

MANAGEMENT OF INFECTED LEG ULCERS: A UK SUMMARY OF KERRACONTACT Ag DRESSINGS USER EVALUATIONS

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Introduction

The prevalence and healthcare cost of management and treatment of leg ulcers has been widely documented to have a profound negative impact on the quality of life for patients^{1,2,3}. Dressings containing silver are frequently used to manage wounds that are suspected of infection / are infected. KerraContact™ Ag dressing with Ag Oxysalts technology is the only wound dressings to contain silver in its most active state (Ag³⁺) making it fast and efficient at killing bacteria.

Method

In this UK wide study, a comprehensive evaluation form was compiled and distributed to clinicians. Clinicians were asked to complete one evaluation form per patient suffering with a leg ulcer (venous, arterial or mixed aetiology), with the primary aim of understanding the clinical effectiveness of KerraContact Ag dressings for the management of infection. The form was designed to collect data relating to the clinical signs and symptoms of infection:

- Pain
- Exudate
- Odour
- Swelling / Heat / Redness

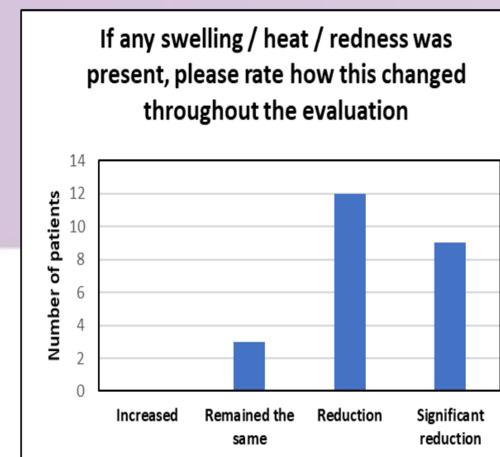
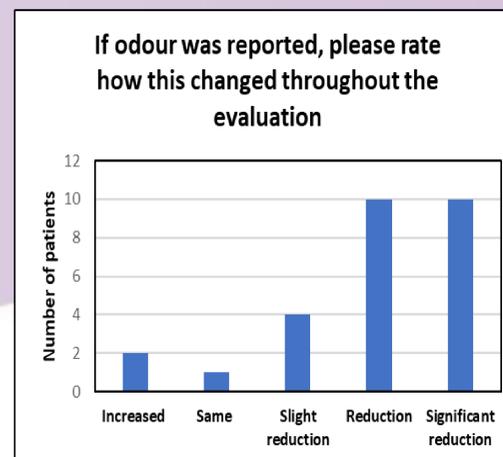
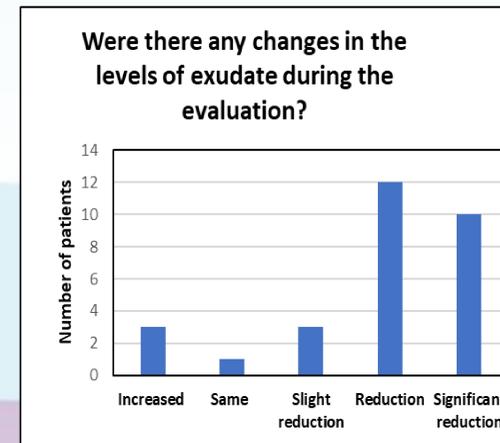
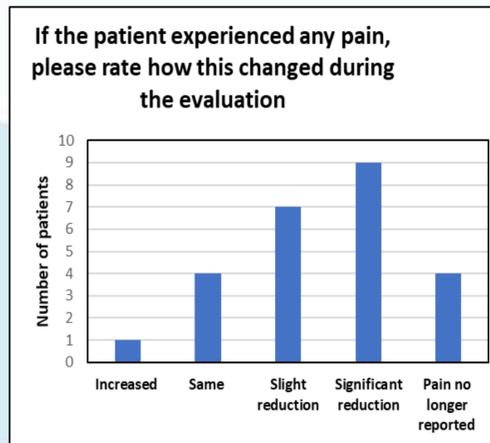
Information regarding patient background and patient experience of the dressing was also recorded.

KERRACONTACT AG LEG ULCER EVALUATION FORM	
Please complete one form for each patient assessed.	
Background Information:	
Name/ Job Title of Clinician	Patients Initials/ ID code
Address	
Email & Tel No	
Photographed Evaluation	Yes <input type="checkbox"/> No <input type="checkbox"/> (e-mail pics to your Crawford Contact)
Date	
1. Please specify the gender and age bracket of the patient?	
Male <input type="checkbox"/> Female <input type="checkbox"/>	
2. Please indicate the aetiology of the leg ulcer	
<input type="checkbox"/> Venous Leg <input type="checkbox"/> Arterial <input type="checkbox"/> Other	
3. Prior to the start of the evaluation, please provide more information about the wound:	
Size of wound (approx.)	Width (cm) Length (cm)
How long has the patient had the wound?	
Post-wound maceration?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Exudate level at baseline?	Moist (low) <input type="checkbox"/> Wet (moderate) <input type="checkbox"/> Saturated (high) <input type="checkbox"/>
4. Is the patient currently being treated with antibiotics to treat the infection?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes please indicate how long the patient has been treated with antibiotics prior to KerraContact Ag being used?	
<input type="checkbox"/> <7 days <input type="checkbox"/> >2 weeks <input type="checkbox"/> Over 2	

Results

A total of 31 evaluations were completed from a wide variety of Trusts and CCGs from the UK. In 80% of cases the aetiology of the leg ulcers were recorded as venous, with a high majority reported as chronic in nature. 7 patients had been living with their leg ulcer for over 3 years. Clinicians reported how the signs and symptoms of infection changed during the evaluation period using KerraContact Ag dressings. Analysis of the results indicated:

Pain levels were reduced by 67% (n=25), exudate levels were reduced by 83% (n=31), wound odour was reduced by 77% (n=27) and swelling / heat / redness was reduced by 75% (n=24).



Pre-evaluation, 31% of respondents (n=16) changed the dressings every 5-7 days. Post-evaluation this % increased to 43% changing the dressings every 5-7 days (n=28). KerraContact Ag dressings were left in place for longer compared to previously used dressings.

87% of clinicians recorded the wound as ‘improved’ or ‘significantly improved’.

Patients were asked to indicate dressing comfort compared to previous dressings used with a total of 80% reporting KerraContact Ag dressings to be ‘similar/ slightly better’ or ‘better’ than previous dressings.

In 50% of cases clinicians indicated that the dressings exceeded their expectations, with 90% recording that they would be happy to continue using KerraContact Ag dressings.

KerraContact Ag™ with Oxysalts technology dressings were easy to apply and retained integrity throughout the duration of use. The speed of wound progression following treatment with the dressings was particularly encouraging due to the previous observed slow rate of healing.

Discussion

The management of chronic infected leg ulcers can be challenging to clinicians. When the signs and symptoms of infection are detected it is important that they are managed rapidly to help reduce the risk of further complications. Positive wound outcomes have been drawn from this data, showing rapid wound improvement for infected wounds.

Conclusion

This summary of evaluations clearly demonstrates the positive impact of KerraContact Ag dressings for managing the signs and symptoms of infected wounds. KerraContact Ag dressings were verified to have high levels of acceptability by clinicians and patients and prove to be an effective dressing of choice for managing chronic infected leg ulcers.

References

1. Appropriate use of silver dressings in wounds. An expert working group consensus. London: Wounds International, 2012. Available to download from www.woundsinternational.com
2. Posnett, J., Franks, P.J, (2008) The burden of chronic wounds in the UK. *Nursing Times*; 104: 3, 44–45.
3. JF Guest, K Vowden, P Vowden. The health economic burden that acute and chronic wounds impose on an average Clinical Commissioning Group/Health Board in the UK. *Journal of Wound Care* 2017; 26(6): 292-303.