A comparative study of a gel forming wound contact layer with a wound contact layer with Safetac technology in patients who had undergone toe nail avulsion.

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Introduction
This comparative clinical evaluation was conducted to compare a gel forming wound contact layer* with the market leader wound contact layer with Safetac**. Wound contact layers are a popular choice of wound dressing as they can be used through many stages of the wound healing process¹. There is however, a considerable difference in price depending on which type of wound contact layer you use.

Method
The comparative clinical evaluation was conducted in podiatry out patients clinics. One patient group used a gel forming wound contact layer and the other clinic continued to use their existing product, a wound contact layer with Safetac. All of the patients had undergone toe nail avulsion and the dressings were used post-procedure. Thirty six patients were recruited in total, 20 in the gel forming wound contact layer group (Figures 1-4) and 16 (four double procedures) in the wound contact layer with Safetac group. Data was collected on an evaluation form and measured the performance of the dressings, pain assessment on dressing removal, clinician satisfaction and patient satisfaction. It was also recorded if the user would recommend and continue to use the trial product.

Results
When evaluating the ease of application of the dressings, 100% of users in both groups said that the gel forming wound contact layer and wound contact layer with Safetac were either good or very good.

When evaluating the conformability of the dressings, 100% of users in both groups said that the gel forming wound contact layer and wound contact layer with Safetac were either good or very good.

When evaluating the draining of exudate through the dressings, 100% of users in both groups said that the gel forming wound contact layer and wound contact layer with Safetac was either good or very good.

When evaluating patient comfort and softness of the dressings, 100% of the wound contact layer with Safetac group were either good or very good and 90% in the gel forming wound contact layer.

When evaluating ease of removal of the dressings, 100% of the wound contact layer with Safetac group were either good or very good and 95% in the gel forming wound contact layer.

Pain assessment was completed using a numerical scale where 0 was no pain and 10 was the worst ever. In the gel forming wound contact layer group, 95% scored 0 for pain on removal of the dressing and 93.75% scored 0 in the wound contact layer with Safetac.

Clinician and patient satisfaction was measured using a numerical scale where 10 was the greatest satisfaction. In the wound contact layer with Safetac group, 100% scored 10 for both clinician and patient satisfaction. In the gel forming wound contact layer group, 95% scored 10 for both clinician and patient satisfaction.

When users in the gel forming wound contact layer group were asked if they would recommend or continue to use the dressing, 100% said yes, they would.

Conclusion
This comparative clinical evaluation demonstrated that the more cost-effective gel forming wound contact layer performed very well when compared with the market leader, as a primary layer for the postoperative dressing, in the management of toe nail avulsions. The gel forming wound contact layer also offers other wound healing advantages as it contains a hydrocolloid, which has both wound and skin advantages².

References

*Lomatuell Pro® – L&R UK
**Mepitel® – Mölnlycke®

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