A case study evaluation of super absorbent wound dressing Zetuvit® Plus Silicone





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Aims

To provide "in use" clinical data to support the use of Zetuvit Plus Silicone in patients with moderately to highly exuding wounds

Background

Superabsorbent wound dressings have been developed with the aim of providing extra fluid-handling capacity above and beyond standard dressings (e.g. foam dressings). They are designed to be used on wounds of varying aetiologies that produce moderate to high volumes of wound exudate (Wiegand et al., 2015). Silicone has been used extensively for over a decade in wound care, primarily to provide an atraumatic wound contact (adhesive) layer that interfaces with the wound and the surrounding skin (Meuleneire and Rücknagel, 2013). This interface has been shown to reduce trauma and enable better healing progression. Importantly, from a patient perspective the atraumatic removal of silicone dressings reduces pain and increase the patient's quality of life (White, 2009).

This Case Study Series investigates the use of a new and unique superabsorbent wound dressing used for exudate management (medium to high exuding wounds) with the added benefit of a silicone wound contact layer (that will reduce trauma to the wound surface and hence any pain the patient might suffer upon dressing removal).

Methods

Case Study series - This study was aimed to evaluate Zetuvit Plus Silicone, this dressing is indicated for the treatment of superficial, severely exuding acute or chronic wounds, such as pressure ulcers, leg ulcers (DFU, VLU etc.,) ulcerating tumours, and acute wounds in need of a highly absorbent wound dressing.

Primary objectives

Evaluation of exudate management capabilities of the dressing and in association with this the reason for changing the dressing and its impact of management of peri-wound skin in terms of preventing damage (e.g. maceration).

Secondary objectives

Evaluation of wound bed preparation and measurement of wound area as an indication of healing progression will be undertaken. Pain will be scored (at and between dressing changes) and the presence of infection, level/type of wound exudate, odour and the use of any other treatments used will also be recorded. The physical handling attributes of the dressing will be assessed at each dressing change and an overall assessment undertaken after the patients have completed their evaluation period.

Results

A total of 20 patients/wounds and 126 individual assessments were made on a variety of different wound types e.g. DFU, VLU, PU and oncology, duration ranged from weeks to years. The foremost wound dressing type used to treat these wounds prior to this study were as follows Foams > HCD > AM > Gauze dressings.

- Zetuvit Plus Silicone was successful in managing all the different levels and types of exudate seen in this study in that the majority of assessments on Fluid Management were rated either as Very Good (86.5 %) or Good (7.7 %). – Figure 1
- All (100%) of the evaluations achieved the primary objective relating exudate management and was rated as Very Good (86 %) or Good (9 %). The majority (70 %) of clinicians would continue to use Zetuvit Plus Silicone Figure 2 and the physical characteristics of Zetuvit Plus Silicone in relation to criteria in part a and b of the Overall Assessment form were all rated highly as either Excellent or Good Figure 3
- The main reason for dressing changes was due to a scheduled change in Figure 4.

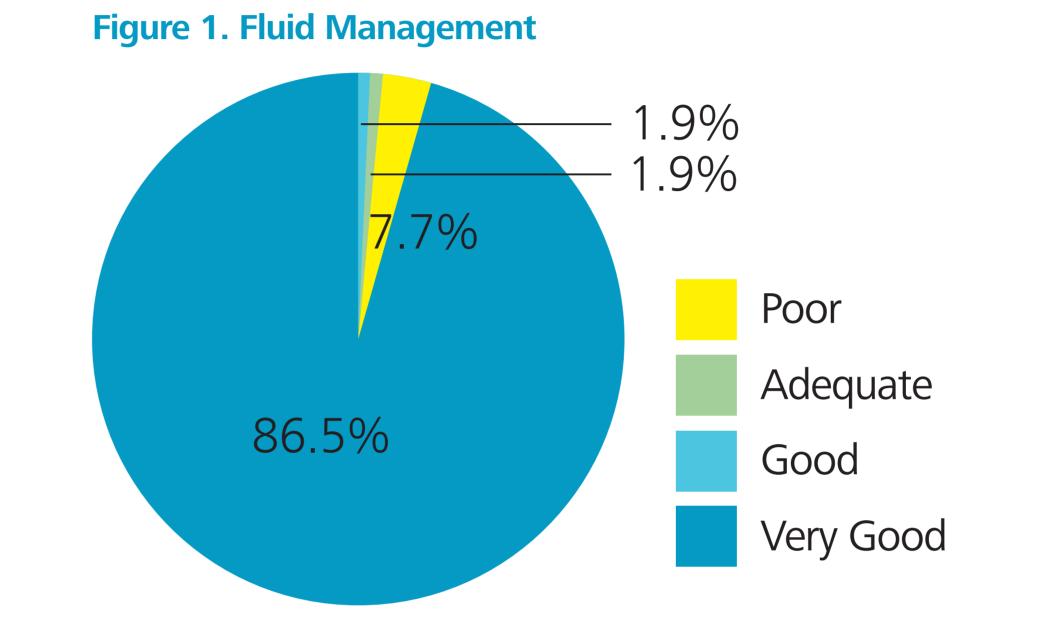
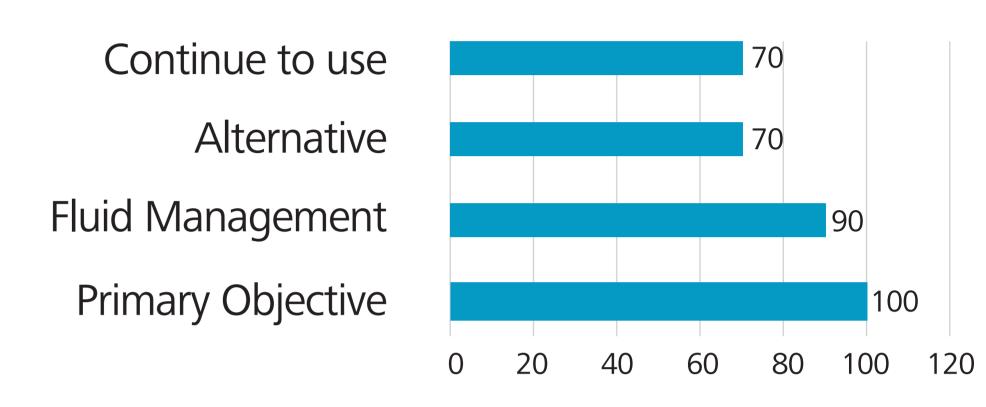


Figure 2. Summary of Overall Dressings: Part A



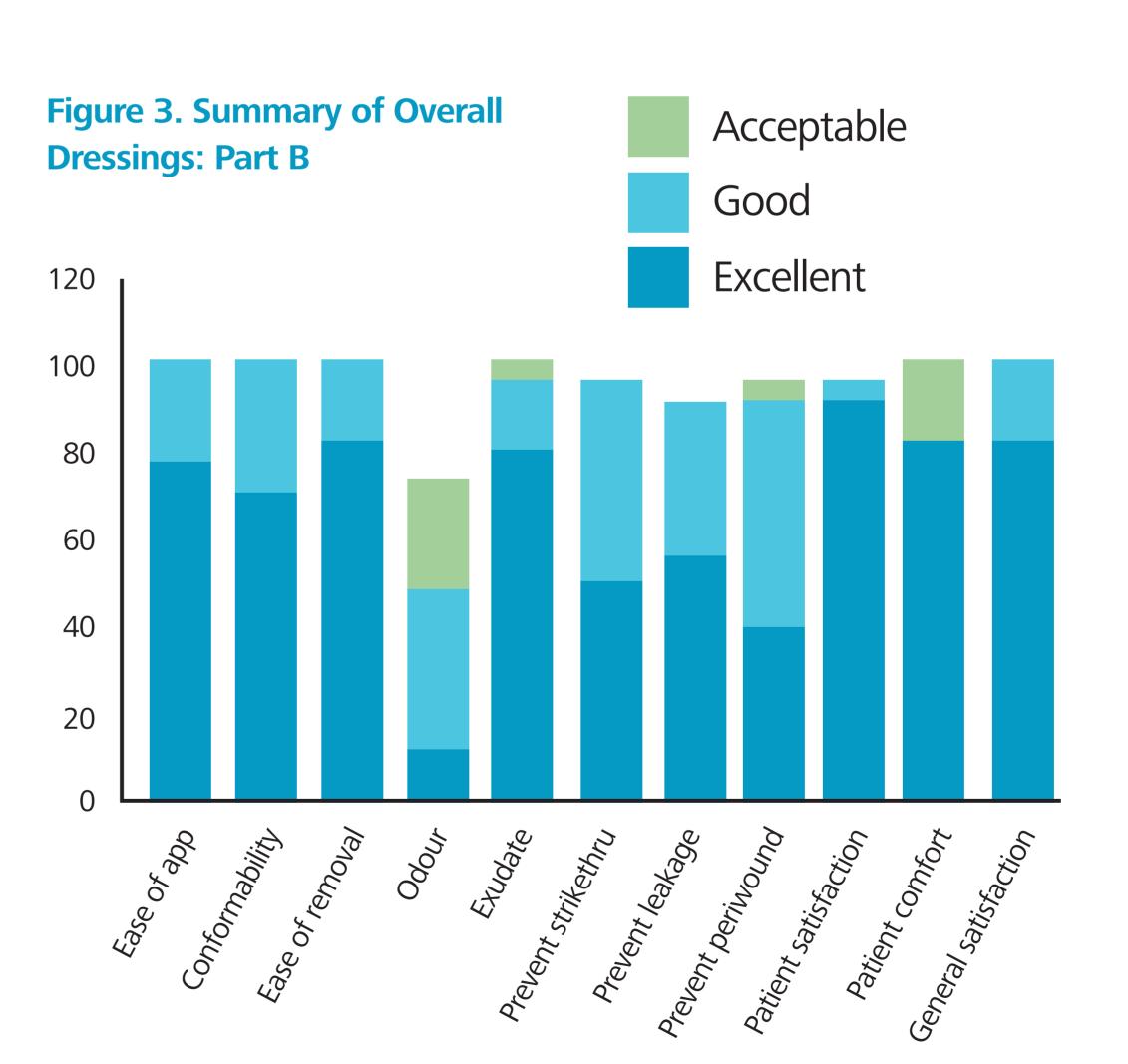
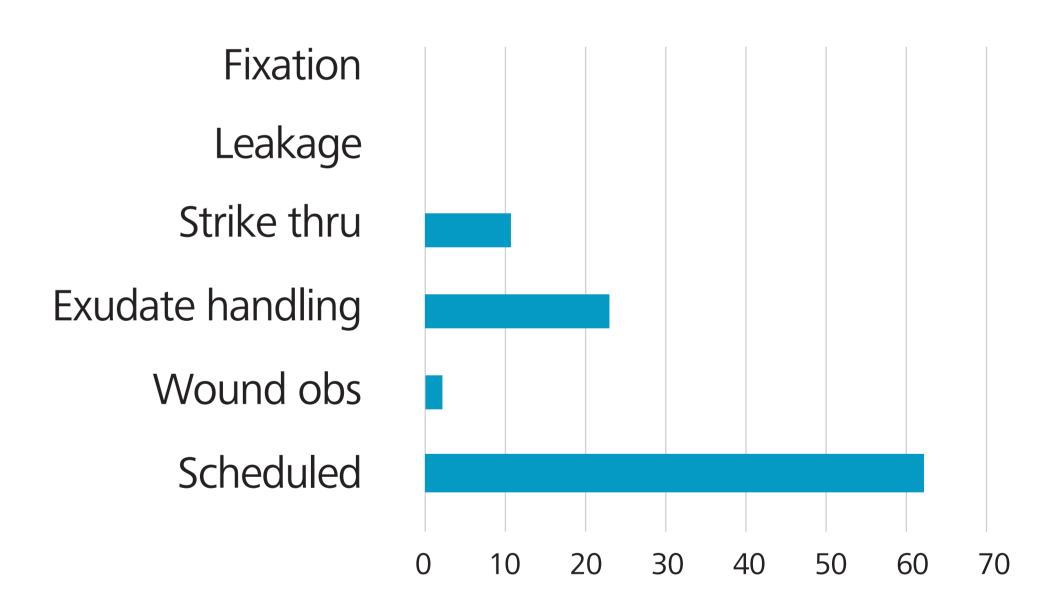


Figure 4. Reasons for dressing changes (%)



References

Wiegand C, Tittelbach J, Hipler UC, Elsner P. Clinical efficacy of dressings for treatment of heavily exuding chronic wounds. Chronic Wound Care Manage Res 2015; 2:101-11:. Meuleneire F. Rücknagel H. Soft silicones Made Easy. Wounds International 2013 (May) Available from: www.woundsinternational. com: Morris C, Emsley P, Marland E, Meuleneire F, White R. Use of Wound Dressings with Soft Silicone Adhesive Technology. Paediatric Nurse, 2009 April: 21(3):38-43