INESSS
LE SAVOIR PREND FORME

REMINDER – JANUARY 2023

WOUND CARE

DRESSING SPECIFICS

For more details, click on the underlined words

This decision-support tool is intended primarily for front-line clinicians. It is provided for guidance only and does not replace the judgment of the clinician exercising the activities reserved to him or her by law or regulation. This document has been designed on the basis of clinical recommendations developed by the INESSS using a systematic approach and supported by the scientific literature as well as by the knowledge and experience of clinicians from various specialties and areas of expertise. Tools to guide **wound assessment and the determination of healing potential**, as well as decision support on an **optimal treatment plan based on wound etiology, vascular supply, and infectious risk, tissue type and exudate quality**, are also provided. For further details, visit **inesss.qc.ca**.

POINTS TO REMINDER

- The availability of dressings varies in health care institutions and community pharmacies.
- Some dressings are covered by RAMQ.
- Before determining the choice of dressing, the wound should be cleaned and debrided if indicated.
- Various dressings can achieve the same treatment objective, and several types of dressings can be used depending on the evolution of the wound.

SCIENTIFIC DATA

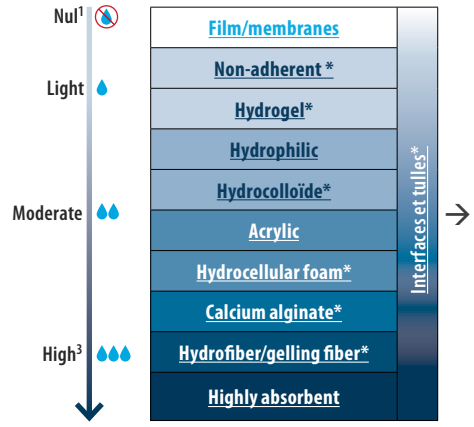
- Uncertainty regarding the effectiveness of dressings for all wounds and tissues.
- Lack of comparative studies between options.

DRESSING CHOICE

➔ **If possible, semi-occlusive dressings should be used.**

➔ The optimal dressing should meet various care objectives, e.g., optimizing moisture balance, controlling microbial load, filling dead space and promoting autolytic debridement.

Non-infected wound
* Some versions may contain antimicrobial agents



Dry
✓ Protect
✓ Recover

Hydratant[2]
✓ Maintain moisture balance
✓ Add moisture as needed

Absorbent
✓ Absorb exudates without drying out the wound

Highly absorbent
✓ Control moisture to prevent maceration

1. In some situations, the absence of exudate can lead to drying of the wound bed and the formation of necrotic tissue.
2. Some products designed to moisturize wounds (e.g., hydrogel) may increase the microbial load if used in excessive amounts.
3. Excessive exudate can delay the healing process, cause maceration, and increase the risk of infection.

Situations at risk of infection, suspected infection/biofilm or infected wound

Antimicrobial dressings by exudate level

The choice of antimicrobial dressing should be based on:

- the type of suspected microorganism
- the intended purpose - e.g., to prevent, control, destroy the microbial load
- optimization of moisture balance/wet load control

Silver
Methylene blue
Cadexomer Iodine
Chlorhexidine
Medical honey
PHMB
Povidone-iodine[1]

✓ Prevent infections

✓ Destroy/fragilize biofilm

✓ Control and restore the balance of the microbial load

- All antimicrobial dressings should be reassessed after **2-4 weeks** of use.
- Combined use or layering of multiple antimicrobial dressings should be avoided.

(!) *Management of some infected wounds may require concomitant treatment with topical antimicrobials or an oral or intravenous antibiotic. If necessary, consult a specialist or experienced colleague.*

1. Allows to keep dry (if needed)

MALODOROUS wound (Infected or neoplastic)

Activated charcoal dressing
✓ Masks odor
✓ Does not treat the cause

Wound WITH WET NECROSIS (Infected or non-infected)

Hypertonic dressing
✓ Debride
✓ Control the balance of the microbial load

RECALCITRANT Wound (Despite optimal treatment)

Bio-active dressing
✓ Restore the micro- environmental balance of the wound

Québec

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FREQUENCY OF DRESSING CHANGES

Non-infected wound	• Ideally, dressings should be left in place for as long as possible - based on the manufacturer's maximum recommended wearing time[1]. • Any dressing that has become loose or more than 50% soiled should ideally be changed. If necessary, the frequency of changes should be increased.
Infected wounds	• Dressings should be changed regularly, according to the characteristics of the wound, the condition of the person, the level of action of the product and the level of the microbial load.

1. Use beyond the manufacturer's recommended wearing time may decrease the effectiveness of the dressing and increase the risk of infection.

DEFINITIONS

Bacteriostatic	• An agent that inhibits or prevents bacterial multiplication or growth. • Bacteria are not killed.
Bactericide	• An agent that kills bacteria.
Autolytic debridement	• Selective, non-traumatic debridement promoted by a moist wound environment and adequate vascularization. • A natural physiological process characterized by the release of endogenous proteolytic enzymes from exudate, such as collagenase, as well as the activation of phagocytic cells. (!) *Many occlusive or semi-occlusive dressings help maintain a moist wound environment to promote autolytic debridement.* ***Do not use in the presence of dry ischemic necrosis.***
Semi-occlusive dressing	• Air and water vapor permeable. • Waterproof: protects the wound from external fluids and contaminants. (!) *This type of dressing should be used for wounds that are curable.*
When used in combination, it is important to check the compatibility of the various products.	

REFERENCES

➔ The content of these sheets is based on the most recent scientific data and recommendations for good practice, enhanced by contextual information and the experiential knowledge of Quebec clinicians and experts. For details on the development process of these sheets and to consult the other references, see the INESSS report accompanying this tool.

WARNINGS

For all dressing categories

- Dressings should be selected based on:
  - established care objectives (e.g., optimize moisture balance, control microbial load, fill dead space, promote autolytic debridement);
  - clinician's judgment;
  - available materials.
- The information in the tables is for guidance only.
- Certain dressing categories may not appear in this tool.
- The INESSS does not endorse any of the commercial products listed below.
- The list of dressings available in Canada presented in the tables is not exhaustive.

DRESSING CATEGORY: NON-ABSORBENT TRANSPARENT FILMS

RAMQ Reimbursement	• Not reimbursed
Composition	• Thin film made of polyurethane coated with a clear acrylic adhesive
Characteristics	• Non-absorbent • Adhesive (hypoallergenic) • Semi-occlusive
Format	• Available in many formats and sizes or in rolls

FEATURES

Indications	• Superficial wound **without exudate (dry)** • Can be used as a **primary** dressing - e.g., to prevent irritation - or as a **secondary** dressing
Contraindications	• A non-healable wound • Deep wound • Wound with moderate to high exudate • Infected wound
Precautions	• Use with caution on fragile skin: risk of skin tears upon removal. If necessary, a skin protector can be added beforehand on the surrounding skin • Avoid using on leg ulcers (venous, arterial, or diabetic)
Advantages	• Can be used in combination with an antimicrobial • Allows observation of the wound without having to replace the dressing • Allows the user to take a shower • Maintains a moist wound environment to facilitate autolytic debridement • Reduces friction for areas at risk for pressure ulcers
Disadvantages	• Risk of irritation or trauma upon removal

METHODS OF USE

Application	• Can be trimmed to the size of the wound • Can be overlapped to cover a large area • Extend at least 2.5 cm beyond wound edges • Apply from the center of the wound to the edges • Do not stretch or pull the dressing
Removal	• Removal should be done with gentle traction parallel to the skin to avoid trauma or skin tear
Changing	• Recommended wearing time varies depending on the type of dressing (between **5 and 7 days**)
Monitoring and follow-up	• The wound site should be checked regularly, and the dressing changed in case of leakage
Characteristics	• Can also be used: - To cover and protect catheter insertion sites or to secure devices to the skin - As a dressing over topical anesthetic cream to improve absorption

EXAMPLES OF COMMERCIAL PRODUCTS AVAILABLE IN CANADA[1]

Non-exhaustive list *The INESSS does not support any of the commercial products listed here*	BIOCLUSIVE Plus, Epiview, Hypafix Transparent Film, IV3000, Leukomed T, OPSITE - all sizes, OPSITE Spray, POLYSKIN, Suresite, Tegaderm Transparent Film

1. Examples are listed in alphabetical order. The information presented is based on Health Canada and RAMQ listings (accessed as of October 20, 2022) as well as selected Canadian literature and the opinions of clinicians and experts consulted.

DRESSING CATEGORY: NON ADHERENT SYNTHETIC CONTACT LAYERS (INTERFACES AND TULLES)

Warning	• Widely used dressing despite lack of evidence for its effectiveness • The use of semi-occlusive dressings is often preferred
RAMQ Reimbursement	• Some interface dressings are reimbursed by RAMQ according to the criteria and indications of the list of exception drugs (**code: DE107 and for infected wounds DE58, DE319, DE339**)[1]
Composition	• Fine mesh (interfaces) or large mesh (tulles) made of cellulose or synthetic fibers impregnated with a fatty substance - kerosene, petroleum jelly, silicone - or with a lipidocolloid interface
Characteristics	• Non-adhesive, non-absorbent, transparent
Format	• Available as sheets in several sizes • Some versions contain silver, PHMB, chlorhexidine acetate or povidone-iodine

1. If required, complete Form 3633 - Exception Drugs or Form 3996 – Exception Patient Measure

FEATURES

Indications	• Fragile and painful superficial wounds, **without exudate to high exudate** • Wound with friable granulation tissue • Minor abrasions/clean superficial wounds e.g., partial thickness burns, skin grafts • Use as a **primary** dressing • Infected wounds: use versions containing antimicrobial agents
Contraindications	• Known or suspected allergy or sensitivity to any of the components • Deep wound with non-accessible cavity or narrow sinuses • Excessively exudative or bleeding wound • Infected wound - only for products without antimicrobial agent
Advantages	• Prevents secondary dressing from adhering to the skin and protects the wound bed • Allows exudate to drain to the secondary dressing • Allows secondary dressing changes without interfering with the healing process
Disadvantages	• Large mesh tulles: removal can be traumatic • Requires the addition of a secondary dressing • May promote maceration if applied in multiple layers

METHODS OF USE

Precautions	• Dressing indentation can occur if too much pressure is applied to the wound • Too wide a dressing over the wound can sometimes macerate the surrounding skin
Application	• Can be trimmed - if necessary, use tweezers to facilitate application • Apply in a single layer to aerate and avoid maceration • Cover with a secondary dressing depending on the amount of exudate
Removal	• Large mesh (tulle) can pull out granulation tissue buds on removal • If the dressing has been cut, ensure that all fibers are removed from the wound bed • If dressing adheres to the wound, moisten with water or physiological solution
Changing	• Can remain in place for **2-7 days** • Only the secondary dressing can be changed as needed and depending on the amount of exudate
Other clinical aspects	• Some dressings can be used with negative pressure wound therapy (NPWT). If necessary, consult a specialist or experienced colleague

EXAMPLES OF COMMERCIAL PRODUCTS AVAILABLE IN CANADA[2]

	INTERFACES	TULLES
Non-exhaustive list *The INESSS does not support any of the commercial products listed here*	**Silicone:** ADAPTIC Digit and Touch, Cuticell Contact, Mepitel, Shur-Conform, Tegaderm Contact Layer, Versatel; **Petroleum jelly (e.g., Vaseline or parafin):** ADAPTIC, Cuticell Classic, JELONET plus, Tegapore; **Lipidocolloïde**: Restore Contact Layer, Contact interface UrgoTul; **With silver:** Mepitel Ag; **With povidone-iodine:** Inadine	**Petroleum jelly (e.g., Vaseline or parafin)** JELONET, Unitulle, Petrolatum gauze, CURAD Sterile Oil Emulsion Gauze; **With chlorhexidine:** BACTIGRAS, Chlorhexitulle, Serotulle

2. Examples are listed in alphabetical order. The information presented is based on Health Canada and RAMQ listings (accessed as of October 20, 2022) as well as selected Canadian literature and the opinions of clinicians and experts consulted.

DRESSING CATEGORY: NON-ADHERENT DRESSINGS (NON-IMPREGNATED)

RAMQ Reimbursement	• Non-refundable
Composition	• Made of nylon, cotton or acrylic fabric covered with a perforated film made of polyester or other material
Characteristics	• Permeable • Non-adherent • Low absorbency
Format	• Available in different sizes in the form of compresses • Some versions contain antimicrobials, such as PHMB

FEATURES

Indications	• Wounds **without exudate or light exudate** • Used primarily as a **primary** dressing • Infected wounds: use versions containing antimicrobial agent
Contraindications	• A non-healable wound • Deep or cavitated wound • Moderate to high exudate • Infected wound - only for products without antimicrobial agents
Precautions	• Do not apply to a closed surgical wound that is oozing (immediate post-op): may cause maceration of the wound edges and increase the risk of dehiscence
Advantages	• Protects the wound bed • Easy to use; ideal for home use • May be suitable for superficial wounds (e.g., abrasion, laceration) and for post-operative use (e.g., clean sutured wounds)
Disadvantages	• Risk of maceration • Does not protect against evaporation and external contamination; in some situations, it is preferable to use a semi-occlusive dressing

METHODS OF USE

Application	• Can be trimmed to fit the size of the wound • Extend at least 2.5 cm around the wound • Secure dressing with a secondary dressing or adhesive dressing
Removal	• If the dressing adheres to the wound on removal: reassess and switch to another type of dressing
Changing	• Depending on the amount of exudate released from the wound • Change the dressing when a spot appears on the surface of the dressing
Monitoring and follow-up	• If maceration: increase frequency of dressing changes or choose a more absorbent dressing

EXAMPLES OF COMMERCIAL PRODUCTS AVAILABLE IN CANADA[1]

Non-exhaustive list *The INESSS does not support any of the commercial products listed here*	Melolin, Melolite, Telfa, Medipore + Pad Soft Cloth Adhesive, Primapad; **With PHMB:** Telfa AMD

1. Examples are listed in alphabetical order. The information presented is based on Health Canada and RAMQ listings (accessed as of October 20, 2022) as well as selected Canadian literature and the opinions of clinicians and experts consulted.

DRESSING CATEGORY: HYDROGELS

RAMQ Reimbursement	• Some dressings are reimbursed. For more information, consult the RAMQ website
Composition	• Contains hydrated hydrophilic polymers based on water or glycerin, preservatives, sodium chloride, collagen, or fibronectin
Action mechanism and features	• Hydro-active: hydrates the wound and softens dry necrotic tissue • Non-adherent • Low absorbency
Format	• Available in gel, pad, or tulle form • Some products also contain silver

FEATURES

Indications	• Wound **without exudate** or **light exudate** • Wound with granulation tissue • Wound with dry necrotic tissue with palpable pulse or without ischemia • Use as a **primary** dressing • Can be applied to exposed tendons, ligaments, or bone • Infected wounds: use versions containing antimicrobial agents
Contraindications	• A non-healable wound • Lower limb ulcers with arterial insufficiency • Wound with non-accessible cavity or narrow sinus • Wound with moderate to high exudate • Infected wound - only for products without antimicrobial agents • Known or suspected allergy or sensitivity to any of the components
Precautions	• Surrounding skin may require protection from maceration • Ensure removal of any gel residue prior to radiation therapy
Advantages	• Assists in the healing of poorly exuding wounds • Maintains a moist wound environment to facilitate autolytic debridement
Disadvantages	• Risk of maceration; protect surrounding skin if necessary • Requires the addition of a secondary dressing

METHODS OF USE

Application	• Apply directly to the wound: the gel should be applied in layers about 5 mm thick • Do not overlap onto the surrounding skin • Cover with a secondary dressing depending on the degree of moisture
Removal	• Remove the gel by irrigation with water or physiological solution
Changing	• Renew the gel or dressing on average every **2 to 3 days**
Monitoring and follow-up	• For necrotic wounds, do not leave gel or dressings in place for more than 2 days
Other clinical aspects	• Scarification may be necessary for wounds with necrosis

EXAMPLES OF COMMERCIAL PRODUCTS AVAILABLE IN CANADA[1]

Non-exhaustive list *The INESSS does not support any of the commercial products listed here*	Aquasite, Curafil (including Curagel Hydrogel Impregnated Gauze), Cutimed Gel, Derma-Gel Hydrogel Sheet, DuoDERM Hydroactive Gel, GranuGEL, Hydrogel 2nd skin, INTRASITE Gel, INTRASITE Conformable, Kendall hydrogel wound dressing, Normlgel, NU-GEL Hydrogel, Purilon, Restore Hydrogel Dressing, Skintegrity Gel, Spenco 2nd Skin, Tegaderm Hydrogel Wound Filler, Tegagel, Tenderwet; **With silver:** SilvaSorb silver wound gel, SilverSeal Burn & wound dressing

1. Examples are listed in alphabetical order. The information presented is based on the Health Canada and RAMQ lists (consulted as of October 20, 2022) as well as the Canadian documents selected, and the opinions of the clinicians and experts consulted.

DRESSING CATEGORY: HYDROPHILIC PASTE

RAMQ Reimbursement	• Not reimbursed
Composition	• Zinc-oxide based hydrophilic paste containing carboxymethyl cellulose, dimethicone and petroleum jelly
Action mechanism and features	• Hydrophilic • Latex free • Low absorbency
Format	• Available in paste form

FEATURES

Indications	• Superficial or deep wounds with **mild** 💧 **to moderate** 💧💧 **exudate** • Generally used alone as a **primary** dressing (no secondary dressing)
Contraindications	• Infected wound • Very exudative wound • Wound with non-accessible cavity or narrow sinus • Full thickness burn (3rd degree) • Known or suspected allergy or sensitivity to zinc
Precautions	• Do not use with silver products (incompatibility)
Advantages	• Can be used on the wound bed or surrounding skin • Maintains a moist wound environment to facilitate autolytic debridement • Option for difficult-to-dress areas - e.g., intergluteal fold, coccyx, perineum, face, feet • Adheres to skin, dries, and stays in place, even with incontinence or maceration
Disadvantages	• May not dry completely and leave stains on sheets or clothing. If necessary, cover with a dry gauze pad

METHODS OF USE

Application	• Spread evenly over the application area to a thickness of approximately 3 mm • Allow paste to air dry or apply a secondary dressing as needed **For deep wounds** • Soak a gauze pad and insert it into the wound bed without compacting it • Cover with a secondary dressing depending on the level of exudate
Removal	• Do not rub, irrigate the wound with a physiological solution instead • If the paste adheres at the time of removal, apply a compress soaked in physiological solution or mineral oil for 15 to 20 minutes, then remove • Between dressing changes, clean soiled paste - do not remove unsoiled paste from the wound - and apply a new layer of past
Changing	• Can remain in place for up to **5-7 days**; reapply as needed if more exudate is present
Monitoring and follow-up	• Remove the paste completely once a week to assess the wound
Other clinical aspects	• Drying time varies depending on the amount of exudate

EXAMPLES OF COMMERCIAL PRODUCTS AVAILABLE IN CANADA[1]

Non-exhaustive list *The INESSS does not support any of the commercial products listed here*	Triad

1. Examples are listed in alphabetical order. The information presented is based on Health Canada and RAMQ lists (accessed October 20, 2022) as well as selected Canadian literature and the opinions of clinicians and experts consulted.

DRESSING CATEGORY: HYDROCOLLOIDS

RAMQ Reimbursement	• Certain dressings and formats are reimbursed by the RAMQ according to the criteria and indications of the medication exception list (**code: DE101**)[1]
Composition	• Dressings composed of gelatin, pectin, and sodium carboxymethyl cellulose (CMC)
Action mechanism and features	• Low absorbency, hydrophilic • Semi-occlusive to occlusive • Gelling: forms a malodorous gel on contact with the exudate • Provides local hypoxia that stimulates epithelialization and promotes angiogenesis
Format	• Available in a variety of sizes, shapes, and thicknesses, with or without adhesive border • Some versions containing **alginates** offer greater absorbency

1. If required, complete Form 3633 - Exception Drugs or Form 3996 – Exception Patient Measure

FEATURES

Indications	• Superficial wound with **mild** 💧 **to moderate** 💧💧 **exudate** • Can be used as a **primary** or **secondary** dressing
Contraindications	• Infected or highly exudative wound • Skin tears • Lower extremity ulcer with arterial insufficiency • Full thickness burn (3rd degree) • Known or suspected allergy or sensitivity to any of the components • Wound with non-accessible cavity or narrow sinus
Precautions	• Diabetic person • Rosin intolerance (contact eczema) • Use with caution on fragile skin: risk of causing skin tears upon removal • 2nd degree burns: to be used especially during the first 48 hours following the incident. If necessary, change regularly to avoid maceration • If there is a lot of exudate, consider adding an antimicrobial agent
Advantages	• Maintains a moist wound environment to facilitate autolytic debridement • Elastic and adaptable dressing that allows for showering • Allows for extended wear time
Disadvantages	• Risk of maceration • May turn into a malodorous gel - normal, not to be confused with an infection • Peripheral irritation if too much exudate or trauma if changed too often • In the presence of abundant exudate, could create an environment conducive to biofilm or other infection. In that case, consider adding an antimicrobial agent

METHODS OF USE

Application	• Can be trimmed (without border only) • Apply without stretching, smoothing from the centre • Extend at least 2.5 cm around the wound
Removal	• May leave residue • Risk of trauma • Possibility of odor on removal
Changing	• Until saturation or detachment • Depending on the amount of exudate, the dressing may be left in place for up to **7 days** maximum
Monitoring and follow-up	• Reassess dressing type if frequency of changes > 2 times/week • Remove if the area that becomes whitish exceeds the size of the wound (risk of maceration)
Other clinical aspects	• Turns whitish when it creates moisture

EXAMPLES OF COMMERCIAL PRODUCTS AVAILABLE IN CANADA[1]

Non-exhaustive list *The INESSS does not support any of the commercial products listed here*	Comfeel Plus Hydrocolloid combined with alginate, Comfeel Plus Transparent Hydrocolloid, DuoDERM (including Duoderm Extra Thin, Duoderm Signal), Exuderm Satin Hydrocolloid, Granuflex, NU-DERM Hydrocolloid, Primacol, Pansement hydrocolloïde with alginate, Restore Hydrocolloid Dressing, Tegaderm Hydrocolloid, ULTEC (including ULTEC Pro)

1. Examples are listed in alphabetical order. The information presented is based on the Health Canada and RAMQ lists (consulted as of October 20, 2022) as well as the Canadian documents selected, and the opinions of the clinicians and experts consulted.

DRESSING CATEGORY: ABSORBENT ACRYLIC DRESSINGS

RAMQ Reimbursement	• Non-refundable
Composition	• Composed of acrylic polymer and polyurethane coated with a clear acrylic adhesive
Action mechanism and features	• Low absorbency • Transparent • Semi-occlusive
Format	• Available in many shapes and sizes

FEATURES

Indications	• Superficial wound with **mild** 💧 **to moderate** 💧💧 **exudate** • Use as **primary** dressing • Cavity wound: can be used as a **secondary** dressing • Suitable for use under compression bandage
Contraindications	• A non-healable wound • Wound with abundant exudate • Infected wound
Precautions	• If used in the presence of a skin tear, it is advisable to mark the direction of removal of the dressing with an arrow to avoid trauma to the wound
Advantages	• Allows observation of the wound without having to replace the dressing • Allows the user to take a shower • Maintains a moist wound environment to facilitate autolytic debridement • Allows for extended wear time and reduces change frequency
Disadvantages	• Unscored

METHODS OF USE

Application	• Do not cut - if necessary, only the edges can be trimmed • Extend at least 1 cm beyond the wound edges • Apply from the centre of the wound to the edges • Do not stretch the dressing
Removal	• Gently remove the dressing by folding it over itself • Pull gently in the direction of the hair • If the film is difficult to peel off, apply a piece of tape to the edge of the dressing and use it to lift the edges of the film
Changing	• Depending on the amount of exudate released from the wound, the dressing may be left in place for several days (**21-28 days**) • Change when saturated, loose or leaking exudate is present
Monitoring and follow-up	• Reassess dressing type if frequency of changes > 1x/week
Other clinical aspects	• The dressing may occasionally swell and then become flat again. If the dressing does not deflate in one day, replace it • The dressing may appear cracked. This appearance does not affect healing. Leave the dressing in place • Brownish exudate may appear in the dressing due to hemolysis of erythrocytes. Do not confuse with a sign of infection. If present, check for redness and/or surrounding pain around the wound before removing the dressing

EXAMPLES OF COMMERCIAL PRODUCTS AVAILABLE IN CANADA[1]

Non-exhaustive list *The INESSS does not support any of the commercial products listed here*	Tegaderm Transparent Absorbent Dressing

1. Examples are listed in alphabetical order. The information presented is based on Health Canada and RAMQ listings (accessed as of October 20, 2022) as well as selected Canadian literature and the opinions of clinicians and experts consulted.

DRESSING CATEGORY: ABSORBENT ADHESIVE DRESSING	
RAMQ Reimbursement	• Not reimbursed
Composition	• Has a non-adhesive center island with adhesive edges • Made of polyurethane, non-woven polyester or polyacrylate film
Action mechanism and features	• Absorbent • Lightly adherent (water-based adhesive) • Semi-occlusive
Format	• Available in several shapes and sizes

FEATURES	
Indications	• Superficial wound with **mild** 💧 **to moderate** 💧💧 **exudate** • Can be used as a **primary** or **secondary** dressing
Contraindications	• Moderate to high exudate • Known or suspected allergy or sensitivity to any of the components
Advantages	• Maintains a moist wound environment to facilitate autolytic debridement • Prevents wound maceration • Comfortable and flexible • Easy to use for people who self-care
Disadvantages	• Risk of trauma on removal, especially on fragile skin

METHODS OF USE	
Application	• Must be applied to healthy surrounding skin • Extend at least 2.5 cm beyond the edge of the wound • Smooth the adhesive border firmly to achieve good adhesion • Do not stretch the dressing
Removal	• Gently peel off the top edge and pull slowly in the direction of the hair
Changing	• Depending on the amount of exudate from the wound, the dressing may be left in place for a few days (depending on the type of dressing, up to **7 days** maximum)
Monitoring and follow-up	• Replace as soon as it is saturated to avoid maceration

EXAMPLES OF COMMERCIAL PRODUCTS AVAILABLE IN CANADA[1]	
Non-exhaustive list *The INESSS does not support any of the commercial products listed here*	Alldress, Leukomed, Mepore, Opsite Post-Op, Primapore, Tegaderm + Pad, Telfa Plus

1. Examples are listed in alphabetical order. The information presented is based on Health Canada and RAMQ listings (accessed as of October 20, 2022) as well as selected Canadian literature and the opinions of clinicians and experts consulted.

DRESSING CATEGORY: HYDROCELLULAR FOAMS

RAMQ Reimbursement	• Certain dressings and sizes are reimbursed by RAMQ according to the criteria and indications of the list of exception drugs (code: **DE101 and for infected wounds DE58, DE319 and DE339**)[1]
Composition	• Consists of a central part made of absorbent polyurethane foam, covered with a semi-occlusive film that allows gases and water vapors to pass through
Action mechanism and features	• Moderate to high absorption capacity (depending on the type of dressing) • Semi-occlusive • Versatile, flexible and comfortable • Foam swells on contact with exudate to avoid pressure on the wound
Format	• Available in various sizes, shapes, thicknesses with or without adhesive border, or silicone contact layer • Some products are impregnated with ibuprofen or antimicrobial agents, e.g., iodine, silver, or methylene blue and gentian violet

1. If required, complete Form 3633 - Exception Drugs or Form 3996 – Exception Patient Measure

FEATURES

Indications	• Superficial or deep wound with **moderate** 💧💧 **to high** 💧💧💧 **exudate** • Can be used as a **primary** or **secondary** dressing • Can be used on fragile skin	• Suitable for use under compression bandages • Infected wounds: use versions containing antimicrobial agents
Contraindications	• Dry or poorly exuding wound • Untreated infected wound with antibiotics	• Ischemic or dry necrotic wound • Burns 3rd degree
Precautions	• Based on clinical judgment - may be used for exudate management in the presence of a non-healable wound (e.g., neoplastic wound) • Use with caution in diabetic patients as plantar application may cause the exudate initially captured by the dressing to return to the wound and macerate	
Advantages	• Does not disintegrate in the wound when in contact with exudates • Maintains a moist wound environment to facilitate autolytic debridement • Allows for prolonged wear and reduces frequency of changes • Allows for showering if dressing has adhesive and semi-occlusive coating	
Disadvantages	• May promote hypergranulation in rare cases	

METHODS OF USE

Application	• Can be trimmed to fit the size of the wound (without border only) • Extend a few centimeters (2 to 3 cm) around the wound • Be careful not to moisten the dressing before applying it to the wound
Removal	• Remove in one piece • Atraumatic and painless removal
Changing	• Depending on the amount of exudate produced by the wound, the dressing can be left in place for up to **7 days maximum**
Monitoring and follow-up	• If the dressing adheres at the time of removal, reduce the frequency of dressing changes, or switch to another type of dressing

EXAMPLES OF COMMERCIAL PRODUCTS AVAILABLE IN CANADA[2]

Non-exhaustive list *The INESSS does not support any of the commercial products listed here*	ALLEVYN (including Lite, Gentle Border, Sacrum), Biatain (including adhesive, silicone, IBU), Combiderm, CuraFoam, Curity Cavity, Cutimed Cavity & Siltec, Foam Lite, Hydrocell, Kendall mousse, Lyofoam, Mepilex (including adhesive Border Post-Op, Lite, Transfer, Sacrum, XT), Microfoam, Optifoam, Polymem, Restore Foam Dressing, Tegaderm high performance foam (including non-adhesive), Tegaderm Silicone Foam Boarder, TIELLE, UrgoTul Absorb; **With silver:** Allevyn Ag, Acticoat Moisture, Biatain Ag, Mepilex Ag; **With methylene blue and gentian violet:** Hydrofera Blue Foam Dressing; **With iodine**: Ioplex; **With PHMB:** Kendall AMD Antimicrobial Foam Border

2. Examples are listed in alphabetical order. The information presented is based on Health Canada and RAMQ listings (accessed as of October 20, 2022) as well as selected Canadian literature and the opinions of clinicians and experts consulted.

DRESSING CATEGORY: HYDROCELLULAR FOAMS WITH IBUPROFEN

RAMQ Reimbursement	• Not reimbursed
Composition	• Dressings composed of an absorbent polyurethane foam containing ibuprofen (0,5 mg/cm^2)
Action mechanism and features	• Prevents/supports pain: progressive and continuous release of ibuprofen on contact with exudates • Absorbent • Adaptable
Format	• Available in different sizes in non-adhesive and micro-adhesive versions (adheres without sticking)

FEATURES

Indications	• Painful superficial or deep wound with **moderate** 💧💧 **to high** 💧💧💧 **exudate** • Use as a **primary** dressing • Suitable for use under compression bandages
Contraindications	• No or light exudate - without exudate there is no release of ibuprofen • Infected wound • Known or suspected allergy or sensitivity to polyurethane, ibuprofen, acetylsalicylic acid (aspirin) or other non-steroidal anti-inflammatory drugs (NSAIDs) • Wound bed with more than 30% necrotic tissue • Children under 12 years of age, unless directed by a physician
Precautions	• Do not use with oxidizing agents such as hypochlorite (Dakin) solutions or hydrogen peroxide solutions • Do not use during radiation treatment (X-rays, ultrasound, radiation therapy) • Do not use for more than 6 weeks without medical advice
Advantages	• Maintains a moist wound environment to facilitate autolytic debridement • Prevents or relieves pain, usually within 2 to 3 days
Disadvantages	• May require the addition of a secondary dressing for attachment • In rare cases, ibuprofen may cause allergic reactions

METHODS OF USE

Application	• Can be trimmed according to the size of the wound • Extend at least 2.5 cm beyond the edge of the wound • Apply directly in contact with exudate and wound bed • If there is little exudate, moisten with a small amount of physiological solution • A secondary dressing or compression bandage may be required for attachment
Removal	• Gently remove in one piece • Atraumatic and painless removal
Changing	• Depending on the amount of exudate, the dressing can be left in place for up to **7 days** if pain is effectively controlled
Monitoring and follow-up	• Dressing should be changed when exudate extends to within 2.5 cm of the dressing edge
Other clinical aspects	• Do not exceed recommended dose • Does not affect systemic levels of ibuprofen and has no risk of gastrointestinal complications

EXAMPLES OF COMMERCIAL PRODUCTS AVAILABLE IN CANADA[1]

Non-exhaustive list *The INESSS does not support any of the commercial products listed here*	Biatain IBU

1. Examples are listed in alphabetical order. The information presented is based on Health Canada and RAMQ listings (accessed as of October 20, 2022) as well as selected Canadian literature and the opinions of clinicians and experts consulted.

DRESSING CATEGORY: ALGINATES

RAMQ Reimbursement	• Certain dressings and formats are reimbursed by RAMQ according to the criteria and indications of the list of exception drugs (code: **DE101 and for infected wounds DE58, DE319 and DE339**)[1]
Composition	• Natural polymers of alginic acid with or without carboxymethylcellulose
Action mechanism and features	• High absorption capacity • Hemostatic action (mild bleeding) • Gelling: forms a non-adherent gel when in contact with blood and exudates
Format	• Available in various sizes as compresses or ribbon gauze for cavitary wounds • Some products are also impregnated with **silver**

1. If required, complete Form 3633 - Exception Drugs or Form 3996 – Exception Patient Measure

FEATURES

Indications	• Superficial or deep wound with **moderate** 💧 **to high** 💧💧💧 **exudate** • Local hemostasis • Use to fill dead space and deep wounds • Use as a **primary** dressing • Infected wounds: use versions containing antimicrobial agents	
Contraindications	• No or light exudate (no gelling) • A non-healable wound-according to clinical judgement • Dry and necrotic wound	• Wound with non-accessible cavity or narrow sinus • Heavy, uncontrolled bleeding • Full thickness burn (3rd degree)
Precautions	• Must be in close contact with the wound floor to work • Do not apply to healthy, oozing skin (e.g., lower extremities) due to potential maceration • If there is a lot of exudate, consider adding an antimicrobial agent	
Advantages	• High absorbency: absorbs 10-15 times its weight depending on the type of dressing • Maintains a moist wound environment to facilitate autolytic debridement	
Disadvantages	• If exudate is insufficient, the wound may dry out • Risk of maceration if pad is saturated • Requires the addition of a secondary dressing • May leave debris in the wound	• Low tensile strength • In the presence of abundant exudate, could create an environment conducive to biofilm or other infection. In that case, consider adding an antimicrobial agent

METHODS OF USE

Application	• Can be trimmed, folded and stacked • Do not moisten before application • Cover with a secondary dressing depending on the amount of exudate
Removal	• If the compress or gauze adheres, moisten with water or physiological solution • In case of packing: check that the entire gauze/compress has been recovered
Changing	• Depending on the amount of exudate released from the wound, the dressing may be left in place for up to **7 days maximum**
Monitoring and follow-up	• If the dressing adheres on removal, decrease the frequency of dressing changes, or switch to another type of dressing
Other clinical aspects	• The gel is sometimes malodorous and greenish in appearance

EXAMPLES OF COMMERCIAL PRODUCTS AVAILABLE IN CANADA[2]

Non-exhaustive list *The INESSS does not support any of the commercial products listed here*	ALGICELL Calcium Alginate, ALGISITE M, Algosteril, Biatain Alginate, CalciCare Calcium Alginate Dressing, CURASORB, Debrisan, Derma Calcium Alginate, KALTOSTAT, Calcium alginate dressing, Maxorb II, Melgisorb Plus, NU-DERM Alginate, Opticell, Restore Calcium Alginate, Sorbsan (including PLUS, SA), Tegaderm high gelling or Integrity Alginate, Tegagen Alginate dressing; **With silver:** Biatain Alginate Ag, CalciCara calcium alginate Ag, Melgisorb Ag, Silvercel, Tegaderm Alginate Ag Silver dressing

2. Examples are listed in alphabetical order. The information presented is based on Health Canada and RAMQ listings (accessed as of October 20, 2022) as well as selected Canadian literature and the opinions of clinicians and experts consulted.

DRESSING CATEGORY: DRESSINGS WITH HYDROFIBERS/GELLING FIBERS

RAMQ Reimbursement	• Certain dressings and formats are reimbursed by RAMQ according to the criteria and indications of the list of exception drugs (code: **DE101 and for infected wounds DE58, DE319 and DE339**)[1]
Composition	• Dressing composed of carboxymethylcellulose (CMC) fibers (woven or non-woven) • May contain cellulose or polyvinyl alcohol
Action mechanism and features	• Highly absorbent • Non-adhesive • Gelling: forms a clear gel when in contact with exudate
Format	• Available as pads, gauze/ribbons, or sheets with or without adhesive border • Certain products are **silver** impregnated and may contain a surfactant

1. If required, complete Form 3633 - Exception Drugs or Form 3996 – Exception Patient Measure

FEATURES

Indications	• Wound with **moderate** 💧💧 **to heavy** 💧💧💧💧 **exudate** • Use as a **primary** dressing • Can be used to fill deep wounds • Suitable for use under compression bandages • Infected wounds: use versions containing antimicrobial agents
Contraindications	• A non-healable wound-according to clinical judgement • Dry wound or with little exudate • Highly hemorrhagic wound • Full thickness burn (3rd degree) • Wound with non-accessible cavity or narrow sinus • Known or suspected allergy or sensitivity to any of the components
Precautions	• Do not apply to healthy skin that is oozing (e.g. lower limb) or to a plantar surface that is being loaded: risk of possible maceration and destruction of the dressing • For wounds with sinuses, grooves or cavities, consider a woven hydrofiber dressing
Advantages	• Very high absorption capacity (30 times its weight) • Maintains a moist wound environment to facilitate autolytic debridement
Disadvantages	• Less exuding wound may dry out • Requires the addition of a secondary dressing • In the presence of abundant exudate, could create an environment conducive to biofilm or other infection. In that case, consider adding an antimicrobial agent

METHODS OF USE

Application	• Can be trimmed, folded and stacked • Leave 1 to 2 cm of overflow on the edges • Cover with a secondary dressing depending on the amount of exudate
Removal	• Easy removal, painless, without disintegration, even when gelled • If necessary, irrigate with saline or water to facilitate removal • Check the integrity of the dressing during removal
Changing	• Replace as soon as saturated to avoid maceration • The dressing can be left in place for up to **7 days** maximum
Monitoring and follow-up	• If dressing adheres on removal, reduce frequency of changes, or switch to another type of dressing
Other clinical aspects	• Has a greater absorption capacity than alginates

EXAMPLES OF COMMERCIAL PRODUCTS AVAILABLE IN CANADA[2]

Non-exhaustive list *The INESSS does not support any of the commercial products listed here*	Aquacel (including Foam and Extra), CUTINOVA Hydro, Debrisan, Durafiber, Exufiber, Kerracel, UrgoClean, Versiva XC; **With silver:** Aquacel Ag, Aquacel Ag Extra, Durafiber Ag; **With silver combined with chelator and surfactant:** Aquacel Ag Extra +

2. Examples are listed in alphabetical order. The information presented is based on Health Canada and RAMQ listings (accessed as of October 20, 2022) as well as selected Canadian literature and the opinions of clinicians and experts consulted.

DRESSING CATEGORY: HIGHLY ABSORBENT DRESSING	
RAMQ Reimbursement	• Not reimbursed
Composition	• Composed of an absorbent hydrophilic contact layer made of cellulose, polymer, cotton or rayon and a hydrophobic protection on the back that prevents external contamination of the wound
Action mechanism and features	• Semi-occlusive • Highly absorbent • Adaptable
Format	• Available in a variety of formats, sizes, or thicknesses with or without adhesive edge

FEATURES	
Indications	• Superficial or deep wound with **moderate** 💧💧 **to** 💧💧💧💧 **heavy exudate** • Can be used as a **primary** or **secondary** dressing • Suitable for use under compression bandages
Contraindications	• No exudate (dry wound) to moderate exudate
Precautions	• Use of this type of dressing is reserved for exuding wounds • Deep wound: requires a primary dressing to fill dead space
Advantages	• Reduces frequency of dressing changes • Maintains a moist environment - but much less than alginate or hydrofiber • **Ideal for lower limbs that ooze without necessarily having a wound - does not generate maceration in this area**
Disadvantages	• Risk of maceration

METHODS OF USE	
Application	• Do not trim • Do not overlap the pads • Extend at least 2.5 cm beyond the edge of the wound • The dressing is applied with the white side on the wound • Maintain with a fixation dressing or a net ***N.B.*** *If necessary, the adhesive dressing can be added only on the edges or be fenestrated to maintain the semi-occlusivity of the primary dressing*
Removal	• Atraumatic and painless
Changing	• Depending on the amount of exudate from the wound, the dressing can be left in place for up to **7 days** maximum
Monitoring and follow-up	• Replace as soon as saturated to avoid maceration
Other clinical aspects	• Certain versions (e.g., Mextra) have protease modulating properties

EXAMPLES OF COMMERCIAL PRODUCTS AVAILABLE IN CANADA[1]	
Non-exhaustive list *The INESSS does not support any of the commercial products listed here*	Curtisorb Ultra, Mesorb, Mextra superabsorant, Qwick, Sorbion XL, Xtrasorb

1. Examples are listed in alphabetical order. The information presented is based on Health Canada and RAMQ listings (accessed as of October 20, 2022) as well as selected Canadian literature and the opinions of clinicians and experts consulted.

DRESSING CATEGORY: SILVER

RAMQ Reimbursement	• Certain dressings and formats are reimbursed by RAMQ according to the criteria and indications of the drug exceptions list (**codes: DE58, DE319, DE339**)[1]
Composition	• Various silver- impregnated aids in the form of salts or metallic silver (nanocrystals) • Certain dressings may contain surfactants and metallic chelating agents
Action mechanism and features	• The presence of exudate is necessary to ionize the silver in its active form • **Silver salts:** bacteriostatic effect and do not release silver into the wound bed • **Metallic silver (nanocriscals):** bactericidal effect and release silver into the wound bed • Broad spectrum antimicrobial activity • Fragilizes the biofilm matrix and inhibits its growth • Anti-inflammatory property • More or less absorbent depending on the type of dressing, e.g., alginate or hydrocellular
Format	• Available as cream, hydrogel, hydrofiber, hydrocellular foam, alginate, etc.

1. If required, complete Form 3633 - Exception Drugs or Form 3996 – Exception Patient Measure

FEATURES

Indications	• Infected wound or wound at risk of infection • Superficial or deep wound with **mild to high exudate** • Partial thickness burns (2nd degree) • Use as a **primary** dressing
Contraindications	• No exudate (dry wound) • Wound with non-accessible cavity or narrow sinus • During radiotherapy or magnetic resonance imaging (MRI) treatments • In combination with oil-based products - e.g., zinc oxide, petroleum jelly • Known or suspected allergy or sensitivity to silver or any of its components
Precautions	• Avoid contact of conductive electrodes or gels with silver products • Possible incompatibility with salt-based solutions or gels - salt precipitates silver ions
Advantages	• Promotes a moist environment • Has a low resistance potential
Disadvantages	• May cause irritation • May occasionally cause local skin lightening or pigmentation which is harmless and usually reversible

METHODS OF USE

Application	• Must be in direct contact with the wound bed • Do not moisten before application
Removal	• If the dressing has adhered to the wound, moisten with sterile water or physiological solution • Do not remove residual silver from the wound bed as it will continue to stimulate wound healing and eventually disappear
Changing	• Change according to the amount of exudate - can be left in place for up to **7 days** maximum
Monitoring and follow-up	• Symptoms and signs of infection should resolve after 2 weeks of use
Other clinical aspects	• Remove dressings if radiotherapy or MRI; dressing can be replaced after procedure • Do not combine with other antimicrobial dressings

EXAMPLES OF COMMERCIAL PRODUCTS AVAILABLE IN CANADA[2]

Non-exhaustive list *The INESSS does not support any of the commercial products listed here*	**Silver salts:** ACTISORB, ALGICELL Ag, AQUACEL Ag (including Foam and + Extra), Arglaes Powder, Biatain Ag, Calcicare Ag, Durafiber Ag, Exufiber Ag+, Maxorb Extra AG, Melgisorb AG, Mepilex Ag, Mepitel Ag, Opticell Ag, Optifoam Ag, Restore Calcium Alginate with Silver, Restore Contact Layer with Silver, Restore Foam Dressing with Silver, SILVERCEL (including non-adhesive), Polymem Silver, Sorbsan Silver, Tegaderm Ag Mesh, Tegaderm Alginate Ag, UrgoCell Ag, UrgoTul Ag (formerly restore TRIACT with silver); **Silver metal (nanocrystalline):** ACTICOAT Flex 3 & 7

2. Examples are listed in alphabetical order. The information presented is based on Health Canada and RAMQ listings (accessed as of October 20, 2022) as well as selected Canadian literature and the opinions of clinicians and experts consulted.

DRESSING CATEGORY: METHYLENE BLUE AND GENTIAN VIOLET

RAMQ Reimbursement	• Not reimbursed
Composition	• Composed of a hydrophilic foam based on polyvinyl alcohol or polyurethane • Contains methylene blue and gentian violet
Action mechanism and features	• Effective against bacteria (bacteriostatic effect), yeast and fungi • Does not release antimicrobial substances into the wound bed; the substances are contained in the dressing • Broad-spectrum antimicrobial: bactericidal, limits biofilm development • Non-cytotoxic • Anti-inflammatory power • Highly absorbent
Format	• Available in various sizes and thicknesses with or without adhesive border • Also available in mesh or ring form for peristomal skin

FEATURES

Indications	• Infected wound or wound at risk of infection • Wound with **moderate** 💧💧 **to high** 💧💧💧💧 **exudate** • Can be used to fill deep wounds (depending on dressing type) • Can be used as a **primary** or **secondary** dressing (depending on dressing type) • Suitable for use under compression bandages (depending on dressing type)
Contraindications	• Known or suspected allergy or sensitivity to any of the components • Full thickness burn (3rd degree) • Absence of exudate (dry wound)
Precautions	• Secondary dressing management is critical to maintain controlled moisture and prevent the dressing from drying out and hardening
Advantages	• Controls microbial load • Maintains a moist wound environment to facilitate autolytic debridement • Compatible with SANTYL collagenase ointment
Disadvantages	• Surrounding skin may turn a dark blue color at the contact site, which will fade after a few days if the dressing is not used

METHODS OF USE

Application	• Some dressings require pre-moistening (Hydrofera Blue CLASSIC) • Some dressings require the application of a secondary dressing
Removal	• If the dressing adheres to the wound bed, moisten with water or physiological solution • If necessary, consider a more occlusive secondary dressing or apply a thin layer of hydrogel directly to the wound
Changing	• Depending on the amount of exudate, may be left in place for up to **3-7 days** maximum • Discoloration of the product indicates that the dressing should be changed
Monitoring and follow-up	• Increase change frequency if dressing is whitish on removal • Monitor daily until the dressing retains its dark blue color • Symptoms and signs of infection should resolve after 2 weeks of use
Other clinical aspects	• Lack of data on use in pregnant or breastfeeding women • Do not combine with other antimicrobial dressing

EXAMPLES OF COMMERCIAL PRODUCTS AVAILABLE IN CANADA[1]

Non-exhaustive list *The INESSS does not support any of the commercial products listed here*	Hydrofera Blue (including Border, Classic, Ready, Transfer)

1. Examples are listed in alphabetical order. The information presented is based on Health Canada and RAMQ listings (accessed as of October 20, 2022) as well as selected Canadian literature and the opinions of clinicians and experts consulted.

DRESSING CATEGORY: CADEXOMER IODINE

RAMQ Reimbursement	• Certain dressings and formats are reimbursed by RAMQ according to the criteria and indications of the drug exceptions list (**codes : DE58, DE319, DE339**)[1]
Composition	• Composed of cadexomer and iodine; may contain poloxamer and polyethylene glycol
Action mechanism and features	• Rapid onset of action and sustained release of iodine for 72 hours on contact with exudate • Non-cytotoxic • Broad spectrum antimicrobial activity (bactericidal) • Destroys/fragilizes the biofilm matrix and inhibits its growth • Non-adhesive • Absorbent
Format	• Available in ointment, paste or powders

1. If required, complete Form 3633 - Exception Drugs or Form 3996 – Exception Patient Measure

FEATURES

Indications	• Infected wounds or wounds at risk of infection • Wound with **mild to high exudate** • Use as a **primary** dressing	• Can be used to fill deep wounds-the base of wound bed should be visible • Suitable for use under compression bandages
Contraindications *Contraindications absolues pour la poudre et relatives pour l'onguent et la pâte*	• Dry necrotic tissue • Renal impairment • Thyroid disorders	• Allergy or sensitivity to any of the components • Pregnancy or breastfeeding • Children
Precautions	• Lithium therapy (increased risk of hypothyroidism) or taurolidine • Avoid use before and after thyroid scans	
Advantages	• Prevents or controls microbial load, reduces odor, and eases pain • Maintains a moist environment which may facilitate autolytic debridement	
Disadvantages	• Local skin reaction may occur - e.g., dermatitis, burning or transient pain • May dry the wound and temporarily stain the skin if applied liberally • Requires the addition of a secondary dressing	

METHODS OF USE

Application	• Apply the paste or ointment (3 mm thick) directly to the wound • Maximum application is **50 g per day** and **150 g per week** per person • Depending on the exudate, apply a secondary semi-occlusive dressing
Removal	• **Ointment-powder:** remove excess with water or physiological solution • **Paste:** if necessary, soak the dressing for a few minutes before removing it
Changing	• Usually 2-3 times/week: varies depending on degree of infection and amount of exudate • Discoloration of the product indicates that the dressing should be changed
Monitoring and follow-up	• Reduce the number of applications as the amount of exudate decreases • Use for a **maximum of 3 months** in a single treatment. If necessary, use an iodine-free product for at least one week before resuming treatment • Adherent crust may form if the area is not sufficiently moist
Other clinical aspects	• Can be used in case of seafood allergy • Low rate of resistance, but possible with overuse (more than 3 months) • Do not combine with other antimicrobial dressings

EXAMPLES OF COMMERCIAL PRODUCTS AVAILABLE IN CANADA[2]

Non-exhaustive list *The INESSS does not support any of the commercial products listed here*	IODOSORB ointment, IODOSORB paste, IODOSORB powder

2. Examples are listed in alphabetical order. The information presented is based on Health Canada and RAMQ listings (accessed as of October 20, 2022) as well as selected Canadian literature and the opinions of clinicians and experts consulted.

DRESSING CATEGORY: CHLORHEXIDINE ACETATE

RAMQ Reimbursement	• Not reimbursed
Composition	• Vaseline-impregnated woven gauze compress (tulle) containing 0.5% chlorhexidine acetate
Action mechanism and features	• Bacteriostatic or bactericidal effect against Gram + and Gram - bacteria depending on the concentration • Slow and progressive release of chlorhexidine • Allows exudate to pass through to the secondary absorbent dressing • Does not add moisture to the wound bed, but can maintain moisture levels • Antiseptic • No effect on biofilm • Non-adhesive • Non-absorbent
Format	• Available in sheet form

FEATURES

Indications	• Infected wound or wound at risk of infection • Superficial or deep wound **without exudate to high exudate** • Use as a **primary** dressing
Contraindications	• Wound with non-accessible cavity or narrow sinus • Do not use on more than 10% of the body surface • Known or suspected allergy or sensitivity to chlorhexidine
Precautions	• Avoid contact with eyes, middle ear, meninges and brain • Incompatible with soaps and other anionic agents such as some skin detergents, surfactants, povidone-iodine (e.g., Betadine) and sodium hypochlorite (Dakin)
Advantages	• Does not adhere to the wound bed: helps protect the wound bed from trauma during dressing changes • Prevents or controls microbial load
Disadvantages	• Requires the addition of a secondary dressing • If the dressing is cut, the fibers may fray • Risk of maceration if overlapping on surrounding skin

METHODS OF USE

Application	• Can be trimmed to fit the size of the wound • Can extend beyond the wound bed, unless maceration is an issue • Apply a secondary dressing according to the level
Removal	• Painless and atraumatic removal • If dressing has been cut, ensure that all fibers have been removed from the wound bed
Changing	• Varies depending on the nature and condition of the wound and the amount of exudate • Can be left in place when changing the secondary dressing • Change secondary dressing as needed, depending on the amount of
Monitoring and follow-up	• Discontinue use if skin irritation occurs • Symptoms and signs of infection should resolve after 2 weeks of use
Other clinical aspects	• Do not combine with other antimicrobial dressings

EXAMPLES OF COMMERCIAL PRODUCTS AVAILABLE IN CANADA[1]

Non-exhaustive list *The INESSS does not support any of the commercial products listed here*	BACTIGRAS, Chlorhexitulle, Serotulle, Tegaderm Chlorhexidine Gluconate adhesive dressing

1. Examples are listed in alphabetical order. The information presented is based on Health Canada and RAMQ listings (accessed as of October 20, 2022) as well as selected Canadian literature and the opinions of clinicians and experts consulted.

DRESSING CATEGORY: MEDICAL HONEY

RAMQ Reimbursement	• Not refunded
Composition	• Composed of *Leptospermum* honey (*Scoparium* or *Polygalifolium*)
Action mechanism and features	• Bactericidal effect against all bacteria • Powerful osmotic action • Modulation of pH in the wound (pH between 3.2 and 4.2) • Fragilizes the biofilm matrix and inhibits its growth • Anti-inflammatory property • High honey content (>60% depending on the dressing) • Non-adhesive
Format	• Available as gel, hydrogel, paste, tulle, hydrocolloid, or alginate (with or without adhesive edge)

FEATURES

Indications	• Infected wound or wound at risk of infection • Wound with **mild** 💧 **to moderate** 💧💧 **exudate** • Use as a **primary** dressing • Can be used to fill deep wounds depending on dressing type
Contraindications	• A non-healable wound • Wound with heavy bleeding • Wound with non-accessible cavity or narrow sinus depending on dressing type • Known or suspected allergy or sensitivity to bee venom, bees, or honey • Large wound in a diabetic patient - risk of blood sugar imbalance
Precautions	• Sufficient honey must be in contact with the wound bed to maintain full therapeutic effect
Advantages	• Maintains a moist wound environment to facilitate autolytic debridement • Reduces trauma and pain associated with dressing changes
Disadvantages	• May require the addition of a secondary dressing if gel, hydrogel or paste • A temporary tingling or burning sensation may be experienced upon application. In case of persistent or unbearable discomfort, remove the dressing and clean the wound • Possible risk of maceration • Honey can liquefy at body temperature

METHODS OF USE

Application	• Can be trimmed to fit the shape of the wound, layered or overlapped • Apply directly to the entire wound bed • If necessary, apply a secondary dressing depending on exudate levels • Follow the recommendations for use specific to each wound
Removal	• If the dressing adheres to the wound bed, moisten with water or physiological solution
Changing	• Depending on the amount of exudate released from the wound, the dressing may be left in place for up to **7 days** maximum
Monitoring and follow-up	• Diabetic patients should have their blood sugar levels monitored
Other clinical aspects	• Honey produced by the species *Leptospermum* (*Scoparium* or *Polygalifolium*) is most effective • It is not recommended to use edible honey due to the potential presence of bacterial spores (*Clostridium*) • Do not combine with other antimicrobial dressings

EXAMPLES OF COMMERCIAL PRODUCTS AVAILABLE IN CANADA[1]

Non-exhaustive list *The INESSS does not support any of the commercial products listed here*	Medi-Honey, Thera-Honey

1. Examples are listed in alphabetical order. The information presented is based on Health Canada and RAMQ listings (accessed as of October 20, 2022) as well as selected Canadian literature and the opinions of clinicians and experts consulted.

DRESSING CATEGORY: POLYHEXAMETHYLENE BIGUANIDE (PHMB)

RAMQ Reimbursement	• Not reimbursed
Composition	• Composed of a positively charged cationic (hydrophobic) polymer
Action mechanism and features	• Effective against bacteria (bactericidal effect), fungi and yeast • Does not release PHMB into the wound bed - PHMB remains in the dressing • Broad spectrum antimicrobial activity • Fragilizes the biofilm matrix and inhibits its growth • Promotes a moist environment • Highly absorbent
Format	• Available in gauze, pads, meshes, or rolls impregnated with 0.2% PHMB • Available in 0.5% PHMB impregnated polyurethane foam with or without adhesive edge

FEATURES

Indications	• Infected wounds or wounds at risk of infection with **mild** 💧 **to high** 💧💧💧 **exudate** • Can be used as a **primary** or **secondary** dressing • Can be used to fill dead space - deep wound filling • Suitable for use under compression bandages
Contraindications	• Known or suspected allergy or sensitivity to PHMB • Primary dressing on full thickness (3rd degree) burns
Precautions	**Do not use with:** • Bleach solutions (e.g., Dakin), as these solutions deactivate PHMB • Petroleum-based ointments, creams, powders, sprays, or dressings (e.g., ADAPTICTM), as they create a barrier and prevent PHMB from attracting/killing bacteria
Advantages	• **Gaze, compresses, meshes, or rolls:** preferred dressing for diabetic plantar ulcers with infection as they do not macerate wounds on loading (avoid the use of hydrocellular foam dressings in this situation
Disadvantages	• Requires the addition of a secondary dressing

METHODS OF USE

Application	• Can be cut • If the wound bed is dry, moisten the sponges with sterile normal saline • **Gaze**: Leave a piece protruding so that it is easily visible and secure it to the skin around the wound with tape/steri-strip • Apply a secondary dressing depending on the level of exudate
Removal	• If dressing adheres to wound bed, moisten with water or physiological solution
Changing	• Varies depending on the nature and condition of the wound and the amount of exudate • 0.5% PHMB **foam:** can be left in place for up to **7 days** maximum • 0.2% PHMB **gauze:** can be left in place for up to **3 days** maximum
Monitoring and follow-up	• Symptoms and signs of infection should resolve after 2 weeks of use
Other clinical aspects	• Requires 10-15 minutes exposure time to induce bactericidal effect • Do not combine with other antimicrobial dressings • Can be used with PICO or RENASYS style negative pressure wound therapy (NPWT)- not compatible with V.A.C. therapy

EXAMPLES OF COMMERCIAL PRODUCTS AVAILABLE IN CANADA[1]

Non-exhaustive list *The INESSS does not support any of the commercial products listed here*	**Gauze, pads, meshes, rolls**: Kerlix AMD, Curity AMD, Excilon AMD **Foam:** Kendall AMD, PHMB Hydrophilic Foam Dressing

1. Examples are listed in alphabetical order. The information presented is based on Health Canada and RAMQ listings (accessed as of October 20, 2022) as well as selected Canadian literature and the opinions of clinicians and experts consulted.

DRESSING CATEGORY: POVIDONE-IODINE

RAMQ Reimbursement	• Not reimbursed
Composition	• Non-adherent dressing impregnated with polyethylene glycol (PEG) containing 10% povidone-iodine, including 1.0% available iodine
Action mechanism and features	• Cytotoxic and bactericidal effect • Does not have the ability to leach out over a prolonged period of time • Broad spectrum antimicrobial activity • Destroys/fragilizes the biofilm matrix and inhibits its growth • Non-adhesive • Non-absorbent
Format	• Available in sheets

FEATURES

Indications	• Infected wounds or wounds at risk of infection, presence of biofilm • Minor burns and minor traumatic skin loss injuries • Wound with **mild** 💧 **to heavy** 💧💧💧 **exudate** • Use as a **primary** dressing
Contraindications	• Allergy or sensitivity to one of the components • Children under 6 months • Pregnancy or breastfeeding • Before and after treatment with radioactive iodine • Large burns • Renal insufficiency • Thyroid conditions • Wounds with insufficient blood supply
Precautions	• Large wounds or prolonged use • Lithium therapy - increased risk of hypothyroidism (!) *For wounds with insufficient blood supply and in the absence of contraindications, use 10% povidone-iodine solution.*
Advantages	• Prevents or controls microbial load and reduces odor
Disadvantages	• Requires addition of secondary dressing • Local skin reaction possible - e.g., dermatitis, burning or transient pain • Multiple layers of dressing may prevent exudate from flowing up to secondary dressing and cause maceration

METHODS OF USE

Application	• Scored; can be trimmed • May spill over onto surrounding skin • Should be applied directly to the wound in a single layer • Depending on exudate, apply a secondary absorbent dressing
Removal	• If dressing adheres, rinse gently with water or physiological solution
Changing	• Usually, 2 to 3 times per week, depending on the degree of infection and the amount of exudate • Discoloration of the product indicates that the dressing should be changed • Can remain in place for up to **7 days** maximum
Monitoring and follow-up	• Reduce the number of applications as the amount of exudate decreases
Other clinical aspects	• Can be used in case of seafood allergy • Consider systemic effect by absorption when testing thyroid function • Lack of safety data in children • Do not apply more than four 10 x 10 cm dressings to any one area • Do not combine with other antimicrobial dressings

EXAMPLES OF COMMERCIAL PRODUCTS AVAILABLE IN CANADA[1]

Non-exhaustive list *The INESSS does not support any of the commercial products listed here*	INADINE

1. Examples are listed in alphabetical order. The information presented is based on Health Canada and RAMQ listings (accessed as of October 20, 2022) as well as selected Canadian literature and the opinions of clinicians and experts consulted.

DRESSING CATEGORY: ACTIVATED CHARCOAL DRESSINGS	
RAMQ Reimbursement	• Certain dressings and formats are reimbursed by RAMQ according to the drugs exception (**code : DE106**)[1]
Composition	• Dressings made up of various more or less absorbent supports to which activated charcoal is added
Action mechanism and features	• The charcoal filters or traps the molecules responsible for nauseating odors • Anti-odour • Absorbent • Non-adhesive
Format	• Available in various sizes in sheets and pads • Some products are also impregnated with silver

1. If required, complete Form 3633 - Exception Drugs or Form 3996 – Exception Patient Measure

FEATURES	
Indications	• Infected or malodorous wound • Superficial or deep wound with **mild** 💧 **to moderate** 💧💧 **exudate** • Suitable for use under compression bandages • Can be used as a **primary**, **secondary** or **tertiary** dressing • Known or suspected allergy or sensitivity to any of the components • Non-exuding, non-malodorous wound
Contraindications	• Can be use with negative pressure wound therapy (NPWT)
Precautions	• Ensure dressing edges are sealed for good odor control • Some dressings can be applied as a primary dressing, but generally not the type of dressing used for cavity filling
Advantages	• Masks the odor - but does not treat the cause
Disadvantages	• Requires the addition of a non-occlusive secondary dressing or fixation

METHODS OF USE	
Application	• Must not be cut - except for CARBONET® which can be trimmed • Must extend beyond the wound bed and be waterproof to be effective • Depending on the degree of exudate, apply a secondary absorbent dressing ** Certain charcoal products are inactivated by moisture and should not be applied directly to the wound*
Removal	• Painless and atraumatic removal • If the dressing has adhered to the wound, moisten with water or physiological solution
Changing	• Depending on the amount of exudate • Change every 2 to 3 days if there is no infection, every day if infection
Monitoring and follow-up	• It is important to treat the cause of the odour **BEFORE** applying a charcoal dressing (if possible)

EXAMPLES OF COMMERCIAL PRODUCTS AVAILABLE IN CANADA[2]	
Non-exhaustive list *The INESSS does not support any of the commercial products listed here*	CARBONET, Cliniflex ; **With silver:** Actisorb Silver

2. Examples are listed in alphabetical order. The information presented is based on Health Canada and RAMQ listings (accessed as of October 20, 2022) as well as selected Canadian literature and the opinions of clinicians and experts consulted.

DRESSING CATEGORY: HYPERTONIC DRESSING IMPREGNATED WITH SODIUM CHLORIDE

RAMQ Reimbursement	• Certain dressings and formats are reimbursed by RAMQ according to the criteria and indications of the exception drugs list (**code : DE101**)[1]
Composition	• Made of rayon, viscose, cotton, cellulose, or polyester impregnated with sodium chloride crystals
Action mechanism and features	• By osmosis, attracts exudate, interstitial fluid and cellular debris, and reduces local edema • Creates a hypertonic environment hostile to microorganisms (bacteriostatic effect) • Absorbent • Reduces the bacterial load • Allows debridement of devitalized tissue
Format	• Available in mesh or sheet/compress form

1. If required, complete Form 3633 - Exception Drugs or Form 3996 – Exception Patient Measure

FEATURES

Indications	• Superficial or deep wound with **moderate** 💧💧 **to high** 💧💧💧 **exudate** • Infected or non-infected wounds • Use as a **primary** dressing • Use to remove hypergranulation tissue or decrease devitalized tissue • Can be used to fill deep wounds
Contraindications	• A non-healable wound • Without to low exudate (dry wound) • Wound with exposed tendons or bone • Wound with presence of granulation
Precautions	• Protect the surrounding skin with a skin protector or zinc paste if there is abundant exudate • Discontinue use if burning sensation persists after dressing application • Avoid putting electrodes or conductive gels in contact with this type of product • Should be used **ONLY** for **a short period** of time
Advantages	• Mostly used when tissue is devitalized - e.g., significant wet yellow necrosis • Helps maintain a moist environment to facilitate autolytic debridement • Less potent antimicrobial, but helps to eliminate bacterial load
Disadvantages	• Requires the addition of a secondary dressing • Requires exudate production to be effective • May cause a burning sensation • May be deleterious to a wound and cytotoxic if used for a long period of time

METHODS OF USE

Application	• Scored; can be trimmed to fit the size of the wound • Do not moisten before application
Removal	• If dressing sticks on removal, moisten with water, or saline and switch to another type of dressing
Changing	• Change the dressing daily, or more often if necessary
Monitoring and follow-up	• Adhesion of the dressing to the wound bed may indicate that the amount of exudate has decreased, and the dressing is no longer appropriate; its indication should be reassessed frequently
Other clinical aspects	• When the dressing becomes saturated, it is no longer hypertonic, and therefore not effective as a debridement or antimicrobial agent

EXAMPLES OF COMMERCIAL PRODUCTS AVAILABLE IN CANADA[2]

Non-exhaustive list *The INESSS does not support any of the commercial products listed here*	Curasalt, Curity Sodium Chloride Dressing, Mesalt, TenderWet Active

2. Examples are listed in alphabetical order. The information presented is based on Health Canada and RAMQ listings (accessed as of October 20, 2022) as well as selected Canadian literature and the opinions of clinicians and experts consulted.

DRESSING CATEGORY: BIO-ACTIVE DRESSINGS

RAMQ Reimbursement	• Not reimbursed
Composition	• Acellular or cellular products from biological or synthetic sources • May contain cellulose, porcine, equine, bovine or human collagen, glycosaminoglycans, growth factors and other compounds
Action mechanism and features	• Modulates the wound environment to promote healing • Mode of action differs between bioactive dressings • Biosynthetic dressing • Bioabsorbable • Semi-occlusive
Format	• Available as compresses, sheets, or matrices in various shapes/sizes • Some versions contain **silver**

FEATURES

Indications	• Recalcitrant wound despite optimal care and treatment plan • Wound with viable tissue • Wound with **mild** 💧 **to moderate** 💧💧 **exudate** • Partial thickness (2nd degree) burn • Use as a **primary** dressing • Suitable for use under compression bandages (depending on dressing type)
Contraindications	• Infected wounds • Wound with non-accessible cavity or narrow sinus • In case of excessive exudate • Presence of necrotic tissue • Full thickness burn (3rd degree) • Known or suspected allergy or sensitivity to one of the compounds
Precautions	• For use as an adjuvant treatment • Have the knowledge and skills required to select and use these products. **If necessary, consult a specialist or an experienced colleague before use.**
Advantages	• Restores the microenvironmental balance of the wound and promotes granulation • Hemostatic property • Biodegradable dressing
Disadvantages	• Requires the addition of a secondary dressing • Cultural or ethical issues may compromise its use

METHODS OF USE

Application	• Can be trimmed to fit the shape of the wound • Some need to be moistened to be effective • Apply a secondary dressing according to exudate levels
Removal	• Since the dressings are biodegradable, there is little or no residual product to remove • If product is present at the time of dressing change, increase the time between changes to allow it to be completely absorbed • Do not remove residual dressing at the time of a new application
Changing	• Depending on the type of dressing used and the amount of exudate released from the wound
Monitoring and follow-up	• Reapply dressing as needed when no longer visible • Change the secondary dressing as needed, depending on the amount of exudate

EXAMPLES OF COMMERCIAL PRODUCTS AVAILABLE IN CANADA[1]

Non-exhaustive list *The INESSS does not support any of the commercial products listed here*	**Extracellular matrix (acellular):** BIOBRANE, Endoform, OASIS ; **Collagen and metalloprotease matrix:** Promogran, Promogran Prisma ; **with silver:** Promogran Prisma Matrix Ag (Acelity)

1. Examples are listed in alphabetical order. The information presented is based on Health Canada and RAMQ listings (accessed as of October 20, 2022) as well as selected Canadian literature and the opinions of clinicians and experts consulted.

DRUG EXCEPTION CODES

CODE	INDICATIONS	EXAMPLES OF DRESSINGS/PRODUCTS (Non-exhaustive list) *THE INESSS DOES NOT PROMOTE ANY OF THE COMMERCIAL PRODUCTS LISTED BELOW*
FOR NON-INFECTED WOUNDS		
DE101	• Severe burns • Stage 2 or higher-pressure ulcer • Severe wound (affecting the subcutaneous tissue) caused by chronic disease or cancer • Severe skin ulcer (affecting subcutaneous tissue) due to arterial or venous insufficiency • Chronic (lasting more than 45 days) and severe wound (affecting the subcutaneous tissue) whose healing process is compromised	• **Hypertonic dressing** (e.g., Curity, Mesalt) • **Alginate** (e.g. Algisite, Biatain Alginate, Kaltostat, Melgisorb plus) • **Hydrofiber/gelling fiber dressing** (e.g., Aquacel Extra, Exufiber) • **Hydrocolloid dressing** (e.g. Comfeel Plus, DuoDerm Extra-Mince ou Signal, Exuderm, Tegaderm hydrocolloid) • **Hydrocellular foam dressing** (e.g., Allevyn, Biatain, Cutimed, Kendall, Mepilex, Optifoame, Tegaderm, UrgoTul absorb)
DE107	• To facilitate the treatment of people with severe and very painful burns	• **Polyamide or silicone interface** (e.g., Mepitel)
For MALODOROUS wounds		
DE106	• Stage 2 or higher malodorous pressure ulcer • Severe malodorous wound (affecting the subcutaneous tissue) caused by chronic disease or cancer • Severe malodorous skin ulcer (affecting subcutaneous tissue) due to arterial or venous insufficiency • Chronic (lasting more than 45 days) and severe (affecting the subcutaneous tissue) malodorous wound whose healing process is compromised	• **Activated charcoal dressing** (Actisorb Silver)
For INFECTED wounds		
DE58	• For the treatment of **a first wound** in people with severe burns or severe chronic wounds (affecting the subcutaneous tissue) with local infection ⚠ *Authorization period: **maximum duration of 12 weeks***	• **Silver antimicrobial dressing** (e.g., Acticoat, Acticoat flex, Allevyn Ag, Aquacel Ag+ Extra, Biatain Ag, Exufiber Ag+, Mepilex Ag) • **Iodine-based antimicrobial dressing** (e.g., Iodosorb)
DE319	• For the treatment of **a new or recurrent wound at the same site**, in people with severe burns or severe chronic wounds (affecting subcutaneous tissue) with local infection ⚠ *Authorization period: **maximum duration of 12 weeks***	
DE39	• For the treatment of a wound that has not healed after 12 weeks of treatment ⚠ *Authorization period: subsequent authorizations are granted for a **maximum duration of 12 weeks***	

- To find out which exception drugs are covered by the coding system and the codes associated with their indication for payment, consult the RAMQ website
- To find out if the exception drug you are considering is codified, use the Exception patient and online drug service
- If necessary, complete Form 3633 -Exception drugs or form 3996 -Patient exception measure

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