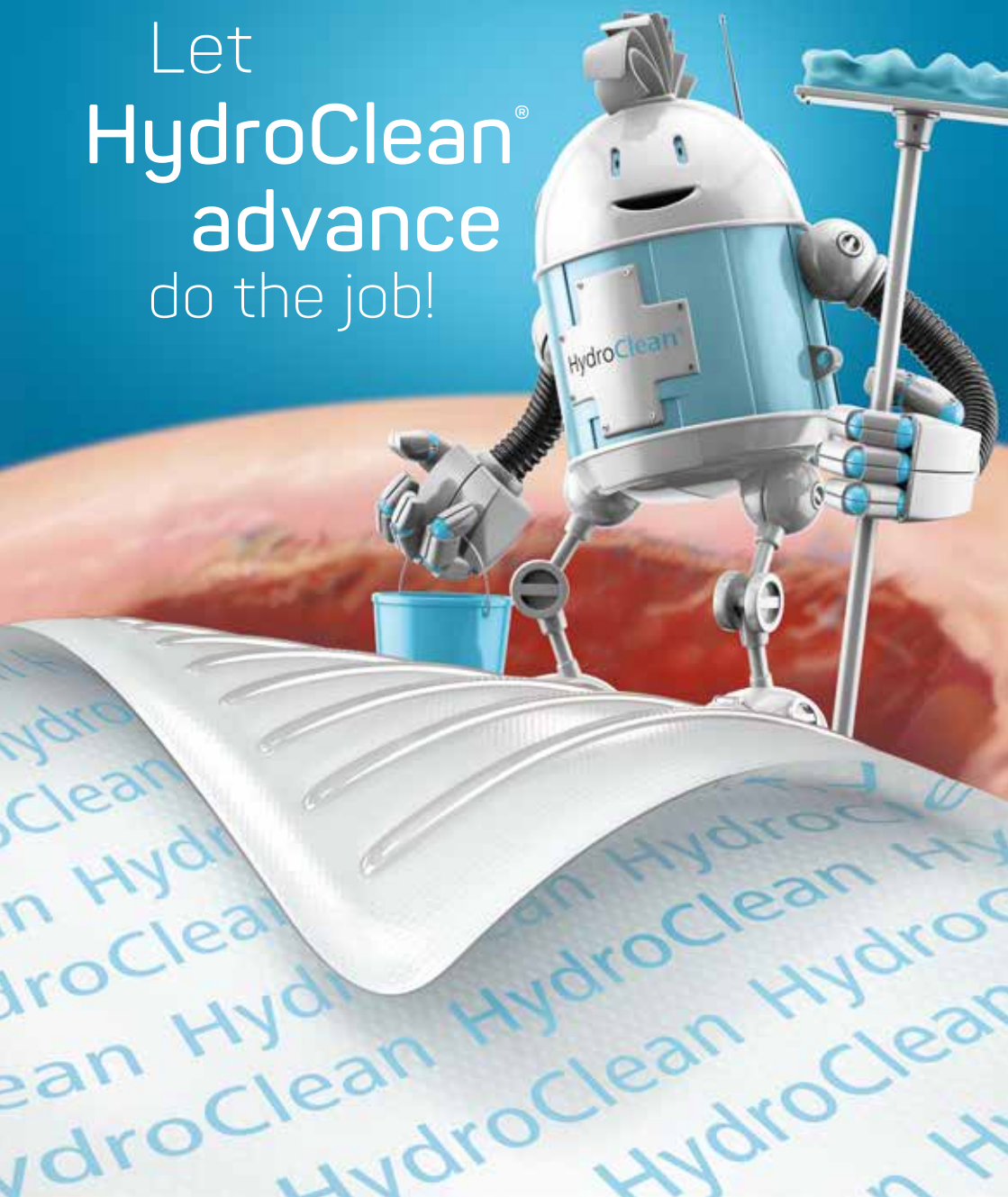


Debridement and
wound bed preparation

HARTMANN



Let
HydroClean[®]
advance
do the job!



Debridement: Your daily challenge



Malignant 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

1

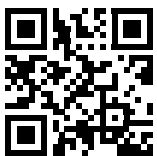
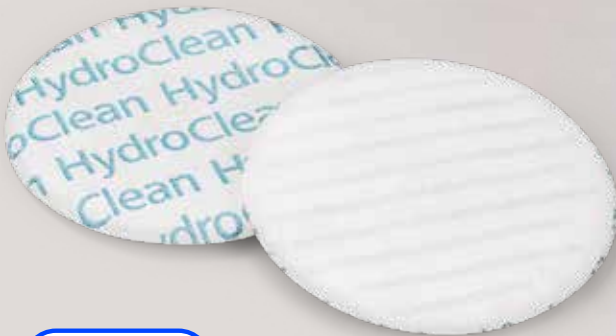
HydroClean® advance continuously **releases Ringer's solution** facilitating autolysis of necrosis

2

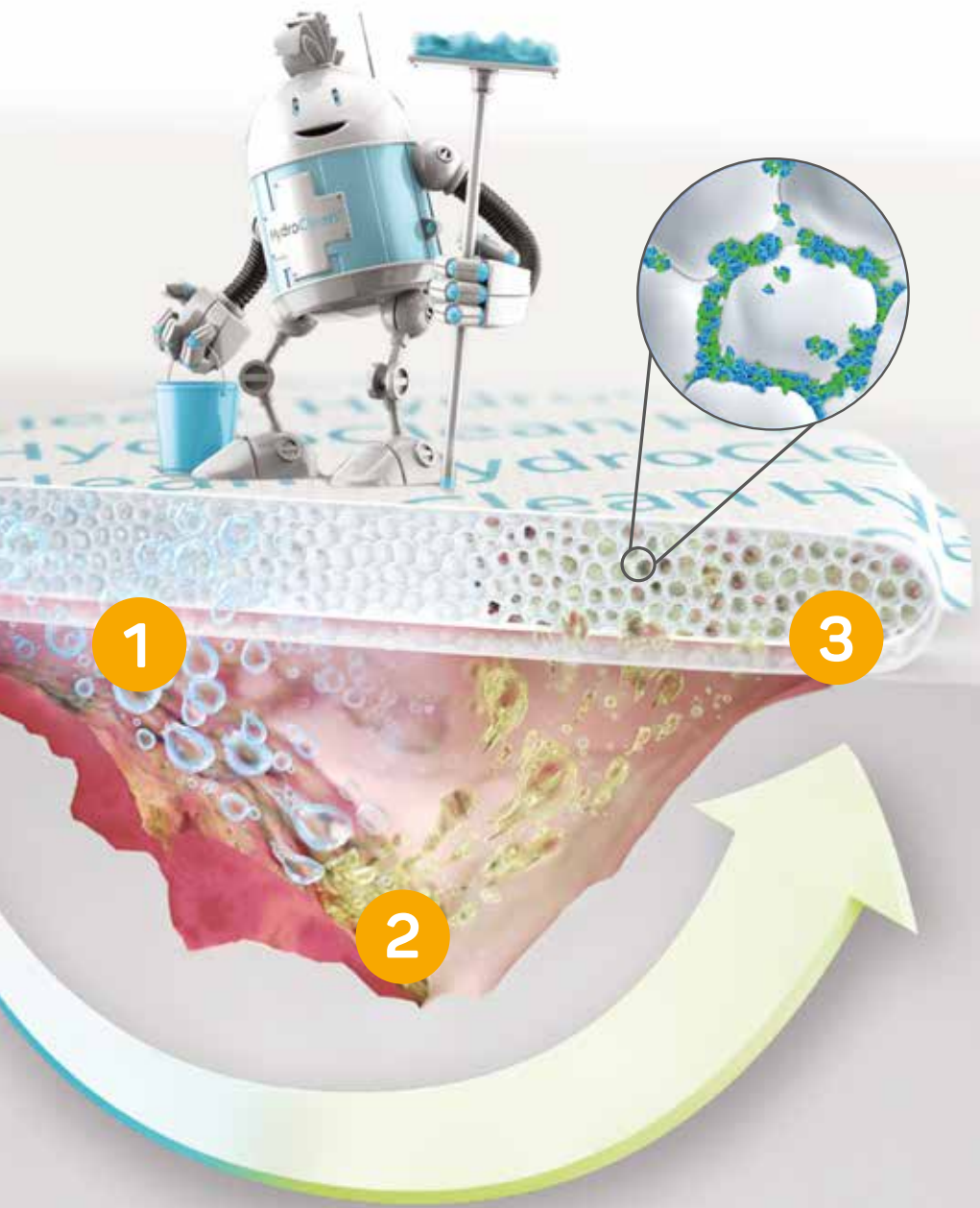
HydroClean® advance **removes fibrin and necrotic tissue** where bacteria may occur, absorbing wound exudate^[13]

3

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



See how it works!



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



HARTMANN
Stories

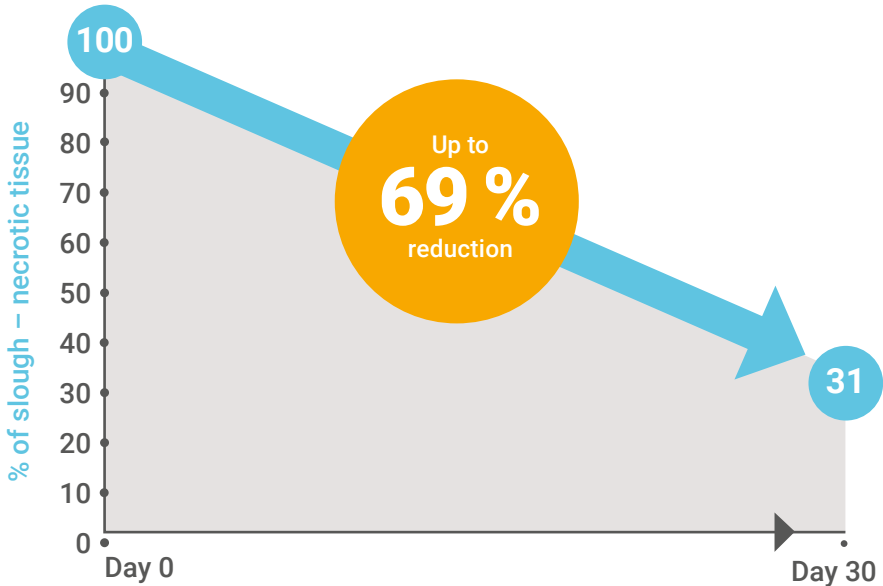
***"Within a week, the pain just went...
[the wounds] were healing, even after a
couple of weeks. Without that I think
I would have lost my leg" - Carole Scott***



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.

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	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**



HARTMANN

Helps. Cares. Protects.



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[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 actif contenant du polyacrylate superabsorbant 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] Mwiipatayi 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.

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 | www.hartmann.co.uk

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