**P3 TRACHESEAL TRACHEOSTOMY WOUND DRESSINGS – QUESTIONS AND ANSWERS.**

**Answers provide by a Tracheostomy Nurse Consultant at a leading UK hospital who designed the dressing in collaboration with P3 Medical.**

**1) How can you identify when the wound needs changing with the foam centre?  Feedback shows wounds have broken down in the past and been missed due to being unable to see any exudate or ooze on foam dressings.**

That is rather surprising to hear as in our practice across the hospital we have not come across this. However, I am keen to hear how this has happened as it should not be the case. Our clinical teams have found the dressing easy to apply, educate the patient, identify when to change and indeed found it easy to remove a big plus for us. It has been evident to the staff when to change the dressing from the sponge layer becoming heavier with exudate and then on occasion there has been a loss of seal from the dressing edge. The skin will indeed become excoriated if secretions are not cleared or absorbed but we have not had to stop using the dressing for these instances. I wonder whether for this patient (s) the button was utilised optimally which might have prevented secretions exiting the stoma at all.

**2) Following on from above - Can you comment on the foam centre, we’ve had note from customer of concerns regarding foam in dressings harbouring bugs.**

Please see the selected quotes from the article cited below:

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Foam dressings were introduced about 25 years ago. They are usually made of polyurethane, although a silicone foam was also developed, and provide a soft, absorbent dressing for granulating wounds of varying aetiologies and sizes.

They are also gas-permeable, provide thermal insulation and help to maintain a moist wound environment (Thomas, 1993).

Unlike gauze, foam dressings do not shed fibres or particles, and depending on their formulation they can be used on lightly, moderately or heavily exudating wounds.

These dressings can be left in place for several days without causing maceration, increasing their cost-effectiveness (Bale et al, 1998; Banks et al, 1997; Bowszyc et al, 1995). Most can also be used as secondary dressings.

Film-backed foam dressings

These have three constituents: a low-adherent polyurethane net that comes into contact with the wound and is designed to prevent or reduce adhesion, a central layer of hydrophilic polyurethane foam, and a polyurethane film backing that blocks the passage of exudate (Dale, 1997).

They are highly absorbent, can often be left on the wound for several days and can be used on heavily exuding wounds without fear of maceration (Thomas, 1996).

Polyurethane membranes

These consist of a thin microporous sheet of polyurethane foam that has been coated with a hydrophilic adhesive and bonded to a polyurethane film backing. They are highly permeable to

moisture vapour and their permeability adapts according to the amount of exudate produced. However, they have limited absorbency and are therefore suitable only for lightly exuding wounds.

These dressings should be changed when the exudate is visible within 1cm of the edge of the dressing or after five to seven days, depending on the type of wound.

Moderate or large amounts of exudate are often associated with wound infection. Foam dressings are appropriate in such cases because they can be used safely on infected wounds (Hollinworth, 1997).

- Practice point

As with all infected wounds, dressings should be changed more often than normally indicated (Hollinworth, 1997).

**3) Does the dressing benefit wound healing?**

By reducing the air leak through the stoma by patient applying pressure to the button it reduces the dressing changes and allows a moist environment to promote wound healing. Therefore, it does benefit wound healing.

**4) In the IFU it’s states the dressing is waterproof - does this mean it can get wet when showering?  Is it fully waterproof or limited to water exposure for example splash proof?**

My own clinical practice will still be extremely cautious of showering whilst an opening into the airways exists. There will always be the potential for a leak during the moving and washing and so I would always avoid directing water at the neck area to avoid such dangers.