

WoundReady



Overview

ManukaLife WoundReady combines the unique powers of Australian Manuka oil and bee propolis with saline in a solution to cleanse wounds and assist in the wound healing process. Wound irrigation involves the flow of a solution across an open wound surface to improve wound hydration, remove contaminants and pathogens, facilitate debridement and assist in visual examination. Irrigating with WoundReady achieves all this as well as being non-cytotoxic, reduces pathogenic bacteria and does not induce bacterial resistance. WoundReady is non-sensitising, cost effective and stable with a long shelf life.

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Indications

All wounds can [and should] be irrigated. Gentle irrigation is the treatment of choice for healing granular wounds, along with dressing to protect the wound bed.

Contraindications/Warnings

- Irrigation should not be performed in wounds that are actively bleeding heavily, as irrigation may dislodge any clots that are forming.
- Propolis can cause allergy or irritation and a small amount of WoundReady should be tested on the skin before use.
- Infected wounds should be examined by a doctor or other qualified healthcare provider before being irrigated.
- Deep cavity wounds, sinuses and fistulae should generally not be irrigated.

Directions for Use

In general, it is recommended to follow Standards for Wound Prevention and Management (Third Edition) published by Wound Australia.

However, the following variations will apply when using our product:

1. ***Superficial wounds/abrasions:*** cover the wound for three to five minutes with a gauze pad soaked in WoundReady, remove the gauze and then cover it with an appropriate dressing.
2. ***Acute deeper wounds:*** Irrigate using WoundReady, wait for ten seconds and then cover it with an appropriate dressing.
3. ***Ulcers:*** Cover the ulcer for three to five minutes with a gauze pad soaked in WoundReady and then irrigate using WoundReady. Debride if necessary and then apply an appropriate dressing.

All wounds should be irrigated [unless contraindicated], as it is part of the recommended treatment of wound beds.

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How is wound irrigation performed?

The following are some points to keep in mind regarding wound irrigation:

- Wounds should be irrigated every time a dressing is changed. Wounds should also be irrigated upon initial assessment.
- Pressure is the key to effective irrigation. Too little pressure will fail to remove surface bacteria and debris while too much pressure can force surface bacteria into the wound bed as well as potentially damaging delicate granulation tissue. Irrigation pressure should be between four and fifteen PSI.

To perform wound irrigation:

1. Explain to the patient what you are planning to do.
2. Remove the old dressing.
3. Pad around the wound with suitable items such towels or padding to absorb the WoundReady solution.
4. Don appropriate PPE [eye protection, gloves, gown and mask].
5. Irrigate the wound using appropriate pressure.
6. Pat dry the intact skin and cover the wound or ulcer with sterile gauze or a sterile towel.
7. Redress the wound appropriately.
8. It is important to allow the WoundReady to flow from the cleanest to the dirtiest area of the wound. Do not force irrigant solution into any wound pockets i.e. areas of tunneling.