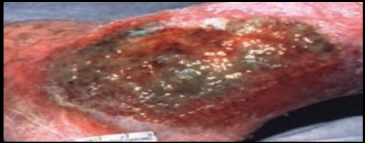
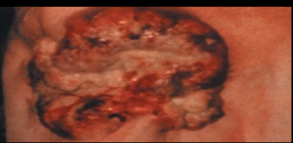


Wound Tissue Type Guide for Primary Care

This is a guide for general wound care and cannot cover every wound presentation. This should not replace clinical judgement. Complex wounds such as Diabetic Foot Ulcers may require different treatment aims and specialist advice should be sought. Use with [SWL Wound Management Products Formulary](https://www.swljointmedicinesformulary.nhs.uk/chaptersSub.asp?FormularySectionID=26) <https://www.swljointmedicinesformulary.nhs.uk/chaptersSub.asp?FormularySectionID=26>

	Infected	Necrotic	Sloughy	Granulating	Epithelising	Fungating
						
Wound Type	Erythema, increased exudate, pain, heat, malodour	Devitalised tissue, black/brown, dry/wet, leathery	Devitalised tissue, yellow, white/grey, can be dry/wet, leathery	Wound bed is red with granular appearance	Wound bed is pink and shallow Minimal exudate	Necrotic, 'cauliflower' appearance, non-healing, malodour, pain, bleeding
Treatment Aim	Manage Infection (Systemic Antibiotics should be considered)	CAUTION: Check before debridement. Do not hydrate dry ischaemic necrosis	Remove slough Provide clean base for granulation tissue	Provide healthy base for epithelialization. Keep warm and moist, manage exudate	Protect fragile tissue	Manage symptoms of complex wound e.g. bleeding, exudate, malodour, size, site
Low Exudate Cavity	Honey/Silver/Dialkylcarbamoyl chloride coated (DACC)/Flaminal® Hydro/ Octenillin® wound gel	Hydrogel/Honey/Flaminal® Hydro + Foam	Hydrogel/Honey/Flaminal® Hydro + Foam	Hydrogel/Foam	N/A	For Symptoms listed consider: • Odour: CliniSorb®/ Actisorb® silver 220* • Local/minor bleeding: ActivHeal® Alginate • High Exudate: Superabsorbent
Moderate Exudate Cavity	Honey/Silver/DACC coated/Flaminal® Hydro or Forte	Hydrofibre ribbon +Foam/Honey/Flaminal® Hydro or Forte/ Larvae*	Hydrofibre Ribbon + Foam/Honey/Flaminal® Hydro or Forte/ UrgoClean® Rope Larvae*	Hydrofibre Ribbon/ Alginate /+ Secondary Dressing	N/A	
High Exudate Cavity	Honey/Silver/DACC coated	Hydrofibre ribbon +Foam/Superabsorbent	Hydrofibre Ribbon + Superabsorbent/ UrgoClean® Rope	Hydrofibre Ribbon/ Negative Pressure Wound Therapy (NPWT)*	N/A	
Low Exudate No Cavity	Honey/Silver/DACC coated /Flaminal® Hydro/ Octenillin® wound gel	Hydrogel/Hydrocolloid/ Honey/Flaminal® Hydro	Hydrogel/Hydrocolloid/ Honey/Flaminal® Hydro	Hydrocolloid/Foam/ Non-Adherent	Hydrocolloid Thin/ Non-Adherent/Foam/ Film	Any other symptoms seek TVN/palliative care specialist advice
Moderate Exudate No Cavity	Honey/Silver/DACC coated/Flaminal® Hydro or Forte/Iodoflex®	Hydrocolloid/Honey/ Hydrofibre/Alginate/ Flaminal® Hydro or Forte/Iodoflex®/Larvae*	Hydrocolloid/Honey/ Hydrofibre/Alginate/ Flaminal® Hydro or Forte/Iodoflex® UrgoClean® Pad/Larvae*	Hydrocolloid/Foam/ Non-Adherent Dressing	Hydrocolloid/Foam	
High Exudate No Cavity	Honey/Silver/DACC coated/Iodoflex®	Hydrofibre/ Superabsorbent/ Iodoflex®/Larvae*	Hydrofibre/ Superabsorbent/ UrgoClean® Pad/ Iodoflex/Larvae*	Hydrofibre/Alginate/ Foam/Superabsorbent	N/A	

***Seek advice from TVN**

Note: Some of these products will require a suitable secondary dressing

Dressings List

Alginates: ActiHeal® Alginate

Antimicrobials: Actisorb® silver 220; Aquacel® AG+ Extra; Aquacel® AG+ Ribbon; Acticoat® Flex 3; Iodoflex®; Inadine®; Algivon® Plus; Algivon® Plus Ribbon, Activon® Tulle, Actilite®, Activon® Tube

DACC (Dialkylcarbamoyl chloride coated): Cutimed® Sorbact Swab

Deodorising: Clinisorb®; Actisorb® silver 220

Films: Clearfilm®; Clearfilm® IV; Clearpore®

Foams: Advazorb® Non Adhesive; Advazorb® heel; Urgotul® Absorb; Urgotul® Absorb Border (& Sacrum); Biatain® Non Adhesive; Biatain® Silicone (&multishape); FoamLite®; Aquacel® Foam Non Adhesive; Aquacel® Foam Adhesive (& Heel)

Hydrocolloids: Duoderm® Extra Thin; Duoderm® Signal; Tegaderm® Hydrocolloid (Gelatine-free); Tegaderm® Hydrocolloid Thin (Gelatine-free)

Hydrofibre: Kerracel®; Aquacel® Ribbon

Hydrogels: ActiHeal® Gel; Kerralite Cool®

Non-adherent: Atrauman®; Silflex®; NA® Ultra; Profore® WCL

Superabsorbents: Kerramax® Care (& Border); Zetuvit® Plus Superabsorber; RespoSorb® Silicone Border

Specialist Advice: Flaminal® Hydro/Forte; Octenilin® Wound Gel; UrgoClean® Pad & Rope; Larvae; Topical Negative Pressure

Necrotic Tissue

Necrotic tissue is dead tissue and prevents healing so needs to be removed (debrided). Wounds may increase in size initially as necrotic tissue is debrided.

CAUTION! If the necrotic tissue is dry and on the foot/heel and patient has diabetes, or peripheral arterial disease, **DO NOT DEBRIDE**. Keep area dry and refer to diabetic foot team or podiatry.

Do not use Duoderm® Extra Thin or Signal on diabetic foot ulcers.

Hypergranulation Tissue

Hypergranulation occurs when granulation tissue is over-produced and is raised above the wound margins. There is no clear evidence on how to treat this but recommended treatment options are:

- Leave alone if mild and it will often resolve naturally.
- Remove any sources of friction which can be a cause for this.
- Avoid occlusive dressings.
- If larger or problematic, try one or two layers of polyurethane foam dressing first line for local pressure.
- Haelan® tape can be useful for small areas (eg tube entry sites).
- Antimicrobial (eg silver dressing) can sometimes be effective. Review use after 2 weeks.
- Topical steroid (eg Hydrocortisone®1% or Terra-cortril® ointment if infection present), covered with appropriate secondary dressing.
- Silver nitrate is no longer recommended due to its caustic nature, and should be used as a last resort for stubborn, small areas only.

Foam Dressings

Foams can be used as primary or secondary dressings but two products are not always needed. Biatain® Silicone can be used on wounds up to 2cm deep if no undermining as it expands to fill the wound. Aquacel® Foam is a hydrofibre so Kerracel® is not needed underneath (unless cavity).

Skin Care

Barrier Preparations for prevention of moisture associated skin damage: MediDerma® cream, ointment, film.

Use Alprep® pad for manual debridement of slough/hyperkeratosis. If no washing facilities use MediUK UCS® wipes.

When to Swab?

Indicators of infection can be pyrexia, increased pain, erythema, warmth, increased exudate, odour, bleeding or delayed healing.

Swab if sensitivities needed, not for diagnosis of infection.

Document History Version: V 4

Author: South West London Wound Management Steering Group. Approved by: Integrated medicines optimisation committee (IMOC).

Approval date: July 2025. Review Date: July 2027