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. 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 (Ag⁺) 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.

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’.

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.

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