




Skin and Wound Product Information Sheet

Drawtex	
Category	Wound Filler – Hydroconductive
Key Points	<ul style="list-style-type: none"> • Drawtex is a hydroconductive wound dressing comprised of viscose, cotton and polyester. • Lifts, holds and transfers wound exudate, debris, bacteria and harmful MMPs both vertically and horizontally throughout the dressing structure. • Aids in wound bed preparation.
Indications	<ul style="list-style-type: none"> • Use Drawtex Dressing for wounds with moderate to copious exudate. • Use Drawtex Edema Wrap for weepy lower limbs with, or without, wounds. • Both dressing and wrap may be used under compression therapy.
Precautions	<ul style="list-style-type: none"> • Allergy or sensitivity to any of the dressing’s components. • Use a non-adherent contact layer for protection of exposed tendon.
Contraindications	<ul style="list-style-type: none"> • Wounds with nil or scant/small wound exudate. • Full-thickness burns.
Formats & Sizes	<ul style="list-style-type: none"> • Dressing <ul style="list-style-type: none"> ○ 5 x 5 cm ○ 7.5 x 7.5 cm ○ 10 x 10 cm ○ 15 x 20 cm ○ 20 x 20 cm ○ 1 x 46 cm (Rope) • Edema Wrap <ul style="list-style-type: none"> ○ 10 cm x 3.5 m <div style="text-align: right; margin-top: 10px;">  </div>
Application Directions	Rationale
To Apply Dressing	
Cleanse/irrigate wound and periwound skin with sterile normal saline or agency approved wound cleanser. Dry periwound skin.	Reduces wound debris and allows for good adhesion of dressing or tape.
If required and appropriate for cover dressing, apply barrier film to periwound skin. Refer to cover dressing’s Product Information Sheet to determine if barrier film is appropriate.	To protect periwound skin from moisture associated skin damage and medical adhesive related skin injury. Barrier film may interfere with the function of some cover dressings (e.g., some silicone dressings).
Choose appropriate size of Drawtex. Cut dressing to conform to wound shape and size. Cut multiple pieces as required to fill wound.	Avoid applying dressing to periwound skin to decrease risk of maceration.
Apply dry Drawtex directly to the wound bed. For wounds with depth, stack dressings in layers. Write the number of pieces inserted into the wound on the secondary (cover) dressing and document in chart.	Either side of Drawtex can be used against wound bed. To fill wound, stack multiple layers, rather than fan-folding, as exudate will wick vertically more efficiently if layers of dressing are in contact with each other.
For undermining, sinuses, or tunnels: lightly pack with one piece (where possible) of rope. Leave a tail of the rope so that it can easily be seen.	Over-packing an undermining, sinus or tunnel can lead to tissue necrosis. The rope tail will facilitate the removal of packing.
Apply appropriate secondary (cover) dressing to hold Drawtex in place and absorb the exudate.	The choice of secondary dressing is dependent on the amount of wound exudate expected and anticipated frequency of dressing change.
To Apply Edema Wrap	
Wash or shower leg(s) with warm water and pat dry.	To remove dead skin.
Apply Edema Wrap, without any tension, starting at the base of the toes. Wrap the padding around the foot. Complete an ankle lock and take the padding around the back of the ankle and return across the top of the foot, ensuring the heel and foot are well covered.	



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<p>Proceed from the ankle, up the leg to 2 fingers below the knee, using a simple spiral technique with a 50% overlap.</p> <p>Cut off excess padding. If needed, strips of the excess padding can be applied over the tibia or malleoli to provide additional protection.</p>	
<p>Apply appropriate secondary (cover) dressing to manage wound exudate and to hold wrap in place (e.g., cast padding and stockinet) <u>OR</u> apply compression therapy system as ordered.</p>	<p>Can be used under compression therapy systems to manage drainage.</p>
To Remove	
<p>Dressing: gently remove from the wound using forceps. Document number of pieces removed in chart.</p> <p>Wrap: unwind or carefully cut off from lower leg</p> <p>If Drawtex has adhered to wound bed or lower leg, irrigate with saline for easy removal.</p>	<p>Ensure all pieces of Drawtex are removed from wound according to number recorded on cover dressing and in chart.</p> <p>When wound exudate or lower leg weepiness decreases, switch to alternate dressing.</p>
Frequency of Dressing Change	
<p>Change Drawtex every 1 to 3 days, as necessary. When wound exudate decreases, switch to alternate, appropriate wound filler.</p> <p>When used under compression, change Drawtex (dressing or wrap) at least every 7 days.</p>	<p>Dressing change frequency is dependent on amount of wound exudate.</p>
Expected Outcome	
<p>Wound exudate or lower leg weepiness is managed and moisture associated skin damage to periwound skin does not occur.</p> <p>Wound bed consists primarily of granulation tissue within 2 weeks.</p> <p>Product performs as expected.</p>	<p>If product does not perform as expected notify NSWOC/Wound Clinician and consider submitting a Product Concern form.</p>
<p>For further information, please contact: NSWOC or Wound Clinician</p>	