

Prospective Evaluation of Suprasorb® X in chronic wounds

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Introduction:

The Suprasorb® X (SX) Wound Dressing is a sterile product composed of cellulose, water, and 0.085% chlorhexidine gluconate. This wound dressing is capable of significantly hydrating and absorbing fluid to maintain the ideal moisture balance (HydroBalance) (1,2). We report about the success of the treatment with Suprasorb® X (before under the name of Xcell) on patients with hard to heal ulcers.

Methods

Treatment of patients with chronic wounds is performed in an interdisciplinary wound care centre according to a comprehensive wound care protocol. Follow up was documented within a special documentation system. For analysis in patients with multiple ulcers the larger ulcer was defined as a primary ulcer. Pain was defined according to a scale (1-10) and assessed the last visit before and 3 weeks after Suprasorb X therapy. Data was analysed using SPSS and is given as median and range. Healing rates were calculated with the log rank test because of different observation periods.

Patient population:

In the last 3 years the healing course according to a standardized protocol was documented for 603 patients (wound duration: 143 days) with 272 diabetic, 113 with venous, 92 with ischemic and 126 patients with ulcers of other diseases. Here the over all healing rate was 81% within a treatment time of 96 days. Within these patients there were 96 patients with 134 hard to heal ulcers. These patients were treated unsuccessfully before and than switched to Suprasorb® X therapy:

Purpose

The purpose of this analysis was to evaluate the effect of Suprasorb X exclusively on hard to heal ulcers.

Baseline characteristics

Patient number	n=96
Age	72 (25-96) years
Circumferential ulcers (CU)	n=23
Wound size (non CU)	11 (1-263) cm ²
Patients with multiple ulcers	n=40
Pre treatment before SX	178 (6-2052) days
Bone, tendon involvement	33%
Initial wound infection	29%
Treatment with SX	119 (7-810) days
Intolerance to SX	0
Allergy to SX	0
Patients with pain reduction	43%



Fig. 1: Suprasorb® X for the treatment of a hard to heal ulcer (circumferential, both legs)

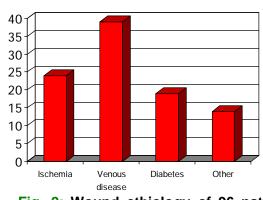


Fig. 2: Wound ethiology of 96 patients with hard to heal ulcers and treated with Suprasorb® X

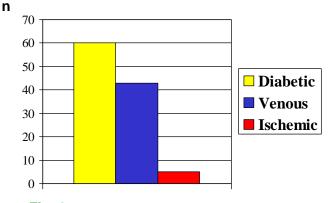


Fig. 3: Healing rates within the time of treatment

Discussion:

There were 96 patients with severe 134 hard-to-heal ulcers. This is demonstrated by base line characteristics. However, there was an over all healing rate of the primary ulcers of more than 50%. Ischemic ulcers did not respond to Suprasorb X therapy. In more than 40% of the the patients pain reduction was evident already one visit after start of Suprasorb X therapy. In contrast to other wound dressings Suprasorb X was well tolerated in all patients and no allergy or skin irritation was found. Prospective studies are underway to evaluate the impact of Suprasorb® X.