EVALUATION OF ERGONOMIC ASPECTS IN THE DAILY ROUTINE OF A NEW FOAM WITH A WOUND CONTACT LAYER*

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Introduction:

An innovative new foam dressing with a wound contact layer* was developed to prove the ergonomic aspects in the daily routine.

Assessment of the wound base coating free vellowish coated necrotic 0% 20% 40% 60% 80% 100% Visit 1 (start) 25% 68% 7% Visit 2 (3.-4. day) Final visit (7. day)

Materials & Methods:

In a multicentric, international post marketing surveillance study (PMS) on 28 patients with superficial to deep moderately exuding acute surgical or chronic wounds the foam* was used over one week (three visits).

Fig 1: Evaluation of the wound base (n = 28).

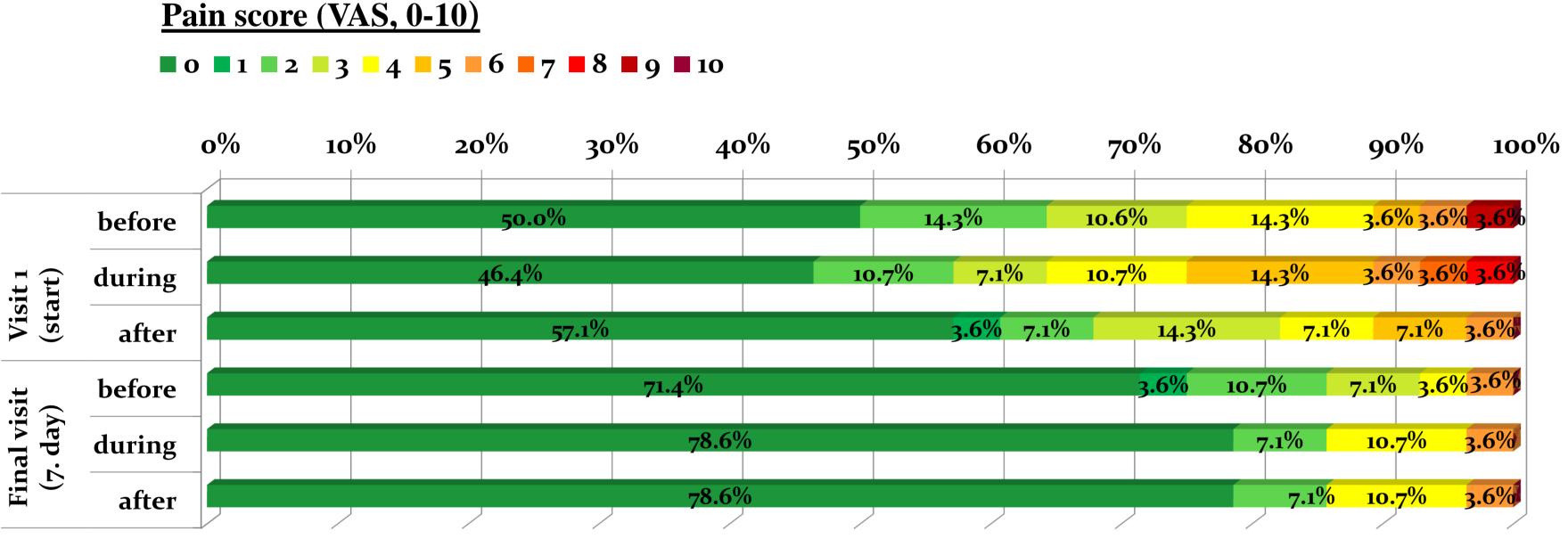


Fig 3: Assessment of the pain score (VAS, 0-10).

Results:

The foam dressing* showed very good results in the assessment of wound base, wound edge and wound surrounding skin. The coating of the wound base decreased from 75% to 54% [Fig 1]. At the wound edges no scaling occurred, hyperkeratosis decreased from 7.1 % to 0%, the redness from 14.3% to 3.6%, inflammations from 3.6% to 0% [Fig 2]. No blistering, dryness or swellings occurred in the wound surrounding skin. Haematoma, inflammation, scaling, macerations and oedema decreased [Fig 6]. The exudation was reduced from middle to weak and no exudation leakage from the foam dressing was observed [data not shown]. Simplicity of application and wearing behaviour were rated with 'excellent' to 'good' [Fig 4 and 5]. A pain reduction (VAS 0-10) from 50% to 28.6% before dressing change, 53.6% to 21.4% during dressing removal and 42.9% to 21.4% after dressing change was observed [Fig 3].

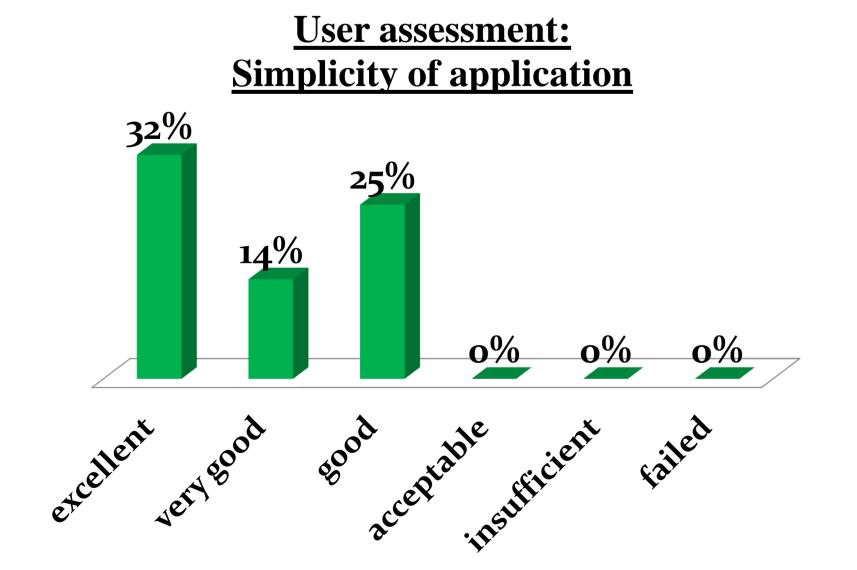


Fig 4: Evaluation by the user with respect to the simplicity of application of the foam dressing.

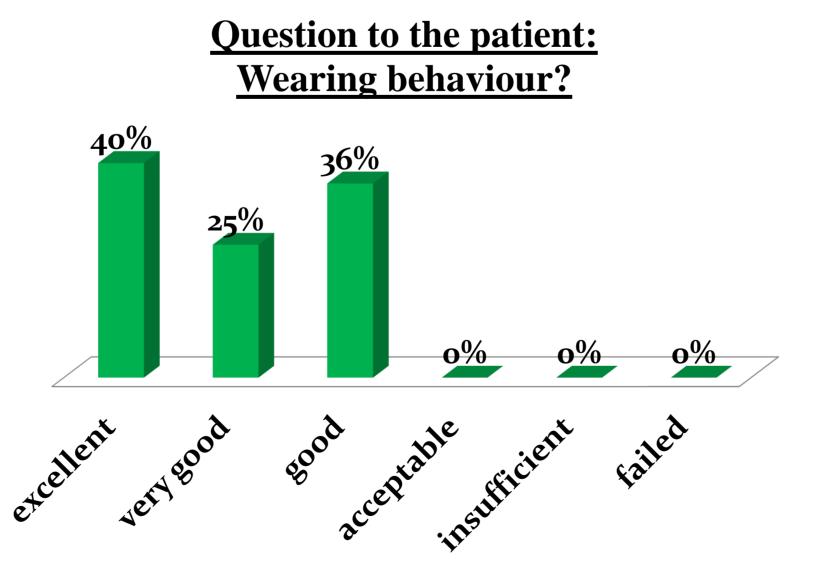


Fig 5: Evaluation by the patient with respect to the wearing behaviour of the foam dressing.

Conclusions:

The foam* is very well tolerable, safe, comfortable and easy to apply. It prevents adhesion to the wound and leads to a pain reduction during dressing change.

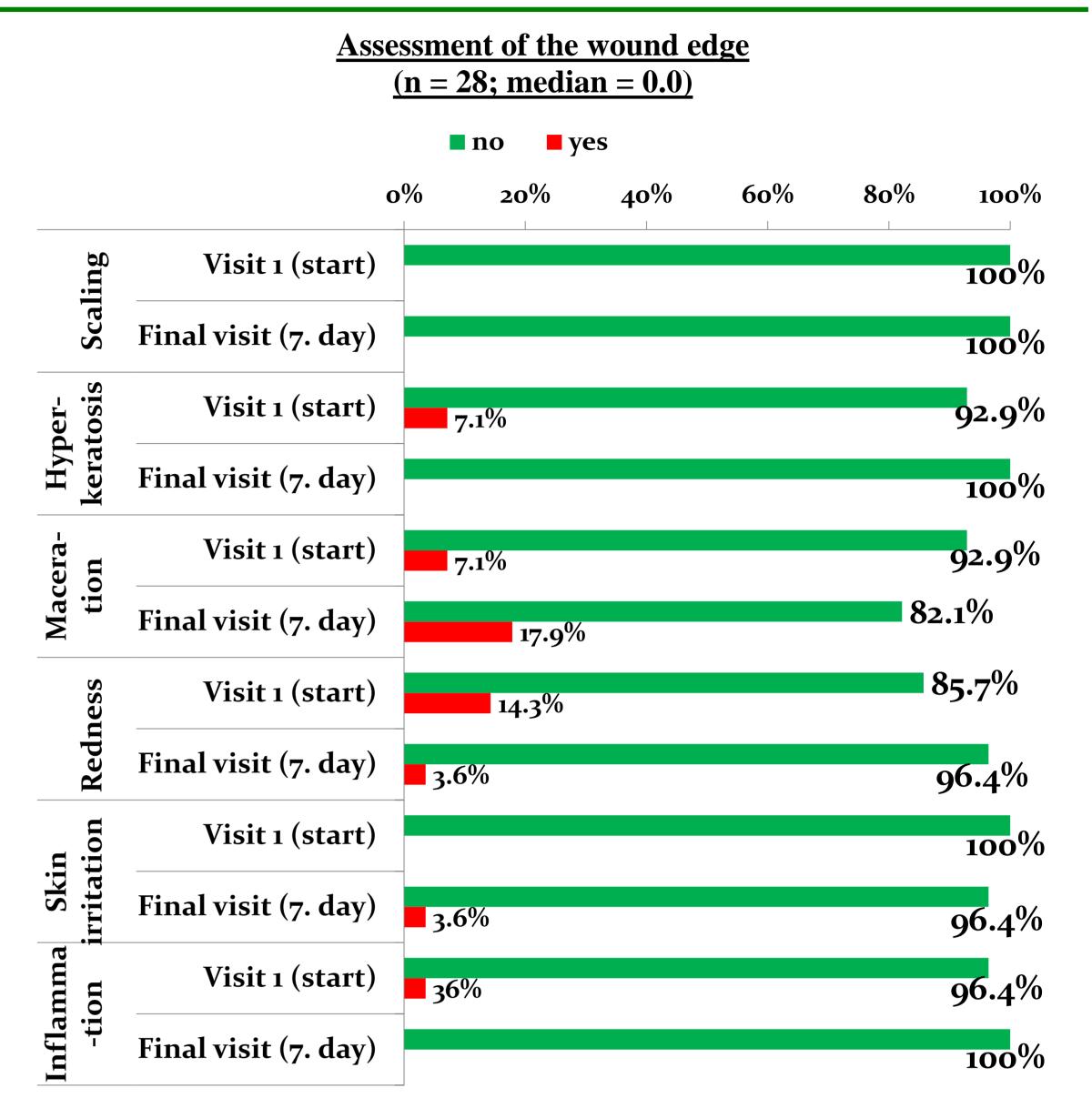
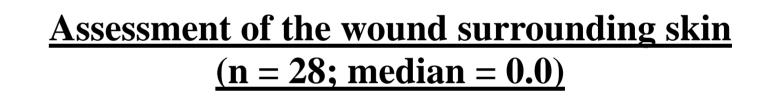


Fig 2: Evaluation of the wound edge (n = 28).



■ no ■ yes

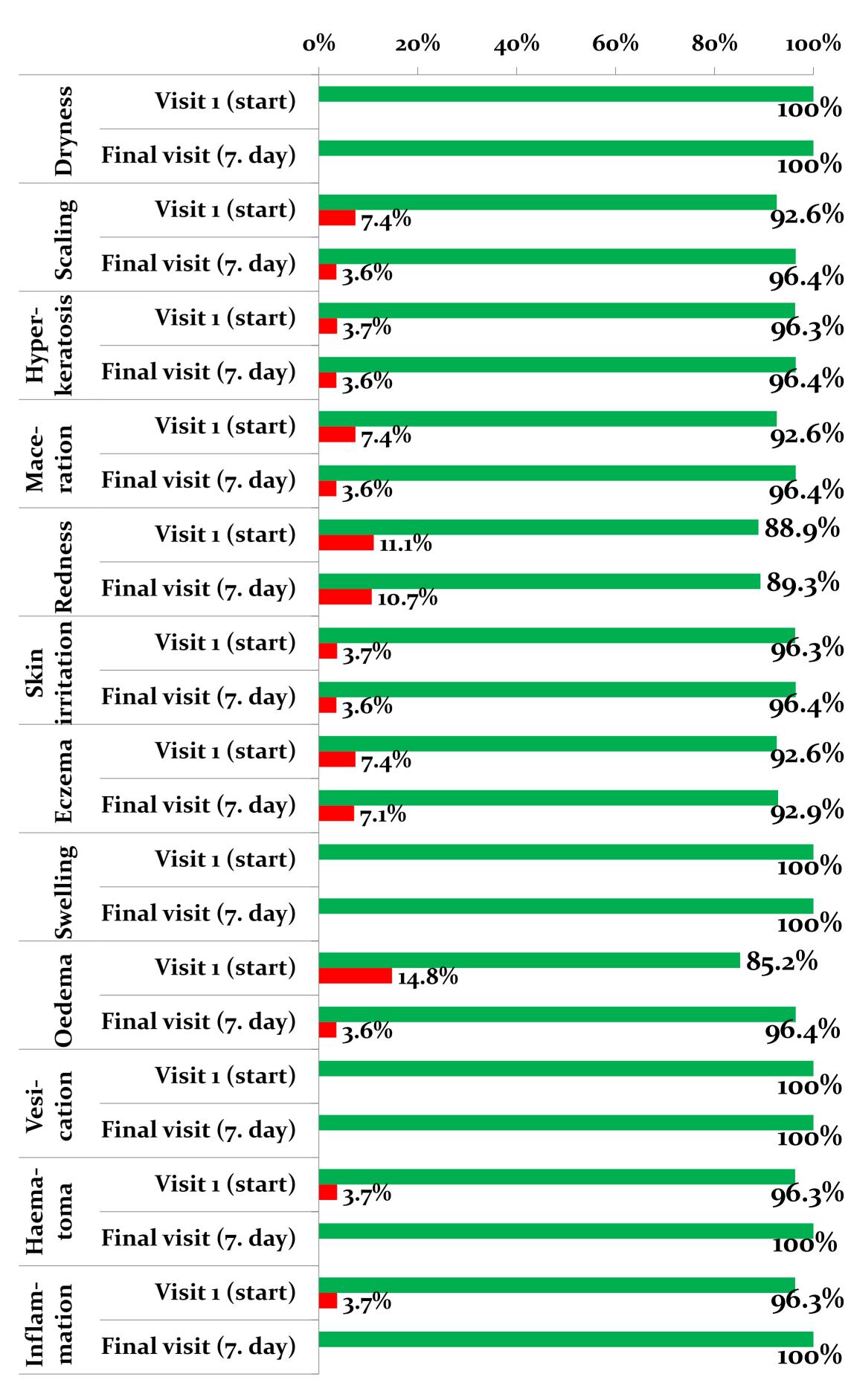


Fig 6: Evaluation of the wound surrounding skin (n = 28).