

ASSESSING THE PERFORMANCE OF AN IMPROVED SUPERABSORBENT WOUND DRESSING: A MULTI-CENTRE CLINICAL EVALUATION

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Introduction

This national, multicentre patient evaluation examines the enhancements that have recently been made to a superabsorbent dressing* and how this product improvement** has led to enhanced performance and improved patient related outcomes.

The enhancements are a wider border and more ergonomic shape and a new structure to the superabsorbent polymer which increases absorbency.

Method

The recently developed and improved superabsorbent wound dressing was evaluated in six clinical sites on 27 patients with wounds requiring management of exudate of varying levels.



Figure 1:
Leg ulcer before treatment with improved product** showing maceration



Figure 2:
Progress during treatment



Figure 3:
Continued progress and healing with the improved product**

Results

The mean age of the patients who participated was 70 years and the main wound type was leg ulcer. At the start of the evaluation the surrounding skin was mostly reported to be macerated and/or red and excoriated. Exudate levels were light in 4 cases, moderate in 12 cases and heavy in 11 cases.

The improved superabsorbent was used on its own as a primary dressing in only 5 cases and in combination with another primary dressing in 15 cases (7 did not answer the question). A topical antimicrobial was combined with the new superabsorbent in 60% of cases and a contact layer in 20% of cases. It was used under full or reduced compression in 21 cases.

In most cases the improved superabsorbent replaced either another superabsorbent or absorbent dressing. The frequency of dressing changes varied from daily to weekly prior to the evaluation with 7 clinicians stating that the new and improved superabsorbent had reduced the frequency of dressing changes. The others either did not comment on this, or did not see a change. Other parameters were rated as good and very good and are outlined in Table 1.

Discussion

Although the improved superabsorbent dressing includes a very effective wound contact layer, 20% of cases used the product in combination with another contact layer. Use with another contact layer would not be recommended as this is not necessary and increases costs.

Superabsorbent dressings are designed for the management of medium to high levels of exudate and should not be considered in low exudate.

Conclusion

The new and improved superabsorbent wound dressing demonstrated clear advantages for clinicians managing exudate. The patient shown in Figure 1 - 3 is still being managed with the improved product as this is the only dressing he doesn't react to.

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Table 1:

