















## **Skin and Wound Product Information Sheet**

Biatain Ag Adhesive			
Classification	Antimicrobial: Silver Foam		
Key Points	<ul> <li>Silver impregnated foam with a hydrocolloid adhesive border and a semi-permeable film backing that is waterproof and provides a bacterial barrier.</li> <li>Silver is released to the wound bed when in contact with wound exudate and is released for up to 7 days. It has been showed in vitro that Biatain Ag kills mature biofilms and prevent biofilm formation.</li> <li>Dressing is designed to fully conform to a wound depth up to 2 cm due to the dressing's 3DFit Technology. This conformity allows the dressing to act as a primary cover dressing for a wound with a visible wound bed as it ensures no dead spaces between the wound bed and the dressing which could allow for the pooling of exudate.</li> <li>Can be left in place for MRI.</li> </ul>		
Indications	<ul> <li>For exuding wounds with signs and symptoms (S&amp;S) of local wound infection or biofilm.</li> <li>May be used prophylactically to prevent infection in clients at high risk for developing a wound infection.</li> <li>May be used in conjunction with compression therapy.</li> <li>For diabetic foot ulcers, the Biatain Ag Non-Adhesive is preferable.</li> </ul>		
Precautions	<ul> <li>May cause transient discolouration of the wound bed.</li> <li>Use during pregnancy, lactation and on children has not been demonstrated.</li> <li>Use with enzymatic debriding agents has not been demonstrated.</li> <li>Avoid putting electrodes or conductive gels in contact with silver products</li> <li>Remove prior to radiation treatment or examinations that include x-rays, ultrasonic treatment, diathermy or microwaves.</li> </ul>		
Contraindications	<ul> <li>Do not use for clients with known sensitivity or allergy to silver</li> <li>Do not use with oxidising solutions (e.g. hypochlorite and hydrogen peroxide solutions).</li> </ul>		
Formats & Sizes	<ul> <li>Biatain Ag Adhesive</li> <li>7.5 x 7.5 cm</li> <li>12.5 x 12.5 cm</li> <li>23 x 23 cm</li> <li>18 x 18 cm</li> <li>19 x 20 cm</li> </ul>	Total Ag Barrier Ag  Total Ag	
Application Directions		Rationale	
Cleanse/irrigate wound	d and peri-wound skin with Normal Saline	Cleansing reduces the wound debris: drying the peri-	

Application Directions	Rationale
Cleanse/irrigate wound and peri-wound skin with Normal Saline	Cleansing reduces the wound debris; drying the peri-
or Sterile Water. Dry the peri-wound skin.	wound skin well allows for good adhesion of dressing.
	The safe use of other cleansing agents has not been demonstrated.
If required, apply skin barrier to peri-wound skin.	To protect the peri-wound skin from maceration and to
If films, creams, ointments or similar products are used, allow the skin to dry before applying dressing.	improve the adhesion of the dressing.
To Apply	
Select a dressing where the foam pad of the dressing overlaps the wound edge by a minimum of 2 cm beyond. For small wounds an overlap of only 1 cm is necessary.	Incorrect sizing will adversely affect the dressing function.
If wound is small amount of exudate, the foam may be moistened with sterile normal saline before placing on the wound.	
Use hands to warm the hydrocolloid border. Apply the plain	Warming the border makes it easier to mold to the
(non-printed) side towards the wound.	contours of the area and for better adhesion.

















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To Remove			
Gently pull the corners of Biatain Ag Adhesive away from the	If the dressing adheres to the wound bed, reassess		
peri-wound skin, then loosen the adhesive border edges. If	whether there is enough exudate to warrant continued		
adhering to wound bed flush with sterile normal saline or	use of this dressing.		
water.			
Frequency of Dressing Change			
Change dressing when clinically indicated; when visible signs of			
exudate approaches the dressing edge, or every 7 days.			
Expected Outcome			
S&S of local wound infection are resolved within 2 weeks.			
If used prophylactically, a local wound infection does not occur.			
For further information, please contact your NSWOC/Wound Clinician.			