osmocel®

Hydroporous Foam Non-Adhesive

INSTRUCTIONS FOR USE

Waterproof Backing | Moisture Vapour Permeable | Contours to Body

Osmocel® Hydroporous Foam Dressing

Osmocel Hydroporous Foam is a double-layered wound dressing comprising of a white polyurethane foam wound contact layer backed with a skin-toned, polyurethane film support layer.

Osmocel Hydroporous Foam readily absorbs exudate, providing a moist wound interface that produces an optimal wound healing environment.

In-built Moisture Vapour Transmission properties, combined with fluid absorption capacities make it suitable for the management of wounds with up to moderate levels of exudate.

A waterproof dressing can be achieved when fixation of all edges of the dressing is performed with a waterproof adhesive, e.g. AsGuard® Clear film or SofSicure® Silicone Tape. The moist environment created under Osmocel Hydroporous Foam minimises adhesion to the wound so dressing changes can take place with minimal disturbance to tissue.

Each dressing is individually packed, ready for use, and sterilised by ethylene oxide. Osmocel Hydroporous Foam dressings are sterile unless the package is opened or damaged, are single use only and should not be re-sterilised.

INDICATIONS

Osmocel Hydroporous Foam can be used in the treatment of superficial wounds with up to moderate exudate production, and are indicated for use as primary and/or secondary dressings for the management of wounds such as:

- Pressure injuries
- Arterial ulcers
- Venous leg ulcers
- Diabetic ulcers
- Surgical incisions
- Partial thickness burns

CONTRAINDICATIONS

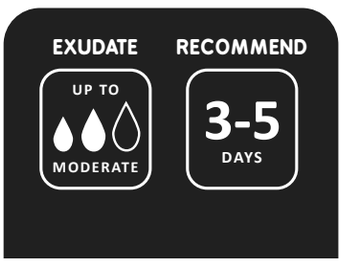
- Should not be used if allergies to any of its components is known.
- Not suitable for full thickness burns and wounds before bleeding has ceased.
- Do not simultaneously use Osmocel Hydroporous Foam dressings with an oxidant, e.g. hydrogen peroxide or chlorate solution. This may affect the structure and performance of the dressing.

GENERAL INFORMATION

- Prescribed compression treatment for Venous Leg Ulcer management can be continued whilst using Osmocel Hydroporous Foam.
- If infection is present, a primary wound cleansing dressing e.g. Osmonate® Calcium Alginate dressings or rope, or an antimicrobial layer such as Zorflex® should be used in combination with Osmocel Hydroporous Foam. The clinician in-charge is responsible for determining if necessary.
- No known side effects have been observed or reported in the use of Osmocel Hydroporous Foam dressings.
- Observe for wound infection. Consult the clinician-in-charge if any of the following occurs: fever, increased pain, redness, swelling, abnormal smell or exudate.

OPTIONS

REORDER	SIZE	PCS/UNIT
STANDARD		
AWF050	5cm x 5cm	10
AWF051	6cm x 8.5cm	5
AWF052	10cm x 10cm	10
AWF053	10cm x 20cm	5
AWF054	15cm x 15cm	5
AWF055	20cm x 20cm	10
VARI-SITE		
AWF180	12cm x 19cm	5
SACRAL		
AWF150	18cm x 18cm	5
AWF151	23cm x 23cm	5
SACRAL BUTTERFLY		
AWF160	18cm x 18cm	5
AWF161	23cm x 23cm	5



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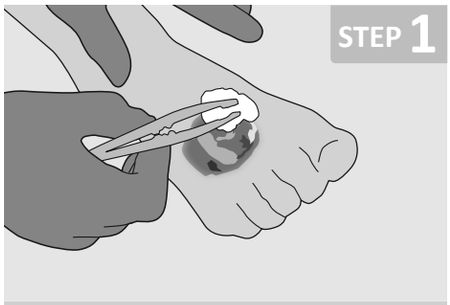
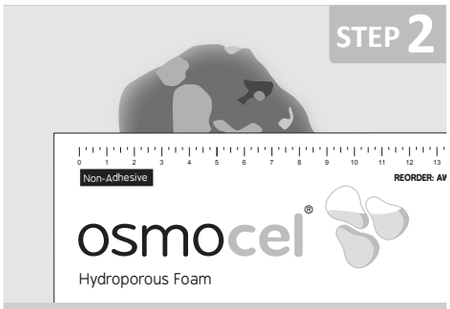
OSMOCEL® HYDROPOROUS FOAM

INSTRUCTIONS FOR USE

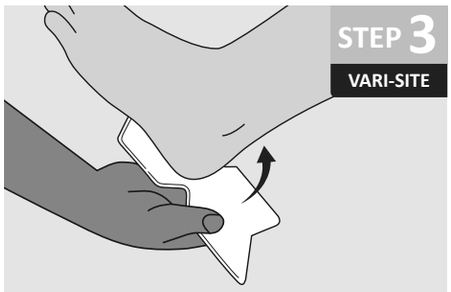


Cleanse wound thoroughly, using local protocols. The skin surrounding the wound should be clean and dry.



Dressing size is dependent on the wound surface area – the dressing edge should extend 2 - 3cms beyond the wound margin. Open sterile packaging and remove the dressing.

Apply the Osmocel Hydroporous Foam with white side to the wound.

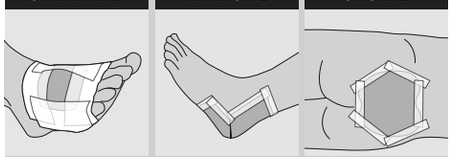


Position the narrowest part of the dressing at the base of the heel (or joint) with the white side toward the wound.

Gently fold the dressing lengthways. Separate the buttocks and place the dressing from the sacral area, with the base of the dressing covering the coccyx.

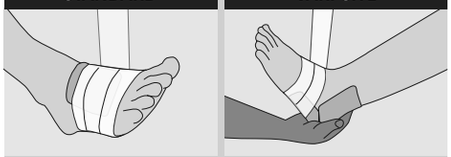
METHODS OF FIXATION

ADHESIVE



Fix the dressing in place with an appropriate retention product, e.g. AsGuard® Clear film or SofSicure® Silicone Tape. If using adhesive fixation, apply adhesive in a “window framing” technique – so as not to cover the entire outer surface of the dressing.

NON-ADHESIVE



Fix the dressing in place with an appropriate non traumatic breathable retention product, e.g. All Cotton Medicrepe® Crepe bandage.

Only recommended for Osmocel® Hydroporous Foam Standard and Vari-Site dressings.

DRESSING CHANGE

The clinician-in-charge is responsible for determining the need for dressing changes, dependent on the stage and phase of wound healing and exudate level.

The dressing should be changed when exudate absorption is considered to be extending beyond the wound surface area.

7 days is the maximum period between dressing changes.

SMHO-MKT-IFU-0028_REV2_07_21 All product information is correct at date of publication

For more information contact your Sentry Medical representative, call Sentry Medical customer service on 1300 995 999, or visit **www.sentrymedical.com.au**

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