



Prontosan®
Askina® Sorb
Askina® Foam
Askina® SilNet Plus
Askina® DresSil

MORE TIME FOR CARING
EXUDATE MANAGEMENT

Treat and care

Managing chronic wounds is very challenging for all hospital and community nurses. There is potential for better patient management and better wound care, such as effective diagnosis, treatment and prevention of wound complications.

This can help minimise treatment costs, so there is more time free to care for the patient.



BURDEN

1,5 to 2 million
wounds in EU ⁽¹⁾

Increasing burden

By 2025, the population of the EU 27 aged 65 and above is expected to increase by 25.5m (13%), compared with an increase of just 1% in the population as a whole.



CHRONIC WOUNDS

Up to **85%** leg ulcers treated in community ⁽²⁾

Community treatment

Any patient with a leg ulcer needs to be holistically assessed by a competent practitioner, usually the nurse, and have a tailored treatment.



PAIN

50% of chronic wounds patients ⁽³⁾

Painful wounds

Pain is present in almost half of patients with chronic wounds.

1. J Posnett et al: The Resource Impact of Wounds on Health-care Providers in Europe. Journal of Wound Care, 2009; 18(4):154-161

2. C Lindholm et al. Chronic wounds and nursing care. Journal of Wound Care, 1999; 8(1)5-10

3. J Guest et al. Health economic burden that wounds impose on the National Health Service in the UK. BMJ Open, 2015;5:e009283. doi: 10.1136/bmjopen-2015-009283



NURSING TIME

Up to **50%** of nursing community time ⁽⁴⁾

Almost half of nursing time is dedicated to the management of chronic wounds.



IMPACT

3% of total health expenditures ⁽⁵⁾

Chronic wounds cause pain, loss of function and mobility, depression, distress and anxiety, embarrassment, social isolation and prolonged morbidity.

4. H Edwards et al. Health service pathways for patients with chronic leg ulcers: identifying effective pathways for facilitation of evidence based wound care. BMC Health Services Research, 2013; 13(86), <https://doi.org/10.1186/1472-6963-13-86>

5. K Järbrink et al. Prevalence and incidence of chronic wounds and related complications: a protocol for a systematic review. Systematic Reviews, 2016; 5(1):152

Prontosan® – wound bed preparation taken seriously

Only a clean wound can heal

Prontosan® Wound Irrigation & Gel

INDICATIONS

Prontosan® Wound Irrigation Solution and Prontosan® Wound Gel / Gel X are indicated for cleansing and moistening of acute, chronic, infected skin wounds, 1st and 2nd degree burns (also 3rd degree for Prontosan® Wound Gel X).

They prevent the biofilm formation.

Prontosan® Wound Irrigation Solution is also ideal for moistening encrusted dressings, or bandages prior to removal and for instillation in combination with negative pressure wound therapy.

Prontosan® Gel and Gel X act as an effective barrier to reduce microbial penetration through the dressing and to decontaminate the wound bed between dressing changes.

ADVANTAGES

- Management and prevention of biofilm reformation ^{(1) (2)}
- Helps to prevent infections ⁽³⁾
- Improved patient outcomes, including time to heal ⁽⁴⁾
- Well-known substances with low allergenic potential ⁽⁵⁾
- Can be used up to 8 weeks after first opening



Prontosan® Debridement Pad

INDICATIONS

Prontosan® Debridement Pad has been designed to support the Wound Bed Preparation with Prontosan® Wound Irrigation Solution. Prontosan® Debridement Pad frees the wound from coatings and dead cell residues (debris) and absorbs excess exudates and slough. Intact tissue is spared. Prontosan® Debridement Pad produces good results even with scaly and necrotic coatings, if they are subject to prior autolytic treatment.

ADVANTAGES

- Good cleansing and debridement due to microfiber technology Soft debridement, no tissue irritation
- Unique droplet shape to allow debridement of cavities and areas difficult to reach
- Blister packaging to allow safe and aseptic soaking of the pad prior to use
- Cleansing sheet composed of polyester and polypropylene microfiber supported by a backing layer made from polypropylene.



Prontosan® Debridement Pad
is intended for single use only

1. Efficacy of various wound irrigation solutions against biofilms. Seipp HM, Hofmann S, Hack A, Skowronsky A, Hauri A, ZfW 2005;4(5):160-163.
2. Davis SC, Harding A, Gil J, Parajon F, Valdes J, Solis M & Higa A "Effectiveness of a polyhexanide irrigation solution on methicillin-resistant Staphylococcus aureus biofilms in a porcine wound model" in International Wound Journal ISSN 1742-4801, 2017, 1-8, © 2017 Medicalhelplines.com Inc and John Wiley & Sons Ltd doi: 10.1111/iwj.12734.
3. Moore, M 0.1% Polyhexanide-Betaine Solution as an Adjuvant in a Case-Series of Chronic Wounds, Surg Technology International, 2016.
4. Bellingeri, A. et al. "Effect Of A Wound Cleansing Solution On Wound Bed Preparation And Inflammation In Chronic Wounds: A Single-Blind RCT". Journal of Wound Care 25.3 (2016): 160-168. Web.
5. Evaluation of the efficacy and tolerability of a solution containing propyl betaine and polyhexanide. Romanelli M, Dini V, Barbanera S, Bertone MS. Skin Pharmacol Physiol 2010;23 (Suppl 1):41-44.

Askina® Sorb

Highly absorbing alginate dressing

INDICATIONS

Askina® Sorb is ideally suited for the management of moderate to heavily exuding wounds such as Pressure ulcers, Venous/Arterial leg ulcers, Diabetic foot ulcers, Trauma wounds, Dermal Lesions.

ADVANTAGES

- High absorption capacity
- Forms a soft gel which can be removed in one piece, without residue
- Vertical absorption process
- No lateral strike through
- Designed for avoiding wound maceration
- Atraumatic dressing removal
- Conformable and easy to apply

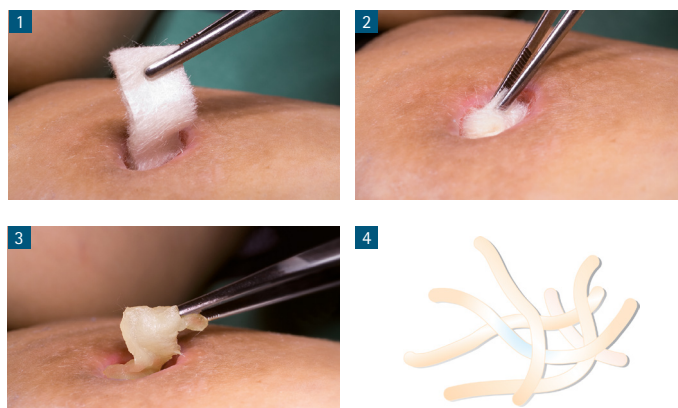


Askina® Sorb is a sterile primary wound dressing made of fibers containing 85 % of calcium alginate and 15 % of carboxymethylcellulose (CMC).

When in contact with wound exudate, the alginate-CMC fibers are fast gelling, resulting from an ionic exchange between calcium ions from the dressing and sodium ions from the exudate, so as to form a soft moist gel conducive to natural healing.

APPLICATION

- 1** **2** Example of use of **Askina® Sorb** Flat Rope Highly exuding deep wound. The dressing is inserted directly into the cavity. The wound should not be packed too tightly.
- 3** Dressing is removed in one piece, without leaving residue in the wound.
- 4** The structure of alginate/CMC fibres. stocking



Askina® Foam | Askina® Trachea

Hydrophilic foam dressings

Askina® Foam

INDICATIONS

Askina® Foam is indicated for the management of moderate exuding wounds, partial to full thickness wounds

- Pressure ulcers
- Venous and arterial leg ulcers
- Diabetic foot ulcers
- 1st and 2nd degree burns



ADVANTAGES

- Fluid handling characteristics
- Maintain a moist environment

Askina® Foam is a two layered non-adherent foam dressing consisting of a soft hydrophilic polyurethane breathable foam layer and a thin, transparent, protective polyurethane film.

- Fluid handling capacity, waterproof and bacteria resistant
- Prevention of skin breakdown
- In case of venous leg ulcers, may be used under compression therapy⁽¹⁾

Askina® Trachea

INDICATIONS

Askina® Trachea is an absorbent apertured foam dressing for the stoma created by tracheostomy or for wound drainage sites.



Askina® Trachea is a sterile, hydrophilic foam dressing that includes a polyurethane foam wound contact surface with the circular aperture designed to fit neatly around a tracheostomy tube or other drain or stoma.

Askina® Heel

Hydrophilic foam dressings

Anatomically shaped hydrocellular heel dressing



ADVANTAGES

- Ready to use concept
- Innovative anatomical design covering the malleolus
- Pressure reducing foam, helps prevent stage I ulcers ⁽¹⁾
- Good protection against friction and shear stresses

Askina® Heel is an anatomically shaped, two layered, non adherent foam dressing, which includes a securement foam strap and two self adhesive hooks that allow dressing to remain in place even during movement.

- Stage I – IV pressure ulcers
- Surgical incisions
- 1st and 2nd degree burns

HOW TO APPLY

- 1 Apply self adhesive labels on each side of **Askina® Heel**
- 2 Apply the dressing gently on the heel area and fix with the strap
- 3 Correctly positioned **Askina® Heel**: the ankle is covered
- 4 The dressing can be also fixed with a compression stocking



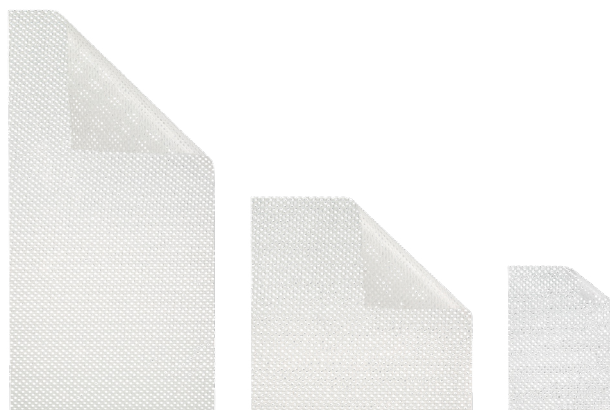
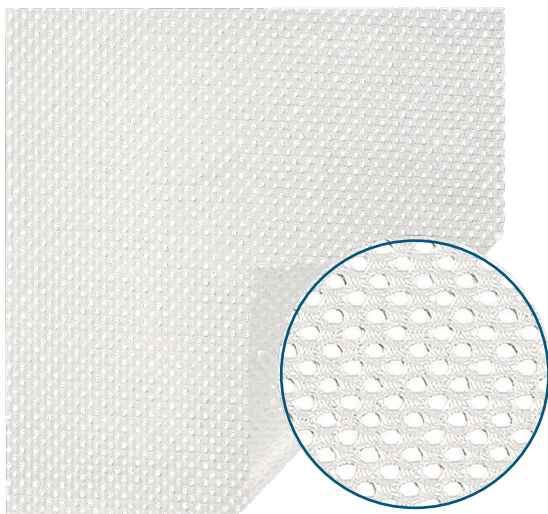
Askina® SilNet Plus

Silicone wound contact layer dressing

INDICATIONS

Askina® SilNet Plus is indicated for nil to heavily exuding chronic and acute wounds with appropriate secondary dressing. The dressing may be used throughout the healing process on:

- Pressure ulcers
- Venous and arterial ulcers
- Skin tears
- Surgical incisions
- 2nd degree burns
- Partial thickness skin grafts



ADVANTAGES

- Prevents the dressings from sticking to the wound and minimizes trauma
- Minimal epidermal stripping
- Reduces pain on removal
- Suitable for use under compression bandage
- Can remain in place and provide protection for up to 14 days
- Conjunction with Negative Pressure Wound Therapy (NPWT)

Perforated holes to allow exudate to pass through to a secondary dressing:

- Allows for undisturbed wound healing
- The secondary outer pad can be changed without damaging the primarily silicone wound contact layer

Knitted fabric coated both sides with soft silicone

- Protects the sensitive granulated wound bed

SPECIAL NOTE

- **Askina® SilNet Plus** is available in different sizes

HOW DOES IT WORK

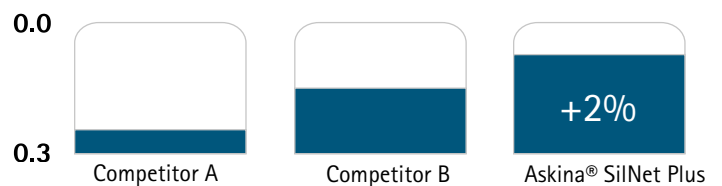
Silicone wound contact layer dressings are often used to increase comfort for the patient, during dressing change.

The dressing allows exudate to pass into an absorbent secondary dressing. The silicone creates a layer between the dressing and the skin surface which allows the dressing to be removed while minimizing trauma, pain, or damage the delicate new tissue at the wound margin. On the skin, the dressing will provide secure adhesion with minimal epidermal stripping or pain on removal.

PERFORMANCE ⁽¹⁾

In comparison with similar wound contact layers available in the market the **Askina® SilNet Plus** is shown to be more extensible, therefore making it more conformable and subsequently easier to apply to difficult areas to dress.

Extensibility (kgfcm⁻¹)



EXAMPLE OF USE



SPECIAL NOTE

- A secondary dressing is required to absorb exudate.

Askina® DresSil

Foam dressings with silicone adhesive

INDICATIONS ⁽¹⁾

Askina® Dressil, Askina® Dressil Border, Askina® Dressil Heel, and Askina® Dressil Sacrum are indicated for the management of moderately exuding, partial to full thickness wounds such as:

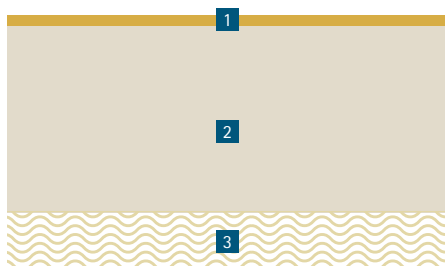
- Pressure ulcers
- Venous leg ulcers
- Arterial leg ulcers
- Diabetic foot ulcers
- 1st and 2nd degree burns
- Donor sites
- Skin tears

Askina® DresSil is a self adherent foam dressing with soft silicone adhesive on one side and a vapour permeable waterproof film on the other. It combines the absorption capacity of the foam with the soft adhesion of the silicone contact layer.

ADVANTAGES

The silicone adhesive layer provides several advantages:

- Gentle and secure adherence
- Minimized trauma during dressing changes ⁽¹⁾
- Good adaptability on difficult-to-dress areas and skin contours
- Can be cut to shape
- Improves patient comfort ⁽²⁾



STRUCTURE OF THE DRESSING

- 1 Protective polyurethane film • Highly breathable
- 2 Hydrophilic foam layer • Soft and conformable
- 3 Silicone adhesive layer • Safe adhesion to the surrounding skin for an atraumatic removal



EXAMPLE OF USE

Askina® DresSil may be used in conjunction with compression therapy ⁽³⁾

1. Thomas S Atraumatic dressings. WorldWideWounds, 2003

2. Meuleneire F, Rücknagel H Soft Silicone Made Easy, Wounds International, May 2013

3. Instruction for use: Askina® Dressil, Askina® Dressil Border, Askina® Dressil Heel, Askina® Dressil Sacrum

Askina® DresSil Border

Foam dressings with silicone adhesive

Additional adhesive border



ADVANTAGES

- Specially adapted for difficult-to-dress or moving areas (knees, elbows, skin folds)

Askina® DresSil Border has the same structure as Askina® DresSil, with an additional 1.5 cm large adhesive border.



ADVANTAGES

- Specifically designed for diabetic foot ulcer
- Shaped island foam
- Suitable for small, deep wounds (diabetic foot ulcers)

SPECIAL NOTE

- Askina® DresSil Border allows the patient to take a shower



Askina® DresSil Sacrum

Foam dressings with silicone adhesive



ADVANTAGES

- Gentle and secure adherence
- Minimized trauma during dressing changes ⁽¹⁾
- Good adaptability on difficult-to-dress areas and skin contours
- Improves patient comfort
- Pressure ulcers
- Skin tears

Askina® DresSil Sacrum coated with silicone all over the foam to allow intimate contact.

SPECIAL NOTE

- Dressing changes will depend entirely upon the state of the wound and the amount of exudate

Askina® DresSil Heel

Anatomically shaped foam dressing with silicone adhesive



ADVANTAGES

- Atraumatic dressing removal ⁽¹⁾
- Good absorption capacity
- Soft and conformable
- Self adherent no need for secondary fixation
- Showerproof

Askina® DresSil heel can also be used for preventing pressure ulcers

- Protects the heel and the malleolus



HOW TO POSITION

- 1 Remove the transparent top liner that is protecting the two "ears"
- 2 Position the foot on the dressing
- 3 Cover the ankle with the "ears" of the dressing
Remove the transparent lower liner
- 4 Wrap and cover the heel with the lower part of the dressing

Askina® DresSil Border Lite

Foam dressings with silicone adhesive

Additional adhesive border

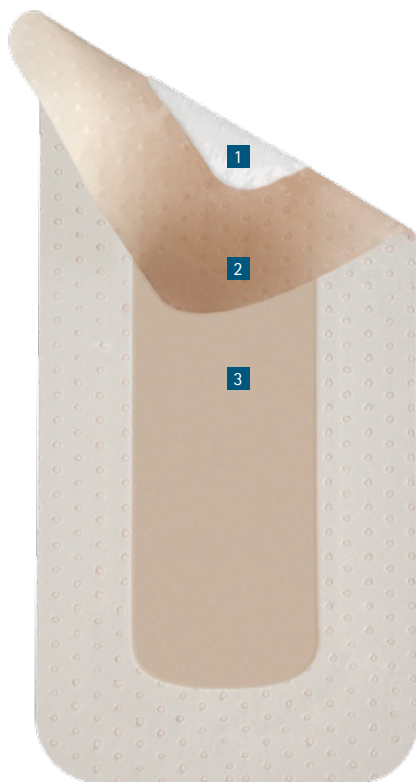
INDICATIONS

Askina® DresSil Border Lite is indicated for use on non to low exuding chronic and acute wounds.

- Pressure ulcers
- Diabetic ulcers
- Leg & foot ulcers
- Post-operative surgical wounds
- Trauma wounds including lacerations, abrasions, skin tears and blisters
- Superficial and partial thickness burns
- Radiation damaged skin
- Suitable to use under compression bandaging
- Can be used on fragile skin

ADVANTAGES

- **Thin, soft, discreet and conformable**
- Designed to promote optimal healing environment to minimize the risk of maceration
- Can be used towards the end of the healing process, where epithelializing wounds tend to produce less exudate
- Protects and provides long lasting protection up to 7 days
- Can be repositioned during application or lifted during wear time for observations
- Able to conform to different anatomical contours



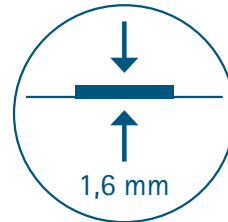
STRUCTURE OF THE DRESSING

- 1 Thin centrally positioned hydrophilic polyurethane foam pad** which is:
 - Soft & conformable, allowing for easy application and comfort for the patient
- 2 Silicone coated perforated** wound contact layer which:
 - Minimises trauma to the wound bed
 - Minimal epidermal stripping
 - Minimal pain during removal
- 3 Waterproof polyurethane bacterial barrier film:**
 - Protects the patient by stopping bacteria from entering the wound
 - Moisture vapour can be transpired through the top of the dressing reducing the risk of maceration

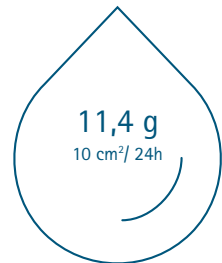
PERFORMANCE ⁽¹⁾⁽²⁾

1 Comparable to other commercially available Lite Foam Dressing in terms of:

- Thickness
- Total Fluid Handling Capacity



Thickness



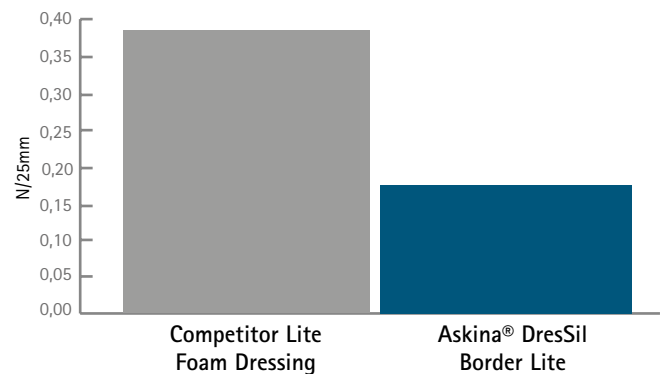
Total fluid handling capacity

2 Better in terms of atraumatic removal⁽²⁾

Based on the lower maximum peel force observed, it is predicted that the dressing will support atraumatic removal, minimizing pain associated with dressing changes, thus, improving patient comfort and facilitating dressing change procedures

3 Lower lateral fluid migration⁽²⁾ observed may provide an effective protection to the periwound area and minimize the potential for skin maceration

Peel Force Comparative Assessment



EXAMPLE OF USE



1. P Williams et al: A Comparative in-vitro study to assess the performance characteristic of several foam dressings. EWMA 2018, Abstract #92

2. A Buggedo: Comparative Assessment of a Novel Thin Polyurethane Foam Dressing. EWMA 2017

Ordering information

Prontosan®	Size	Pcs/Pack	Reference
Pod	40 ml	24	
Bottle	350 ml	10	Individual article numbers by country
Bottle	1,000 ml	10	
Wound Gel	30 ml	20	
Wound Gel X	50 g	20	
Wound Gel X	250 g	20	
Prontosan® Debridement Pad		Pcs/Pack	Reference
		3	3908456
		10	3908457
Askina® Sorb	Size	Pcs/Pack	Reference
Dressing	6 x 6 cm	10 15	2115S 2100S
	10 x 10 cm	3 10 15	2107S 2116S 2101S
	15 x 15 cm	3 10	2108S 2102S
Flat Rope	2,7 x 34 cm	10	2105S
Askina® Foam	Size	Pcs/Pack	Reference
	5 x 7 cm	10	7240710
	10 x 10 cm	10	7241010
	10 x 20 cm	10	7241210
	20 x 20 cm	5	7242005
Askina® Trachea			
	9,5 x 8,5 cm	10	7248510
Askina® Heel	Size	Pcs/Pack	Reference
	surface = 225 cm ²	3 5 10	7240103 7240105 7240110
Askina® SilNet Plus	Size	Pcs/Pack	Reference
NEW PRODUCT	5 x 7,5	10	5185710
	10 x 10	10	5181010
	10 x 20	10	5181210
Askina® DresSil	Size	Pcs/Pack	Reference
	5 x 7 cm	10	5295710
	10 x 10 cm	10	5291010
	15 x 15 cm	10	5291510
	10 x 20 cm	10	5291210
	20 x 20 cm	5	5292005
Askina® DresSil Border	Size overall dressing foam island	Pcs/Pack	Reference
	6 x 6 cm 3 cm Ø	10	5396610
	7,5 x 7,5 cm 4,5 x 4,5 cm	10	5397510
	10 x 10 cm 7 x 7 cm	10	5391010
	10 x 20 cm 7 x 17 cm	10	5391210
	15 x 15 cm 12 x 12 cm	10	5391510
	15 x 20 cm 12 x 17 cm	10	5395210
	20 x 20 cm 17 x 17 cm	5	5392005
Askina® DresSil Sacrum	Size overall dressing foam island	Pcs/Pack	Reference
	16 x 17,5 cm 13 x 14,5 cm	5	5491605
	21 x 22 cm 17 x 18 cm	10	5492110
Askina® DresSil Heel	Size overall dressing foam island	Pcs/Pack	Reference
	22 x 21,6 cm 18,9 x 18,5 cm	5	5592205
Askina® DresSil Border Lite	Size	Pcs/Pack	Reference
NEW PRODUCT	5,5 x 12	10	5385210
	10 x 10	10	5381010
	10 x 20	10	5381210

ALSO AVAILABLE :



Prevention and Treatment of Wound Infection brochure



Skin Care brochure

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