ADVANCIS

Silflex

Soft Silicone Contact Layer

- ✓ Pain-free dressing changes
- ✓ Easier exudate management
- ✓ Superior handling



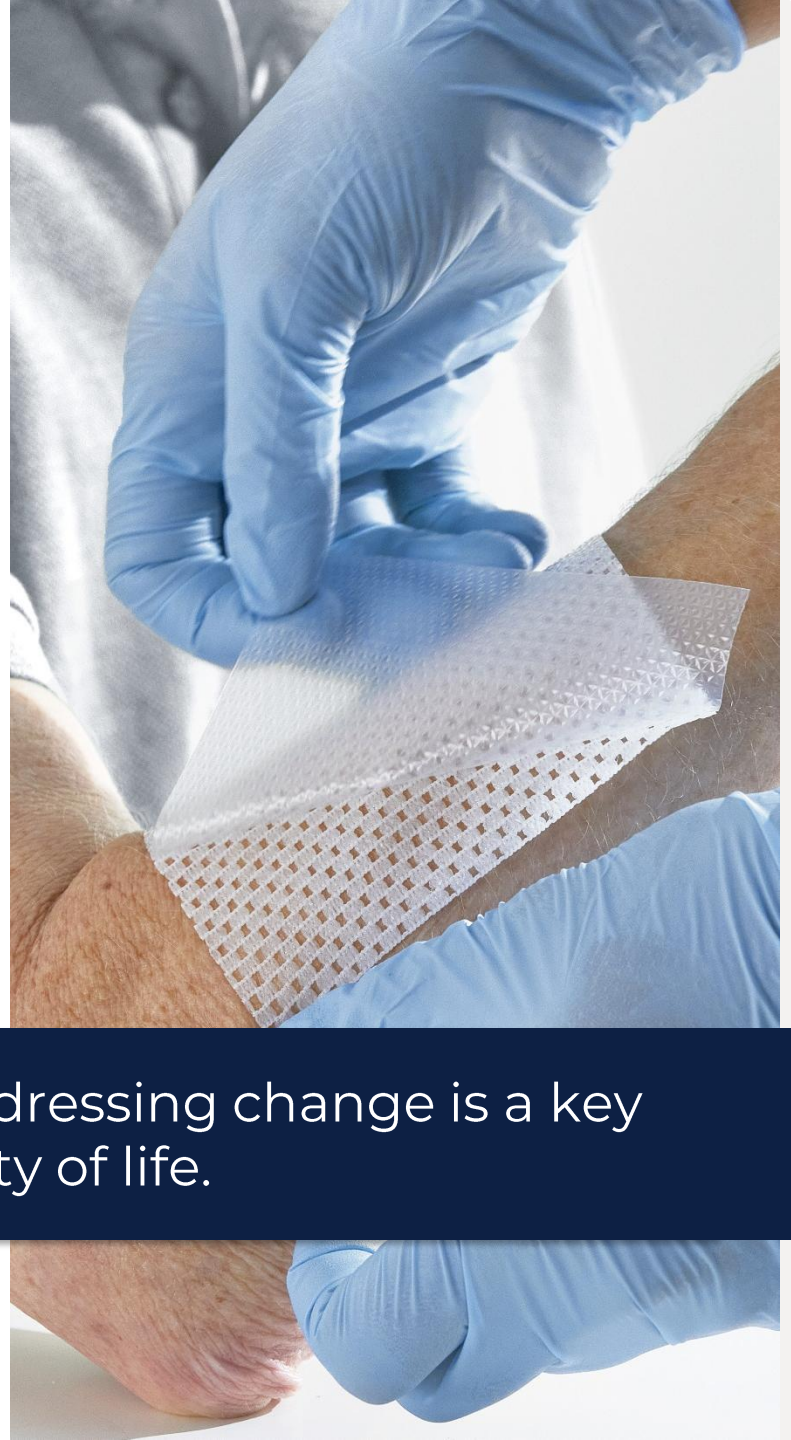
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Silflex has unique Silfix Technology

designed to minimise trauma associated with dressing change.

Silfix Technology ensure that Silflex gently adheres to the skin surrounding a wound, and not to the wound bed itself, to minimise the pain and trauma associated with dressing application and removal.



Managing pain associated with dressing change is a key priority to improve patient quality of life.

Silfix® TECHNOLOGY

Pain-free Dressing Changes

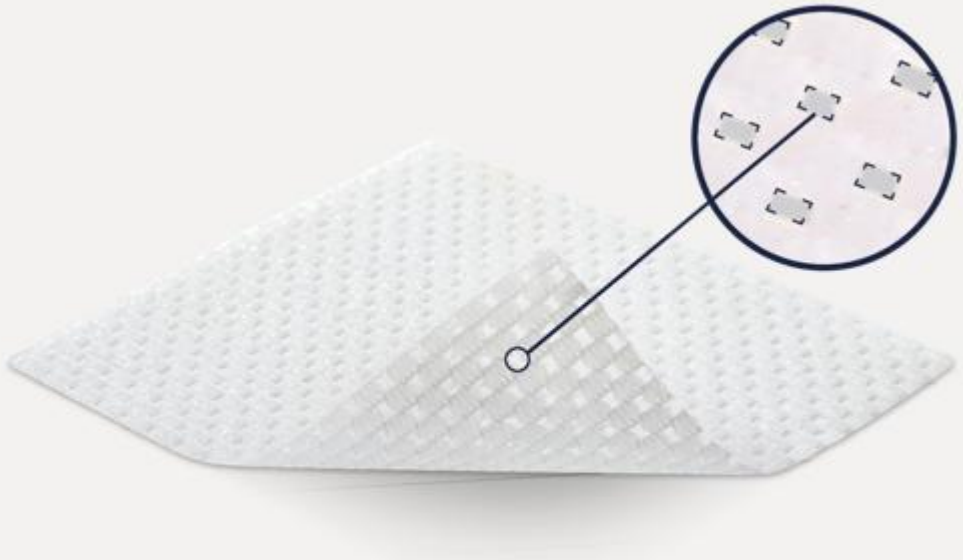
Pain during dressing changes can have a detrimental effect on patient Quality of Life (QoL).

Silflex scored better than an alternative silicone contact layer on mean pain scores at application, in situ and removal. [1]



Easier Exudate Management

Unique 2mm pore holes allow passage of exudate into the secondary dressing, reducing maceration caused by exudate sitting against the skin.



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Superior Handing without folding and self-sticking

Silflex is double sided, but will not adhere to itself, reducing wastage and improving handling.

A 14-day wear time reduces dressing changes and pain, reducing patient anxiety and improving QoL. [2]

19%

more cost-effective
than the market leader [3]



Silfix used to treat a Skin Tear

Patient

89-year-old woman who presented with very dry, friable paper-thin skin and tissue

Wound

Skin tear measuring 3 x 0.8cm skin tear to right forearm with no viable tissue to reapply. Dry and intact with no evidence of infection.

Treatment

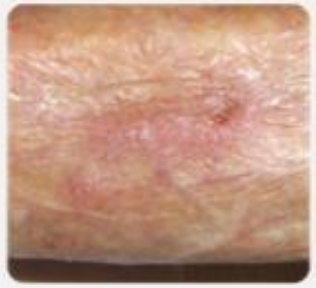
Due to the nature of the wound and concerns for the integrity of the surrounding skin, **Silflex** was applied and secured with a secondary dressing pad ensuring that there were no tapes or adhesives that would cause skin stripping on removal.

Results

Over a treatment period of three weeks, which included six dressing changes, this patient's skin tear had completely healed. **Silflex** was non-adherent and pain-free even on extremely friable tissue.



Presentation



Week 3

Silfix being used with a skin graft donor site

Patient

91-year-old woman

Wound

Longstanding leg ulcer had taken a skin graft six months before referral. Skin graft had not been successful and donor site had failed to heal completely leaving an area of hypergranulation.

Previous Treatment

Hypergranulation was treated with nanocrystalline silver for 4 weeks but the wound was painful and bled when touched.

Treatment Aim

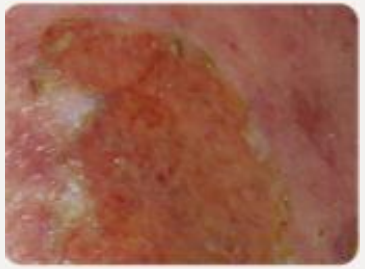
The decision was taken to treat the hypergranulation with Terracortil ointment while protecting the fragile new epithelium which covered the remainder of the donor site with **Silflex**.

Results

After eight days and eight dressing changes the hypergranulation had resolved and the periwound area remained intact. The patient reported no pain at or trauma dressing changes



Presentation



Day 8

Silflex used to treat a Skin Tear

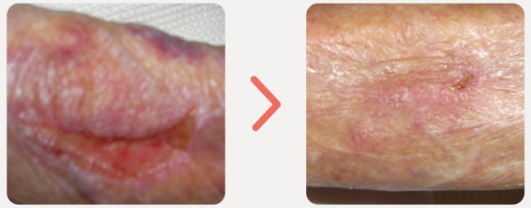
Patient Profile

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Presentation

Week 3

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Patient Profile

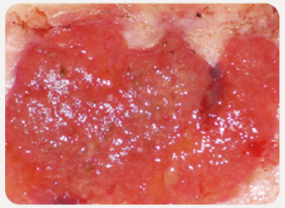
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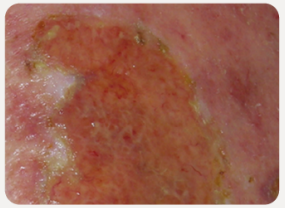
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Presentation



Day 8

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References

1. Edwards J, Mason S A. Developing a structured process for evaluating burn dressings. Poster presentation.
2. Holden-Lund C (1987) Effects of relaxation with guided imagery on surgical stress and wound healing. Res Health Nurse 11(4):235-44.
3. Advancis Medical Silflex range vs comparable products in Urgo Medical Urgotul range. Prices correct January 2022 – Drug Tariff.

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Thank you for listening!

Get in Touch

Please get in touch with any questions and feedback or for further support

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