




Skin and Wound Product Information Sheet

Xeroform Dressing for Donor Sites	
Classification	Contact Layer: Petrolatum/Bismuth Impregnated Dressing
Key Points	<ul style="list-style-type: none"> • Xeroform is an occlusive petroleum impregnated fine mesh gauze dressing containing 3% Bismuth Tribromophenate which provides a microbial barrier and is mildly deodorizing. • Used for surgically created split-thickness skin donor sites; protects the wound while it heals through natural re-epithelialization.
Indications	<ul style="list-style-type: none"> • As the initial single layer to support healing of surgically created split-thickness skin graft donor site(s).
Precautions	<ul style="list-style-type: none"> • Avoid multiple layers which may lead to maceration. • Dressing is not intended to be use on excessively exudating wounds.
Contraindications	<ul style="list-style-type: none"> • Clients with known sensitivity or allergy to petroleum or Bismuth Tribromophenate • Caution should be used for clients with a history of atopy
Formats & Sizes	<ul style="list-style-type: none"> • Gauze Strip <ul style="list-style-type: none"> ▪ 2.5 x 20cm • Gauze Sheet <ul style="list-style-type: none"> ▪ 10.2 x 10.2cm ▪ 12.5 x 22.5cm • Gauze Roll <ul style="list-style-type: none"> ▪ 10.2cm x 2.3m <div style="text-align: right;">  </div>
Application Directions	Rationale
<p>Xeroform is applied as a single contact layer by the Surgeon in the operating room following skin harvesting from the selected donor site.</p> <p>The secondary dressing over the donor site will be gauze and/or an absorbent pad e.g., Exudry. The dressing can be secured with either a tensor bandage or sutured in place.</p>	<p>Dressing is applied to provide coverage and anti-microbial protection to the surgically created wound; a absorptive cover dressing is required and the application of the tensor bandage assists with achieving hemostasis.</p>
Donor Site Care	
<p>Following surgery, the secondary gauze/pad dressing is removed as per Physician orders, usually on Post-Operative Day 1.</p> <p>The Xeroform dressing is exposed to air to allow it to dry out. Avoid bed linen or clothing coming in contact with the donor site(s) to prevent them from sticking to the Xeroform dressing. If the donor site is on the back of the trunk or on the posterior aspect of the legs, a non-adherent pad such as Exudry can be placed underneath.</p> <p>There will be wound exudate seeping through the Xeroform in the first few days. Gently dab the exudate using gauze and warm normal saline. Warm normal saline compresses for 20-30 minutes will also help remove the exudate and prevent crusting. Repeat 2-3 times a day as needed to remove exudate.</p> <p>Gently pat Xeroform dry as donor sites can be painful until they're healed. A hair dryer on the cool setting may be used to dry the Xeroform.</p> <p>Assess the donor site daily for signs and symptoms of infection including: peri-wound warmth and erythema, purulent drainage, foul odour, or increased pain. Inform the Physician if noted.</p>	<p>Exposure to air promotes healing by natural re-epithelialization.</p> <p>Cleansing prevents build up and drying of exudate over the surface of the Xeroform which may delay healing as well as provide an environment for the growth of bacteria.</p>



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To Remove Xeroform	
<p>As the donor site heals, the dressing will begin to lift revealing the newly healed skin beneath.</p> <p>Orders will be provided to start the process of removing the Xeroform on Post-Operative Day 10-14. Try lifting the edges of the Xeroform dressing; if bleeding occurs or is painful, stop and try again the following day. Use scissors to trim away the lifted Xeroform dressing.</p>	<p>Compressing the donor site and/or bathing the area will help to release the dressing from the skin. Forcibly removing the Xeroform may cause bleeding and delay healing of the donor site.</p>
Skin Care Following Removal of Xeroform	
<p>Clean the healed donor site with mild soap/ water daily and apply unscented water-based moisturizer three times a day and as needed.</p> <p>Treat any small open areas as per Provincial Nursing Skin & Wound Committee's Guideline: Wound Management for Adults & Children.</p>	<p>Apply moisturizer to the newly epithelialized skin to prevent excessive drying/flaking/crusting of the newly healed skin.</p>
Care of Donor Site during Mobilization	
<p>If the donor sites are on the legs, compression support, provided by tensor bandages, will be needed for mobilization.</p> <p>If the Xeroform dressing is still intact, apply a non-adherent contact layer over the dressing before wrapping with tensor bandages.</p> <p>Following ambulation remove the tensor bandage and assess the donor site for signs of discoloration.</p> <p>Patients may need to apply tensor bandages or wear patient specific pressure garments for an approximate duration of 2-3 months following surgery.</p>	<p>Application of tensor bandages or compression garments provides vascular support and pain control.</p> <p>To ensure that the tensor bandages do not stick to the dressing.</p> <p>Once the donor site(s) have healed, an Occupational Therapist will fit the patient with compression garments as required.</p>
Expected Outcome	
<p>Donor site will heal without complication of infection.</p>	<p>Depending upon the thickness of the donor site, healing can take 7-21 days. Healed donor sites are pink (not shiny) and have no open areas; pigmentation of the donor site is variable.</p>
For further information, please contact your Wound Clinician.	