. Where appropriate, empowering the patient is beneficial to them and you as a nurse.
If you are packing a wound with Aquacel® ribbon, should you soak it first with saline?	If it is a wet wound, no. It can be pre-moistened for dry wounds.
How do you deslough a fungating wound? I was under the impression from my experience that fungating wounds require conservative management?	Fungating wound can be gently desloughed but the outcomes will be symptom relief (e.g. odour and high volumes of exudate) rather than wound healing. One method is autolytic debridement.
Has anyone used Viscopaste PB7 Zinc Paste Bandage to manage exudate?	VISCOPASTE® PB7 Zinc Paste Bandage is recommended for the management of leg ulcers and chronic eczema/dermatitis where occlusion is indicated.
What would you recommend using underneath Aquacel® Extra™ if it adheres to wound bed?	AQUACEL® Extra™ is a primary dressing, therefore it needs to be in contact with the wound bed. If the wound is dry and it is adhering to the wound bed, it can be pre-moistened.
Can we layer Aquacel® on wounds?	Yes, you can.
Is there a book or anything that has the different types of dressings, what they are used for and what they help with?	Use your local formulary as a guide. The Wound Care Handbook https://www.woundcarehandbook.com/ is a great resource to learn about dressings and where to use them.
How do we manage a wet wound bed but dry edges?	Manage the wound bed as you would normally for high volumes of exudate and remove any dry crusts from edges.
What is the difference between white exudate and slough?	Slough is creamy white/yellow dead tissue attached to the wound bed. Exudate is the fluid produced by the wound during normal wound healing.
For a healed leg ulcer to prevent recurrence and oedema, are you able to prescribe class one stockings without a Doppler assessment?	Follow local leg ulcer guidelines. The National Wound Care Strategy Programme https://www.ahsnnetwork.com/about-academic-health-science-networks/national-programmes-priorities/national-wound-care-strategy-programme/clinical-workstreams/lower-limb-clinical-workstream is also a good resource.
Can you explain more about layering Aquacel® Extra™ please.	Reach out to your local ConvaTec representative or the wound care helpline.
What is the best approach to cleansing a wet, macerated wound?	Wound cleansing should be performed as recommended in your local guidelines and using products on your formulary. For lower limb wounds this may include using tap water in a lined bucket.
Can Aquacel® be used on diabetic wounds?	Yes, it is indicated for use on diabetic wounds.

Question	Answer
What dressings are used for wet wounds and what dressing are used for dry wounds?	As a basic principle, absorbent dressings are used for wet wounds and dressings that donate moisture are used for dry wounds. Check your local wound management guidelines and formulary.
How to manage a very dry, scaly leg that has started to get wet	Good skin care, including washing the leg with an emollient, removing the dry scales and applying an emollient.
What about the use of furosemide to reduce the exudate?	Furosemide is a powerful loop diuretic used for specific causes of oedema (e.g. congestive cardiac failure). Patients need to be monitored very closely. More information can be obtained from your local tissue viability team .
Have you ever used Cavilon™ advanced to protect periwound skin in a heavily exudating wound with maceration?	3M™ Cavilon™ is a commonly used product to protect the periwound skin. Refer to your formulary for the recommended skin protectant in your local area.
What dressing do you recommend for sloughy wounds?	AQUACEL® Extra™ dressing is effective at removing slough.
What is the best dressing for over granulating, highly exuding heel wound?	Consult your tissue viability service for the recommended management of over granulating wounds in your local area. ConvaMax™ can be used to manage high volumes of exudate.
Is Biatain a good secondary dressing with AQUACEL® for a melanoma?	You can use a foam dressing to secure AQUACEL® but AQUACEL® Foam dressing has been designed to work with the AQUACEL® family of primary dressings to help achieve optimal dressing performance. Contact your local representative for further information.
How do you choose which dressing; honey or silver or alginate?	This would depend on your wound treatment objective following your wound assessment. You can also refer to your local wound care policy for guidance. The Wound Care Handbook https://www.woundcarehandbook.com/ is a great resource to learn about dressings and where to use them.
How do you prevent maceration from long term VAC® therapy (vacuum assisted closure/topical negative wound therapy) dressings?	You can prevent maceration by using a periwound skin protectant prior to application. Refer to the formulary to find which one is available in your local area.
Can you explain colonisation and how to deal with it?	Colonisation is where bacteria are multiplying, but it is not necessarily wound infection. If you suspect a wound infection is present you can use AQUACEL® Ag+ dressing. The International Wound Infection Institute IWII-Consensus_Final-2017.pdf (woundinfection-institute.com) is a useful resource.
Should AQUACEL® overlap outside a cavity wound?	Yes, AQUACEL® dressing should overlap by 2cm.

Question	Answer
What is the best dressing for a heavily exuding wound in a diabetic patient?	A superabsorbent dressings for example ConvaMax™ with AQUACEL® Extra™ as a primary dressing is one option but check your local formulary for guidance.
Do you think a good secondary dressing of Biatain® over AQUACEL® for a post removal of a melanoma wound on the head of an elderly man?	Please consult your local wound care specialist for advice but AQUACEL® Foam dressing has been designed to work with the AQUACEL® family of primary dressings to help achieve optimal dressing performance. Contact your local representative for further information.
What is best to put directly onto the wound bed to protect it when applying an absorbent pad dressing? (To prevent wound bed trauma when removing dressing)	If it is a wet wound, try AQUACEL® Extra™ dressing. If it is a dry wound apply a non-adherent wound contact layer or an absorbent dressing that incorporated a non-adherent wound contact layer.
For non-diabetic patients, do you support referral to local Podiatry teams for foot wound management in conjunction with TVN?	Follow your local referral guidelines.
What would be the best length of time between dressing changes?	It depends on the volume of exudate. Please refer to product instructions for use.
If there is sign of local infection, do you treat it first with antimicrobial? Which one do you recommend?	Follow local guidelines for advice on the management of local wound infection and formulary for available topical antimicrobials wound dressings. One option would be AQUACEL® Ag+ dressing.
Do you put the AQUACEL® extra directly on to the wound?	Yes, AQUACEL® Extra™ is a primary dressing and needs to be in contact with the wound bed.
Do you ever apply AQUACEL® wet?	Yes, if the wound bed is dry then pre moistening is required
Would you agree Doppler assessment is required prior to using AQUACEL® Extra™ if debriding?	Please refer to your local lower limb assessment and debridement guidelines.
How is AQUACEL® different from AQUACEL® Extra™?	It contain strengthening fibres that makes the dressing four times stronger and 39% more absorbent.
Are cavity wounds best treated by AQUACEL® Extra™ packed into the wound with another AQUACEL® dressing over the top and a Zetuvit Plus Pad over the top? Is there any other way of treating cavity wounds?	Please refer to your local wound management guidelines and formulary for the management of cavity wounds as it will depend on the wound symptoms and objective of management.