



# **Benefits of a flexible non-adherent lipido-colloid contact layer used in conjunction with negative pressure wound therapy (NPWT)**

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## **PURPOSE:**

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To present case studies in which a new flexible non-adherent lipido-colloid contact layer\* is used in conjunction with NPWT in various types of wounds. The flexible non-adherent dressing was assessed for its ability to reduce the following:

- tissue disruption caused by in-growth into NPWT foam dressings
- pain both during and after dressing removal

## **METHOD:**

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Applied a flexible non-adherent lipido-colloid contact layer directly to the wound bed when using a foam NPWT dressing. Wounds were assessed and findings documented weekly. Also assessed and documented were pain, clinical presentation of wound bed, tissue disruption and drainage.

## **WOUND ETIOLOGY:**

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A total of 9 wounds were part of this case series. All wounds were surgical wounds, with moderate to heavy drainage, in various anatomical locations.

## **RESULTS:**

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Placement of the flexible non-adherent lipido-colloid contact layer yielded quite favorable results. The dressing was rated at each dressing change with the following results:

(Scale: 5 = highest rating, 1 = lowest)

<b>Dressing Attribute</b>	<b>Average</b>
Conformability	5.0
Comfort	4.9
Stays in Place	4.8
Ease of Removal	4.9
Overall Performance	5.0

Patients reported little or no pain associated with dressing changes with the lipido-colloid contact layer. No tissue disruption was observed in any of the 9 cases during dressing changes.

## **CONCLUSION:**

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The use of a flexible non-adherent lipido-colloid contact layer in conjunction with NPWT for various types of wounds yielded excellent outcomes. The dressing minimized pain with dressing changes. This, along with the conformability and ability for the dressing to remain in place without shifting, enhanced the overall wound management experience.

## CASE STUDY

Patient presented with perforated viscous secondary to diverticulitis. New LLQ colostomy. On day 4, stomal necrosis occurred, patient taken back to OR emergently for stomal revision and surgical wound exploration along with creation of a new transverse colostomy. NPWT placed post-op using the flexible non-adherent lipido-colloid contact layer as interface in both the old ostomy site and mid-abdominal surgical wound.

48 hours later, the dressing was removed first from the old ostomy site, which also had a cluster of drains exiting the wound. Easy retrieval of the foam, no pain with removal and no tissue adherence/disruption.

Next, the foam and flexible contact layer were removed from the large mid-abdominal surgical wound. Again, no pain, adherence, or disrupted tissue noted.

The wound bed was clean. A new dressing was applied using the same technique.

**Ostomy Site**



**Mid-Abdominal Surgical Wound**



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