

# Cutting Guide

Cutting guide for difficult-to-dress areas



CLEANSES

MOISTENS

**PolyMem**<sup>®</sup>

FILLS

ABSORBS

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# What is PolyMem and why is it unique?

PolyMem is a unique multifunctional dressing specifically designed to reduce a patient's total wound pain experience, while encouraging healing. All PolyMem dressings effectively cleanse, fill, absorb and moisten wounds throughout the healing continuum.

When PolyMem is activated by wound fluid, the dressing components work individually and synergistically to support wound healing and pain relief<sup>1</sup>

The dressings comprise a hydrophilic polyurethane that contains a mild, non-toxic wound cleanser, a soothing moisturiser, a superabsorbent and a semi-permeable film backing\*.

PolyMem provides many benefits to both clinicians and patients:

- The dressing components are proven to reduce inflammation, oedema and significantly relieve wound pain by altering the actions of certain nerve endings (nociceptors)<sup>2</sup>
- The wound cleanser is continuously released into the wound bed while the dressing is in use
- It supports effective autolytic debridement by reducing the interfacial tension level between necrotic and healthy tissue
- The dressing is completely non-adherent and usually eliminates the need for wound bed cleansing during dressings changes - saving time, reducing pain, and supporting the wound healing process

- The moisturiser (glycerol) is simultaneously released, creating a moist wound environment and prevents the dressing from sticking - contributing to less pain during dressing changes
- The superabsorbent binds excess exudate within the dressing, helping balance moisture levels and reduce the risk of maceration
- Widely used:  
**Over-the-counter**, for management of minor wounds, such as: Abrasions, Lacerations, Cuts, Burns  
**Under the direction of a healthcare professional**, for the management of serious wounds, such as most partial and full thickness wounds, including: Pressure ulcers (stages I-IV), Venous stasis ulcers, Acute wounds, Leg ulcers, Donor and graft sites, Skin tears, Diabetic ulcers, Dermatologic disorders, 1st and 2nd degree burns, Surgical wounds, Vascular ulcers
- New silicone adhesive version now available for sensitive skin conditions requiring fixation

\* Not included in cavity products.

# Dressings used in this booklet\*

## PolyMem Non-adhesive



### Size

- 8 x 8cm
- 10 x 10cm
- 13 x 13cm
- 17 x 19cm

Composed of a patented hydrophilic polyurethane membrane matrix with a semi-permeable film backing.

## PolyMem Non-adhesive Roll



### Size

- 10 x 61cm
- 20 x 60cm

All the benefits of standard PolyMem but in a convenient roll format.

## PolyMem MAX Non-adhesive



### Size

- 11 x 11cm
- 20 x 20cm

60% more absorbent than standard PolyMem, allowing longer wear time.

## PolyMem WIC



### Size

- 8 x 8cm

Based on the original PolyMem formulation just without the semi-permeable film backing to allow absorption from all sides.

## PolyMem Finger/Toe



### Size

- 1 (UK ring size H-Q)
- 2 (UK ring size Q-Y)
- 3 UK ring size (Y-Z +7)
- 4
- 5

Can be adapted to dress other areas of the body such as the ear.

## PolyMem Tube



### Size

- 7 x 7cm
- 9 x 9cm

Created to accommodate tube sites.

For infected and malodorous wounds use PolyMem Silver

\*The sizes used in this guide have been selected for illustration purposes only, please select the dressing size most suitable to your patient. Full product list available on the back page.

# Tips for using PolyMem

- PolyMem dressings (with the exception of PolyMem WIC) are printed with a grid with approximately 1cm squares – this can be useful as a guide for scaling up and down dressings to fit your patient
- Where flexibility or movement is required (e.g. on the neck), cut slits along the edge of the dressing to help conform to the curves of the body
- Avoid using microporous tape on the skin – only use for taping dressings together
- Where tape is needed to secure PolyMem to the skin, use silicone tape as this can be less traumatic on sensitive skin
- Do not occlude PolyMem with film dressings, excess tape or bandage as this will reduce the dressing's fluid handling ability
- For dry, non-exuding wounds including necrotic wounds, moisten dressing or wound slightly with saline or water prior to application. This will help to activate the dressing components
- For greater debridement, absorbency and longer wear time due to excessive amounts of exudate, use PolyMem MAX
- For infected and malodorous wounds use PolyMem Silver
- Outline the wound on the top of the dressing to determine when to change. Change when fluid fills the outline more than 85% or is striking outside of the outline
- A dramatic increase in wound fluid may be observed during the first few days due to the modulation of the inflammatory signalling cascade. This is not uncommon and indicates that the dressing is working
- PolyMem can be left in place for a maximum of 7 days
- In most cases, when using PolyMem, there is no need to disturb or cleanse the wound during changes unless the wound is infected or contaminated
- PolyMem WIC is one of few dressings from the range without a semi-permeable film backing. The cavity filler can be layered and placed either side down. Cover with a suitable secondary dressing such as PolyMem

## Precautions

- PolyMem is not compatible with oxidising agents such as hydrogen peroxide and hypochlorite solutions. If you are using these types of solutions, simply rinse or pat lightly before applying the dressing
- Topical treatments should not be used underneath the PolyMem dressings at any time
- Avoid contact with electrodes or conductive gels
- Do not use and discontinue use on people who show signs of sensitivity, irritation, or allergy from the dressings or its materials

## Cutting guides

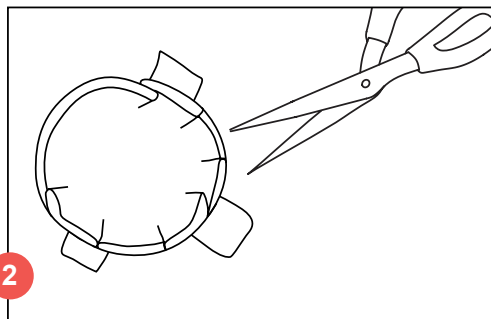
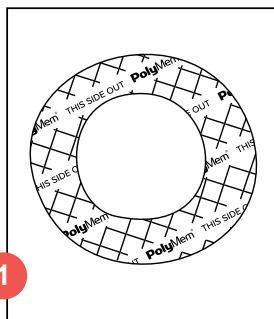
### Raised skin tumour dressing

#### What you'll need:

- PolyMem Non-adhesive 10 x 10cm and PolyMem MAX 20 x 20cm
- Scissors
- Microporous tape
- Tubular bandage OR cohesive bandage

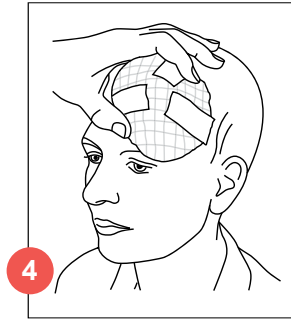
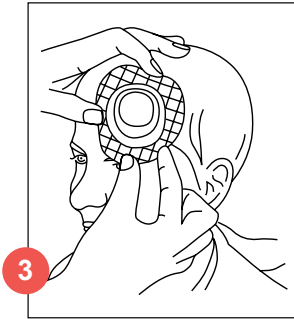
#### Instructions

1. Using PolyMem Non-adhesive 10 x 10cm, cut a doughnut shape to fit around the tumour. This should be approximately 2 squares wide from the inner edge to the outer edge (see image 1)

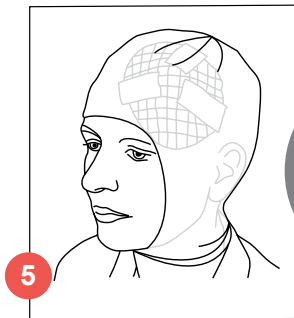


2. Take the PolyMem MAX dressing and cut a circle approximately 2 squares larger than the doughnut. Using the grid as a guide cut 1cm slits around the edge of the circle (see image 2)

- Place the doughnut shape around the tumour and place the PolyMem MAX circle over the tumour; the slits around the edge should allow the dressing to conform to the shape of the tumour. Where the slits overlap they can be fixed in place with microporous tape, ensuring no tape is on the skin (see images 3-4)



- Secure with either a tubular bandage or cohesive bandage (see image 5)



**TIP!**

Cut a tubular bandage to produce a balaclava effect.

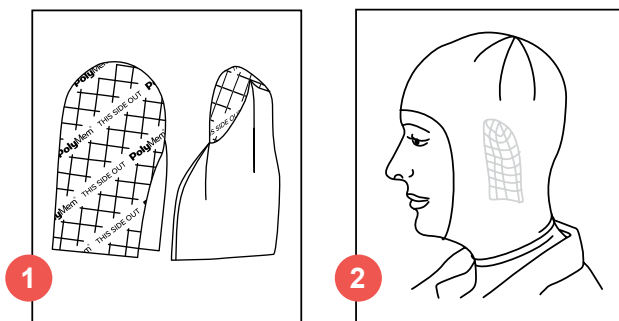
## Ear dressing

### What you'll need:

- PolyMem finger/toe size 5
- Scissors
- Tubular bandage OR stockinette

### Instructions

1. Remove the insert from the rolled end of the dressing and discard
2. Cut the PolyMem finger/toe along one side according to the patient's ear size (see image 1)



3. Place over the ear so that the dressing covers the whole ear and secure with tubular bandage or stockinette (see image 2)



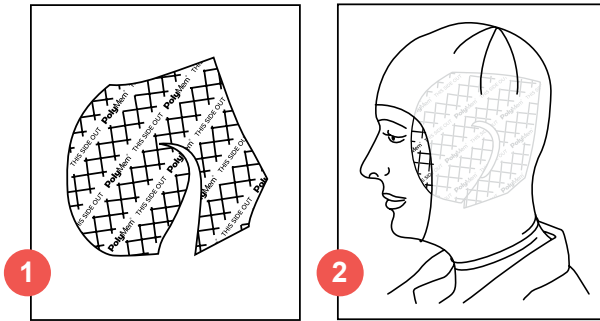
## Mastoid tumour/ear dressing

### What you'll need:

- PolyMem Non-adhesive 13 x 13cm
- Scissors
- Tubular bandage OR stockinette

### Instructions

1. Measure approximate size of the ear/tumour area
2. Cut PolyMem Non-adhesive 13 x 13cm to the shape of ear (see image 1)



3. Secure with either tubular bandage or stockinette (see image 2)

## Device related pressure ulcers (DRPU)

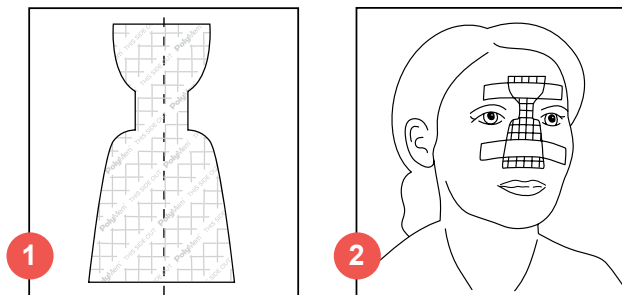
### What you'll need:

- PolyMem Non-adhesive
- Scissors
- Silicone tape (for nose)
- Net dressing (for ear)

### Instructions

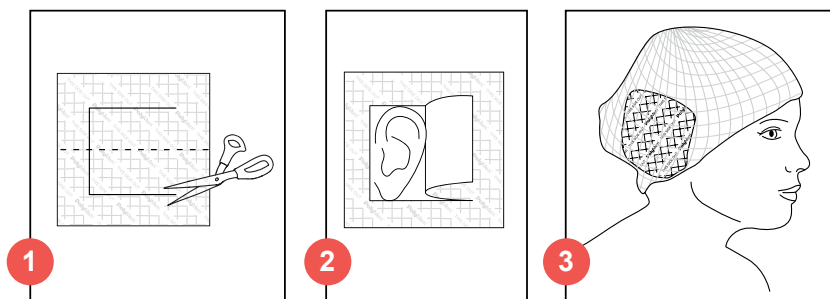
#### Nose

1. Fold PolyMem Non-adhesive 10 x 10cm in half lengthways and cut out pattern as shown in image 1
2. Adapt the outline to the shape of the nose and secure with silicone tape (see image 2)



#### Ear

1. Fold PolyMem Non-adhesive 10 x 10cm in half lengthways and cut a hole into the fold as shown in image 1
2. Position ear inside the hole and bend the fold upwards (see image 2) and secure with net dressing (see image 3)



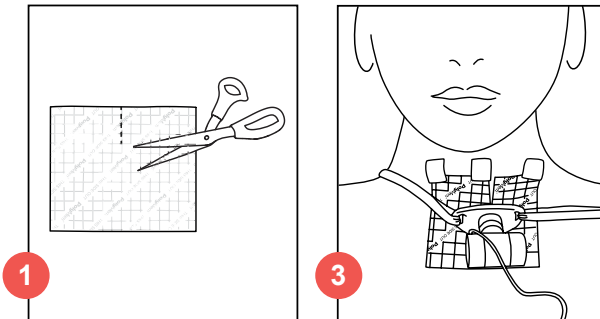
# Tracheostomy and Laryngectomy dressing

## What you'll need:

- PolyMem MAX 11 x 11cm (can be cut, depending on size of patient)
- PolyMem Non-adhesive 17 x 19cm
- Scissors
- Microporous tape

## Instructions

1. Cut slit into the PolyMem MAX 11 x 11cm depending on the patient size to conform to the pharyngeal area (see image 1)
2. After the slit is cut, you must cut a 3-way "star" in the center of the dressing where the trach tube will go through, or you risk displacing the trach and causing coughing or respiratory issues.
3. Secure top of dressing with silicone tape (see image 3)  
*N.B. Do not overlap dressing*



## Inframammary fold (where the lower breast meets the chest wall)

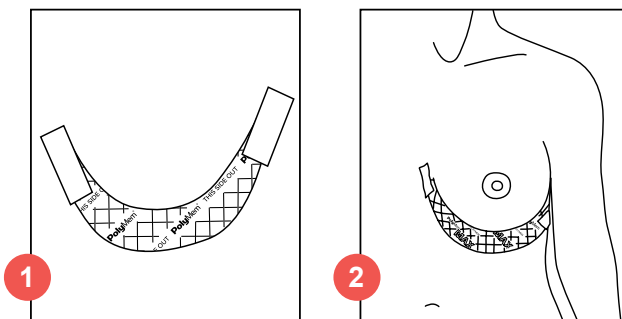
### What you'll need:

- PolyMem Non-adhesive 17 x 19cm OR PolyMem MAX 20 x 20cm (depending on fluid level)
- Scissors
- Silicone tape

### Instructions

1. Cut PolyMem into a half moon shape, use the grid as a guide for the size of your patient (see image 1)

*N.B. The width of the half moon should extend from the fold to 3-4cms below the breast tissue*



2. Secure in place with silicone tape (see image 2)

### TIP!

Avoid underwired bras as this can add to friction – cotton camisoles or vests can be more comfortable.

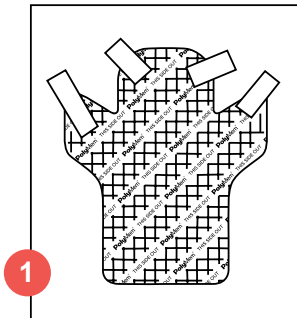
## Axilla dressing involving lymph nodes

### What you'll need:

- PolyMem MAX 20 x 20cm OR PolyMem Roll 20 x 60cm (depending on fluid level)
- Scissors
- Silicone tape

### Instructions

1. Cut PolyMem into a hand-puppet shape, ensuring that all edges are rounded off and that dressing extends long enough under the underarm (see image 1)
2. Secure in place with silicone tape (see image 2)



### TIP!

Consider a sleeved vest, t-shirt or large tubular bandage to keep the dressing in place.

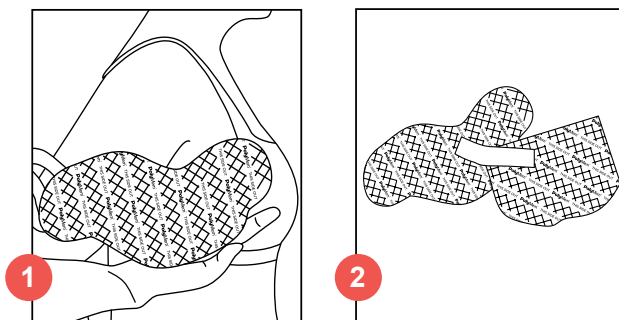
## Breast lateral transverse

### What you'll need:

- PolyMem MAX 20 x 20cm OR PolyMem Roll 20 x 60cm (depending on fluid level)
- Scissors
- Silicone tape
- Options to secure – camisole, maternity bra, net knickers

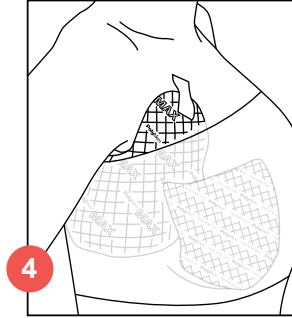
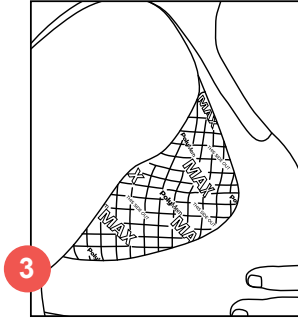
### Instructions

1. Cut PolyMem to the shape of the body, ensuring all edges are rounded off to encourage conformability and comfort during use (see image 1)



2. **OPTIONAL** – cut a second PolyMem dressing to shape to the breast and tape the two dressing pieces where they overlap, fixing to the skin with silicone tape if needed (see image 2)

3. Secure in place with one of the options listed above (see image 3 and 4)



**TIP!**

Cut gusset out of net knickers to use as a tube top style top. Alternatively, cut arm holes in a cotton tubular bandage and wear as a vest.

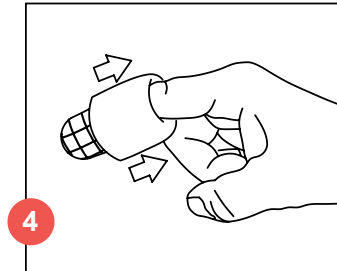
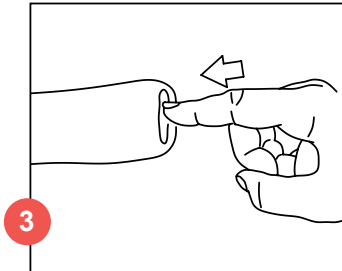
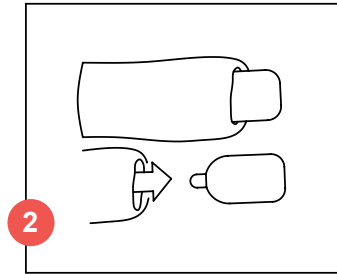
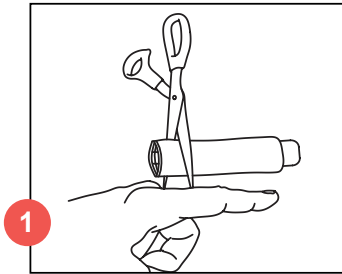
## Finger/toe dressing

### What you'll need:

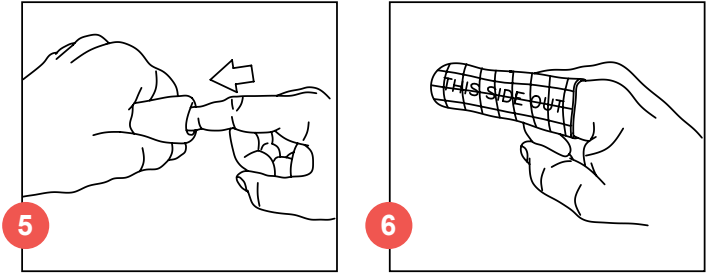
- PolyMem finger/toe (size dependent on patient)
- Scissors

### Instructions

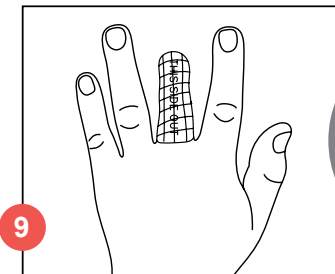
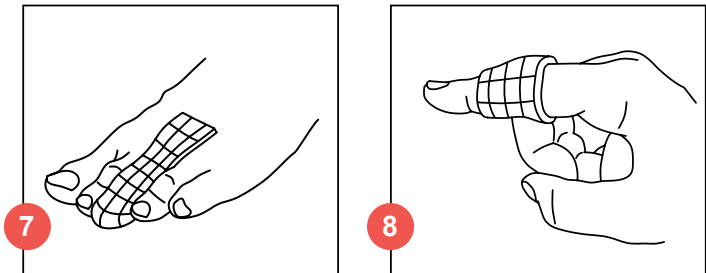
1. Measure to determine length of dressing needed, cut off excess (see image 1)
2. Remove insert from the rolled end and discard. Insert finger into the rolled end of the dressing (see images 2 and 3)
3. Push finger into dressing and begin rolling. The dressing should fit securely (see images 4-6)







The dressing may be applied in different ways. For toes the dressings may be cut along the sides creating flaps that can be laid upon the top and bottom of the foot (see image 7). These can be secured with tape, or the dressing may be cut to form a ring or sleeve over the injured portion of the finger (see image 8)



**TIP!**  
For missing digits, trim the base of the dressing and insert finger (see image 9).

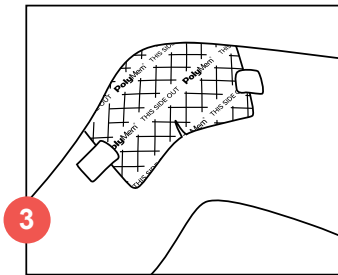
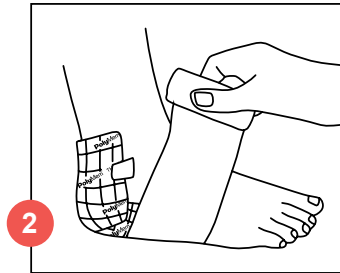
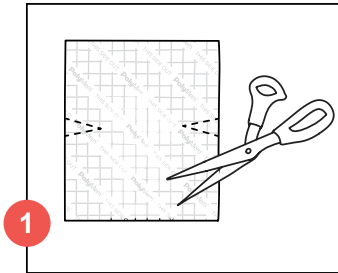
## Knee/heel dressing

### What you'll need:

- PolyMem Non-adhesive 13 x 13cm
- Scissors
- Silicone tape
- Tubular bandage OR cohesive bandage

### Instructions

1. Cut out a V shape slit on either side of the dressing (see image 1)
2. Apply dressing over knee or heel (see images 2-3) and secure with either silicone tape, tubular bandage or cohesive bandage



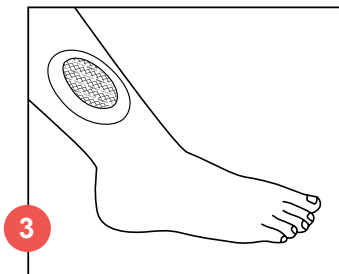
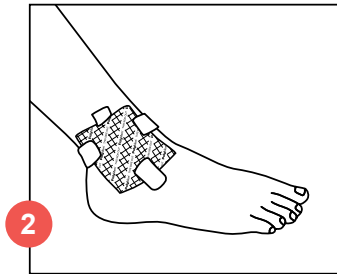
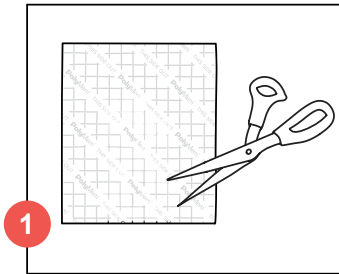
## Leg/ankle dressing

### What you'll need:

- PolyMem Non-adhesive 10 x 10cm OR PolyMem MAX 20 x 20cm (depending on fluid level)
- Scissors
- Silicone tape
- Tubular bandage OR cohesive bandage

### Instructions

1. Measure the approximate size of the wound and cut dressing to size if necessary (see image 1)
2. Secure with either silicone tape, tubular bandage or cohesive bandage (see images 2)



### TIP!

For highly exudative wounds commonly seen in the lower leg, use WIC as a primary and MAX border dressing as a secondary dressing.

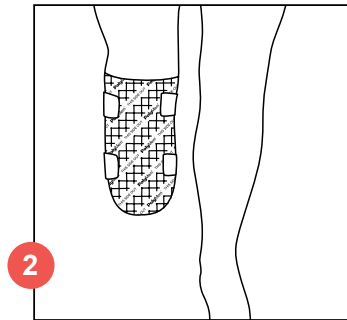
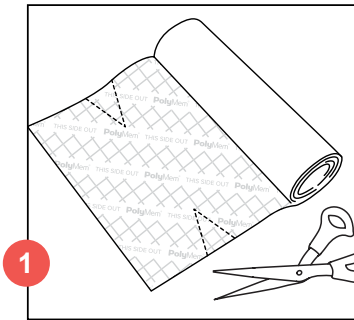
## Stump wounds

### What you'll need:

- PolyMem Non-adhesive Roll 20 x 60cm
- Scissors
- Silicone tape

### Instructions

1. Cut out a V shape slit on either side of the dressing (see image 1)
2. Apply dressing over the stump, fold triangle edges until they join/meet and secure with silicone tape (see image 2) *N.B. Do not overlap dressing*



## Cavity wounds

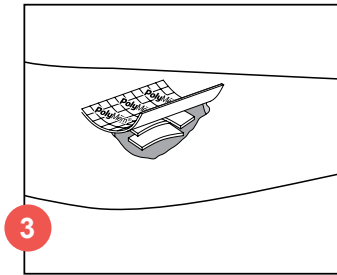
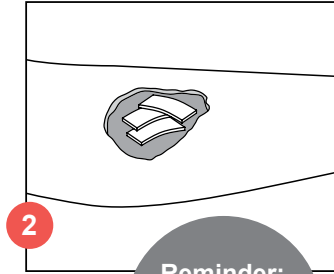
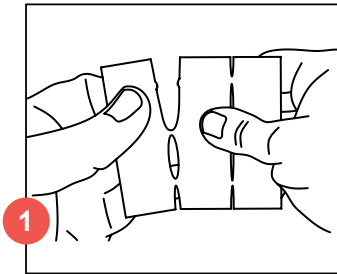
PolyMem WIC or PolyMem Rope Cavity Filler in combination with PolyMem Non-adhesive.

### What you'll need:

- PolyMem WIC 8 x 8cm and PolyMem Non-adhesive (size dependent on size of wound)
- Scissors
- Silicone tape

### Instructions

1. PolyMem WIC is perforated in 1" wide strips for easy folding, detachment or may be cut to size (see image 1)
2. Carefully place into the wound either side down until its filled (see image 2)
3. Cover with PolyMem Non-adhesive (see image 3) and secure with silicone tape



#### Reminder:

The WIC dressing will expand 30%.

#### TIP!

Use PolyMem WIC Rope Cavity filler for wounds with cavities and undermining tunnelling.

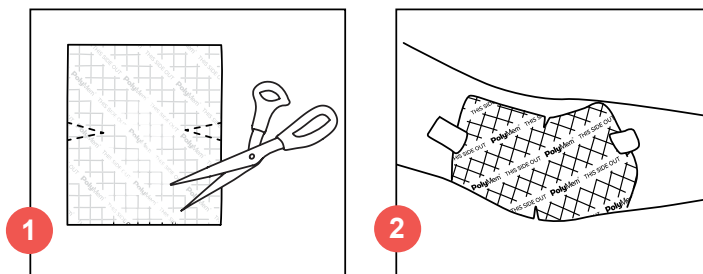
## Elbow dressing

### What you'll need:

- PolyMem Non-adhesive 13 x 13cm
- Scissors
- Silicone tape
- Tubular bandage OR cohesive bandage

### Instructions

1. Cut out a V shape slit on either side of the dressing (see image 1)
2. Apply dressing with the arm semi-bent (see image 2)
3. Secure with either silicone tape, tubular bandage or cohesive bandage



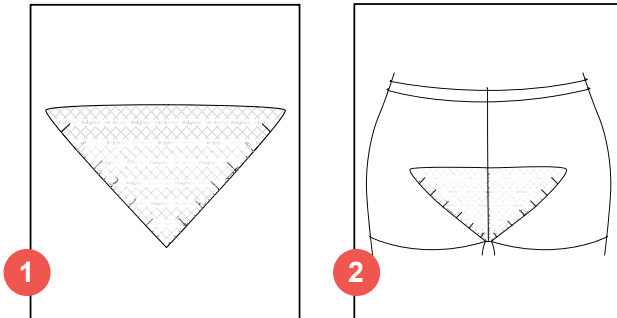
## Supra pubis

### What you'll need:

- PolyMem MAX 20 x 20cm (depending on size of patient)
- Scissors
- Net knickers/patients own underwear

### Instructions

1. Cut PolyMem MAX 20 x 20cm in half diagonally to make a triangle shape, ensuring all edges are rounded off. Cut slits along the edges that will sit in the groin to allow dressing flexibility (see image 1)
2. Use net knickers and/or patients own underwear to keep the dressing in place (see image 2)



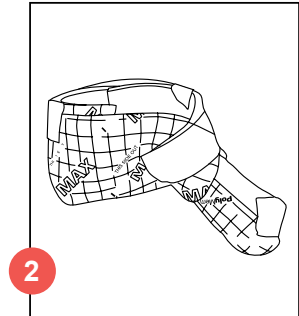
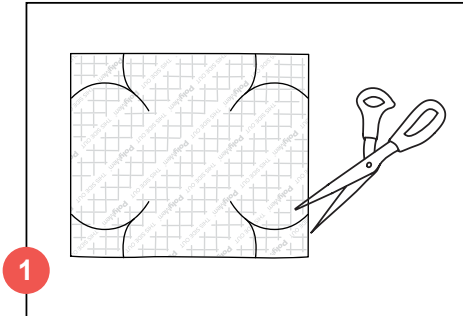
## Testes dressing

### What you'll need:

- PolyMem Non-adhesive 17 x 19cm OR PolyMem MAX 20 x 20cm (depending on size of patient and fluid level)
- Scissors
- Microporous tape
- Net shorts/patients own underwear

### Instructions

1. Draw a four-leaf clover shape onto the dressing, ensuring all edges are rounded off (see image 1)
2. Cut along the drawn links and fold up the dressing to form a cup shape and fix in place with microporous tape (see image 2)



3. Use net knickers or patients own underwear to keep the dressing in place



# PolyMem dressing selection guide

This dressing selection guide will help you determine which PolyMem dressing will be suitable for the wound, dependent on wound phase and exudate levels.

Wound phase and Exudate level	Dry ○○○○	Low ●○○○	Moderate ●●○○	High ●●●○	Excessive ●●●●
Non-infected	PolyMem			PolyMem MAX	
				PolyMem WIC + PolyMem MAX	
Malodorous, critically colonised, infected, or infection risk*	PolyMem			PolyMem MAX	
	PolyMem Silver			PolyMem Silver WIC + PolyMem MAX	
Cavity and undermining	PolyMem WIC (non-infected) + PolyMem or PolyMem MAX				
	PolyMem Silver WIC (malodorous, critically colonised, infected and at risk) + PolyMem or PolyMem MAX				

A dramatic increase in fluid may be observed during the first few days due to the modulation of the inflammatory response. This is not uncommon and indicates that the dressing is working.

\* PolyMem Silver dressings are suitable to use when visible signs of infection are present as long as the patient is also on appropriate antimicrobial/antibiotic therapy per clinician order.

PolyMem is now available with a silicone adhesive border.

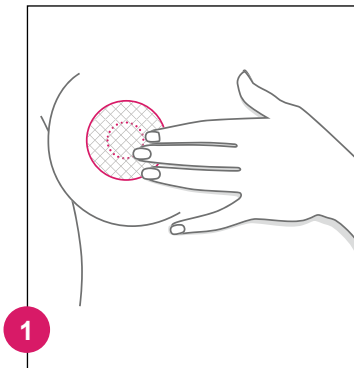
# NURSICARE®

## Applying the Pad:

1. Prior to initial use of Nursicare pads, slightly wet a cloth with water and wipe the nipple and surrounding area. Do not dry the skin or nipple - the residual moisture will help with comfort provided by the pad.
2. Wear the Nursicare pads inside of the bra with the printed label side away from the skin. Center the pad over the nipple area.
3. Prior to nursing or using a breast pump, wipe the breast with a clean cloth or towelette moistened with water or mothers' milk.
4. While nursing baby, keep the Nursicare pad clean by placing the pad on a clean surface with the unlabeled side up.

## When to change the Nursicare pad:

A Nursicare pad may be used until the liquid in the pad becomes visible through the labeled backside of the pad, and before the absorbent fluid reaches the edge of the pad. Change the pad immediately if saturated with milk. Nursicare pads are not washable; washing may remove ingredients and diminish the mode of action. Discard after use.





Clean the skin of dirt, topical medications and lotions. Residual moisture on skin is beneficial.

### **Application:**

Apply as soon as possible after injury. SportsWrap provides flexibility of application. No matter which method of application you use or which part of the body you choose to wrap, the following steps will apply:

1. Unroll the green pad with “THIS SIDE OUT” away from the skin.
2. Wrap in a continuous motion overlapping slightly.
3. Secure pad with athletic or adhesive tape. Wrap firmly for close contact with the skin but apply gently to maintain comfort. The green pad must maintain intimate contact with the skin to work effectively.

### **Trimming:**

Depending on anatomy and wrapping technique, the SportsWrap may be too long. The green pad can be trimmed with a pair of scissors if necessary. Return the unused portion to the resealable pouch. Overlap to ensure complete coverage.

### **Wearing:**

- Wear all day and night for 5 days.
- Avoid wetting the wrap. Remove before bathing or showering.
- If the green pad becomes saturated with sweat, discard and replace. The wrap cannot be “dried out” and reused.
- Another SportsWrap may be worn for an additional 5 days. Continued use will help promote continued comfort.
- Keep wearing even when you feel better!
- Adjust periodically to maintain contact and comfort.

### **Storage:**

Keep dry and store at room temperature and humidity. Any serious incident that has occurred in relation to this device should be reported, by the user and/or patient, to Ferris Mfg. Corp. and the competent authority of the Member State in which the user and/or patient is established.

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orders@sutherlandmedical.com.au

1300 664 027