Comparing local (control AFC005

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Introduction

When a new dressing is introduced to the market, obtaining opinions of users is vital. A multi-centered evaluation of ActiFormCool was the method of introducing this new dressing to users and the results were collated to provide information on the users opinion. Activa claim that ActiFormCool can debride a wound, reduce exudate and, most importantly, reduce pain. In order to demonstrate the potential of ActiFormCool nurses around the UK were given the opportunity to trial the dressing and to put their opinions into a small questionnaire. The results of this questionnaire will be used to inform both nurses and Activa Healthcare.

ActiFormCool

ActiformCool dressing comprises a two sided, clear, transparent hydrogel formed around a supporting blue polyethylene matrix (picture 1). The gel contains approximately 70% water and is permeable to water vapour, gases and small protein molecules, but impermeable to bacteria (Lawrence 1994). Provided that the dressing is not allowed to dry out, it will not adhere to underlying tissue upon removal. If the dressing does dry out it is easily rehydrated to prevent tissue damage.

When the dressing is applied to dry wounds without its top film cover, the dressing top liner may be left in place to provide occlusion and a lower MVTR (moisture vapour transmission rate) so that adherence is not a problem. An alternative method would be to apply an adhesive film over the sheet hydrogel to retain moisture and to prevent any adherence (as can occur with all absorbent dressings). If however, fluid management is required, the dressing top liner may be removed to allow a greater MVTR and increased management of exudate (picture 2).

Methodology

Twenty-four nurses around the UK, who asked to evaluate ActiFormCool, were provided with dressings and a questionnaire. Sixty-nine patients with wounds were asked if they would like to take part in the evaluation and answer questions on their levels of pain and exudate. The average age of the patients was 77.6 years.The primary aim of the evaluation was to review changes in the patient's pain and exudate production.

Pain, exudate and performance were all subjectively measured with analogue scales from 0 to 10. In pain, 10 was the worst pain to experience and 0 no pain. Exudate, 10 was the highest amount of exudate 0 no exudate. This provided a potential maximum figure of 550 for each area.

The forms were not all completed fully by the nurses and this reduced the potential final figures. The results of the audit were taken from those forms that were complete.

picture 1

picture 2

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Louise Morris – Tissue Viability Nurs

(uncontrolled) evaluations of ActiFormCool

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to reducing wound pain"
t, Royal Wolverhampton NHS Trust

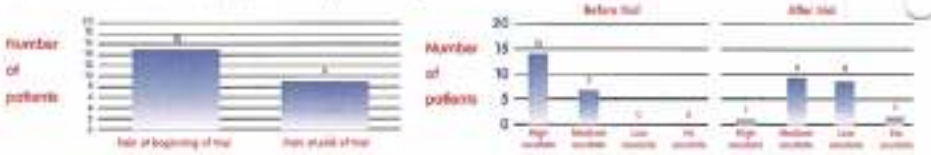
formation please call Activa's dedicated
care line: 08450 606707
website: www.activahealthcare.co.uk

Results

The results of this multi-centred evaluation showed a significant reduction in pain and exudate.

Discussion

This was a subjective scoring system but the assessment was made by skilled district nurses and tissue viability nurses who are able to make a valued judgement based on clinical experience. The patients were able to clearly demonstrate points on the pain and exudate analogue scales that matched their experience of pain and exudate and how that effected their quality of life. The method of evaluation was simple and provided an unbiased view of the product supported by both nurse and patient.



Results – Pain levels

At commencement of the audit, 39 patients were experiencing pain in their wounds from analogue scale of 10 (worst pain – see fig 1) down to 2 (slight pain). Average pain was 6.6 on the scale.

ActiFormCool was applied and the pain levels monitored for up to four weeks.
At the end of the audit, the pain levels were recorded from 10 to 0 (no pain). The average pain score was 4. The findings of this audit in pain concurs with the findings of Hampton (2004) who found an 8.65 pain level at the commencement of the study which reduced to 3.75 at the end of the study.

Exudate levels

At commencement of the audit, 37 patients were considered to have high levels of exudate ranging from 10 (highest possible) to 1 (moderate exudate). The average score for exudate was 6. On completion of the audit, exudate levels had improved to 3.4 on an average.

This reduced the number of required dressing changes which also concurred with Hampton's findings.

Conclusion

The application of ActiFormCool appeared to reduce both pain and exudate levels in these patients and the findings were similar to those identified by the Hampton study (2004).

ActiFormCool provides an optimum wound healing environment, can improve pain levels and can improve exudate levels.

(Lawrence JC. (1994) Dressings and wound infection. American Journal of Surgery. Jan;167(1A):21S-24S).