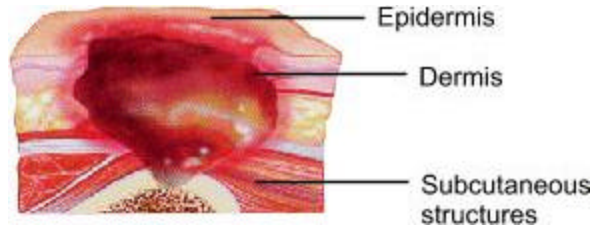


## FULL THICKNESS WOUNDS

### Wound Definition

Full thickness skin loss with extensive destruction, tissue necrosis or damage to underlying structures such as muscle, tendon or bone. It may present as a deep crater and may even tunnel into surrounding subcutaneous tissue.



### Goals

- Eliminate or address the wound etiology or causative factors.
- Eliminate or address any presence of wound infection
- Remove any presence of non-viable tissue.
- Fill any tunneling or undermining to promote even granulation and prevent premature closure.



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- 📄 **Standard Treatment Protocols**
- 📄 **Special Treatment Protocols**
- 📄 **Prevention**

### Dressing Applications:

- ▶ [CURASORB Calcium Alginate Dressing](#)
- ▶ [CURAFIL Amorphous Hydrogel Impregnated Packing Strips](#)
- ▶ [ULTEC PRO Sacral Hydrocolloid Dressing](#)

**NOTE:** The procedures listed above are guidelines. They are not meant to replace any existing protocols or institutional policies. The dressings used on these pages may not be covered under current Medicare reimbursement guidelines. Contact your local Sales Representative for more information



## FULL THICKNESS WOUNDS

### Standard Treatment Protocols:

Dressing choices for full thickness wounds are primarily dependent on five factors:

- The presence of infection
- The presence of drainage
- The wound's location
- The wound depth or the presence of undermining
- The presence of dead or necrotic tissue

A sacral ulcer is the most common pressure ulcer, representing over one third of all pressure ulcers treated. It provides special challenges. Skin folds, incontinence, rubbing on the bed linens, and pressure when the patient is seated or lying in bed are all potential impediments to healing. For most wounds of this type you will need to fill the wound cavity prior to dressing. If the wound is not infected and does not contain necrotic tissue, the filler material will be dependent on the amount of exudate. For heavily exudating wounds, lightly pack the wound with CURASORB Calcium Alginate Rope. For wounds which appear dry, loosely pack the wound with CURAFIL Impregnated Gauze Strips. Once the cavity is filled with Curasorb Rope, cover the wound with ULTEC PRO Hydrocolloid Sacral Dressing. Generally, hydrocolloids are completely occlusive; they seal the wound area to keep moisture in and bacteria out. Hydrocolloids will absorb moderate amounts of exudate. This particular dressing is also specially shaped to conform to the sacral area and provide a more secure, comfortable fit.

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## FULL THICKNESS WOUNDS

### Special Treatment Protocols:

If the wound contains eschar or necrotic tissue, it must be debrided. Using a dressing such as CURAFIL Amorphous Hydrogel Dressing or AQUAFLO Wafer Hydrogel Dressing can promote autolytic debridement or you may choose sharp or enzymatic debridement. For a full thickness wound in an area that will not be exposed to outside contaminants, that is wide and shallow, and is moderately exudating, a CURAFOAM PLUS Hydrophilic Foam Dressing with a fluid-proof backing is a good choice. This dressing will absorb moderate amounts of drainage and cushion the wound site. A secondary dressing will be needed to secure the primary dressing in place. If the wound is on an extremity, use a KERLIX Bandage Roll to secure and cushion. If the wound is not on an extremity, the CURAFOAM PLUS Dressing may be secured in a "window pane" fashion with TENDERFIX Cloth Tape.

Some specific wound conditions may require other dressing choices. For a full thickness wound that is red, warm, or presents on a patient who has a history of infected wounds, choose a non-occlusive dressing such as a XEROFLO Dressing. This dressing can then be secured with a TELFA Island Dressing with an adhesive border. If the wound presents on an extremity, you may choose to secure it with a KERLIX or CONFORM gauze bandage roll.

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## FULL THICKNESS WOUNDS

### Prevention:

The best way to treat a wound is to prevent it from ever occurring. Let the following guidelines assist you.

- Decrease or eliminate external pressures by
  - Employing pressure relief devices such as bed overlays or mattress replacement products and specialty beds and sealing devices
  - Cushioning bony prominences
  - Padding furniture
  - Turning the patient every one to two hours and utilizing positioning aids as needed
  - Teaching seated individuals to shift position every 15 minutes
  - Applying orthotics or appropriate footwear to reduce pressure and protect feet from cold or injury
  - Reducing moisture from incontinence or other sources
  
- Whenever possible, try to increase mobility in bed bound or chair bound patients by recommending physical therapy or restorative nursing for your patient.
  
- Also take care to reduce shear and friction:
  - Keep the head of the bed raised less than 30 degrees unless contraindicated.
  - Support the feet and legs whenever the head of the bed is elevated.
  - Always flatten the bed before repositioning, and - When moving a patient, use lifting devices, such as draw sheets, transport boards, gait belts and mechanical lifts. Do not drag your patient when repositioning.
  
- Be sure the patient is receiving adequate hydration and nutrition and address any underlying medical conditions that may contribute to wounding.

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## ***FULL THICKNESS WOUNDS***

### **Application:**



### **CURASORB Calcium Alginate Dressing**

1. After wound has been cleansed and debrided and you have opened the wound dressing package, reglove.
2. Cut a piece of dressing rope slightly longer than the longest dimension of the wound.
3. Fluff the dressing slightly and loosely layer it into the wound.
4. Be sure to tuck the dressing into undermining or tunnelled areas of the wound.
5. Do not over pack, as the wound dressing will expand as it absorbs wound exudate.
6. Continue filling the wound until level with surrounding skin.
7. Cover with a secondary dressing.

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## ***FULL THICKNESS WOUNDS***

### **Application:**



### **CURAFIL Amorphous Hydrogel Impregnated Packing Strips**

1. Choose the dressing size that most closely approximates the wound. Remember that a bordered island dressing should not be cut.
2. Wash your hands and don gloves.
3. Cleanse the wound with normal saline or a commercial wound cleanser according to your institutional protocol.
4. Open the package, using aseptic technique. Reglove.
5. Peel back and remove the paper backing.
6. Smooth the dressing over the skin.

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## ***FULL THICKNESS WOUNDS***

### **Application:**



### **ULTEC PRO Sacral Hydrocolloid Dressing**

1. Choose the correct size dressing, remembering to allow at least a 1" margin of intact skin under the dressing.
2. Wash your hands and don gloves.
3. Cleanse the wound with normal saline or a commercial wound cleanser according to your institutional protocol.
4. Open the package, using aseptic technique. Reglove. CURAFOAM(r) PLUS Dressings may be cut to approximate the wound shape if desired.
5. Place the dressing over the wound.
6. Using strips of TENDERFIX Cloth Tape, secure the dressing to intact skin in a window pane around the dressing.

Dressings should be changed every three to seven days, or as needed, particularly if the dressing leaks or is clearly saturated.

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## Trademarks

Trademark	Owner
AQUAFLO	Sherwood Services AG
CONFORM	Tyco Healthcare Group LP
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CURAFIL	Beiersdorf AG
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KERLIX	Tyco Healthcare Group LP
TENDERFIX	Tyco Healthcare Group LP
ULTEC	Sherwood Services AG
XEROFLOW	Sherwood Services AG