**TREATMENT CONCEPT**

**CURATIVE WOUND CARE**

<table>
<thead>
<tr>
<th>EXAMPLES</th>
<th>ACUTE WOUNDS</th>
<th>CHRONIC WOUNDS</th>
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|          | - Traumatic wounds  
(e.g. laceration, burn, large abrasion)  
- Postsurgical wounds (e.g. pilonidal sinus, abscess, suture dehiscence)  
- Ulcus cruris  
- Pressure ulcer  
- Diabetic foot ulcer  
- Other non-healing wounds | |

**DIAGNOSIS**

Options for wound cleansing, debridement and microbiological control:

a. Wound cleansing with water or saline solution. As soon as a vital granulation is visible, wound cleansing may be omitted.
b. Debridement  
c. Antisepctic treatment in special situations

Local wound therapy:

1. Apply two layers of on wound bed, wound edge and periwound skin
2. Cover wound with a non-woven gauze or absorber adjusted to wound exudate
3. Compression/pressure relief if indicated

Daily dressing change until the onset of epithelisation, then every 2-3 days

If the wound does NOT improve within 4 weeks of treatment:

1. Wound assessment by wound expert  
2. Verification of diagnosis, further investigations  
3. Options for further treatment:
   a. Treatment of the underlying cause  
   b. Continuation of local wound therapy  
   c. Alternative local wound therapy

**HOW MANY SPRAY PUFFS?**

<table>
<thead>
<tr>
<th>Treated area</th>
<th>Spray puffs</th>
<th>Treatments per 17ml spray</th>
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<tbody>
<tr>
<td>3cm x 3cm</td>
<td>at least 4</td>
<td>45</td>
</tr>
<tr>
<td>6cm x 6cm</td>
<td>at least 15</td>
<td>12</td>
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**FURTHER INFORMATION**

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