

FIRST EVALUATION OF AN ADHESIVE SUPERABSORBER DRESSING* ON 11 PATIENTS WITH WOUNDS OF DIFFERENT AETIOLOGIES AND EXUDATE LEVELS

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Introduction:

Today superabsorbent dressings were often used in the area of wound treatment – especially for high exuding wounds. Sometimes the dressings need a special fixation due to the wound conditions or the situation of the patient. Therefore the manufacturer developed an adhesive product* to improve the usability in these cases.

The aim of this investigation was to show the ease of use and ergonomic aspects of the CE marked adhesive product* in a case series with 11 patients with wounds of different aetiologies and exudate levels (high–moderate-light) and up to 14 days treatment.

Methods:

This case series were conducted as part of the Post Marketing Surveillance (PMS) of the CE marked product*. There were no interferences with attending physician's free choice of therapy by the manufacturer.

The professionals integrated the product* in their usual therapeutic procedure (compression, wound dressings, visits) in their own independent responsibility. They reported their observations in a questionnaire.

Prior to recruiting any patients, each individual patient gave the professional the 'Informed Consent' to participate on this evaluation for the documentation of the clinical data in this evaluation by the professional in an anonymous format.

Results:

The case series (eleven patients) were conducted from July 2011 to January 2012 in United Kingdom (7 cases), Germany (3 cases) and Switzerland (1 case) as first documented evaluation of the Post Market Surveillance (PMS).

Patient characteristics (see also table 1)

- 11 patients: 5 male, 6 female (1 male and 1 female with 2 wounds)
- Age: mean 65 (48-81)
- Wounds of different aetiologies:
 - ulcer cruris (CVI) (2),
 - traumatic wounds (3),
 - post-surgical wounds (3),
 - diabetic foot syndrome (1),
 - rheumatoid disease (1),
 - foot gangrene (1)
- Exudate levels: high (1) – moderate (7) – light (5)

The application and fixation of the product* was easy-to-use. The product* showed a good absorption of exudate by the dressing material. Removal of the dressing was good and without any irritation for the patients. It showed low or almost no pain during the dressing changes. Comfort whilst wearing the dressing* as assessed by the patients was excellent to good. In two cases the dressing was removed due to deterioration of wound and surrounding skin.



Conclusion:




This is the first evaluation of the CE marked product*. The first current experience is comparable with the positive reports with the product without adhesive border. Low or almost no pain were reported. During the use of this new product* the fixation of the product by the adhesive border was easy. These results are based on 11 patients. Further results of case reports/series should support the positive properties of the new adhesive product*.

* Flivasorb® adhesive = Vliwasorb® adhesive,
Lohmann & Rauscher GmbH & Co KG, Rengsdorf, Germany

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Patient's Initials	Gender	Age (Birth)	Disease	VAS before treatment	Level of exudate	Wound size
UK						
BT	Male	62 (1949)	Diabetes (DFS)	0	Light	3 cm ² superficial
LB	Female	n.r.	Rheumatoid Arthritis	Visit2: 0	Light	V2: 4-5cm ² (length x width) 0.5 cm (depth)
PF	Female	53 (1958)	Post surgical (Hernia)	0	Moderate	16.65 cm ² (length x width) 0.2 cm (depth)
SG	Female	48 (1963)	Trauma	1	Light	3,2cm ² (length x width) superficial (depth)
PC	Male	62 (1949)	Trauma	0	Light	1.6cm ² (length x width) superficial (depth)
SC	Female	75 (1936)	Trauma (rheumatoid diseases)	1	Light	20.9cm ² (length x width) superficial (depth)
TG	Male	58 (1953)	Venous ulcer (peripheral vascular disease)	0	Moderate	7.01cm ² (length x width) 0.1 cm (depth)
CH						
KW	Male	81 (1930)	Wound with fistula (Ulcus pretibial right)	0	High	1.5cm ² (length x width) superficial (depth)
DE						
QE	Female	69 (1942)	Ulcuscruris (inside) (CVI, Diabetes)	10	Moderate	6x4.5 cm ² (length x width) 0.3 (depth)
QE	Female	69 (1942)	Ulcuscruris (outside) (CVI, Diabetes)	8	Moderate	5x2.5 cm ² (length x width) 0.2 (depth)
MU	Male	72 (1939)	Heal left Formation of blisters Surgical debridement	5	Moderate	12 cm ² (length x width)
MU	Male	72 (1939)	Heal right Formation of blisters Surgical debridement	5	Moderate	10 cm ² (length x width)
TG	Male	72 (1939)	MRSA wound Foot gangrene (left)	8	Moderate	16 cm ² (length x width)

Wound with fistula (Ulcus pretibial right)	1 st Day of Treatment	
<p>Anamnesis:</p> <ul style="list-style-type: none"> ▪ male ▪ 81 years ▪ duration of wound: not known <p>Comorbidities:</p> <ul style="list-style-type: none"> ▪ chronic renal insufficiency ▪ generalised arteriosklerosis ▪ metabolic syndrom <p>Former Therapy</p> <ul style="list-style-type: none"> ▪ not known <p>Treatment:</p> <ul style="list-style-type: none"> ▪ Vliwasorb® klebend 	 <p>Wound assessment:</p> <ul style="list-style-type: none"> ▪ high exudation ▪ wound size: approx. 1,5 cm² ▪ wound pain 0 (VAS) 	 <p>Application of dressing:</p> <ul style="list-style-type: none"> ▪ Use of von Vliwasorb® adhesive

7 th Day of Treatment	14 th Day of Treatment	Conclusion
 <p>Wound assessment:</p> <ul style="list-style-type: none"> ▪ wound size: approx. 1,5 cm² ▪ wound pain 0 (VAS) 	 <p>Final assessment:</p> <ul style="list-style-type: none"> ▪ light exudation ▪ wound size: approx. 1,6 cm² ▪ wound pain 0 (VAS) 	<p>Wound reduction:</p> <ul style="list-style-type: none"> ▪ no <p>Pain reduction:</p> <ul style="list-style-type: none"> ▪ VAS 0 

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