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## What you need to know about hydrocolloid dressings

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Each month, *Apple Bites* brings you a tool you can apply in your daily practice.

### Description

A hydrocolloid dressing is a wafer type of dressing that contains gel-forming agents in an adhesive compound laminated onto a flexible, water-resistant outer layer. Some formulations contain an alginate to increase absorption capabilities. The wafers are self-adhering and available with or without an adhesive border and in various thicknesses and precut shapes for such body areas as the sacrum, elbows, and heels. [Click here](#) to see examples of hydrocolloid dressings.

### Actions

Hydrocolloid dressings are occlusive, so they provide:

- a moist healing environment
- autolytic debridement
- insulation.

### Advantages

- Impermeable to bacteria and other contaminants

### View: How to apply a hydrocolloid dressing



- Self-adherent and mold well (don't adhere to the wound, only to the intact skin around the wound)
- May be used under venous compression products
- Easy to apply
- Minimally disrupt healing (the dressing can be worn for several days before it needs to be changed. See "Frequency of dressing changes" for more information.)

### Disadvantages

- Not recommended for wounds with heavy exudate, sinus tracts, or when infection is present
- Must be used with caution on the feet of patients with diabetes. It's suggested that hydrocolloid dressings can be used



safely on diabetic foot ulcers if 1) they are used only on appropriate wounds after a thorough patient assessment, 2) the wound is superficial with no signs of infection, 3) there is low to moderate exudate, 4) there are no signs or symptoms of ischemia, and 5) dressings are changed frequently

- Assessment can be difficult if the hydrocolloid dressing is opaque
- May become dislodged if the wound produces heavy exudate
- May curl or roll at the edges
- Upon removal, dressing residue may adhere to the wound bed and there may be an odor
- May cause periwound maceration (see photo)



- May cause trauma/injury to fragile skin upon removal
- May cause hypergranulation

### When to use

A hydrocolloid dressing is appropriate for these situations:

- noninfected wound with scant to moderate drainage
- necrotic or granular wound

- dry wound
- partial- or full-thickness wound
- protection of intact skin or a newly healed wound.

### Frequency of dressing changes

- Change the dressing every 3 to 7 days depending upon exudate and manufacturer guidelines.
- If daily dressing changes are required, reconsider the appropriateness of this approach because these dressings are designed for extended wear for up to 7 days.

### How to apply a hydrocolloid dressing

- 1 Wash your hands and put on gloves.
- 2 Remove the soiled dressing (noting the date it was applied) and place it in a trash bag.
- 3 Remove your gloves, wash your hands, and put on new gloves.
- 4 Clean the wound with normal saline solution or prescribed cleanser.
- 5 Use clean gauze to pat dry the tissue surrounding the wound.
- 6 Remove your gloves, wash your hands, and put on new gloves.
- 7 Apply liquid barrier film or moisture barrier to the periwound area.
- 8 For deep wounds, apply wound filler or packing materials as indicated.
- 9 Before applying the hydrocolloid dressing, warm it by holding it between your hands to increase adhesive ability.
- 10 Remove the paper backing from the dressing.
- 11 Gently fold the dressing in half lengthwise and apply it from the center of the wound outward.
- 12 Smooth the dressing in place from the center outward. Hold the dressing in

place for a few seconds to improve adhesion.

- 13 The dressing should be at least 1 inch larger than the wound. (Some manufacturers may require a 2-inch border.)
- 14 You may apply tape around the edges to secure the dressing.
- 15 Dispose of the waste.
- 16 Remove your gloves and discard.

### How to remove a hydrocolloid dressing

- 1 Press down on the skin and carefully lift an edge of the dressing. Continue lifting around the dressing until all adhesive edges are free.
- 2 Gently peel away the dressing from the skin in the direction of the hair growth. ■

### Selected references

European Pressure Ulcer Advisory Panel and National Pressure Ulcer Advisory Panel. Treatment of pressure ulcers: Quick reference guide. Washington, DC: National Pressure Ulcer Advisory Panel; 2009.

Hess CT (ed). *Clinical Guide to Wound Care*. 7th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2012.

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Learn more about wound care at the blog "[Wound Care Swagger](#)."

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and mortality rates vary "considerably" across the United States.

The study in *Journal of Diabetes and Its Complications* found that higher spending wasn't associated with a significant reduction in 1-year patient mortality. In addition, rates of hospital admission were associated with higher per capita spending and higher mortality rates for patients.

### Home-based exercise program improves life for lymphedema patients

An individualized, home-based progressive resistance exercise program improves upper-limb volume and circumference and quality of life in postmastectomy patients with lymphedema, according to a study published in the *Journal of Rehabilitation Research and Development*.



"[Effect of home-based exercise program on lymphedema and quality of life in female postmastectomy patients: Pre-post intervention study](#)" included 32 women who participated in an 8-week program. The women received education about the program and an initial training session from a physiotherapist. They practiced the exercise sequence and received a program and logbook once their performance was satisfactory. Patients were told to increase weight only when two sets of 15 repetitions became easy to perform. ■