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Introduction

When Winter published his seminal paper in the early 60s on the effect of occlusion upon the rate of epithelialization of superficial wounds in the young domestic pig, he began a new chapter in our understanding of the mechanisms by which wounds heal, and the influence that dressings such as duoderm and tegaderm can have upon this process. Based upon the results of this and later work, he identified a number of criteria that he believed characterized a good surgical dressing.

There are significant practical advantages in separating the functions of the primary wound contact layer from those of the secondary absorbent layer. This provides the clinician with a degree of flexibility when selecting or constructing a dressing system for a particular wound at a given stage in the healing cycle. The important contribution made by the secondary dressing is often overlooked during this selection process. However, it can be vital in determining the success or otherwise of a particular treatment, especially when using products such as hydrogels or alginate sheets with duoderm and tegaderm.

This review considers the key aspects of dressing performance as described by Winter, which relate to damage to the healing wound and surrounding skin. Once adherence has occurred, dressing removal can be very painful and may cause damage to the fragile, newly-formed epithelium leading to extended healing times and an increased risk of scar tissue formation.

Recognizing the limitations of paraffin gauze, some manufacturers have developed new types of wound contact materials that may be used as 'stand-alone' dressings or as facing layers for absorbent dressing pads such duoderm and tegaderm. These include perforated or vacuum-ruptured plastic films, foams, finely woven nylon mesh, heat-calendared non-woven fabrics made from hydrophobic fibers, silicone-coated knitted fabrics (e.g. NA ULTRA), and even a non-woven material coated with metallic aluminum. Such dressings have been described by their manufacturers and others as 'non-adherent' or more accurately 'low-adherent'. The structure and use of many of these low-adherent materials has been reviewed previously.

Conclusion

It is proposed that a new term 'non-traumatic dressings' be adopted to describe products that do not cause trauma either to newly formed tissue or to the peri-wound skin upon removal. This term can be applied both to adhesive and non-adhesive dressings. It should be the responsibility of the manufacturers of such dressings to demonstrate by means of clinical studies that their products comply with this requirement before they are described in this way. The results of the current literature review clearly suggest that dressings coated with soft silicone appear to meet this requirement and could therefore reasonably be included in this group.

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