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Interior Health island health northern health **Skin and Wound Product Information Sheet**

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Vancouver CoastalHealth Promoting wellness. Ensuring care

Providence

GELFOAM for Wound Care (for use for surgical care please refer to vendor information found in the packaging box)		
Classification	Hemostatic Agent	
Key Points	purified pork Skin Gelatin USP Granules a	, non-elastic, porous, pliable product prepared from
Indications		turated with sterile sodium chloride solution, is indicated capillary, venous, and arteriolar bleeding by pressure her ineffective or impractical.
Precautions	 when it is placed into cavities or closed to sponge is advised and care should be tak In cases of brisk arterial bleeding, the pre-remaining securely anchored, and bleedi GELFOAM is not recommended in the pre- 	essure of the flow may prevent the sponge from ng is likely to continue. esence of infection and should be used with caution in of infection or abscess develop in an area where essary to remove the infected material.
Contraindications	 GELFOAM Sterile Sponge should not be u with the healing of skin edges. 	used in closure of skin incisions because it may interfere
Formats & Sizes	 Size 12: 20 mm x 60 mm (12 cm sq) Size 100: 80 mm x 125 mm (100 cm sq.) 	
Application Directions		Rationale
 To open envelope: With the hands folded into fists, grasp each flap between the thumb and index finger. With a slow, rolling motion, carefully peel back the envelope sides until the sterile inner envelope is exposed. Employing sterile technique, remove sterile inner envelope and sterile sponge. 		Always use sterile technique when handling the product.
GELFOAM should be cut to the minimum size needed to obtain hemostasis.		GELFOAM is absorbed completely with little tissue reaction. This absorption is dependent on several factors i.e. the amount used, degree of saturation with blood or other fluids and the site of use.
 solution: When applied dr compressed before When used with saline then without expel air bubbles saline, and kept 	plied dry or saturated with normal saline y, GELFOAM should be manually ore application to the bleeding site. saline, GELFOAM should be soaked in drawn, squeezed between gloved fingers to s present in the interstices, replaced in there until needed. It can be used wet or ness on gauze before application to the	Wetting the sponge allows for moulding into specific areas. Compressing/squeezing the sponge maximizes it hemostatic properties. GELFOAM should immediately return to its original size and shape when replaced in the saline. If it does not swell, it should be removed and kneaded vigorously until all air is expelled and it does expand to its original shape when placed in saline.





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To Apply			
GELFOAM should be applied to the bleeding surface and held in place with moderate pressure until hemostasis is attained.	Gelfoam absorbs fluid and will expand; avoid over packing cavities or narrow spaces.		
Once hemostasis has been achieved carefully remove any excess Gelfoam.	Usually, the first application of GELFOAM will control bleeding, but if not, additional applications may be made, using fresh pieces of GELFOAM. It is not necessary to apply suction to GELFOAM, since GELFOAM will draw up blood into its interstices by capillary action		
To Remove			
When bleeding is controlled, the pieces of GELFOAM may be left in place; otherwise, bleeding may start again. Since GELFOAM causes little more cellular infiltration than the blood clot, the wound may be closed over it.	When placed in soft tissue, GELFOAM is usually absorbed completely in four (4) to six (6) weeks, without inducing excessive scar tissue. When applied to bleeding nasal, rectal or vaginal mucosa, it liquefies within two (2) to five (5) days.		
Frequency of Dressing Change			
N/A			
Expected Outcome			
Hemostasis is achieved.			
For further information, please contact your Wound Clinician.			

Date: January 2013 Adapted from Pfizer product information