Wound Healing

Southern Africa

CPD Questionnaire: Wound Healing Vol 12 No 2

Please select only one answer for each question. For every five questions, one must achieve a minimum of four correct answers to obtain one CPD point. You can only obtain a maximum of three points for each CPD article.

Skin substitutes: A review of classifications and indications for appropriate use in South Africa (G Steyn, MGC Giaguinto-Cilliers, AE Elliot)

1. The following affirmations are correct for skin substitutes except:

- They should provide functions similar to the skin layer to be replaced.
- Ideally they should replicate the properties of the normal skin.
- They should have the potential for autologous regenerative healing when applied to a wound.
- They totally replace the skin when applied to a wound.

2. Skin substitutes can be used:

- a For coverage of acute traumatic wounds.
- For coverage of burn wounds.
- For coverage of selected chronic wounds.
- All the above

Amongst the characteristics for a functional skin substitute, it is correct

- a Protection against microorganisms and loss of body water.
- b No scaffolding for promotion of new dermal tissue.
- c Weakness against tearing forces.
- d No pliability.

4. Regarding biological skin substitutes:

- a They are derived from human or animal origin.
- b Amniotic membrane, allograft and xenograft are examples.
- c They are still used in burn centres.
- All of the above.

5. Xenografts are:

- a Skin obtained from human origin.
- Skin obtained from non-human origin.
- Skin obtained from plants.
- None of the above. d

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- None of the above.

7. Indications for temporary skin substitute are:

- Coverage of split thickness harvest sites.
- Coverage of partial thickness wounds until healing.
- "Sandwich" graft technique for widely meshed skin grafts.
- All of the above.

8. Permanent skin substitutes

- Are incorporated into the wound bed.
- b Serve as scaffold for migration of cells and formation of a "new dermis".

- c Reduce scar formation.
- All of the above.

All statements about ideal skin substitutes are correct except

- Must be able to conform to the wound surface.
- Should be cost effective.
- Should have a short shelf life.
- Must lack antigenicity.

10. In the Balasubramani classification:

- There are four classes of skin substitutes.
- b Dermal components are classified as Class I.
- Epidermal components are classified as Class I. C
- None of the above.

11. In the Kumar classification:

- Temporary and impervious dressing materials are classified as Class I.
- Composite skin substitutes belong to Class II.
- Single layer durable skin substitutes are Class III.
- All of the above.

12. The classification of dressings suggested by Ferreira group takes into

- The skin layer to be replaced.
- The durability or permanence of the skin substitute.
- The origin of the product.

13. In the Davison-Kotler classification the following are included:

- The cellularity (acellular or cellular) and the layering (single or bilayer).
- The replaced region (epidermis, dermis or both).
- The materials used (natural, synthetic or both) and permanence (temporary or permanent).
- All of the above.

14. It is correct to say:

- Skin substitutes may be applied to wounds without any previous preparation.
- Skin substitutes may be applied onto infected wounds.
- Wound bed preparation principles are fundamental before applying skin substitutes.
- None of the above.

15. Overall it is safe to say about skin substitutes:

- All available skin substitutes may be considered having all characteristics to
- There is no ideal skin substitute available.
- All components of the skin can be restored by skin substitutes.
- The classifications of skin substitutes include all products available.

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