

# Clinical Experience with Telfa Clear™ On Split Thickness Skin Grafts

Karen N. Landry, MS and Kevin M. Sittig, MD  
Louisiana State University Medical Center Regional Burn Center  
Shreveport, Louisiana

A study was recently completed at the LSUMC Regional Burn Center to compare the clinical performance of two nonabsorbent, nonadherent contact layers, N-Terface® (Winfield Laboratories, Inc.) and TELFA CLEAR™ (The Kendall Company) on split thickness skin grafts. The primary objectives were to determine the ease of application and removal, fluid transfer, wound visualization and patient comfort. Graft take, infection and periwound skin damage were also reported. Sixteen patients completed the study with eight people randomly assigned to each treatment group.<sup>1</sup> The following case study is an example of the results observed in this evaluation.

## BACKGROUND

LB was a 28 year old male who fell asleep while smoking and later awoke to find himself engulfed in flames. He was evaluated at a rural hospital, volume resuscitated via the Parkland Formula and then transferred to the LSUMC Regional Burn Center. Physical exam revealed a well developed, well nourished male in good health with the exception of the recent burns. LB was found to have sustained third degree burns to his posterior trunk, right arm, and right axilla (19% TBA) and second degree burns to his right and left upper arms (2% TBA). LB was admitted to the Burn Center where volume resuscitation continued with Ringer's Lactate and a high calorie, high protein diet was initiated. Burn therapy included twice daily cleansing and treatment of appropriate burned areas with 1% silver sulfadiazine cream. All burns were then covered with KERLIX® Bandage Rolls. Acetaminophen (325 mg) and oxycodone (5 mg) were administered for pain control.

## INITIAL DRESSING APPLICATION

LB was taken to the operating room on two separate occasions and underwent split thickness skin grafting (1:1.5 mesh) to the left scapula and right lower arm. The scapula graft was covered with N-Terface and TELFA CLEAR was used to dress the arm graft. Saline soaked KERLIX Bandage Rolls (wet to dry) were used as a secondary dressing and were secured by an elastic overwrap. Both contact layers were easy to apply and allowed excellent graft visibility. TELFA CLEAR readily conformed to the graft site while the N-Terface required the addition of saline.

## RESULTS

At the clinician's discretion, the surgical dressings were removed and the two graft sites were examined. N-Terface adhered strongly to the scapula graft and could not be easily removed on post op day 2. The area was cleaned and a fresh secondary dressing was applied. A saline soak was required to remove the N-Terface on post op day four. The patient noted a pain intensity of 8 on a scale of 1-10 during the removal of the N-Terface. Graft take was observed to be 100% on day two and four.

TELFA CLEAR was easily removed from the arm graft and the patient reported little pain either during dressing wear or removal. The surgical dressings did not adhere to the TELFA CLEAR contact layer and the contact layer did not adhere to the graft. Graft take was determined to be 100% on post operation day three. The photographs shown on the other side illustrate the clinical use of TELFA CLEAR from application to removal.

## SUMMARY

A key characteristic of an ideal wound dressing is nonadherency. This quality facilitates dressing removal while minimizing mechanical trauma to the wound and enhancing patient comfort. For forty years, TELFA® products have been recognized for

their superior nonadherent properties. Laboratory data has shown that TELFA CLEAR is less adherent than competitive nonadherent contact layers. This study provides additional clinical support for the superior performance properties of TELFA CLEAR.



Excised Graft Site.



STSG On Site.



Graft secured and dressed with  
TELFA CLEAR



TELFA CLEAR in place on  
post op day 3



Graft following removal of  
TELFA CLEAR on post op day 3

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**KENDALL HEALTHCARE PRODUCTS COMPANY**  
15 Hampshire Street ■ Mansfield, MA 02048 ■ 1-800-962-9888

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N-terface is a Trademark of Winfield Laboratories, Inc.

† Study sponsored by the Kendall Company. Data on file.

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