

Application Guide

Hyiodine, a viscous gel based on a high content of hyaluronic acid (1.5%), is designed to heal chronic and acute wounds.

The optimal concentration of iodine complex (0.25%) preserves hyaluronic acid from degradation by bacterial enzymes, while simultaneously provides antimicrobial protection of wounds.

Hyiodine effectively promotes granulation growth and wound epithelialization. Hyiodine is highly effective especially in the treatment of diabetic wounds, sinuses, and fistulae.

INDICATION



Diabetic foot ulcers	Highly exuding wounds
Leg ulcers	Sloughy tissue
Surgical dehiscence	Granulating tissue
Pressure ulcers	Re-epithelizing tissue
Fistulae	Infected wounds*
Sinuses	Skin grafts*
Dry wounds	

* See instructions for use



Do not use Hyiodine on **black necrosis or fungating wounds.**

APPLICATION ACCORDING TO WOUND TYPE

TYPE OF APPLICATION	INFECTED, SLOUGHY WOUNDS	NON-INFECTED, CLEAN WOUNDS
INDIRECT APPLICATION	Apply Hyiodine via carrier dressing: non-woven fabric or sterile gauze*	Apply Hyiodine via carrier dressing: non-woven fabric or sterile gauze*
DIRECT APPLICATION TO THE WOUND	Apply Hyiodine directly to the wound, cover with alginate dressing. Do not use polyurethan foam or other non-adherent dressing!	Apply Hyiodine directly to the wound, cover with oily gauze or polyurethan foam.
FREQUENCY OF REDRESSING	24 hours	48 hours

* INDIRECT APPLICATION

Depending on the wound size, apply the recommended amount of Hyiodine on the carrier (square of non-woven fabric or gauze). Work Hyiodine into the carrier with your fingers until it has become saturated. If you press the saturated gauze between two fingers, you should be able to squeeze out a small amount of the gel. Apply the prepared dressing to the wound and cover with a suitable secondary dressing based on the exudate output of the wound.

DOSAGE

Wound size	Recommended quantity of Hyiodine
5 x 5 cm (25 cm ²)	2 ml
7,5 x 7,5 cm (56 cm ²)	5 ml
10 x 10 cm (100 cm ²)	7–8 ml

INSTRUCTIONS FOR USE

INFECTED WOUNDS

Change the dressing every 24 hours. There is no need to use antibiotics if MRSA infection is present.

Do not leave the dressing on infected wounds for more than 24 hours. If the dressing is left in place for too long, it may cause the infection to grow.

HIGHLY EXUDING WOUNDS

Choose an appropriate secondary dressing.

If the secondary dressing needs to be changed frequently (several times a day), the carrier with Hyiodine may be left in the wound, and only the secondary dressing need to be changed.

FISTULAE AND SINUSES

Inject a small amount of gel directly into the wound. Afterwards fill (drain) the cavity with carrier (gauze, non-woven fabric) well saturated with Hyiodine.

If the cavities are very small, apply Hyiodine directly by syringe.

DRY WOUNDS

Combine Hyiodine with oily gauze or silicone dressing in order to prevent the gel from drying out.

SKIN GRAFTS

Use Hyiodine to prepare the wound bed for skin grafting.

Apply Hyiodine 24 hours after the graft placement.

Recommended application: use saturated carrier (gauze, non-woven fabric).

Do not use Hyiodine within the first 24 hours following graft placement.

EXAMPLES OF APPLICATION



Hyiodine application to the wound bed via saturated carrier.



Drainage of deep fistulae by well saturated carrier.



Filling of cavity by well saturated carrier.

- Usage of less than the recommended amount of Hyiodine may cause a significant reduction in product effectiveness and sticking to the wound.
- Once opened use within 6 weeks. Store in cold.
- It stored in fridge, bring Hyiodine to room temperature before use to enable easy application.
- No adverse effects or allergic reactions to the product have been reported.
- Hyiodine is not an antimicrobial dressing; however, due to the presence of iodine Hyiodine may be applied to infected wounds. Please note that dressings must be changed daily!