

Cutimed® Sorbact® gel Instructions for use

Cutimed® Sorbact® wound dressings with hydrogel for the effective binding and removal of bacteria and other microorganisms from contaminated, colonised or infected wounds. The dressings are made from acetate fabric coated with DACC (dialkyl carbamoyl chloride), a strongly hydrophobic substance that causes a fast and effective binding of microorganisms to the dressing. The hydrogel has been especially developed for the combination with Cutimed® Sorbact®. The result, a dressing which provides a moist wound environment plus supporting autolytical debridement of wound necroses.

How does Cutimed® Sorbact® gel work?

Our mode of action is based on the physical principle of hydrophobic interaction. Hydrophobic (water-repellent) particles naturally aggregate in a moist environment. Microorganisms which might impair wound healing display hydrophobic characteristics and bind irreversibly to Cutimed® Sorbact® dressings. Common examples are gram positive bacteria such as Staphylococcus aureus, MRSA and Streptococci as well as gram negative species such as E. coli and Pseudomonas aeruginosa. Fungi such as Candida albicans will also bind to the dressing.

Indications

Cutimed® Sorbact® gel can be used for all types of dry and low to moderately exudating wounds that are contaminated, colonised or infected, regardless of their aetiology, such as

- postoperative and dehisced wounds
- traumatic wounds
- chronic wounds, e.g. venous, arterial, or diabetic ulcers and pressure sores
- wounds after excision of fistulas and abscess cavities

Does Cutimed® Sorbact® gel have any side effects?

There are no known side effects or risks of cytotoxicity. Due to the purely physical mode of action there is no risk of development or enhancement of bacterial resistance. The hydrogel components are also highly compatible. If there is a known sensitivity to propylene glycol do not use Cutimed® Sorbact® gel. Cutimed® Sorbact® gel is free of preservatives.

Cutimed® Sorbact® gel assortment

The wound dressings are available in two different sizes:
REF No. 72611-00 (7.5 x 7.5 cm), REF No. 72611-01 (7.5 x 15 cm)

Contraindications / recommendations for use

Cutimed® Sorbact® gel is a primary wound dressing developed for the use in dry, low to moderately exudating, or partly necrotic wounds. Dependent on the level of exudate, a suitable secondary dressing should be selected to prevent the wound from drying out and avoiding the risk of the dressing sticking to the wound surface.

Regular wound inspection is recommended. Do not use in combination with ointments or creams as these will interfere with the binding effect of Cutimed® Sorbact® gel. Do not use Cutimed® Sorbact® gel if there is a known sensitivity to propylene glycol.

Instructions for use

1. Clean the wound as usual and apply Cutimed® Sorbact® gel gently onto the wound surface. Fold back any potentially overlapping material in direction of the wound to avoid maceration of the surrounding skin. If desired, add remaining hydrogel from the peel pouch onto the applied dressing.
2. Direct wound contact is a prerequisite for the effective binding of microorganisms. In deep or cavity wounds, Cutimed® Sorbact® gel dressings should be applied in such a way to ensure direct contact with the complete wound surface. Remove excess gel with a sterile swab if required and cover with a Cutimed® Sorbact® dressing pad where applicable.
3. In cavity wounds, always leave a part of the dressing sticking out so that it can be easily removed.
4. Depending on the level of exudate, cover Cutimed® Sorbact® gel either with an absorbent secondary dressing and or with a transparent film dressing.
5. The frequency of dressing change depends on the levels of exudate and wound contamination. Ideally, the dressing should be changed every 1-3 days. In wounds showing typical signs of clinical infection a higher frequency of wound inspection is advisable. In these cases, an appropriate systemic treatment should also be considered.
6. When the wound is clean and showing signs of healing switching to other types of modern dressings for moist wound management is recommended.

Date

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