Hydrogels are designed to rehydrate dry wounds and promote debridement.

**GENERIC AND PROPRIETARY NAMES**
- Amorphous hydrogels: Aquaform; Curatif Gel; Granugel; Intrasisite gel; Nu-Gel; Purilon; Suprasorb G; ActivHeal.
- Sheet hydrogels: Actiformcool; Aquaflor; Clearsight; Geliperm; Hydrosor; Novogel; Primskin; Suprasorb G.
- Impregnated dressings: Gel Fix; Intrasisite Conformable.
- Antibiotic gel: Metrotop.

**ACTION**
The primary function of a hydrogel is to rehydrate dry wounds and facilitate debridement.

**CLASSIFICATION**
Wound management products.

**CONTRAINDICATIONS**
- Hydrogels should not be used on highly exuding wounds, even if there is residual slough present, as the wound will become extremely wet and the surrounding skin may become macerated.

**SIDE-EFFECTS**
- Incidences of allergy to the preservatives in some gels in patients with leg ulcers have been reported (Dawe et al, 2000).

**ADMINISTRATION**
- Amorphous gels are presented in a variety of ways, including tubes, pods and concertina packs, and require a secondary dressing. The gels should be applied at a depth of approximately 3mm (about the depth of a £1 coin) for maximum effect. Application of too much hydrogel may cause maceration.
- Sheet hydrogels are particularly useful for the treatment of minor burns and sunburn. Sheets can also be used in place of amorphous gels to manage superficial wounds where the gel may become too runny, for example, on leg ulcers and hip wounds.
- Dressings impregnated with gel are useful for cavity wounds where there is a large amount of space that needs to be filled.

**NURSING CONSIDERATIONS**
- Some gels are toxic to maggots (Thomas and Andrew, 1999).
- The gels change consistency when they are warm, for example when they are applied to the wound. In addition, some products may become runny, which makes them less suitable for wounds where gravity may encourage the product to flow onto the surrounding skin as, for example, with leg ulcers.
- The recommended time between dressing changes varies, especially if the wound is infected. Manufacturers’ instructions should be consulted before use. Some manufacturers initially recommend daily dressing changes to soften necrotic tissue; others suggest a frequency of 2–3 days.

**REFERENCES**