

Silflex has unique Silfix Technology

designed to minimise trauma associated with dressing change

Silfix Technology ensures that Silflex gently adheres to the skin surrounding a wound, and not to the wound bed itself, to minimise the pain and trauma associated with dressing application and removal.

Managing pain associated with dressing change is a key priority to improve patient quality of life.



Ordering Codes

Product	Stock code	Size	Pack Size	PIP Code	NHS SC Code
Silflex	CR3922	5cm x 7cm	10	338-4385	EKH028
	CR3923	8cm x 10cm	10	338-4393	EKH029
	CR3924	12cm x 15cm	10	338-4401	EKH030
	CR3925	20cm x 30cm	10	338-4419	EKH032
	CR4006	35cm x 60cm	5	338-2205	EKH096
Siltape	CR3938	2cm x 3m	1	344-0336	EHR053
	CR3939	4cm x 1.5m	1	344-0328	EHR054
Vellafilm	CR3919	12cm x 12cm	10	338-4351	N/A
	CR3921	15cm x 20cm	10	338-4369	N/A
	CR3917	12cm x 35cm	10	338-4377	N/A
Advasil Conform	CR3845	10cm x 10cm	5	301-1640	EKH006
	CR3832	10cm x 15cm	5	329-5979	ELY178

MAR556/v4

Get in touch

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References

1. Edwards J, Mason S A. Developing a structured process for evaluating burn dressings. Poster presentation.
2. Holden-Lund C (1987) Effects of relaxation with guided imagery on surgical stress and wound healing. Res Health Nurse 11(4):235-44
3. Advancis Medical Silflex range vs comparable products in Urgo Medical Urgotul range. Prices correct January 2022 – Drug Tariff

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ADVANCIS

Silflex

Soft Silicone Contact Layer

- ✓ Pain-free dressing changes
- ✓ Easier exudate management
- ✓ Superior handling



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Pain-free Dressing Changes

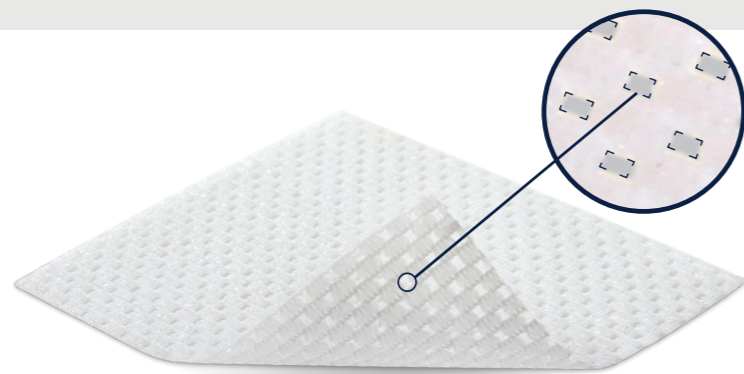
Pain during dressing changes can have a detrimental effect on patient Quality of Life (QoL)

Silflex scored better than an alternative silicone contact layer on mean pain scores at application, in situ and removal.¹



Easier Exudate Management

Unique 2mm pore holes allow passage of exudate into the secondary dressing, reducing maceration caused by exudate sitting against the skin.



Superior handling without folding and self-sticking

Silflex is double sided, but will not adhere to itself, reducing wastage and improving handling.

A 14-day wear time reduces dressing changes and pain, reducing patient anxiety and improving QoL.²

19%
more cost-effective
than the market leader³



Silflex used to treat a Skin Tear

Patient Profile



Patient

89-year-old woman who presented with very dry, friable paper-thin skin and tissue.



Wound

Skin tear measuring 3 x 0.8cm to right forearm with no viable tissue to reapply. Dry and intact with no evidence of infection.



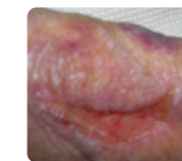
Treatment

Due to the nature of the wound and concerns for the integrity of the surrounding skin, **Silflex** was applied and secured with a secondary dressing pad ensuring that there were no tapes or adhesives that would cause skin stripping on removal.

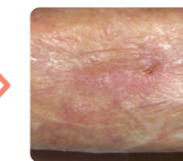


Results

Over a treatment period of three weeks, which included six dressing changes, this patient's skin tear had completely healed. **Silflex** was non-adherent and pain-free even on extremely friable tissue.



Presentation



Week 3

Silflex being used with a skin graft donor site

Patient Profile



Patient

91-year-old woman



Wound

Longstanding leg ulcer which has taken a skin graft six months before referral. The skin graft had not been successful and the donor site had failed to heal completely leaving an area of hypergranulation.



Previous Treatment

Hypergranulation was treated with nanocrystalline silver for 4 weeks but the wound was painful and bled when touched



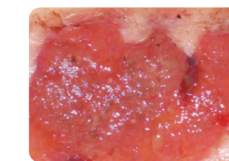
Treatment Aim

The decision was taken to treat the hypergranulation with Terracortil ointment while protecting the fragile new epithelium which covered the remainder of the donor site with **Silflex**.

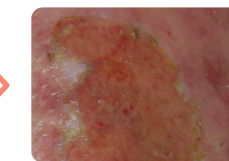


Results

After eight days and eight dressing changes the hypergranulation had resolved and the periwound area remained intact. The patient reported no pain or trauma at dressing changes.



Presentation



Day 8