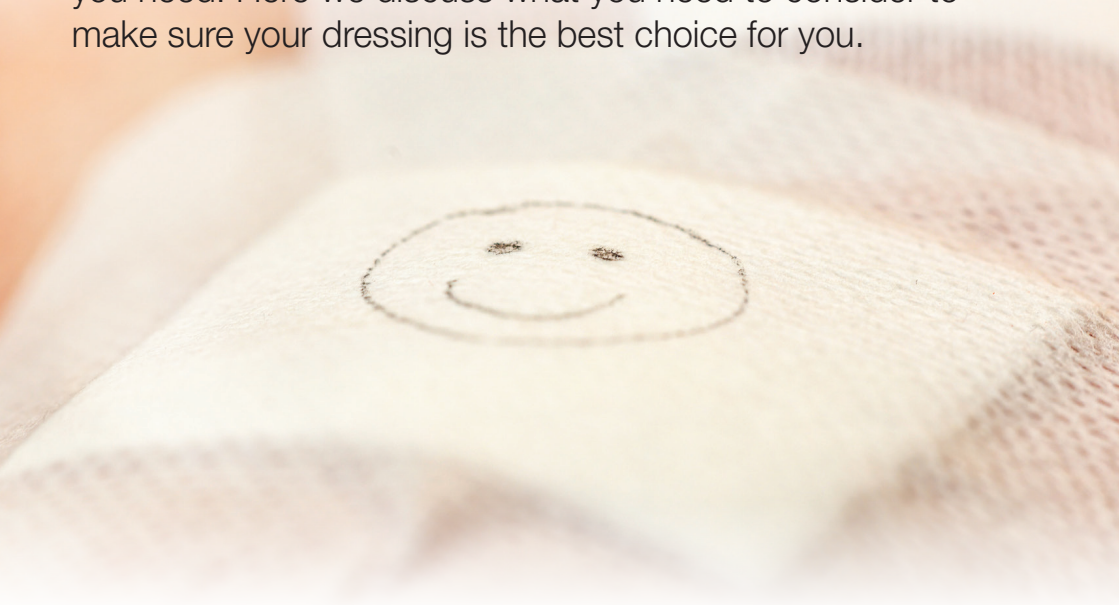


Get well dressed and all ready to heal

Using a dressing is a key part of caring for your wound. As the needs of your wound change, so too will the dressing you need. Here we discuss what you need to consider to make sure your dressing is the best choice for you.



The use of a wound dressing is key to encouraging your wound to heal. However it must be the right dressing for your wound. There is no one dressing that will suit your venous leg ulcer throughout your healing journey. As the needs of your wound change, so should the dressing you use to get the best results. Here we provide some examples of when you might need to consider a different type of dressing.

Too much wound fluid

There are a range of dressings available which can handle different volumes of fluid. If your wound is producing a large volume of wound fluid (exudate) that is quickly saturating your dressing or leaking onto your compression garment, clothes or furniture, you may need a more absorbent dressing. When dressing a venous leg ulcer, it is important to consider how the dressing works beneath compression. A bulky, highly absorbent dressing may mean

you can't apply your compression garment as usual, or that the pressure of the garment could result in wound fluid being squeezed from the dressing back onto your skin and wound. This can cause damage if in prolonged contact, so your healthcare professional may recommend the use of compression bandaging or wrap, just until the exudate is under control and a less bulky dressing is needed.

Wound infection

Wound dressings need to absorb the extra wound fluid and have an antimicrobial affect. They contain substances that can kill bacteria (also known as bugs or germs). Examples include dressings containing silver, honey and iodine.

Dead tissue

Wounds that contain dead tissue (which can be identified by its black, grey or yellow appearance) are at risk of delayed of healing and infection. If your wound contains this type of tissue, speak to your healthcare professional about it. They may recommend a dressing that can add moisture to the tissue, which helps the body's natural process of removing the dead tissue, cells and debris from the wound bed. You should see this tissue adhered to the dressing when you remove it. This process has a risk of infection so only use dressings in this way if directed by your healthcare professional and keep an eye on your wound for signs and symptoms of wound infection, which include redness, pain, swelling and heat at the wound site and the skin around it.

Pain on dressing removal

Having a wound is painful in itself, and additional pain related to wound dressing removal can be completely avoided by using an atraumatic dressing. This type of dressing should cause minimal or no pain on removal, nor cause any damage to the skin surrounding your wound.

What size of dressing should I use?

Your healthcare professional should be able to advise you on what dressing size is appropriate by following the manufacturer's guidelines for use. Generally, the wound pad or contact layer of the dressing should overlap the skin surrounding the wound by at least 1–2cm in order to protect it from damage and to help secure the dressing in place.

When should I change my dressing?

Leave your dressing in place for as long as possible, to avoid disturbing your wound. Your healthcare professional will recommend how long is right for you. If your dressing is beneath compression bandaging for example, it can stay in place until your bandaging is changed, as long as it is not saturated or you become concerned about your wound and limb. It will also be necessary to change your dressing immediately if fluid starts to leak out of the edge of the dressing or if the dressing peels off.

Remember the purpose of a dressing is to promote healing for your wound, so make sure you wear one that works for you.

