Introduction
Creating a donor site increases the body surface area injured. The need for rapid wound closure and regeneration of a viable epidermis has enormous advantages to patient care and has been shown to reduce mortality and morbidity. (Chester et al, 2004).

Any treatment that expedites donor site healing will be beneficial for the patient and in some cases could be life saving. There are many choices of local treatment for donor sites.

The search for a new donor site dressing was called for when the current dressing choice was taken off the market and no longer available.

Aim: Develop a clinical pathway for selection of donor site dressings.

Methodology
A retrospective study of donor site dressings was undertaken at Concord Hospital over a period of 6 months in 2007. The following primary dressings were studied:

- Alginates: Kaltostat®, Algisite M®
- Hydrocolloid wafers and fibres: Duoderm® Aqualcel Ag®
- Safetac® soft silicone: Mepilex® Transfer
- Supratel® – Alloplastic skin substitute
- Oasis® Glucan 11 – Beta Glucan

The data for each patient was collected and entered into an Excel spreadsheet. The results were then grouped together according to dressing type used as in Table 1.

Table 1: Dressing Type Data

<table>
<thead>
<tr>
<th>Dressing Type</th>
<th>Patient Range TBSA (cm²)</th>
<th>Average days to heal</th>
<th>Ease of application</th>
<th>Ease of removal</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mepilex® Transfer</td>
<td>3-11%</td>
<td>11.6</td>
<td>AM easy removal from package</td>
<td>AM removal easy if one piece</td>
<td>6 pts, 2 K, 3 AM</td>
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<tr>
<td>Algisite M®</td>
<td>2-5%</td>
<td>11.9</td>
<td>Easy application</td>
<td>Requires staples to secure</td>
<td>Easy to remove, no seepage</td>
</tr>
<tr>
<td>Aquacel Ag®</td>
<td>10-40%</td>
<td>11.4</td>
<td>Easy application</td>
<td>Requires secondary dressing</td>
<td>Both painful to remove, replacement needs to be painful</td>
</tr>
<tr>
<td>Duoderm®</td>
<td>21-83%</td>
<td>14.8</td>
<td>Easy application</td>
<td>Requires staples to secure</td>
<td>Both painful to remove, replacement needs to be painful</td>
</tr>
<tr>
<td>Oasis® Glucan 2®</td>
<td>1-40%</td>
<td>14.9</td>
<td>Easy application</td>
<td>Requires secondary dressing</td>
<td>Both painful to remove, replacement needs to be painful</td>
</tr>
</tbody>
</table>

Conclusions
Due to the low numbers of patients in this retrospective study, the data collected was not conclusive. However, it has given us some insight to form a preliminary clinical pathway where appropriate dressings for certain donor sites are selected.

The Oasis - Glucan 2® dressing, although an effective donor site dressing for 3 out of 5 patients, it will not be supplied due to the cost. Supratel® will continue to be monitored. Other appropriate dressings will also be studied in the future.

As all wounds are dynamic, there may never be a definitive answer in terms of the one perfect dressing for donor sites. We will continue to monitor the effectiveness of various donor site dressings to improve this clinical pathway and ultimately patient care.

Reference