

Advazorb® foam range: providing clinical performance and cost effectiveness

Written by Leanne Cook - Vascular Nurse Specialist/Lecturer Practitioner, MidYorks NHS Trust/University of Huddersfield

Introduction

Effective management of wound exudate is key to promoting successful wound healing (White and Cutting, 2006). Foam dressings are frequently used to effectively manage exudate levels to promote wound healing and prevent maceration, but such dressings present a costly burden to the NHS. In 2010 wound dressings accounted for £116 million of prescribing costs within Primary Care in England, with foam dressings being one of the most commonly prescribed wound management products, accounting for 19% of the total £116 million annual spend (National Prescribing Centre, 2010). Advazorb® (Advancis Medical) is a comprehensive range of foam dressings presented in non adhesive and atraumatic silicone adhesives, which could provide the opportunity to reduce costs, without compromising quality of care.

Method

A small series of case studies were conducted using Advazorb® foam dressings on a variety of wounds with varying aetiologies.

Results



Figure 1
A patient with a painful ulceration to the leg, present for 3 months. The ulcer was superficial in depth with approximately 90% dehydrated slough visible, which was turning into eschar (Fig 1). Surrounding skin appeared discoloured and fragile. On assessment full complement of pulses, Ankle Brachial Pressure Index (ABPI) of 0.95, with normal triphasic Doppler tone, indicating no

Case Study 1

peripheral arterial disease. The ulcer was diagnosed as being venous in origin and was commenced on 4 layer compression bandaging, to reduce the venous hypertension and promote healing. Activon Tulle® (Advancis Medical) dressings were used to rehydrate the slough and eschar. This was topped with Advazorb Silfix® soft silicone faced adhesive foam dressings, to ensure the wound bed was kept moist, but simultaneously coping with any increase in exudate caused by the honey rehydrating the wound bed. Four weeks reduced it in size (Fig 2), the wound bed showed 100% granulation tissue and surrounding skin appeared healthy. Activon Tulle® was discontinued and Advazorb Silfix® was used as primary dressing under compression bandaging. Four weeks later the wound fully healed.



Figure 2

Case Study 2
Mr P presented with a non healing ulceration, ongoing for 4 months, previously treated with topical silver dressings. There had been little progress so he was referred to the leg ulcer clinic. An examination revealed palpable peripheral pulses and ABPI of 0.75, below recommended guidance for full strength compression therapy. The ulcer showed superficial slough, with little evidence of wound edge advancement, exudate levels moderate to high with mild oedema to limb (Fig 3). Mr P commenced on modified compression to reduce the oedema and promote healing. Silver dressings were discontinued as there was no evidence of



Figure 3

Case Study 3

an increased bacterial load. Advazorb® non adhesive foam dressing was applied as a primary dressing due to its rapid and highly absorbent properties and its highly conformable nature, ideal to fit around difficult areas like the malleolus. Four weeks later healing was evident, slough had been debrided leaving a healthy ulcer which had reduced in size along with the levels of exudate.



Figure 4

Case Study 3
Mr B presented acutely with an ulcerated painful left great toe, present for 2 weeks, two areas of ulceration were evident which were highly exudating. It was being dressed with a non adherent dressing, but these were failing to manage the levels of exudate, resulting in extensive maceration (Fig 5). Mr B had no past medical history, but blood glucose testing revealed elevated blood sugar levels and he was later diagnosed with diabetes. Antibiotics were commenced and the ulcer was dressed with Advazorb® non adherent foam, due to its highly absorbent properties and has added benefits of being highly conformable and additionally can be cut to shape to ensure comfortable and secure dressing of difficult areas such as the toes.



Figure 5

Only 48 hours later there was significant improvement evident, due to the rapid fluid absorbency of Advazorb® and the fluid retention properties. The surrounding skin maceration was completely resolved (Fig 6), infection was reducing and healing of the ulcerated areas were evident.



Figure 6

Discussion
In this series of case studies the Advazorb® range was found to provide an ideal environment for healing to occur, as it is able to rapidly control moderate to high levels of exudate, preventing maceration even under compression. Advazorb Silfix® soft silicone is designed to minimise pain and trauma on dressing change, ensuring that surrounding fragile skin and newly formed granulation tissue is protected.

Conclusion

The Advazorb® extensive dressing range is highly acceptable to practitioners and patients alike and has found to be clinically effective, in addition this presents an opportunity to significantly reduce costs without compromising quality of care.

References:

White R, Cutting K (2006) Modern exudate management: a review of wound treatments. World Wide Wounds. Available online at: www.worldwidewounds.com/2006/September/White/Modern-Exudate-Mgt.html [accessed 11/9/11]

National Prescribing Centre (2010) MeReC Bulletin: Evidence based prescribing of advanced wound dressings for chronic wounds in Primary Care. National Prescribing Centre, London. Available online at: www.npc.nhs.uk/merec/therap/wound/resources/merec_bulletin_vol21_no1.pdf [accessed 11/9/11]