The benefits of using hydrocolloids

Hydrocolloids are interactive dressings that absorb fluids, and when this happens the physical state of the dressing changes to form a gel. Hydrocolloids contain carboxymethyl cellulose and a range of other polymers, which vary between brands. They are suitable for use on necrotic, sloughy, granulating and epithelialising wounds. Health professionals should consult individual manufacturers’ instructions before using hydrocolloids on infected wounds.

These dressings are capable of absorbing low-to-moderate amounts of exudate depending on presentation. Most brands of hydrocolloid are available in a variety of presentations (Fig 1), which typically will include:

- The standard wafer in a choice of sizes;
- A thinner version;
- Shaped products designed for difficult areas of the body (Fig 1);
- Bordered products with greater adhesion and lower-profiled edges to reduce chances of the edges rolling.

Because they are waterproof, hydrocolloids are frequently used as secondary dressings to hold other products in place where there is the possibility that the dressing may become contaminated. They may also be worn in the bath or shower.

Application These hydrocolloid products are simple to apply. The backing sheet is peeled from the dressing and the product placed over the wound, allowing a margin of 1.5–2cm around the injury. It is generally recommended that the dressing be positioned centrally over the wound. However, in areas such as legs where gravity plays a part in exudate leakage it is preferable to allow a larger border below the wound and a slightly smaller margin above it (Anderson, 2002).

Gently warming the product before use, generally by rubbing it between the hands, increases its malleability and its adhesive qualities. Hydrocolloids are suitable for use in various areas and, because the whole dressing is adhesive, they can be cut and shaped to fit in awkward places.

The thinner presentations, although less absorbent, are semitransparent and very flexible. They are therefore suitable for use on areas such as joints, where greater flexibility is required (Fig 2). They are also suitable for use in cases where there may be a need to see the wound, for example, to monitor signs of infection (Fig 3).

Removing dressings Removing a hydrocolloid dressing should not be traumatic, as long as the product is left in place until the gel bubble that forms under its surface is close the edge. If the dressing needs to be removed before this happens, nurses should take care because adhesion can be strong and may cause skin stripping. To minimise damage, lift the edge of the hydrocolloid and moisten the skin while slowly peeling away the remaining dressing.

It should be noted that hydrocolloids have a distinctive odour on removal – this is perfectly normal and should not be considered a problem.

Problem-solving The most common problem associated with hydrocolloids is rolling of the edges, which may cause epidermal stripping. This is frequently (although not exclusively) caused by poor application technique or inappropriate dressing choice. If the product is likely to be subjected to friction and shearing, then one with a bordered or thinner edge should be chosen. When a hydrocolloid is applied, the patient should refrain from lying on the affected area for as long as possible (preferably 20–30 minutes) to allow the dressing to stick properly. It may also be worth considering a product with a shiny backing material, as this will slide more easily, making it less likely that the edges will roll.

Hydrocolloids come in a range of shapes and sizes and can be moulded to fit awkwardly shaped areas.

The flexibility of hydrocolloids means they can be used to protect joint injuries.

The use of such dressings enables observation of wounds for infection.

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