Application guide - Sacrum

ALLEVYN COMPLETE CARE Foam Dressings with their unique construction help to minimize leakage*1-3 and defend against factors that contribute to pressure injuries†4-7

Smith-Nephew

ALLEVYNO
COMPLETE CARE
Foam Dressing

Application steps of ALLEVYN COMPLETE CARE Sacrum Foam Dressing



Select the appropriate dressing size, ensuring the absorbent pad will cover the entire wound or area to be protected. The scale on the pouch is for guidance only.

Cleanse the application site. Ensure surrounding skin is clean, dry and free from excess hair.



Remove first liner and anchor the adhesive side of the dressing to the skin.



Place the narrow end a minimum of 2cm (¾in) above the anal sphincter, then smooth the dressing over the sacrum.



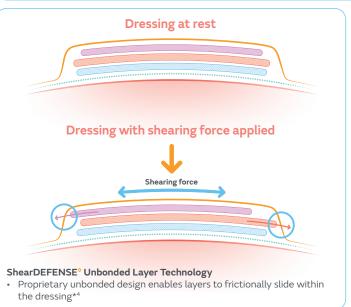
Remove remaining liners. Smooth over. If on a wound ensure absorbent pad covers the wound. Do not stretch the dressing.



Smooth the borders, ensuring no creases that could compromise the seal. The dressing can be repositioned as required.



Application complete – refer to observation steps if using for pressure injury prevention.



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ALLEVYN COMPLETE CARE Dressing visually masks absorbed exudate, keeping it looking fresher for longer^{2,3,8–12} while effectively indicating when to change the dressing⁸

Here's a helpful diagram to show you when to get the dressing changed:



No need to change



Consider changing



Change



Removal

- Lift the top edge and slowly peel downwards towards the anus until completely removed. This will minimize the chance of transmitting infection.
- Dispose of according to local clinical protocols or throw away hygienically after use.



Observation

When used for pressure injury prevention, frequently inspect the skin for pressure damage by lifting back one corner, inspecting and then repositioning the dressing.

*As demonstrated in vitro. †As demonstrated in silico and in vitro.

References: 1. Smith+Nephew 2025. Internal report CSD.AWM.25.008. 2. Tiscar-González V, et al. Adv Skin Wound Care. 2021;34(1):23–30. 3. Rossington A, et al. Wounds UK. 2013;9(4):91–95. 4. Smith+Nephew 2024. Internal report CSD.AWM.24.057 V2. 5. Smith+Nephew 2025. Internal report CSD.AWM.25.011. 6. Smith+Nephew 2025. Internal report CSD.AWM.25.016. 7. Smith+Nephew 2025. Internal report CSD.AWM.25.016. 7. Smith+Nephew 2025. Internal report CSD.AWM.25.017. 3. Smith+Nephew 2025. Internal report CSD.AWM.25.018. 3. Smith+Nephew 2025. Internal report CSD.AWM.25.019. 4. Smith+Nephew 2025. Internal report CSD.AWM.25.019. 4. Smith+Nephew 2025. Internal report CSD.AWM.25.019. 5. Smith+Nephew 2025. Smith+Nephe