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The fortnightly journal promoting excellence in nursing

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Editorials

Community nurses are not GPs' attendants 699

Anne Squire argues that community nurses are not the solution to GPs being overworked and urges nurses to assess their priorities and improve their own standards of care before agreeing to expand their role.

Shaping a healthier future in the Republic of Ireland 700

Judith Chavasse discusses the implications of a new document that shifts the focus of health services towards primary health care in the Republic of Ireland.

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Pressure sores: a case to answer 721

Bridgit Dimond discusses the complexity and procedure of civil litigation using, as an example, the subject of pressure sores.

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The value of convalescent care 728

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Clinical practice

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Angela Jacques gives an overview of the use of epidural analgesia and the complications that may arise, and examines nursing implications with regard to monitoring and care of patients who are undergoing treatment.

Transcultural care

The notion of respect in Asian traditions 739

Sharada Sugirtharajah focuses on the notion of respect and how it is expressed by Hindus, Sikhs and Muslims.

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Product focus

Granuflex

Clare Williams

This article looks at the hydrocolloid wound dressing Granuflex and discusses its many advantages over traditional dressings, including the provision of a moist environment, a constant wound temperature, and infrequent dressing changes. It can also be used to rehydrate and lift off sloughy tissue and it has an important role in infection control.

Over 30 years have passed since Winter (1962) acknowledged the advantages of a moist environment, a constant wound temperature and infrequent dressing changes in wound healing.

Granuflex, also known as Duoderm in other countries, was first used in wound management in the early 1960s to prevent excoriation of the skin surrounding stomas (Sircus, 1964). This original form was quickly developed into a material for use in the management of leg ulcers and other chronic wounds (Thomas, 1992).

Improved formulation Granuflex, like the standard Granuflex, contains gelatin, pectin and carboxymethylcellulose, but differs from the original material in the composition of the adhesives and polymers used during its manufacture.

The improved formulation has a cross-linked honeycomb matrix that enables the gel to be confined within the structure of the dressing, thereby aiding control of the wound exudate (Figure 1).

The outer waterproof layer of improved formulation Granuflex excludes atmospheric oxygen, liquids and bacteria, and protects the wound from urine and faeces. The hydrocolloid particles absorb exudate, providing a moist wound environment, and are most useful for wounds with a low to moderate level of exudate. Improved

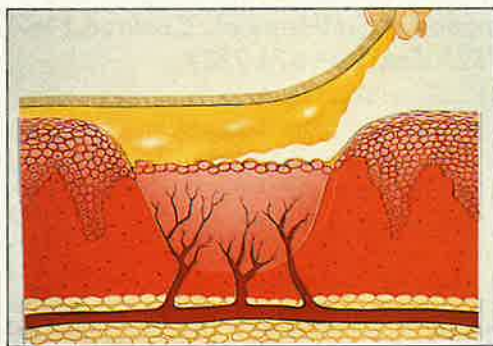


Figure 1. Improved formulation Granuflex has a cross-linked honeycomb matrix that enables the gel to be confined within the structure of the dressing, thereby controlling wound exudate.

formulation Granuflex can also be used to rehydrate very dry wounds or black necrotic areas and to assist the body's normal process of autolysis, rehydrating and lifting off sloughy tissue.

The thermal insulation provided by the dressing keeps the wound temperature close to body temperature. The dressing maintains a slightly acidic environment (pH 6.4) which assists the body's own enzymes, thus contributing to the removal of necrotic tissue and encouraging angiogenesis.

Cherry and Ryan (1985) demonstrated that, in addition to stimulating healing, the hydrocolloid accentuated angiogenesis by maintaining wound hypoxia. Pickworth and DeSousa (1988) also demonstrated significant enhancement of angiogenesis under occlusion, with greater vascularisation.

Table 1. The Granuflex range

Improved formulation	10 cm x 10 cm*
Granuflex	15 cm x 15 cm*
	20 cm x 20 cm*
	15 cm x 20 cm*
	20 cm x 30 cm
Bordered Granuflex	6 cm x 6 cm
	10 cm x 10 cm
	15 cm x 15 cm
	10 cm x 13 cm
	15 cm x 18 cm
Granuflex Extra Thin	7.5 cm x 7.5 cm
	10 cm x 10 cm
	15 cm x 15 cm
	5 cm x 10 cm
	5 cm x 20 cm
Granuflex Paste	30g

*Available on NHS prescription in the community

Ms Clare Williams is Clinical Nurse Specialist/Tissue Viability, Maelor General Hospital, Wrexham

SOMETIMES TWO HEADS ARE BETTER THAN ONE



Melinda Mather, RGN
ConvaTec Professional Services

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tion under the hydrocolloid than under a polyurethane film dressing.

The moist environment aids migration of epidermal cells and bathes nerve endings, thus providing pain relief.

The Granuflex range

The Granuflex range (Table 1) comprises bordered, non-bordered, extra thin and paste, with four non-bordered sizes available in the community.

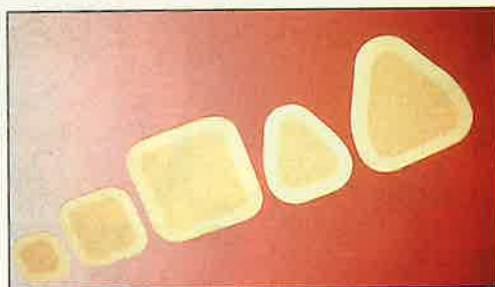


Figure 2. The bordered range comprises two triangular shapes and three square shapes.

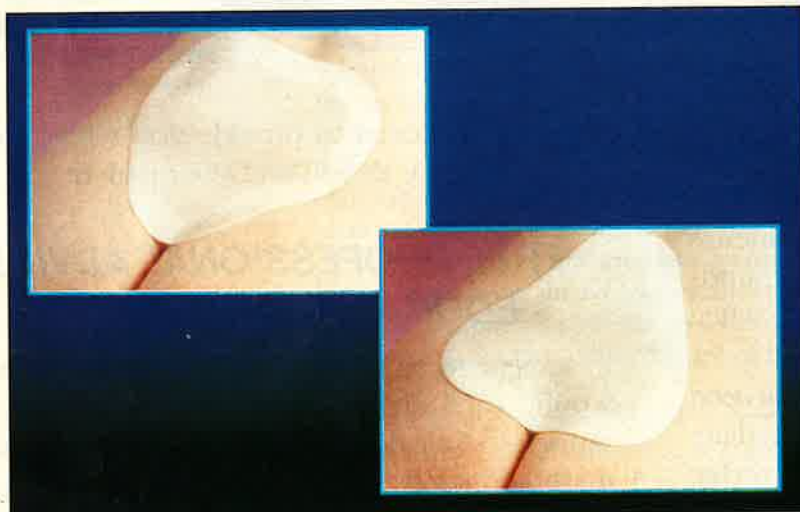


Figure 3. The triangular shaped, improved formulation Granuflex is designed for use on areas such as the sacrum.



Figure 4. Non-bordered improved formulation Granuflex being used in the treatment of a pressure sore.

Bordered

The bordered range can be used on chronic wounds such as pressure sores. It comes in two triangular shapes for areas such as the sacrum and heel, and three square shapes (Figures 2 and 3). The low profile edges gives extra security to the dressing in areas that are normally difficult to dress.

Non-bordered

The non-bordered range can be used for traumatic wounds, skin flaps, burns, donor sites, leg ulcers and pressure sores (Figure 4).

Forshaw (1993) found that a hydrocolloid dressing helped to reduce the physical and psychological pain experienced by burns patients during dressing procedures, that dressing changes were much less painful than traditional dressing changes and that such dressings allowed children to lead a full and active life. Hydrocolloid dressings used in donor sites have also been shown to be superior to conventional gauze dressings and to improve healing rates (Smith et al, 1993).

Extra thin

The extra-thin range is designed for superficial wound management and to protect the wound from further damage, such as that due to friction and shearing forces which contribute to pressure sore formation. Two of the sizes are also suitable for the management of postoperative wounds.

Paste

The Granuflex hydrocolloid paste is recommended for wounds that are more than one quarter of an inch in depth. It is recommended that the cavity wound should only be filled to three quarters of its capacity as the paste expands when in contact with wound exudate. A wafer is placed over the cavity wound.

Use in the community

In a study of hydrocolloid wound dressings in the community, Burgess and Robinson (1993) showed that Granuflex reduced the amount of pain experienced by the patient during dressing changes, and the amount of time that the community nurse required for treatment, especially as a result of dressing leakage.

Burgess and Robinson also reported fewer visits from community nurses and longer intervals between dressing changes

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with improved formulation Granuflex which allows less leakage than the original formulation.

It is generally assumed that covering wounds with occlusive dressings potentiates the risk of infection but Hutchinson and Lawrence (1991) demonstrated that



Figure 5a. Pressure sore before treatment with Granuflex.



Figure 5b. Pressure sore after treatment with Granuflex.

KEY POINTS

- Granuflex has been used in wound management since the 1960s.
- The new improved formulation enables gel to be confined within the structure of the dressing, thus aiding the control of wound exudate.
- Granuflex is suitable for many types of chronic, acute and traumatic wounds.
- Granuflex fulfils many of the characteristics of the ideal dressing: it reduces pain, is less time-consuming, promotes rapid healing, is cost-effective, and is easy to use in practice.
- Granuflex plays an important role in infection control by protecting the wound from contamination and preventing the spread of infection.

the rate of clinical infection is lower under occlusion than when non-occlusive dressings are used. Hutchinson and Lawrence (1991) conclude that this is most likely to be the result of normal activity of the host defences under occlusive dressings.

Bowler et al (1993) reported that Granuflex, when used in acute and chronic wounds, plays an important role in infection control within the health care setting by protecting health workers from contamination and preventing the spread of viruses and bacteria from contaminated patients' wound fluid. These findings are reinforced by Lawrence (1993) who showed that Granuflex can reduce the spread of bacteria from small colonised wounds.

Granuflex and other hydrocolloids fulfil many of the characteristics of the ideal dressing: they reduce pain, are less time-consuming, promote rapid healing (Figures 5a and b), and are cost-effective and easy to use in practice.



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