

Sofmesh® Si Silicone Wound Contact Layer

Sofmesh Si Silicone produces an ideal healing environment where the need for atraumatic removal is desired or necessary. Sofmesh Si Silicone retains moisture at the wound bed, while the perforations allow excess exudate to pass into a secondary dressing, making it suitable for the management of wounds from light to heavy levels of exudate. It can also be used to protect wounds where Negative Pressure Wound Therapy (NPWT) is planned to be used.

In the presence of moisture, the non-adherent property of the silicone layer of Sofmesh Si Silicone prevents adherence to the wound, newly formed tissue and surrounding fragile or sensitive skin. This means dressing changes can take place with minimal tissue disturbance and/or pain.

Sofmesh Si Silicone is a primary contact layer and should be used in conjunction with a secondary dressing that is appropriate to the exudate level and stage of healing.

Each dressing is individually packed, ready for use, and sterilised by ethylene oxide. Sofmesh Si Silicone is sterile unless the individual package is opened or damaged, for single use only and should not be re-sterilised.

INSTRUCTIONS FOR USE



Primary Dressing



Suitable for Fragile Skin



All Exudate Levels

INDICATIONS

Sofmesh Si Silicone dressings can be used in the treatment of superficial or deep wounds including:

- Skin tears
- Partial thickness burns
- Pressure injuries
- Venous leg ulcers
- Diabetic ulcers
- Surgical incisions
- Radiated skin
- Partial and full skin grafts

or as a protective interface between the wound and adjunct treatments including Negative Pressure Wound Therapy (NPWT).

Sofmesh Si Silicone can also be used as a protective layer on non-exuding wounds and on areas with fragile skin.

CONTRAINDICATIONS

- Should not be used if allergies to any of its components is known.

OPTIONS

REORDER	SIZE	PCS/UNIT
SOF0575	5cm x 7.5cm	10
SOF0810	8cm x 10cm	10
SOF1015	10cm x 15cm	10
SOF1020	10cm x 20cm	10
SOF1525	15cm x 25cm	10

GENERAL INFORMATION

- No known side effects have been observed or reported in the use of Sofmesh Si Silicone dressings.
- In case of signs of clinical infection, consult the clinician-in-charge for adequate treatment. Use of product should cease if serious infection is present.
- Pressure on dressing should be avoided if used on partial thickness burns with an increased risk of fast granulation, or after facial resurfacing procedures. It is recommended to raise, alter the position and re-apply the dressing at least every two days when using Sofmesh Si Silicone dressings in this manner.
- When used on bleeding wounds or wounds with high viscosity exudates, wound contact layer should be covered with a moist absorbent dressing pad.
- Counting and documenting the number of Sofmesh Si Silicone dressings used at the NPWT interface is strongly recommended.
- It is recommended to leave Sofmesh Si Silicone for a minimum of 5 days when applied for:
 - Protection of blisters
 - Fixation of skin grafts

RECOMMEND

UP TO

7

DAYS

Wound contact layer prevents the wound sticking to a secondary dressing as well as helps reduce pain and discomfort during dressing changes.



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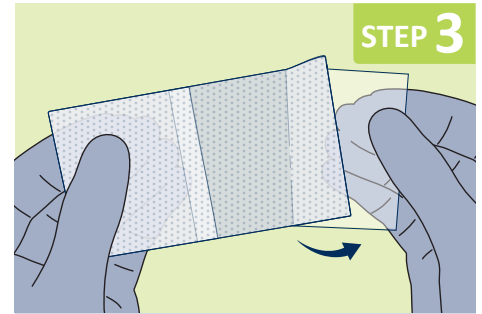
STEP 1

Cleanse wound thoroughly, using local protocols. The skin surrounding the wound should be clean and dry.



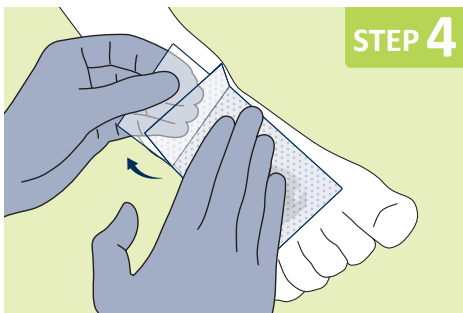
STEP 2

Dressing size is dependent on the wound surface area – the dressing edge should extend 2 - 3cms beyond the wound margin.



STEP 3

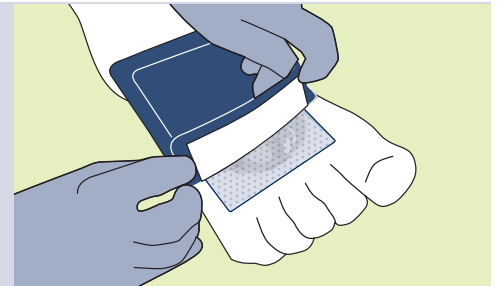
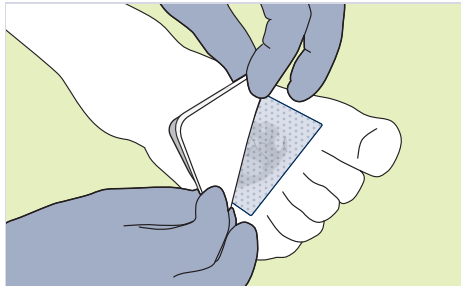
Open the sterile packaging and remove the dressing. Remove the first clear backing film from the Sofmesh Si Silicone.



STEP 4

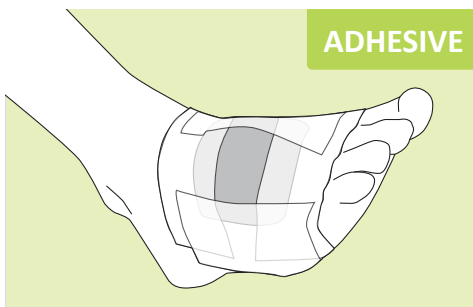
Apply the Sofmesh Si Silicone with silicone interface ('tacky' surface) to the wound and gently smooth over surface onto surrounding skin whilst slowly removing the second backing film.

SECONDARY DRESSING OPTIONS

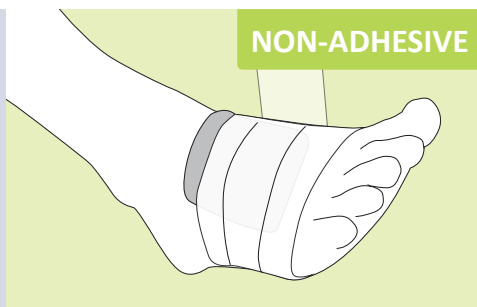


Cover the Sofmesh Si Silicone with an exudate suitable secondary dressing e.g. Osmocel® Hydroporous Foam for light to moderately exuding wounds or Impervia® Neosorb Superabsorbent dressing for heavily exuding wounds.

METHODS OF FIXATION



ADHESIVE



NON-ADHESIVE

Fix the secondary dressing in place with an appropriate retention product, e.g. AsGuard® Clear film or SofSecure® Silicone Tape. If using adhesive fixation, apply adhesive in a "window framing" technique - so as not to cover the entire outer surface of the dressing. For a non-adhesive option fix the dressing in place with an appropriate non traumatic retention product, e.g. Medicepe® Crepe bandage.

DRESSING CHANGE

The clinician-in-charge is responsible for determining the need for dressing changes, dependent on the stage and phase of wound healing and exudate level.

14 days is the maximum period between dressing changes, dependent on the condition of the wound and surrounding skin.