

Optimal exudate management in a dressing

Keith Cutting discusses the use of sorbion sachet S as a dressing on exudating wounds

Awound may require dressing for a variety of reasons. These include: protection, prevention of loss of blood or other body fluids, to provide an optimal environment for healing, for aesthetic reasons and to absorb wound fluid. It is a distinct advantage to the patient, the clinician and the healthcare provider if the chosen product provides a level of performance in addition to that of simple absorption.

sorbion sachet S uses super-absorbent polymers to efficiently manage moderately to highly exuding wounds. It is covered with a polypropylene outer layer permitting use of either side of the dressing. The polypropylene contact layer is hypoallergenic and no adhesives are used in the manufacturing process. These properties make sensitised reactions highly unlikely.

sorbion sachet S is available in a range of popular sizes. Of particular interest is the 20cm x 30cm dressing which is ideal for easy application to heavily exuding leg ulcers. A 10cm x 10cm sachet will not only absorb but will also effectively bind up to 100ml of exudate. The binding of the fluid ensures that the dressing remains effective even under compression. The sachet provides an osmotic pull that ensures rapid absorption of wound fluid without drying out the wound. Although there is a speedy uptake of fluid into the core of the dressing there are no adverse effects on the patient in the form of a burning or stinging sensation as may be experienced with some other absorbent dressings (Hollingworth 1995). This enhanced absorbent capacity provides extended periods between dressing changes thus leaving the wound undisturbed for as long as possible. Avoiding unnecessary disruption to the delicate tissues of the wound bed promotes healing. In addition, efficient exudate management by the dressing avoids the risk of peri-wound maceration occurring (Cutting & White 2002).

The prompt elimination of exudate

from the wound bed may have benefits in addition to the avoidance of maceration. Micro-organisms and cell debris are flushed from the deep recesses of the wound and retained in the sorbion sachet S. It is also suggested that chronic wounds host bacterial communities in the form of biofilms (Rhoads *et al* 2007). It is possible that the rapid removal of exudate may assist in managing this bioburden by accelerating the transit of exudate through the biofilm and prevent the full extraction of nutrients and their utilization (Wolcott *et al* 2008).

It has been ascertained that treatment with sorbion sachet S is considerably less costly than with other wound dressings as 50% fewer dressing changes have been achieved in clinical use together with an actual improvement in patient quality of life (Cutting *et al* 2007).

sorbion sachet S is suitable for use on exudating wounds including; diabetic foot ulcers, dehisced laparotomy wounds, leg ulcers, pressure ulcers, surgical wounds healing through secondary intention, fistulae, fungating lesions and other similar exuding wounds. It is advised to avoid use on wounds with little or no fluid production as there is a slight risk of drying and adhesion to the wound bed. As sorbion sachet S expands with the absorbed fluid it should only be applied to tunnel cavities under appropriate monitoring conditions.

When sorbion sachet S is used as a primary dressing it can be placed in direct contact with the wound as long as exudate is produced. For those exuding wounds which have dry areas it is advised to use a wound contact layer to avoid the risk of adhesion. sorbion sachet S is compatible with other products and can be used as a secondary dressing in conjunction with any other conformable wound dressing when required. Oxidising agents such as hydrogen peroxide or potassium permanganate, can rapidly dry wounds. It is therefore recommended that the dressing should not be used in combination with these or similar products.

sorbion sachet S generally imparts a moisturising effect on peri-wound skin thus obviating the need for skin creams/ointments. Care should be taken if creams/ointments are used as liberal applications can obstruct the pores of sorbion sachet S thereby reducing its efficacy.

An illustrative case study indicates some of the benefits of using sorbion sachet S. Mrs C is an 80 year old female with a long standing venous leg ulcer that had not previously responded to a foam dressing applied under graduated external compression. At week one of the evaluation the ulcer measures 3.5cm x 2.0 cm and there is extensive excoriation and maceration despite twice weekly dressing changes. By week four the wound has reduced in size to 3.0cm x 1.5cm with no excoriation or maceration. There was a vast improvement in peri-wound skin condition and patient comfort with the dressing was rated as excellent.



Figure 1: Week 1



Figure 2: Week 4

References

- Cutting, K.F., White, R.J. (2002) Maceration of the skin and wound bed: 1. Its nature and causes. *J Wound Care*; 11: 7,275-278
- Cutting KF *et al.* (2007) Clinical evaluation of a new high absorbency dressing. Poster presentation Wounds-UK, Harrogate International Conference Centre 12-14.11.07.
- Hollinworth, H. (1995) Nurse's assessment and management of pain at wound dressing changes. *J Wound Care*; 4: 2, 77-83
- Rhoads D.D., Wolcott R.W., Cutting K.F., Percival S.L. (2007) Evidence of biofilms in wounds and potential ramifications. In eds P Gilbert, D Allison, M Brading, J Pratten, D Spratt, M Upton, *Biofilms: coming of age*. Manchester, The Biofilm Club.
- Wolcott R, Cutting KF, Dowd S, Percival S. (2008) Surgical Site Infection. US Surgery London, Touch Briefings. In press.

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Not only fluid uptake,
active exudate management.



- Effective even under compression
- Rapidly removes, binds and deactivates MMPs
- Immediate impact on patient Quality of Life
- Outstandingly cost effective: 50% fewer dressing changes achieved in clinical use

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