Aim: The efficacy of a wound dressing including effective exudate management and pain reduction, tolerability and user/patient satisfaction are the most important factors beside the treatment of the underlying disease. Therefore a clinical study with a new developed hydroactive wound dressing* was performed to evaluate the key factors of successful wound treatment in patients with chronic wounds.

Method: During an international, multicenter application study data have been collected regarding dressing performance (easiness of application, adaptability, shrinking, convenience, removability, improvement wound condition, protection of wound edge, skin condition and management of exudate) and rating of pain (NRS=numeric rating scale 0-10). Conclusion and general notes took place after the last visit.

Results: 64 patients (4 patients with respectively 2 wounds) with 68 wounds and different aetologies (bursa=2, lower leg ulcer=38, diabetic foot syndrome=5, pressure ulcer=4, donor sites=8, other=8) have been included into the statistical evaluation (male=28, female=36).

Mean age is 69,9 years, 77,4 % wounds are superficial and 22,6% deep at the first visit. The wounds exist in median since 6,1 months (0,5 – 31 months), 92,5 % are placed on foot/leg/back trunk/ fundament/ os sacrum, 3% on arm/ elbow/ shoulder, 3% on front of trunk. Infection was assessed in 17,9 % (n=12). Pain level was stated from median verbal rating of “very good” (=2).

Dressing performance (understandability instruction of use, easiness of application, shrinking of dressing, removability [non adherence, in one piece], improvement of wound, wound edge, skin condition, management of exudate, uncomplicated use, reduction of maceration, were you use it again) was assessed in median with 1,51 (1=excellent, 2=very good).

Regarding patient convenience (softness, non-adherence, removability in one piece), the hydroactive dressing was assessed in median with a quality of 1,74.

Improvement of wound condition was confirmed in 95,2 % of all cases.

Opposite the first visit infection was assessed in 2 cases at visit 4. All other cases have been declared as not infected (p=0,010).

Amount of exudate was assessed as 4,26 (0 = no, 10 = highest exudate level) in the beginning. However, wounds of all exudation grades (low, moderate, severe) had been treated successfully with the hydroactive dressing. During treatment the exudation grade remained nearly unchanged for low exuding wounds and a decrease could be observed for moderate and severe exuding wounds. On a 10-point-scale (0 = no exudate, 10 = highest amount of exudate), exudation was evaluated with 4,23 (visit 1), 3,88 (visit 2), 3,26 (visit 3) and 2,85 (visit 4).

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