

HydroClear

Debridement and wound bed preparation

Let HydroClean® advance do the job!

Debridement: Your daily challenge



Fungating wound



Pressure ulcer



Venous leg ulcer



Haematoma



Diabetic foot ulcer



Amputated toe

HydroClean advance®

What international wound specialists recommend^[13]

- Supports autolytic debridement
- Reduces bacterial load and biofilm^[3,10-13]
- Supports the granulation phase by inactivating excess of MMPs (matrix metallo-proteases)^[9]
- Non-medicated wound dressing: **does not contain** any active antibacterial agents, only Ringer's solution.
- Contributes significantly to wound bed preparation^[13]

Up to 69% reduction in devitalised tissue including necrosis and slough^[18]



Suitable for dry and exuding wounds

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

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

2

1

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



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

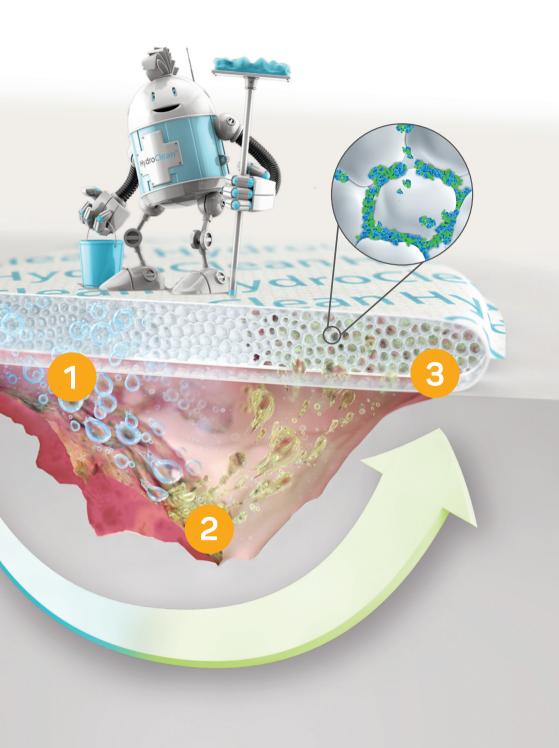
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See how it works!



Wound bed preparation without additional pain^[1-6]



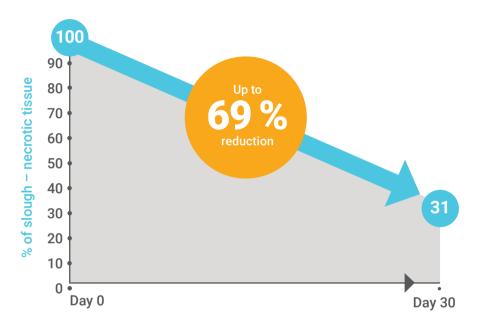
"Within a week, the pain just went... [the wounds] were healing, even after a couple of weeks. Without that I think I would have lost my leg" - Carole Scott



Watch Carole's Story

HydroClean[®] advance - proven efficacy in daily practice

Removal of devitalised tissue (necrosis and slough) in less than a month^[18]



Method:

100 patient, 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 86%.

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% – a relative reduction of nearly 69% overall, with many wounds achieving total removal of devitalised tissue.

HydroClean[®] advance - easy handling^[16] and fixation

Handling



Easy to apply and remove. 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

Fixation



Ensure the dressing is secured into place. A secondary dressing maybe required depending on exudate levels. Zetuvit[®] Plus can be used with moderate to highly exuding wounds



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

Case study

Treating a 95% necrotic wound [17]



Patient • Female • 81 years old

- Complex medical history, including severe cardiac failure, Ca breast and type 2 diabetes.
- Two haematoma wounds resulting from physical trauma.
- Wounds initially presented as 100% necrotic.

Previous Treatment

Without improvement:

Fentanyl patches were prescribed to manage extreme pain. No improvement with 5 weeks using a hydrogel sheet, which stuck and was painful on removal, the patient was referred to the tissue viability team.

NEW Treatment

HydroClean® advance dressings were used for 14 days.

Outcome

After just four days of using **HydroClean®** advance the necrotic tissue was lifted and revealed a granulating wound bed. Continued use allowed for debridement of the remaining devitalised tissue. After the wound was static for several months the efficient and effective debridement using **HydroClean®** advance increased motivation to both patient and the community nursing team.



ø3cm



A size for every wound

Brand	Size	HARTMANN Code	Pip Code	NHSSC Code
HydroClean® advance	4cm round	609 662	401 1540	ELZ1283
	4 x 8cm oval	609 664	418 6441	ELZ1387
	5.5cm round	609 666	401 1557	ELZ1294
	7.5 x 7.5cm	609 668	401 1565	ELZ1291
	10 x 10cm	609 672	401 1573	ELZ1297
	8 x 14cm oval	609 674	418 6433	ELZ1389
	10 x 17cm	609 676	418 6425	ELZ1295
HydroClean® advance Cavity	4cm round	609 162	401 1581	ELZ1273
	4 x 8cm oval	609 164	418 6417	ELZ1390
	5.5cm round	609 166	418 6409	ELZ1391
	7.5 x 7.5cm	609 168	401 1599	ELZ1274
	10 x 10cm	609 172	418 6391	ELZ1388
HydroClean® advance mini	3cm round	609 609	401 5581	ELZ1392

Pack size 10pcs





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 chronigues - 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 Venerology. 2014 Dec;28(12):1742-50. [8] Mwipatayi 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]Dixon G, Prevention of hospital admission in the management of haematomas. Buckinghamshire Healthcare NHS Trust [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.

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