**THE USE OF A SUPERABSORBENT AS A PRIMARY DRESSING IN THE MANAGEMENT OF MODERATE AND HIGHLY EXUDING WOUNDS IN A LARGE SCALE COMMUNITY EVALUATION**

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**Introduction**

The wound dressing market is expanding exponentially together with the burgeoning rise in the cost of wound care to the NHS. Guest et al (2015) estimated the annual cost of managing 2.2 million patients with wounds (2013/2014 prices) was £4.1-5.1 billion with the majority of wounds being managed in the community. Highly exuding wounds are common and can result in malodour, pain, maceration, infection and unsightly soiled dressings, as well as having a negative impact on an individual’s quality of life. Clinicians have a responsibility to their patients to minimise the occurrence of harm by effective exudate management. Uncontrolled exudate with its concomitant malodour, excoriated and macerated skin is acknowledged by clinicians to increase the daily burden of living with a wound for patients and so presents a key challenge for wound management clinicians.

KerraMax Care (Crawford Healthcare) is a superabsorbent dressing indicated for the control and removal of excess exudate in moderate to heavily exuding wounds. It is classed as a protease modulator under England and Wales Drug tariff due to the dressings proven handling of MMPs and sequestration of bacteria which is present in wound exudate.

**Method**

The aim of this study was to understand the experiences of District Nurses in Wirral Community NHS Foundation Trust when measuring the clinical effectiveness, safety and patient experience of a superabsorbent dressing KerraMax Care. In this study, an evaluation form consisting of 11 questions was distributed to District Nurses during the initial clinical assessment of the dressings and clinicians asked to complete the forms to report outcomes.

**Results**

KerraMax Care was used on 101 patients presenting moderately or heavily exuding wounds. The aetiology of majority of wounds treated were ulcers (leg ulcers, diabetic foot ulcers or unclassified ulcers, n=28), refer to Table 1. Exudate management properties of the dressing were recorded compared to previous dressings used with a median score of 8, refer to Figure 1. The condition of the patients surrounding skin during treatment was assessed with a median score of 7, refer to Figure 2.

Patients were asked to rate the dressing in terms of comfort and convenience with median scores of 7.5 and 8 respectively, refer to Figure 3. Reduced maceration and a reduction in exudate were highlighted as the main clinical benefits of the dressing along with improvements to wound healing in terms of increased granulation tissue or a reduction in wound size.

32% of clinicians recorded KerraMax Care dressing to exceed their expectations. 98% of clinicians would be happy to continue using the dressing as their choice of superabsorbent dressing citing patient comfort, high absorption and patient concordance and the reduced number of visits as the main reasons.

**Discussion**

Appropriate super absorbent dressing usage can lead to reduction in dressing changes, improved patient and clinical outcomes particularly for chronic wounds on the lower leg. This large scale community evaluation clearly demonstrates KerraMax Care dressings enhance patient wound care by improving comfort, controlling exudate and leakage helping prevent wound maceration and surrounding skin problems. This study shows a significant improvement in exudate control compared to the previous dressings of use. High levels of convenience were experienced by patients and clinicians by reduced clinician visits, reducing nurse time and the ease of application of the dressings.

**Conclusion**

Appropriate super absorbent dressing usage can lead to reduction in dressing changes, improved patient and clinical outcomes particularly for chronic wounds on the lower leg. This real world evidence shows KerraMax Care superabsorbent dressings provide effective patient care, and a positive patient and experience. The authors would like to acknowledge the kind contribution from the Wirral Community Nurses for their assistance in collecting the data.