

**“How to nail pudding on the wall”-
An Alternative Versatile Non-Adherent Sticky Wound Dressing**

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3:15 – 3:30 pm**

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Objective:

- Upon completion of the lecture, attendees should be better prepared to:
- Describe requirements for an ideal wound dressing
 - Discuss the need for patient oriented individualized wound care
 - Consider cost effectiveness as a qualifier in wound care choice

Abstract:

Introduction: Wound dressings are treated by health care providers like religious objects - they believe in them, have strong opinions about them and loyally defend them. Hundreds of different options are available and because burn and large wound care dressing changes can be painful, frightening and labor intensive, several non-adherent gauzes have been developed and tested over the years. Meanwhile, the “ideal” non-adherent wound dressing that will change the opinion of the “faithful” remains elusive.

Methods: A new, non-adherent yet sticky on normal skin, anergic, versatile and surprisingly cost effective dressing alternative, called Rylon -1 has been developed. The dressing is designed as a simple, comfortable, atraumatic wound contact layer that allows the passage of exudate onto a secondary dressing and/or the passage of antimicrobial substances onto the wound and provides for an optimal environment to not interfere with wound healing. This versatile, dressing is simple to use and can be combined with most all wound care protocols. We tested this in a variety of wound management scenarios in our practice of burn and wound care.

Results: The dressing performed well across all treatment paradigms including fresh 2nd degree burn wounds; donor sites; chronic venous stasis ulcers, covering temporary skin substitutes and autografts. Additionally, as the primary layer in use with enzymatics, antibiotics or antiseptic flushes. The dressing stayed intact and was atraumatic to remove. In 3 situations where patients had undergone dressing changes with severe pain and bleeding requiring anesthesia, when switched to this dressing, pain was significantly reduced and changes could be performed without anesthesia.

Discussion: This non-adherent wound contact dressing can be used to manage a variety of wounds as it does not stick to the wound surface, allows exudate to freely penetrate, does not impair wound healing and does not promote granulation tissue. This thorough case series demonstrates a dressing which can be combined with many modalities to create a truly individualized patient care protocol for effective wound care management.

References and Resources:

1: Saco M, Howe N, Nathoo R, Cherpelis B. Comparing the efficacies of alginate, foam, hydrocolloid, hydrofiber, and hydrogel dressings in the management of diabetic foot ulcers and venous leg ulcers: a systematic review and meta-analysis examining how to dress for success. *Dermatol Online J.* 2016 Aug 15;22(8). pii:13030/qt7ph5v17z. Review. PubMed PMID: 27617934.

Disclosure:

Sigrid Blome-Eberwein – No Relevant Financial Relationships to Disclose