Using film dressings

Film dressings were one of the first modern wound-dressing products. They are extremely flexible, transparent and adhesive. They have no capacity to absorb fluid but are able to ‘breathe off’ small amounts of fluid by a process known as moisture vapour transpiration (MVT).

The rate of MVT varies between brands but is, at best, minimal. This means that such dressings are not suitable for wounds that produce anything more than a minimal amount of exudate. Film dressings should not be used interchangeably with film products designed for intravenous cannula retention. Intravenous cannula dressings are designed to keep the cannula site dry and have a much higher MVT rate, whereas film dressings are designed to keep the wound moist.

Uses of film dressings  The most common use of films is as a secondary retentive dressing. Films are frequently used to ‘picture frame’ other dressing products in order to:

- Increase adhesion or secure non-adhesive products;
- Protect a primary dressing from contamination, especially when the dressing is on the sacrum;
- Create a lower-profiled edge to reduce the chance of the primary dressing becoming displaced (through rolling or rucking).

Films may also be used to join together pieces of dressing to cover a large surface area or to provide a waterproof covering. Where the film is not being used as a primary dressing it may be more cost-effective to consider the use of a product available on a roll (Fig 1). It is important to consider the effect of covering the whole of a primary dressing with film, as this will obviously have an effect on the performance characteristics of that dressing.

Film dressings are commonly used over skin areas that are red and susceptible to pressure damage. The dressing reduces friction while at the same time allowing the area to remain under observation. However, it is important to remember that it does not reduce pressure on the tissue.

Some brands have a gauze island for use as a postoperative dressing, which allows for a small amount of absorbency. The advantage this offers over a normal non-adherent product is that the product is waterproof and allows the patient to bath or shower.

Application  The most complicated part of using film dressings is often the removal of the backing before applying the product. The difficulty arises because the film is extremely soft and collapses once the backing has been removed. Different brands have different methods of application, and the manufacturer’s instructions should be consulted. Following instructions will allow the film to be successfully transferred to the wound without it sticking to either itself or to the person applying it.

Some film products that are available on a roll have an additional backing on their outer surface marked with a grid so that the wound can be traced. This may then be stored as a record of the wound’s size and appearance. Where this additional backing is present, it can be advantageous to lift a corner prior to application as this makes it easier to remove once the film is in place. Some products need to be tugged firmly to release this backing.

Removal  Film dressings should be removed by stretching. This will reduce pain and minimise damage to the epidermis. The dressing should be held in place with one hand, the edge lifted and the dressing stretched parallel to the surface of the skin. This breaks the adhesive and a white discoloration should be seen travelling under the product (Fig 2). The film can then be carefully peeled away.

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Films are used as a secondary retentive dressing or as a primary dressing on superficial wounds or those with minimal exudate. Jacqui Fletcher describes their application

**KEY WORDS**
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