A clinical evaluation of a hydroactive fibre dressing in the management of lower limb chronic wounds in a primary care setting.

Alison Freeman, Community Staff Nurse, Walsall Healthcare NHS Trust., Clare Morris, Senior Clinical Services Manager, L&R UK.

Walsall Healthcare NHS
NHS Trust

Introduction

The management of chronic wounds in primary care has been under the spotlight for several years (Guest et al, 2015). For the patient, the biggest challenge is exudate. For the nurse, the biggest challenge is time, which can be indirectly affected by exudate management.

The main aim of this clinical evaluation was to see if exudate and the number of dressing changes could be influenced by changing the wound dressing to a new hydroactive fibre dressing* to the UK.

Secondary aims were to evaluate the clinician and patient experiences using the new hydroactive fibre dressing.

Method

Ten patients were selected in a primary care wound clinic with moderate to high levels of exudate, suitable for a hydroactive fibre dressing. The mean age of the patients was 72 years and there were 9 leg ulcers and 1 diabetic foot ulcer. Seven of the patients had had their wounds for between 1 and 6 months and the other 3 for 1, 3 and 5 years. The wound bed was granulating in 4 patients and sloughy in 6 patients.

The skin condition in 9 patients, despite the previous wound dressings used was macerated, excoriated and red/inflamed. Five patients had been using the UK market leading hydrofiber wound dressing** prior to the new hydroactive fibre dressing. The other 5 patients had been using an antimicrobial wound dressing.

The hydroactive fibre dressing was evaluated over 4 dressing changes and data was collected on a data collection form by the lead author.

Eight out of the 10 patients received compression therapy, 6 with a cohesive short stretch bandage***. Nine out of 10 patients had a standard superabsorbent secondary dressing.

Results

Seven out of the 10 patients benefited from a reduced number of dressing changes over the evaluation period, 3 of which were previously using the UK market leading hydrofiber wound dressing.

This was probably due to exudate levels reducing in all 10 patients over the evaluation period when using a 0-10 scale where 10 was the highest exudate level.

Patient reported pain was measured using a 0-10 scale where 10 was the worst ever pain. Seven patients benefited for a reduction in reported pain, some patients by as much as 67%.

When evaluating the performance of the new hydroactive fibre dressing compared to the previously used dressing, 100% reported very good in ease of application, conformability, reduced dressing shrinkage, patient comfort from softness of gel, ease of removal in one piece and non-adherence.

For wound condition and surrounding skin condition 90% reported good or very good.

Using a 0-10 scale to evaluate clinician and patient satisfaction where 10 was the greatest satisfaction, 100% evaluated both patient and clinician satisfaction as either 8 or 9.

On 9 out of 10 occasions, the author would recommend and/or use the new hydroactive fibre dressing again and on one there was no comment.

Conclusion

Whilst this is a small clinical evaluation, results demonstrate that the new hydroactive fibre wound dressing performed well when compared to the UK market leading hydrofiber dressing and antimicrobials in 10 patients with lower limb chronic wounds.

Key findings were reduced exudate levels leading to reduced number of dressing changes, reduced patient reported pain during treatment and it was used successfully under compression therapy.

The author and the patients were very satisfied during the evaluation period and patients commented on greater comfort, containment of exudate and improved quality of life due to better exudate management. The author commented that the UK market leading hydrofiber dressing 'tends to adhere to the wound bed and proves difficult to remove whereas the new hydroactive fibre dressing came off with ease'.

Presentation:

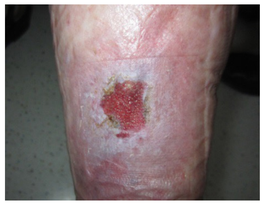
- 93-year-old female patient who has had an ulcer for 2 months.
- Chronic venous insufficiency, kidney failure, chronic arthritis and anaemia.
- The ulcer developed after bumping into the table edge.
- The ulcer measures 2.3 x 2.1 cm and there is a moderate level of exudation.
- The wound bed has a small quantity of fibrinous slough; there is visible granulation tissue.

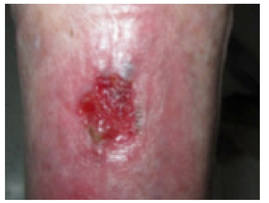
Treatment:

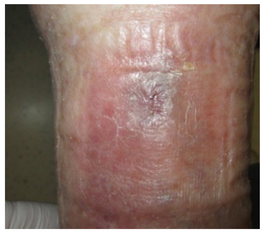
- Following mechanical debridement with Debrisoft®, Suprasorb® Liquacel was applied up to and beyond the wound edges and a polyurethane foam dressing used as a secondary dressing.

Observations & Outcomes:

- Considerable improvement by Day 4 and complete epithelialisation by Day 44
- Excellent wound edge and surrounding skin protection
- Reduction/avoidance of pain
- High patient comfort
- Reduction in numbers of dressing changes
- Very easy to use and remove


Day 1


Day 4


Day 44

Schmitz et al (2015) Performance assessment by a hydroactive wound dressing as part of a clinical and cost effective wound treatment. Poster presentation. Wounds UK, Harrogate, UK

* Suprasorb Liquacel® - L&R UK ** Aquacel® Extra™ – ConvaTec Inc. *** Actico® - L&R UK

This ePoster has been prepared with an educational grant from L&R UK.

Wounds UK Annual Conference 2018. Harrogate, UK.

2018