

Cutting and Shaping the foam

Foam should be cut to fill the cavity perfectly

Edges of the foam can be shaped to avoid contact with surrounding skin

Skin protectants can be used but are not supplied in the pack

If the depth of the foam needs to be altered it is easier to cut with a scalpel rather than scissors

If the foam is cut to fit the wound ensure all loose particles are removed prior to application to the wound

Do not cut or shape the foam over the wound

Shallow wounds:

Cut the foam along entire length to reduce depth using a scalpel

Bevel the edges of foam to avoid contact with good skin when the foam collapses

Protect good skin with strips of thin hydrocolloid

Deep Wounds:

For wounds deeper than the depth of the foam multiple layers can be inserted to fill the cavity

It is seen as good practice to document how many pieces of foam have been inserted into the wound to ensure all are removed when the dressing is renewed

Avoiding / dealing with adherence

If the foam adheres there are several techniques that can be used to help you remove it

Method 1:

Switch the pump off at least 20 minutes before dressing removal

Method 2:

Clamp the dressing tubing close to the wound and then cut it off

Attach a syringe of warmed sterile saline to the cut end of the dressing tubing, open the clamp and inject the saline, re-clamp the dressing tubing and wait for 20 minutes before removal

Fragile structures, nerve, blood vessels, bone, viscera, organs and irradiated tissue should be protected with a wound contact layer

To prevent future occurrence you can use a wound contact layer

Achieving a seal

Let any skin preparation wipe used dry completely before applying the film

Use Ostomy paste to fill any small irregular shapes or skin folds at the wound margins to help you to achieve a seal

Cut film into strips rather than applying in one sheet (any wrinkles in the film can allow air to escape). Do not try to reposition film once adhered to the patient's skin if it is in the wrong place. Remove the existing piece, discard and replace with a new piece

Do not compress the foam or apply any pressure on the foam with the film during application

Maintaining a seal

If the seal is lost and it is less than 3 hours since the application, it is likely to be an application technique problem. If the seal is lost after 12 hours, the problem is likely to relate to the exudate volume: the drain being used is not managing the level of exudate. To resolve this, use two drains in the dressing and connect them to the device with a Y-connector.

If maintaining a seal is likely to be a problem – consider using a skin preparation wipe to seal the edges of the transparent film after the dressing application is completed. Border the transparent film edges with waterproof tape to prevent rolling.

Multiple Wounds

Ensure both wounds are suitable for NPWT

Multiple wounds can be treated either by using a y connector or bridging the wounds

If bridging, then the tubing should be placed between the wounds on the foam bridge

As long as there is foam to foam contact the pressure from the device will be delivered to the wound bed