A 49 patient observational evaluation of the clinical benefits and acceptance of a superabsorbent dressing within 5 NHS sites in the UK

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Introduction

Exudate management to maintain an optimum moisture balance for wound healing to occur is well documented in the literature and is one of the most challenging and costly aspects of wound management. Excessive volumes of exudate severely limit dressing life and can lead to many complications including peri wound maceration, further tissue destruction, wound infection and consequently wounds that increase in size and fail to heal impacting enormously on the patients Quality of Life (QoL).

Superabsorbent dressings have become a mainstay dressing choice to manage moderately to highly exuding wounds, extending dressing wear time leading to savings from reduced clinical visits and clinician time, reduced dressing material consumption and budget spend.

A literature review revealed Barrett (2015) published an annual cost savings forecast of £160,021 following an evaluation of a superabsorbent dressing in Humber NHS Foundation Trust.

The evaluations reported below are the NHS Trust potential formulary inclusion evaluations to explore the clinical effectiveness and patient acceptability of the superabsorbent prior to undertaking the potential cost saving analysis.

Method

Five centres within England and Scotland independently agreed to evaluate a new superabsorbent dressing for potential formulary inclusion to explore its clinical effectiveness in terms of fluid handling ability, conformability, ease of application and removal, patient comfort rating and clinician acceptance rating.

Each centre received an evaluation initiation visit consisting of product range and data capture training. Local guidelines were followed at each site for approval to conduct potential formulary listing evaluation and informed consent was obtained from each participating patient. Adverse event reporting and patient withdrawal instructions were given.

Results

A total of 49 patients were evaluated across the 5 sites, (53%) female, (43%) male (4%) gender not stated, age range 47-101 years with an average recorded age of 72 years. A variety of exuding wound types including leg ulcers (60%), pressure ulcers (8%), complex surgical and trauma wounds combined (23%) and (9%) reported as other.

A total of 156 dressing changes were recorded within the data however only 121 data forms were completed sufficiently for reporting.

Exudate levels recorded as (56%) Heavy, (26%) Moderate and (18%) Light.

Exudate management 121 responses (62) very good, (52) good, (3) average, (0) poor and (4) very poor (93%) rated in good and very good. Rated as superior, very good and good (93%) equivalent (7%).

Conformability to the wound 126 responses (81) very good, (31) good, (10) average, (0) poor and (4) very poor (89%) rated in good and very good.

Patient comfort a total of 121 responses (53) very good, (58) good, (7) average, (0) poor and (3) very poor compared to previously experienced superabsorbent products (92%) rated in good and very good.

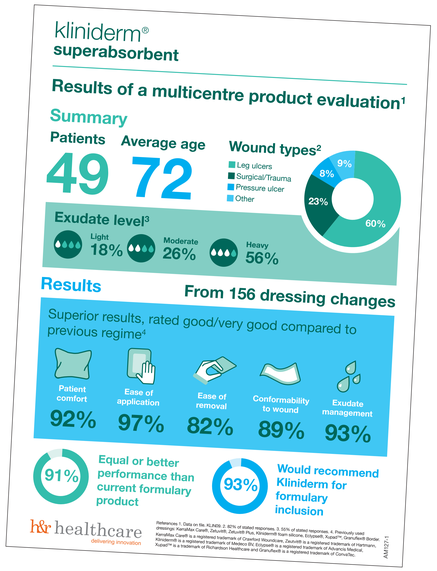
Ease of use application 124 responses (83) very good, (38) good, (3) average, (0) poor and (0) very poor (97%) rated in good and very good.

Ease of use removal 121 responses (71) very good, (29) good, (13) average, (5) poor and (3) very poor (82%) rated in good and very good.

No adverse events or patient withdrawals were reported.

(91%) of clinicians rated product performance equal to or better than current formulary listed superabsorbent and (93%) stated yes that they recommended the product for future formulary listing.

Positive patient and clinician feedback statements were recorded.



Discussion/Summary

The results are positive with ease of application rated (97%) good and very good, conformability to the wound (89%) good and very good, exudate management (93%) good and very good, patient comfort (92%) good and very good and ease of removal (82%) good and very good.

The evaluation product was used on light exudate volumes (18%) of participants which is outside the recommended indications for use highlighting a potential training need.

One centre did not provide all of the dressing change data therefore the results presented for exudate are only representative of 121 of the 156 dressing changes recorded.

A limitation to this data is that it would have further benefitted from data capture on dressing life extension, number of visits, dressing materials used, peri wound skin assessment and wound bed condition to further validate the clinical benefits and aid the clinical cost analysis moving forward in light that (93%) of evaluators wished to take it to next stage of formulary consideration. Dressing unit cost analysis (Drug Tariff, 2020) revealed significant potential savings of up to 63% compared to other leading brands and has resulted in formulary inclusion.

Conclusion

The results of these evaluations are favourable in terms of clinical use, clinical effectiveness and patient benefits. Dressing unit cost benefits of up to 63% have been highlighted and has resulted in Kliniderm superabsorbent dressings subsequent to this evaluation being included on the Trust formularies in all cases.

References
Barrett S (2015) General Woundcare: Cost-effective management of wound exudate. Wound Essentials 10(1): 66-73. Drug Tariff (2020) Prices correct from November 2020, based on 10 x 10cm dressing.

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