

Essity Sponsored Learning:

Wound Wisdom: From First Steps To Mastery

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Wound Bed Preparation

The Wound Bed Preparation (WBP) paradigm was first introduced in 2001 and has gone through periodic updates since then.² The most recent update was published in 2021 with a focus on wound management in low-resource settings (see figure below).³ The WBP is a structured approach to wound healing. It encourages clinicians to identify and treat the cause of the wound and to address patient-/family-centred concerns.² It also highlights the importance of determining the patient's ability to heal.² The WBP outlines the steps to consider when

providing local wound care – debridement, inflammation/local infection, moisture balance and edge advancement, based on the healability of the patient and wound.²

How Hydrofera Blue® Products Fit Within the

WBP: Hydrofera Blue® (HFB) products contain two antimicrobial compounds that are non-cytotoxic – gentian violet and methylene blue (GVMB).⁴ HFB provides clinicians with “a suite of multifaceted, intuitive, and cost-effective products for a range of wound care needs”.⁴ The following real-life cases showcase how HFB addresses all four aspects of local wound care outlined in the WBP.

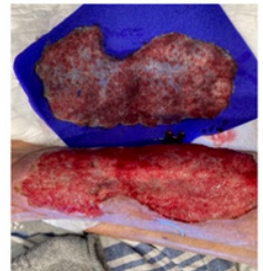
Debridement and Moisture Balance

A 92-year-old female patient sustained a traumatic leg injury resulting in a large hematoma. The patient had a history of atrial fibrillation and was managed

with an anticoagulant. The patient underwent surgical debridement of the wound in the operating room and was treated with negative pressure wound therapy (NPWT) for 10 days. Hydrofera Blue® Transfer was utilized prior to discharge. Hydrofera Blue Transfer® is made of open-cell, polyurethane foam and can handle high amount of exudate while maintaining a moist wound bed.⁴ Debris and necrotic tissue can be seen on the dressing upon removal. There is no periwound maceration observed, highlighting the dressing's ability to manage moisture balance in the wound.

If additional moisture control is required, clinicians can consider the use of Cutimed® Sorbion® XL as a secondary dressing. This super-absorbent dressing is equipped with Hydration Response Technology, where exudate is absorbed and “locked away” vertically. Both the Hydrofera Blue Transfer® and Cutimed® Sorbion® XL can be used under compression therapy.

A 71-year-old female patient underwent a transmetatarsal amputation of the left foot as a result of extensive gangrene. On examination, the wound was quite deep; necrotic tissue can be seen in the wound bed; and periwound maceration was evident. Hydrofera Blue® CLASSIC Heavy Drainage was utilized under NPWT to manage this wound. After one week of treatment, the wound depth was significantly reduced. There was a greater proportion of healthy



granulation tissue in the wound bed. The periwound skin was no longer macerated.

Inflammation, Local Infection And Edge Advancement

A 30-year-old female patient sustained a laceration on their leg. At first, the wound was locally infected and was managed with a hypertonic dressing and a secondary absorbent dressing. Hydrofera Blue® CLASSIC was used approximately three weeks later. Unlike the READY, Hydrofera Blue® CLASSIC is made of polyvinyl alcohol (PVA) foam. This PVA foam exerts negative pressure naturally and can facilitate autolytic debridement. The GVMB infused in the foam reduced bioburden in the wound as evident in the photos. The dressing also flattened the periwound edges, further facilitating wound healing.



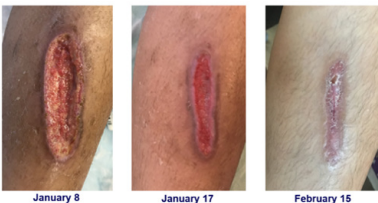
Oct 7: First application of HFB CLASSIC HD under NPWT
Wound size: 7.0 cm x 6.5 cm x 2.3cm



Oct 15:
Wound size: 6.5 cm x 6.0 cm x 0.5 cm

A male patient with a history of diabetes and right leg amputation presented with a pressure injury as result of an ill-fitting prosthetic. Upon initial assessment, the wound had significant undermining. Upon using Hydrofera Blue® CLASSIC for two weeks, the undermining was reduced significantly.

A month later, an infection led to breakdown near the initial wound; however, there is no undermining observed in the initial wound itself.



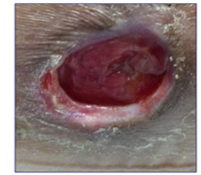
Given its antimicrobial properties, clinicians involved continued to use Hydrofera Blue® CLASSIC in this case. Once the local infection was under control and the exudate level decreased, the dressing was switched to Hydrofera Blue READY Border until wound closure.

Hydrofera Blue® - The Swiss Army Knife of Wound Dressings:

The wide range of Hydrofera Blue® products offer versatility to address unique wound care needs and patient circumstances. It is like a Swiss Army knife in a clinician's wound care toolkit. As mentioned in the cases above, HFB products can be used under compression therapy (e.g., Jobst® FarrowWrap) as well as total contact casts. Anecdotally, it has been used in conjunction with topical oxygen therapy and advanced regenerative matrix. HFB also offers specialty dressings, such as the Tunneling and Ostomy dressings for tunneling wounds and peristomal ulcerations. The Hydrofera Blue® READY Border dressing consists of a silicone adhesive border and allows for atraumatic dressing changes and is particularly useful in managing painful wounds.⁴



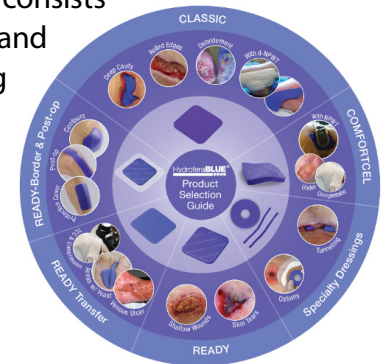
March 6
Undermining at 6 o'clock: 1.5cm



March 20
Undermining at 9-11 o'clock: 0.3cm



April 10
No Undermining



References available on request

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