

HARTMANN



Debridement and  
infection management

Let  
HydroClean<sup>®</sup>  
advance  
do the job!



# Your daily challenge: debridement and infection control

## For acute wounds



Traumatic wound located on foot



Open elbow wound

## For infected wounds



Infected wound located on the back of hand



Infected pressure ulcer in the sacral region

## For chronic wounds



Venous leg ulcer



Pressure ulcer

# What international wound specialists recommend for infection management<sup>[13]</sup>

## Non Medicated Wound Dressings – NMWD – like HydroClean<sup>®</sup> advance

- Contribute to wound infection management through **physical mechanisms** of action.
- **Does not contain** any active antibacterial agents only Ringer's solution.
- **Contributes significantly to wound** bed preparation<sup>[13]</sup>



Up to 69% reduction in devitalised tissue including necrosis and slough<sup>[18]</sup>



Suitable to treat dry as well as exuding wounds

# How HydroClean® advance's unique Rinsing-Absorption mechanism works

1

HydroClean® advance continuously **releases Ringer's solution** facilitating autolysis of necrosis

2

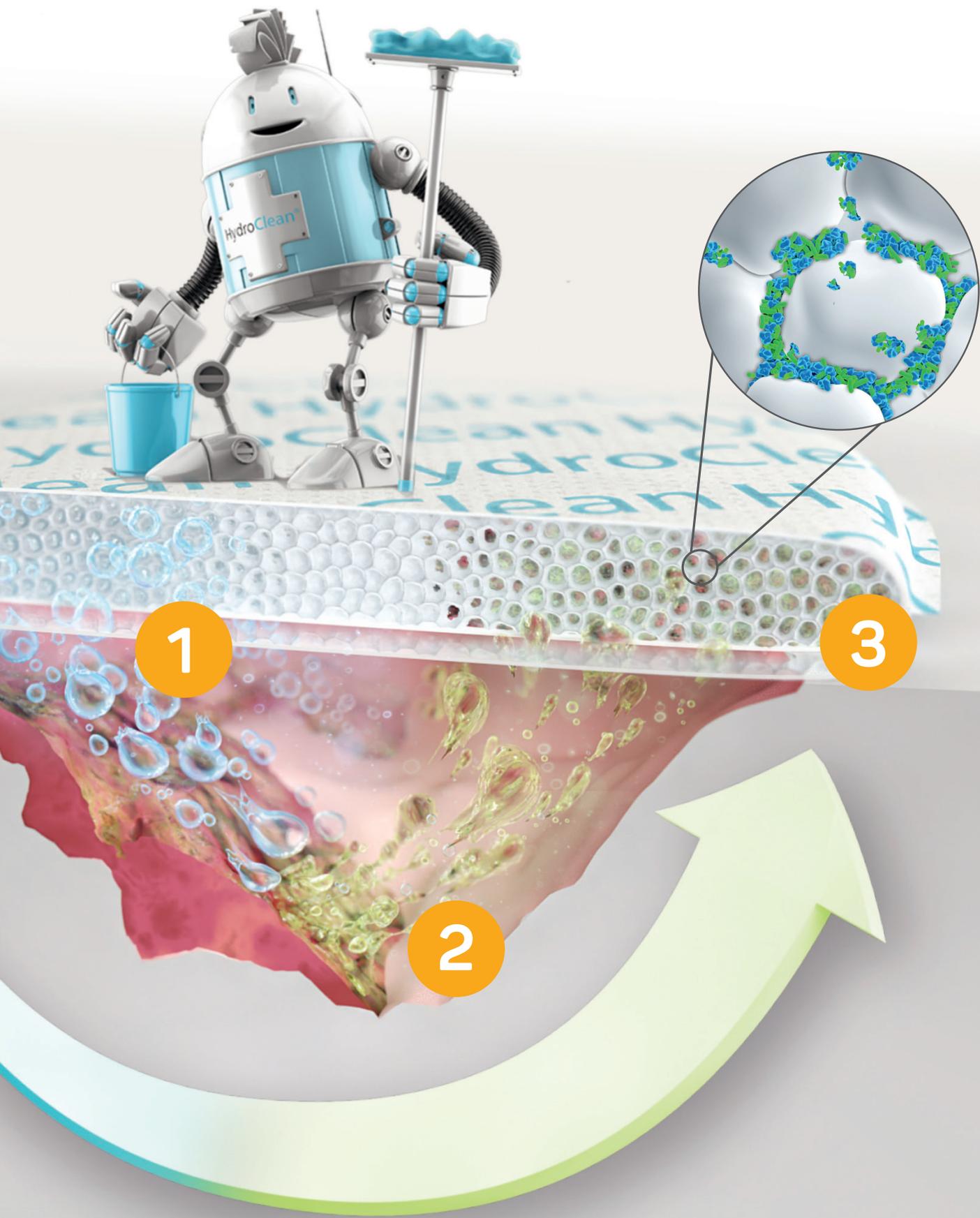
HydroClean® advance **removes fibrin and necrotic tissue** where bacteria may occur, absorbing wound exudate<sup>[13]</sup>

3

Bacteria and debris are **locked inside the dressing core**



See how it works!



# HydroClean<sup>®</sup> advance – wound bed preparation without additional pain<sup>[1-6]</sup>

## HydroClean<sup>®</sup> advance – automatic “rinsing-and-absorption in one”<sup>[1,3,6-9]</sup>

- Supports **autolytic debridement**
- Reduces bacterial load and biofilm<sup>[3,10-13]</sup>
- **Supports the granulation** by inactivating excess of MMP (matrix metallo-proteases)<sup>[9]</sup>
- **Easy to remove:** does not adhere to the wound<sup>[11]</sup>
- Dressing can stay on the wound **for up to 3 days** (depending on wound condition)

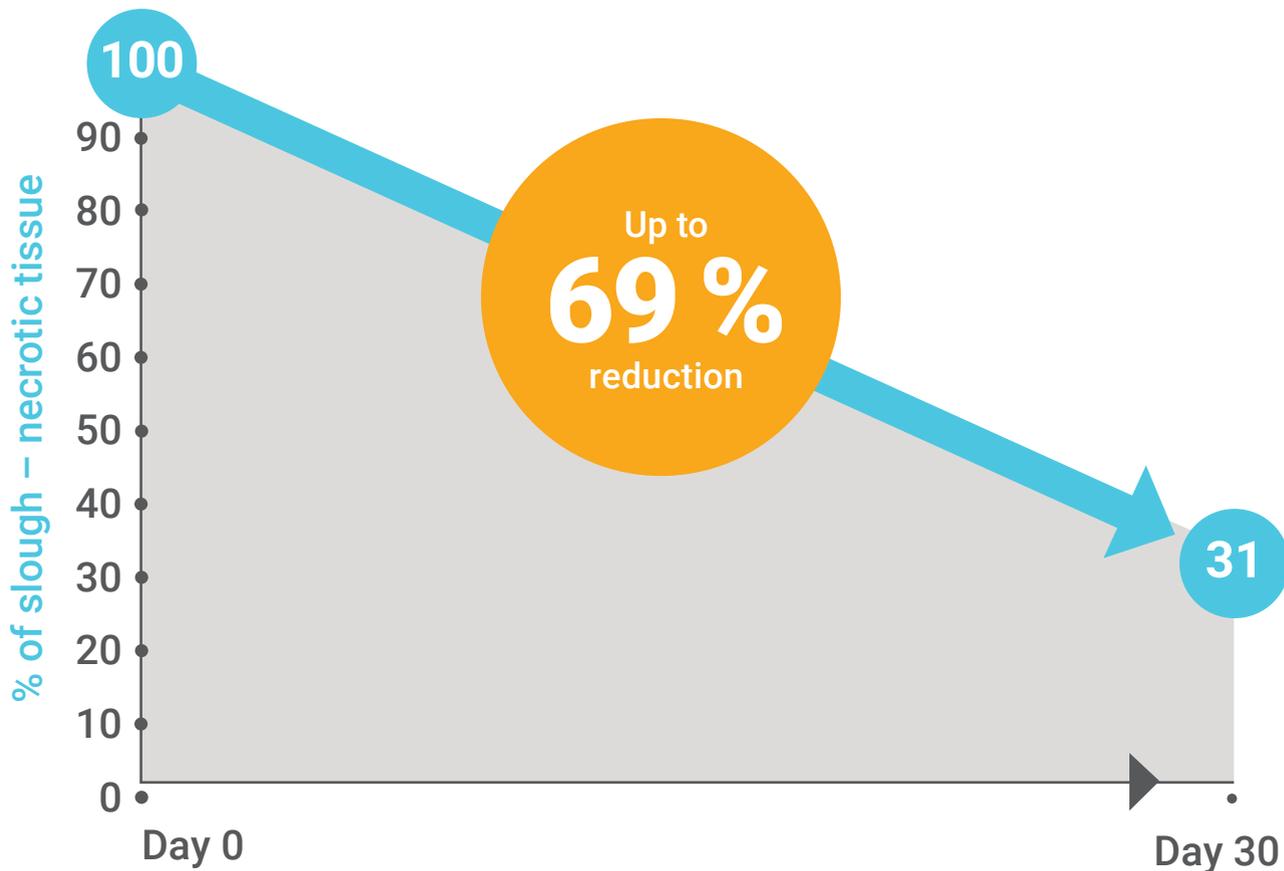


would **use it even more frequently**<sup>14</sup>

- stated it helps **cleansing without pain**<sup>14</sup>
- prefer it as a **replacement for other wound treatments**<sup>14</sup>

# HydroClean® advance - proven efficacy in daily practice

**Removal of devitalised tissue (necrosis and slough) in less than a month<sup>[18]</sup>**



#### **METHOD:**

Non-comparative evaluation of acute and chronic wounds that required debridement as part of their normal treatment regimen.

#### **BEFORE TREATMENT:**

The level of necrosis/slough in the wound bed was significant with a mean overall coverage of devitalised tissue of 85.5%.

#### **After treatment with HydroClean® advance:**

The level of devitalised tissue (necrosis and slough) decreased in less than a month to a mean overall coverage of 26.3% – a relative reduction of nearly 69% overall, with many wounds achieving total removal of devitalised tissue.

# HydroClean® advance - easy handling<sup>[16]</sup> and fixation

## Handling



Easy to apply and remove because it is thin and light. The dressing can stay on the wound for up to 3 days (depending on wound condition)



Flexible and fits perfectly to round body parts



Always place with the label on top (unless using Hydroclean® advance Cavity)

## Fixation



Heavily exuding wounds may be covered with Zetuvit® Plus or Zetuvit® Plus Silicone Border in order to absorb excess exudate



HydroClean® advance can be fixed with a film dressing (Hydrofilm®)

# Case study

## HydroClean® advance in a pressure ulcer<sup>[17]</sup>



DAY  
0



DAY  
21

### Patient

- Female
- 82 years old
- Bedridden
- Clinical history of diabetes and dementia
- 2 initially unstageable pressure ulcers in the sacral area

### Previous Treatment

**Without improvement:**  
sharp debridement and Sulfasil (1% silver sulfadiazine cream) for 2 weeks with limited progress (larger stage 4 ulcer)

### New Treatment

HydroClean® advance mini for the smaller and HydroClean® advance for the bigger wound for 21 days.

### Outcome

HydroClean® advance mini and HydroClean® advance helped to **manage exudate effectively**. The wound **dressings did not adhere** to the wound bed, the peri-wound **skin improved visibly**. **Clear debridement with a reduction of slough (sloughy tissue) from about 80% to 30%** and a decrease in inflammation. A healthy and moist wound bed and **new epithelial tissue gradually** appeared. The **wound size decreased** from 8cm x 10cm x 2cm to 5.5cm x 7cm x 1.5cm.

## HydroClean® advance

With silicone strips on the wound side



ø 4 cm



ø 5.5 cm



Oval 4 x 8 cm



7.5 x 7.5 cm



Oval 8 x 14 cm



10 x 10 cm



10 x 17 cm



## HydroClean® advance Cavity

With 2 equal sides without silicone for gentle coverage of entire wound surface



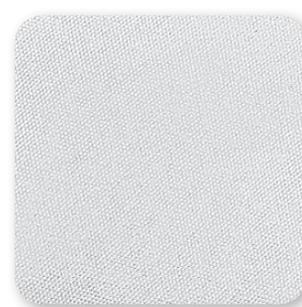
ø 4 cm



ø 5.5 cm



Oval 4 x 8 cm



7.5 x 7.5 cm



10 x 10 cm

## HydroClean® advance mini



ø 3 cm

# A size for every wound

Brand	Size	HARTMANN Code	Pip Code	NHS Code <i>England only</i>
Hydroclean® advance	4cm Round	609662	4011540	ELZ1427
	5.5cm Round	609666	4011557	ELZ1434
	7.5cm x 7.5cm	609668	4011565	ELZ1431
	10cm x 10cm	609672	4011573	ELZ1435
	4cm x 8cm	609664	4186441	ELZ1428
	8cm x 14cm	609674	4186433	ELZ1430
	10cm x 17cm	609676	4186425	ELZ1436
Hydroclean® advance Cavity	7.5cm x 7.5cm	609168	4011599	ELZ1425
	4cm round	609162	4011581	ELZ1433
	4cm x 8cm	609164	4186417	ELZ1432
	5.5cm round	609166	4186409	ELZ1426
	10cm x 10cm	609172	4186391	ELZ1437
Hydroclean® advance mini	3cm Round	609609	4015581	ELZ1429

Pack size

Unit size

10pcs

6



# HARTMANN



Helps. Cares. Protects.



## References

[1] Pam Spruce, Lindsey Bullough, Sue Johnson, Debra O'Brien, Introducing HydroClean® advance plus for wound-bed preparation: a case series, *Wounds International* 2016, Vol 7 Issue 1, pages 26-32. [2] Sibbald RG, Coutts P, Woo KY (2011) Reduction in bacterial burden and pain in chronic wounds using a new polyhexamethylene biguanide antimicrobial foam dressing – clinical trial results. *Adv Skin Wound Care* 24(2): 78–84. [3] Kaspar D, Dehiri H, Tholon N et al (2008) Efficacité clinique du pansement irrigo-absorbant HydroClean active contenant du polyacrylate superabsorbent dans le traitement des plaies chroniques – étude observationnelle conduite sur 221 patients. *J Plaies Cicatrisations* 13(63): 21–4 [4] Rogers AA, Rippon M, Davies P (2013) Does “micro-trauma” of tissue play a role in adhesive dressing-initiated tissue damage? *Wounds UK* 9(4): 128–134. [5] Colegrave M, Rippon MG, Richardson C (2016) The effect of Ringer’s solution within a dressing to elicit pain relief. *J Wound Care* 25(4): 184–90. [6] Alan A Rogers, Mark G Rippon: Describing the rinsing, cleansing and absorbing actions of hydrated superabsorbent polyacrylate polymer dressings, *Wounds UK, EWMA SPECIAL*, 2017. [7] Humbert P. et al. Cleansite Study group Protease-modulating polyacrylate-based hydrogel stimulates wound bed preparation in venous leg ulcers – a randomized controlled trial. *Journal of the European Academy of Dermatology and Venereology*. 2014 Dec;28(12):1742-50. [8] Mwiapatayi BP, Angel D., Dixon P, Higgins S., Gregory G., Sieunarine K. Clinical experiences with activated polyacrylate dressings (Tenderwet 24.). *Primary Intentions* 2005;13[2]:69-74. [9] Eming S, Smola H, Hartmann B, et al. The inhibition of matrix metalloproteinase activity in chronic wounds by a polyacrylate superabsorber. *Biomaterials* 2008; 29(19): 2932-40. [10] Gilliver S (2009) PHMB: a well-tolerated antiseptic with no reported toxic effects. *J Wound Care Supplement*: 9–14 [11] Kaspar D (2011) TenderWet plus. Therapeutic effectiveness, compatibility and handling in the daily routine of hospitals or physician’s practices. Published by HARTMANN. [12] Knestele M (2004) The treatment of problematic wounds with TenderWet – tried and tested over many years in clinical practice. *WundForum*. Special Issue: 3. [13] World Union of Wound Healing Societies (2020) The role of non-medicated dressings for the management of wound infection. London: Wounds International; page 16. [14] HydroClean healthcare professional concept research, 610 participants (UK, DE, FR), HARTMANN Group, 2020, data on file. [15] Bruggisser, R. (2005). Bacterial and fungal absorption properties of a hydrogel dressing with a superabsorbent polymer core. *J Wound Care* 14, 438-42. [16] Ellermann, J (2015). HydroClean 2.0: Design validation customer/user interviews. Internal Report, International Marketing Department. [17] Yeh J-T, Yang H-M, Lee V K-W et al. A new approach to the debridement and treatment of chronic wounds in Hong Kong and Taiwan. *Wounds Asia* 2019; 2(3): 45–51. [18] H Hodgson et al, A multicentre, clinical evaluation of a hydro-responsive wound dressing: the Glasgow experience, *J Wound Care*, 2017, Nov 2;26(11):642-650. doi: 10.12968/jowc.2017.26.11.642.

For more information contact your local HARTMANN representative or contact our customer services team

HARTMANN UK & Ireland +44 (0)1706 363200 | Email: [info@uk.hartmann.info](mailto:info@uk.hartmann.info) | [www.hartmann.co.uk](http://www.hartmann.co.uk)

Never miss an update from HARTMANN UKI - Join [www.hartmannmarketing.com](http://www.hartmannmarketing.com) online now

 HARTMANN UKI Healthcare Professionals  HARTMANN GROUP

©2021 Paul Hartmann Limited. ® represents a trademark of Paul Hartmann Limited, a company registered in England and Wales (company number 01523121) WM-000074/22-GB