TREATING THE SYMPTOMS OF INFECTION: A UK SUMMARY OF KERRACONTACT AG USER EVALUATIONS

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Introduction

The effects of an infected wound could have a significant effect on a patient, not only in terms of their treatment and care but also the long term effects on their quality of life. Silver dressings are used frequently within wound care to treat infected wounds and in some cases as an antimicrobial barrier to prevent infection. However with many antimicrobial dressings currently available it is important to understand which antimicrobial dressing is clinically proven to treat the signs and symptoms of infection.

Method

KerraContact Ag is an innovative silver dressing, using its Ag Oxysalt™ technology it is the only wound dressing to contain silver in its most active states (Ag³⁺). The dressing is indicated for the treatment of infected wounds and also the prevention of infection in high risk cases.

Evaluation forms are distributed during the initial clinical assessment of the dressing and clinicians are asked to fill in the forms to report the outcome. The primary objectives of the evaluations are to understand the clinical effectiveness of KerraContact Ag for the treatment of infection.

48 evaluation forms were submitted for analysis from clinicians throughout the UK. The evaluation forms came from a wide variety of Trusts and CCG’s and analysed to determine the clinical effectiveness of KerraContact Ag. The form was designed to monitor the following criteria:

- Background information e.g. wound type
- Treatments aims e.g. treat infection
- Signs and symptoms of infection present at the beginning of treatment
- Managing the signs and symptoms of infection and monitoring how this changed throughout the evaluation

Results

KerraContact Ag was used on a variety of wound types including burns, pressure ulcers, surgical wounds, diabetic foot ulcers and arteriole ulcers. However it was reported that in the majority of cases the dressing was used on venous leg ulcers (49%).

In 65% of cases KerraContact Ag was used for less than 1 week with the frequency of dressing changes ranging from daily to 5-7 days. KerraContact Ag was used in 78% of cases to treat wound infection with the remaining respondents reporting that it was used prophylactically.

The clinician was asked to report what signs and symptoms of infection were present before the treatment with KerraContact Ag. heat, swelling, redness, increased levels of exudate, odour and pain were all reported. The most commonly reported was odour and an increased level of exudate. During the evaluation the clinician was asked to rate how the signs and symptoms of infection had changed throughout the evaluation.

The analysis of the results showed:

- 51% of clinicians reported that there was a reduction in pain during the use of KerraContact Ag
- It was reported that in 78% cases there was reduction in exudate with 20% stating that there was a significant reduction
- 86% of clinicians reported that there was a reduction in odour with 26% stating that the reduction was significant
- 67% of clinicians reported a reduction in swelling, heat and redness

In the majority of cases (87%) the condition of the wound had improved during the treatment. 63% of patients reporting the dressing was more comfortable than their previous dressing and 90% of clinicians noted that the dressing was easy to apply and remove.

Discussion

When infection has been identified it is important to treat the signs and symptoms quickly and effectively to reduce the risk of further complications. Evaluation forms are a good way to assess the acceptability of the dressing from both a clinical and patient perspective to ensure that the dressing meets the objectives set out at the beginning of the treatment.

Conclusion

The summary of evaluations indicated that in the majority of cases KerraContact Ag was used for 7 days and the signs and symptoms of infection were shown to reduce within that time. These results indicate that KerraContact Ag is a fast and effective antimicrobial dressing that has a positive effect on the patient, quickly treating infection whilst also showing 98% clinical acceptance.

References