

What You Need to Know about Silver Dressings

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Dressing selection is an important part of a comprehensive wound care regimen that involves proper diagnosis, debridement/excision of necrosis, restoring circulation, and providing secondary measures, such as offloading or compression. As with any wound care covering, if a silver dressing is determined most appropriate, clinicians should consider any contraindications to any of the dressing compounds.

Although resistance to silver is rare, some caution may be necessary because silver now is used in many devices. With this in mind, silver is indicated in wounds that 1) are prone to infection 2) occur in patients prone to infection, and 3) infected (and also receiving systemic antibiotic treatment). Relative contraindications include dry wounds — dressings may need moisture for activation/release of silver and moistening may be necessary.

Silver dressing change frequency is predicated on dressing saturation based on type of wound (exudate level) and dressing absorption/retention capacity; whether the wound requires (frequent) dressing changes (repeated debridement/excision of necrosis is needed and/or the patient's general or "topical" health puts the wound at (serious) risk of infection; expiration of the documented (package insert) efficacy period of silver; development of local and/or clinical signs of infection; the healing process is not progressing, in which case the diagnosis may be revised; and whether surgical intervention/repair may be more likely to succeed than nonsurgical therapy, in which case a silver dressing may be used postoperatively (eg, over grafts). The duration of silver's activity depends on the type of dressing. No dressing should be used longer than its clinically efficacious bacterial kill period, which must be proven in sound *in vitro* study. With informed use, silver dressings provide numerous benefits. - OWM

Commentary from Ferris Mfg. Corp.

When selecting a dressing containing silver, clinicians' wound care goals are much the same as when not using a silver dressing: obtain and maintain a clean wound bed, absorb excess exudate, and provide moisture if the wound is dry, while also filling, covering and protecting the wound. The silver difference is bioburden management.

PolyMem® QuadraFoam® formulated silver dressings are the only dressings that provide all the benefits sought by clinicians in a dressing while also providing antimicrobial action. These dressings have been found to be the most absorptive silver-containing dressing type tested independently.¹ This same university-based research team determined that QuadraFoam silver dressings are the least damaging to the healing tissues because the silver is locked up in the dressing where it creates a bacterial kill zone in the dressing rather than in the wound, "thus avoiding 'collateral damage' to the healthy tissues in the wound."¹ The researchers found that all the other silver-containing dressings they tested (available in the US) caused severe damage to both keratinocytes and fibroblasts.¹

PolyMem Silver QuadraFoam dressings have been used to help jump-start stalled wounds,² manage wounds in patients prone to infection,³ and help manage infected wounds⁴ when the underlying cause of the infection was being addressed. QuadraFoam dressings contain and attract moisture by design so they can be used on dry wounds without the need to add moisture.

References

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