

Coloplast Sponsored Learning: Treating Wounds with Triad™

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The Challenges Of Difficult-To-Dress Wounds

Wound care practitioners often encounter difficult-to-dress wounds; 57% of wound care nurses reported that they manage difficult-to-dress

wounds everyday.¹ Difficult-to-dress wounds are those that are on wet or irregular body surfaces, where it is difficult to keep dressings in place between scheduled changes. For example, stage 2 and 3 pressure injuries in the ischial or coccyx regions are difficult to dress due to the anatomical location and the possibility of the dressing being soiled (e.g., incontinence).

There are practical and financial challenges to managing difficult-to-dress wounds. It requires more work and skill for a health-care practitioner to apply a dressing on these wounds. These dressings can also become soiled often (e.g., due to incontinence) leading to frequent dressing changes. This increases workload for the health-care practitioners and cost. Delayed wound



healing associated with difficult-to-dress wounds also contribute to an increase in overall cost of care.

Triad: The Solution To Difficult-to-Dress Wounds

What is Triad: Triad is a zinc-based hydrophilic (water-loving) paste that can absorb low- to moderate-level of wound exudate. It is a sterile protective coating designed to be applied directly from the tube on to broken skin and/or the wound without the need of a secondary dressing. It can also be applied to the periwound skin. Triad contains carboxymethylcellulose (CMC) that allows it to adhere to wet skin. Triad also contains dimethicone that can provide moisture to the skin and petrolatum and zinc oxide which can reduce skin irritation. Triad can be 'changed' at every hygiene care or left on the wound for up to 5-7 days. It can be removed with a pH-balanced wound cleanser (e.g., Sea-Cleans®) and gentle scrubbing.

The Indications For Triad

Triad is indicated for the local management of:

- Pressure ulcers/injuries
- Venous stasis ulcers
- Dermal lesions/injuries
- Superficial wounds and scrapes
- First- and second-degree burns
- Partial- and full-thickness wound



A sterile coating that offers a unique approach for difficult-to-dress wounds



Apply anywhere



Adheres to wet skin



Keeps the wound covered

Wound on irregular surfaces:

Triad is designed to be applied directly from the tube onto the wound surface. A secondary dressing is not required (but can be applied in certain cases). Triad is easy to apply and can be used on wounds on irregular surfaces of the body, including but not limited to, the gluteal cleft, coccyx, perineum, buttocks, groin, face, hands, and feet.



Broken skin in the presence of incontinence:

Urinary and fecal incontinence can lead to incontinence-associated dermatitis (IAD). IAD can cause skin breakdown and predispose wound infections. Triad provides a sterile coating on broken skin. The CMC in Triad allows it to adhere to wet skin while keeping the wound or broken skin covered and protected from incontinence. It also contains dimethicone that can moisturize the skin and petrolatum and zinc oxide to reduce skin irritation.

**Maceration of periwound skin:**

42% of chronic wounds are macerated.¹ Wound and periwound maceration can delay wound healing. Triad contains CMC which allows it to adhere to macerated skin. Triad can be applied to periwound skin to protect it from wound exudate.

**Necrotic tissue such as slough or eschar:**

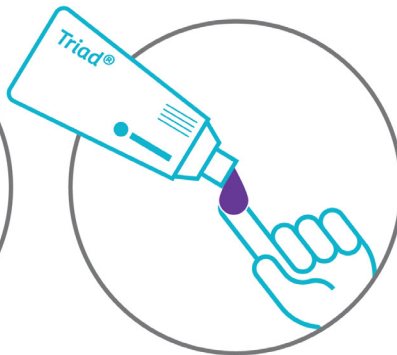
Necrotic tissue is a barrier to wound healing. When appropriate, necrotic tissue should be removed to facilitate healing. Triad is a hydrophilic (water-loving) paste. The CMC allows Triad to absorb low to moderate levels of wound exudate or broken-down tissue. It also allows natural moisture to spread evenly across the entire wound surface, maximizing contact and creating a moist wound healing environment. The moist wound environment can in turn facilitate autolytic debridement of necrotic tissue. Triad is not indicated for use on third-degree burns or infected wounds. It should also be avoided for wounds where debridement is not recommended or indicated (e.g., arterial wounds).



To access the full presentation, click here: https://drive.google.com/file/d/1WpzMfYd6tYx2iUnR_kpDbRC8XMx-WT5hh/view?usp=share_link

How To Apply Triad

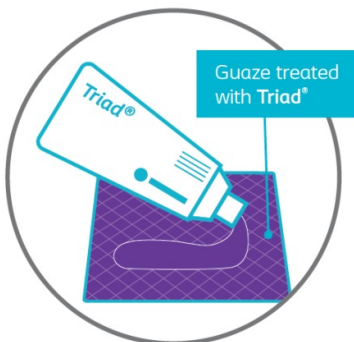
1. Always cleanse the wound before applying Triad.



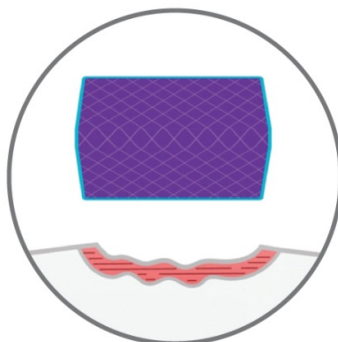
2. Triad can be applied directly from the tube or by using a gloved finger.



3. Gently spread Triad evenly over the area of application to the thickness of a dime.



1. For wounds with depth, gauze impregnated with Triad may be used.

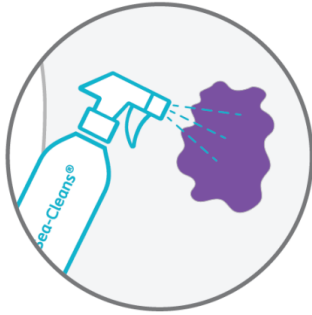


2. Fold or fluff the gauze to fit within the wound bed.



3. Cover the wound with a secondary dressing.

How To Remove Triad™



1. Use pH-balanced wound cleanser to soften Triad.



2. Gently wipe to remove without scrubbing.



3. For complete removal repeat as needed.

***Laurence Quintin BScN, NSWOC** has been a nurse clinician at the Jewish General Hospital in Montreal since 2013. She began her career on a general surgery, colorectal, urology and gynecology-oncology department, where she discovered her interest in ostomies. In 2016, she went on to pursue her studies in Enterostomal Therapy (ET) with the Canadian Association of Enterostomal Therapy (now known as Nurses Specialized in Wound, Ostomy and Continence Canada). Throughout her career as an ET nurse, Laurence has worked in various clinical settings, including acute care, long-term care, and home care.



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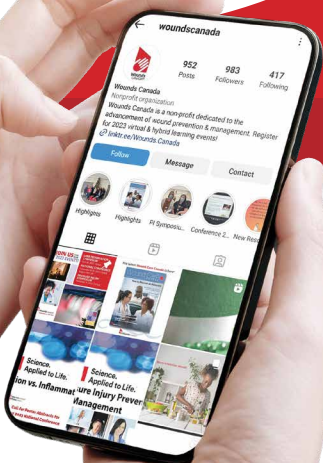
The views expressed in this report are those of the presenters and do not necessarily reflect those of Wounds Canada, which has neither reviewed nor endorsed this report.

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References

1. Online questionnaire conducted by Coloplast among 395 health-care professionals. Company data. 2019; July.

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