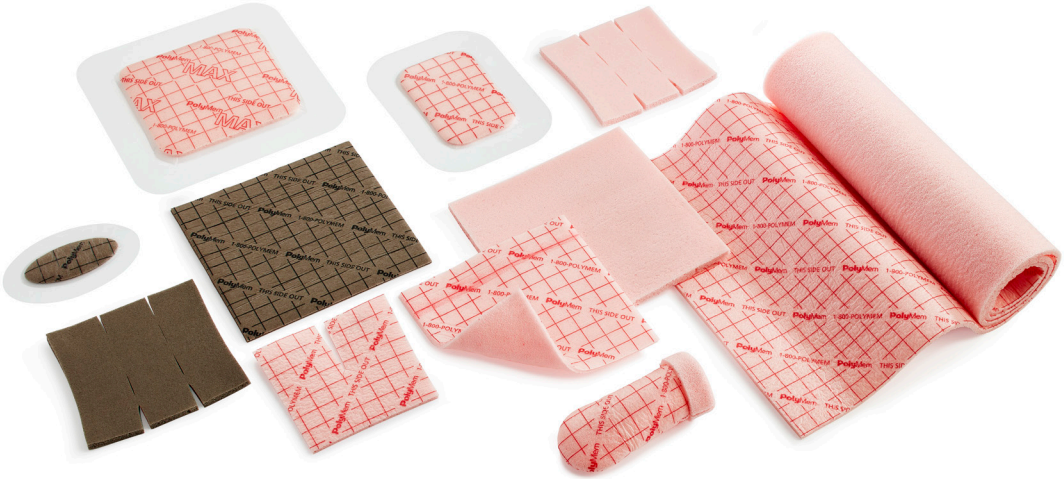
PolyMem®

CLEANSES
MOISTENS
PolyMem
FILLS
ABSORBS
more healing • less pain®

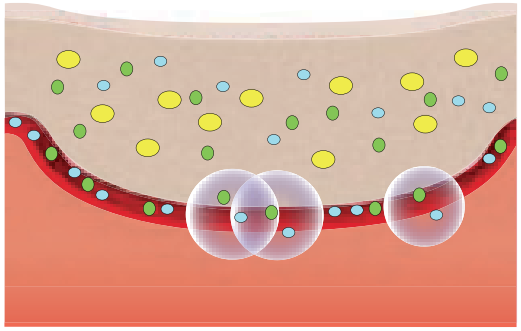


User guide

PolyMem®

What is PolyMem?

PolyMem is a unique multifunctional dressing specifically designed to reduce a patient's total wound pain experience, while encouraging healing. All PolyMem dressings effectively cleanse, fill, absorb and moisten wounds throughout the healing continuum.



Superabsorbents Glycerin Cleanser

Activated by wound fluid…

- The dressing will expand and gently fill the wound
- The wound cleanser/surfactant and the glycerin incorporated in the dressing will be released to the wound bed to support autolytic debridement and prevent the dressing from sticking
- The semi-permeable film backing will control moisture vapour transmission and block the entry of any dirt, debris or pathogen from contaminating the wound

PolyMem dressings help to:

- Effectively manage and heal wounds
- Absorb fluid and provide a moist healing environment
- Relieve wound pain by inhibiting the action of some pain-sensing nerve fibres (nociceptors)[1]
- Reduce oedema, bruising and the spread of inflammation into surrounding undamaged tissues by modulating the inflammatory signalling cascade[1]

Indications

PolyMem is indicated for a wide variety of full and partial thickness wounds including, but not limited to:

Acute wounds	Chronic wounds	Specialist wounds
• Abrasions • Bruising • First / second-degree burns • Skin tears • Surgical wounds • Trauma wounds	• Diabetic foot ulcers • Fungating wounds • Leg ulcers • Pressure ulcers (stages I-IV)	• Dermatological disorders (e.g. epidermolysis bullosa) • Donor and graft sites • Exposed tendons • Radiotherapy-induced skin damage

For infected and malodorous wounds use PolyMem Silver

PolyMem dressing selection guide

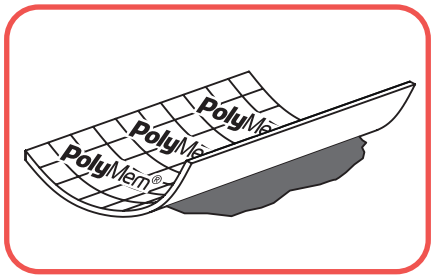
Wound phase and Exudate level	Dry ◊◊◊◊	Low ♦◊◊◊	Moderate ♦♦◊◊	High ♦♦♦◊	Excessive ♦♦♦♦
Non-infected	PolyMem			PolyMem MAX	
				PolyMem WIC + PolyMem MAX	
Malodorous, critically colonised, infected, or infection risk**	PolyMem			PolyMem MAX	
	PolyMem Silver			PolyMem Silver WIC + PolyMem MAX	
Cavity and undermining	PolyMem WIC (non-infected) + PolyMem or PolyMem MAX				
	PolyMem Silver WIC (malodorous, critically colonised, infected and at risk) + PolyMem or PolyMem MAX				

* A dramatic increase in fluid may be observed during the first few days due to the modulation of the inflammatory response. This is not uncommon and indicates that the dressing is working.

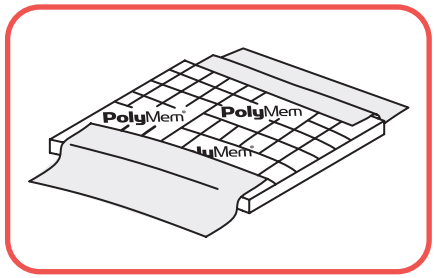
** PolyMem Silver dressings are suitable to use when visible signs of infection are present as long as the patient is also on appropriate antimicrobial/antibiotic therapy per clinician order.

Applying PolyMem Non-Adhesive

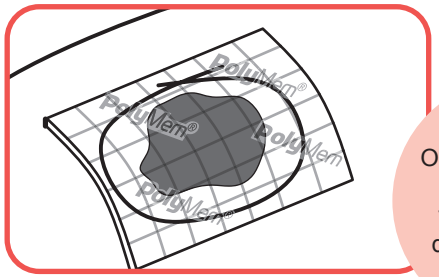
Includes MAX + Silver Non-Adhesive



1. Place the dressing directly over the wound (film side out so printing is visible)



2. Secure using a fixation method suitable for the location of the wound, such as tape, roll, netting or gauze

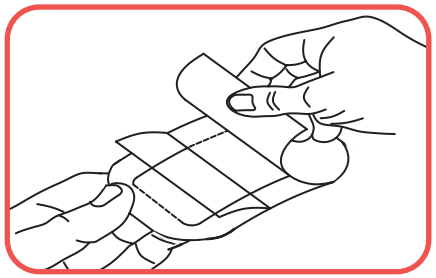


TIP!
Outline the wound on the top of the dressing to determine when to change

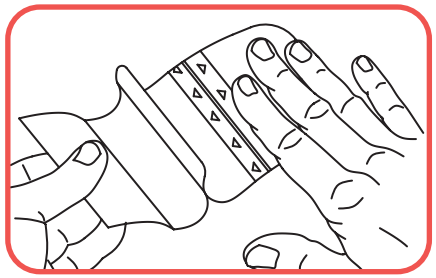
Removal: Remove fixation method and carefully peel back dressing.

Applying PolyMem Adhesive

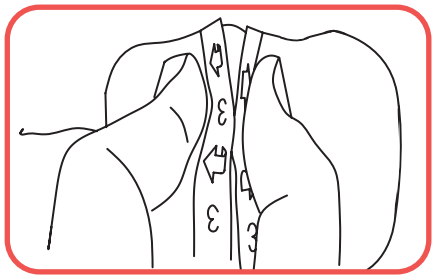
Includes MAX + Silver Adhesive



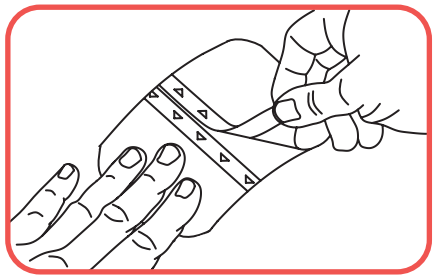
1. Remove one side of the adhesive release liner



2. Place the dressing directly over the wound. Slowly remove second half of release liner while pressing adhesive to the skin



3. Pinch dressing slightly where two white strips come together at edge of dressing. This will cause cover sheet to start to lift

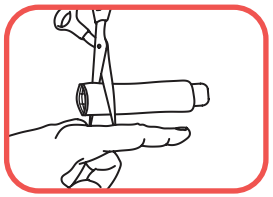


4. Remove cover sheets one at a time. Gently smooth thin film as each cover sheet is being removed

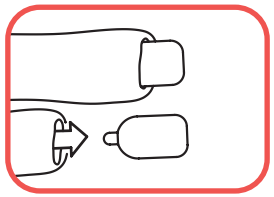
Removal: Gently remove the dressing using the pull and stretch technique.

Appyling PolyMem Finger/Toe

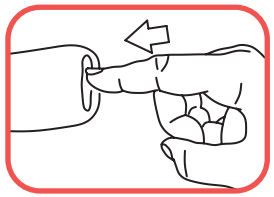
Helps improve pain and recovery after injury



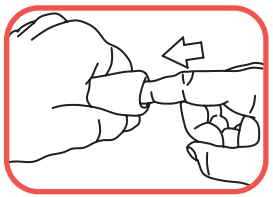
1. Measure to determine length of dressing needed, cut off excess



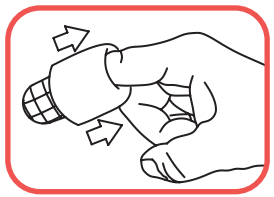
2. Remove the insert from the rolled end and discard



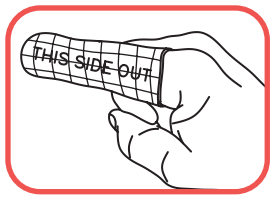
3. Insert the finger into the rolled end of the dressing



4. Push the finger into the dressing and begin rolling

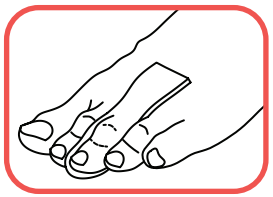


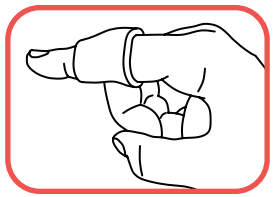
5. Roll the dressing on to the finger



6. The dressing should fit securely on the finger or toe

The dressing may be applied in different ways. For toes the dressings may be cut along the sides creating flaps that can be laid upon the top and bottom of the foot. These can be secured with tape, or the dressing may be cut to form a ring or sleeve over the injured portion of the finger.



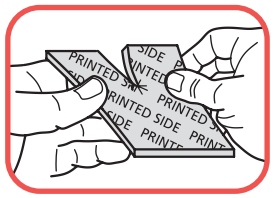


Removal: Remove by rolling off, opposite of application.

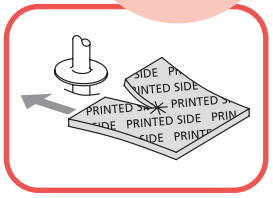
Appyling PolyMem Tube

Ideal for tube sites

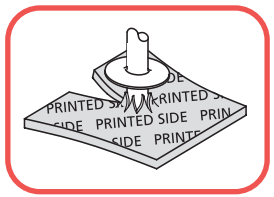
TIP!
Once in position, place a piece of tape across the slit to keep the dressing from sliding forward



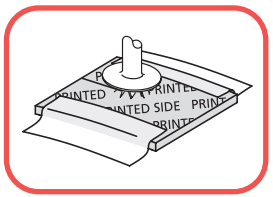
1. Place the dressing film side out so printing is visible



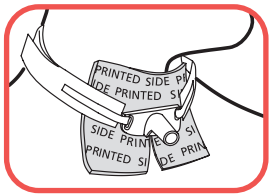
2. Surround the tube with the dressing and lay flat against the skin



3. Position the dressing around a gastrostomy tube in a similar manner



4. Secure using a suitable fixation method, such as tape

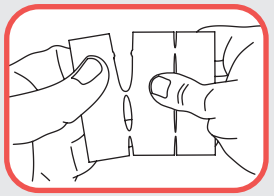


5. The dressing is shaped to snugly fit a tracheostomy or gastrostomy tube

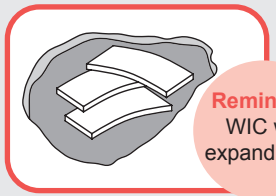
Removal: Remove fixation method and carefully peel back dressing.

Applying PolyMem WIC + Silver WIC

For open wounds

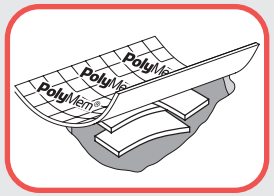


1. The cavity filler is perforated in 1” wide strips for easy folding or detachment, or may be cut to size



Reminder: WIC will expand 30%

2. Carefully place into the wound either side down until its filled



3. Cover with a suitable PolyMem secondary dressing

Removal: Lift or pull slowing and gently by hand or with wide tip forceps.

Tips for application

- PolyMem is marked with a 1cm x 1cm grid, which can be used as a cutting guide or use paper templates to cut complex dressings shapes for difficult-to-dress areas
- Where flexibility or movement is required, cut slits along the edge of the dressing to help conform to the curves of the body
- For dry, non-exuding wounds, including necrotic wounds, moisten dressing or wound slightly with saline or water prior to application. This will help to activate the dressing components
- If fluid requires more frequent dressing changes than is desired, use PolyMem MAX for greater absorbency and a longer wear time
- For infected and malodorous wounds use PolyMem Silver
- Do not occlude PolyMem with excess tape or bandage as this will reduce the dressing's fluid handling ability
- Outline the wound on the top of the dressing to determine when to change. When the fluid fills the outline more than 85% or is striking outside of the outline
- A dramatic increase in wound fluid may be observed during the first few days due to modulation of the inflammatory signalling cascade. This is not uncommon and indicates that the dressing is working
- Change dressing before fluid reaches the wound margin, when it is clinically appropriate or after no more than 7 days
- In most cases, when using PolyMem, there is no need to disturb or cleanse the wound during changes unless the wound is infected or contaminated
- Non-adhesive dressings can be cut to size, but ensure the pad extending 1-2cm's beyond the wound border to optimise treatment of both the wound and peri-wound tissue

Precautions

- PolyMem is not compatible with oxidising agents such as hydrogen peroxide and hypochlorite solutions. If you are using these types of solutions, simply rinse or pat lightly before applying the dressing
- Topical treatments are not recommended in conjunction with PolyMem
- Avoid contact with electrodes or conductive gels
- Be alert for signs of infection or maceration
- Do not use and discontinue use on people who show signs of sensitivity, irritation, or allergy from the dressings or its materials

www.hrhealthcare.co.uk/portfolio/polymem/

References 1. Beitz AJ, Newman A, Kahn AR et al (2004) A polymeric membrane dressing with antinociceptive properties: analysis with a rodent model of stab wound secondary hyperalgesia. *J Pain* 5(1): 38–47.

h&r healthcare
delivering innovation

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