

Skin and Wound Product Information Sheet

Iodosorb	
Category	Antimicrobial Agent: Iodine - Cadexomer
Key Points	<ul style="list-style-type: none"> • Broad spectrum, iodine-based, topical antimicrobial containing cadexomer (modified starch microbeads) and iodine (0.9%). In addition, the paste contains polyethylene glycol and the ointment contains poloxamer and polyethylene glycol. • Cadexomer iodine absorbs exudate, debris and bacteria as the beads swell, iodine is released, providing antimicrobial activity for up to 72 hours. • Disrupts and substantially eradicates mature biofilms. Effective deslougher. • Available in ointment, paste or powder. All formats are brown in colour and biodegradable. • Changes colour from brown to yellow/grey as iodine is released. • Safe to use for clients who have a seafood allergy.
Indications	<ul style="list-style-type: none"> • For the topical treatment of chronic exuding wounds. • For sloughy wounds with signs and symptoms (S&S) of local infection or suspected biofilm. <ul style="list-style-type: none"> • Use ointment or paste for wounds with small to moderate exudate. • Use powder for wounds with moderate to large amount of exudate. • May be used prophylactically to prevent infection in clients at high risk for developing a wound infection. • Under the direction of a NSWOC/Wound clinician, the ointment may be used for undermining and/or sinus/tunnel. • May be used under compression therapy.
Precautions	<ul style="list-style-type: none"> • Do not use more than 50gm per dressing change or a maximum of 150gm per week. • The duration of treatment should not exceed 3 months. • May cause wound discomfort within the first hour of application, which is a sign that the product is beginning to clean the wound. • Contact with skin around the wound edges/intact skin should be minimized. • May cause the immediate periwound skin to become edematous and red. This should resolve within the first few dressing changes; if not, discontinue use. • When used under the direction of a NSWOC/Wound Clinician for undermining and/or sinus/tunnel ensure that the ointment is completely removed from these non-visible spaces. • Avoid using before and after radio-iodine diagnostic tests. • Make Physician/NP aware of Iodosorb usage for clients: <ul style="list-style-type: none"> ○ Taking lithium, as Iodosorb may increase the possibility of hypothyroidism when used in combination with lithium. Blood work should be monitored on a regular basis. ○ With renal impairment, as poor renal function is thought to be a factor in increased iodine levels in serum and urine with prolonged use and use in large wounds. ○ With thyroid disorders, as they are more susceptible to thyroid metabolism changes in long-term therapy. Thyroid function should be monitored if large areas are being treated for a prolonged period of time.
Contraindications	<ul style="list-style-type: none"> • Do not use on clients with known sensitivity or allergy to iodine or other ingredients. • Do not use on dry necrotic tissue. • Do not use on a client who is breast-feeding or pregnant. • Do not use on children between 0-18 years old. • Do not use in combination with mercurial antiseptics (e.g., mercurochrome) or with taurolidine. • Do not use near the ears, eyes, nose and mouth.
Formats & Sizes	<ul style="list-style-type: none"> • Ointment: 10, 20 or 40 gm • Paste <ul style="list-style-type: none"> ▪ 4 x 6 cm (5 g) ▪ 6 x 8 cm (10 g) ▪ 8 x 10 cm (17 g) • Powder – 3 g sachet <div style="text-align: center;"> </div>



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Application Directions	Rationale
Cleanse/irrigate wound with sterile normal saline or agency approved wound cleanser; dry peri-wound skin. Blot excess fluid from but do not dry the wound bed.	Reduces wound debris and allows for adhesion of dressing or tape. Iodosorb requires moisture to be effective.
If required, apply barrier film to peri-wound skin.	To protect the peri-wound skin from maceration and to improve the adhesion of the dressing or tape.
To Apply	
<p>Ointment: Ensure sterility of the tip of the tube. Apply 3mm thick layer of ointment to cover dressing, wound filler (e.g., plain gauze or gelling fibre), or directly to the wound bed. If applied to cover dressing ensure that it mirrors the size of the wound (not larger).</p> <p>Packing of wounds: Using a sterile tongue depressor or sterile gloves, thinly spread/massage the ointment onto one piece of plain ribbon gauze (if two or more pieces are needed then tie them together) or plain gelling fibre. Lightly fill/pack area with the gauze/gelling fibre. Leave a tail of the ribbon so that it can easily be seen and removed.</p> <p>Paste: Cut to the size of wound bed then remove the backing from one side, place Iodosorb on the wound and then remove the second backing. Can be molded to fit the wound. Minimize contact with periwound skin.</p> <p>Powder: Cut or tear off corner of sachet. Apply the powder to a depth of 3mm ensuring that all areas of the wound bed are covered. Apply wound filler if wound has depth. Minimize contact with periwound skin.</p>	<p>Apply only to wound bed to decrease peri-wound skin irritation and discoloration.</p> <p>Over-packing undermining or sinus tracts can lead to tissue necrosis. The tail will facilitate the removal of packing.</p> <p>Backing pieces must be removed to allow the paste to be in direct contact with the wound bed and the cover dressing.</p> <p>Apply only to wound bed to decrease peri-wound skin irritation and discoloration.</p>
Apply appropriate cover dressing to maintain a moisture-balanced wound environment.	The choice of cover dressing depends on the amount of exudate expected.
To Remove	
<p>Gently cleanse the wound and the periwound skin to remove any remaining ointment, paste or powder which will have turned into gel; gauze or cotton tipped applicator may be needed. If the Iodosorb has dried, soak with normal saline to aid removal.</p> <p>For undermining/sinus/tunnel: Remove the packing and irrigate the area repeatedly to ensure that no ointment residue is left in the non-visible spaces.</p>	Dried Iodosorb can look like a 'scab'. If Iodosorb is drying out between dressing changes consider choice of cover dressing or another treatment as there is not enough exudate in the wound to activate the Iodosorb.
Frequency of Dressing Change	
At least every 3 days, but depends on amount of exudate. Iodosorb should be changed when it becomes saturated with exudate as indicated by the change from its brown colour to yellow/grey (usually 2-3 days).	If the Iodosorb is still brown in colour when dressing is changed; the dressing is being changed too soon, or the cover dressing is not maintaining a moist wound environment or it is not the appropriate product.
Expected Outcome	
<p>S&S of local wound infection are resolved within 2 weeks.</p> <p>Wound infection does not occur when product is used prophylactically.</p>	If the expected outcome is not achieved, consult with NSWOC/Wound Clinician.
For further information, please contact NSWOC/Wound Clinician.	