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Coloplast

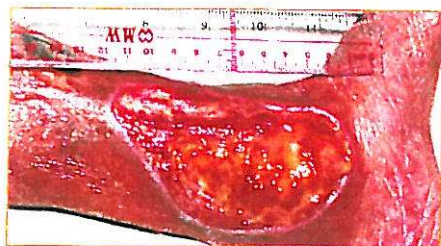


Figure 1



Figure 2



Figure 3



Figure 4



Figure 5

An evaluation of Comfeel SeaSorb Dressing and Comfeel SeaSorb Filler on exuding pressure sores

By Mrs Jane Lee, Hong Kong

The clinical pilot study is an evaluation of Comfeel SeaSorb Dressing and Comfeel SeaSorb Filler in the treatment of exuding pressure sores in patients treated at the Caritas Medical Centre, Wai Ming Block, Medical Wards, Shamshuipo, Hong Kong.

Introduction:

Pressure sores with large exudation require frequent dressing changes, resulting in increased material and labour costs and patient discomfort. Alginate dressings have been used in the management of chronic ulcers for a number of years.

Coloplast A/S has developed a sterile alginate dressing, Comfeel SeaSorb Dressing, to manage wound exudate more effectively as well as provide the best environment for healing. Thanks to a

new lyophilisation process, the calcium/sodium alginate dressing forms a vertical structure which keeps the exudate away from the surrounding skin by directing it through the dressing, thus also reducing the risk of maceration and leakage.

The Comfeel SeaSorb Filler is a sterile, soft calcium/sodium alginate rope for cavity wounds with high exudation.

Objective of the pilot study:

The purpose of the pilot study was to evaluate Comfeel SeaSorb Dressing and Comfeel SeaSorb Filler in the treatment of heavy to medium exuding pressure sores, with special focus on their ability to handle exudate, ease of use and patient comfort.

Study method:

The study involved patients admitted to the medical wards 10 East, 10 West and 9 East of Caritas Medical Centre

from December 1997 to August 1998. Patients aged 20-85 years with a heavy to medium exuding pressure sore with a maximum size of 10x10 cm were enrolled after receipt of their consent.

Patients with severe cardiovascular and pulmonary disease, poorly controlled diabetes and diseases requiring systemic corticosteroids or other immune suppressant treatment were excluded, as were those with a known allergy to dressing materials.

At their inclusion to the

An evaluation of Comfeel SeaSorb Dressing and Comfeel SeaSorb Filler on exudating pressure sores

Table 1

Pressure sore location:	
Sacrum	6
Iliac crest	2
Spine	3
Leg	3
Heel	5

Table 3a

Nursing time: Did this treatment save time?	
Yes	15
No	3
Same	5
Total	23

Table 2

Stage of wound:	
II	3
III	10
IV	10

Table 3b

Ease of use:		
Extremely good	10	43.5%
Very good	10	43.5%
Good	2	8.7%
Bad	1	4.3%
Total	23	100%

study, a general medical assessment, including general condition, nutritional status, se-Alb., mobility and continence, was performed and the appearance of the wound bed (stage II-IV) and peri-wound skin area were assessed and recorded.

During the study period - a maximum of six weeks, the period of heavy to medium wound exudation - the patients were examined at every dressing change after wound cleaning with 0.9 % NaCl. An evaluation was made of the wound bed, peri-wound skin area, reepithelialisation, granulation tissue, amount of exudate, skin maceration and signs of skin irritation. Comfeel SeaSorb Filler was applied to cavity wounds and Comfeel SeaSorb Dressing to non-cavity wounds. A secondary cover dressing was applied over the primary dressing material: Opsite (S&N), Tegaderm (J&J) or Stablon Cover Dressing (Coloplast A/S).

Results:

23 pressure sore patients (14 males and 9 females) were included in the trial with a mean age of 71 years (range: 55-85); 12 of the patients were bedridden.

The most common location of pressure sores was the sacrum (table 1). The staging of the wounds was also recorded (table 2). The mean treatment period was 25.9 days (range: 3-42) which gives some indication of the difficulty in retaining pressure sore patients in a clinical study.

In this period of time, the three wards reported a significant improvement in the pressure sore response in 76% of the cases, with 19 out of 23 wounds having quicker healing rates. Nursing time and ease of use were compared to the wards' standard treatment, with very favourable results (see table 3a, b, c and d).

The dressing was found to have very good absorption capacity in 61% of the cases,

Table 3c

Healing vs. present ward method:	
Quicker healing rate	19
The same	2
Total	21

Table 3d

Pressure sore response:		
Slightly improved	1	4.3%
Moderately improved	3	13.1%
Substantially improved	17	73.9%
Healed	2	8.7%
Total	23	100%

with excellent gelling effect and very few cases of dressing fibre left in the wound bed. The dressing could be removed in one piece in more than 87% of the cases thanks

to its high cohesion. Wear time was found to be very good in 48% of the cases, patient comfort to be extremely good in 31% of the cases and very good in 52%.

Table 4

	Peri-wound skin (%)			
	Start		End	
	Yes	No	Yes	No
Swelling	83	17	61	39
Redness	74	26	43	56
Itching	13	87	4.3	95.7
Necrotic tissue	85	15	25	75

Conclusion:

The Comfeel SeaSorb Dressing and Comfeel SeaSorb Filler performed very well in the management of heavy to medium exudating pressure sores treated in this study.

The dressing was found to be highly absorbent and able to control excess exudate, indicated by reduced level of swelling, redness and itching of the peri-wound skin (table 4).

The healing process was seen to progress satisfactorily, with a significant decrease in necrotic tissue, probably due to the excellent gelling properties (table 4).

The three wards concluded that the dressing and filler were to be recommended in the treatment of medium to highly exudating pressure sores.

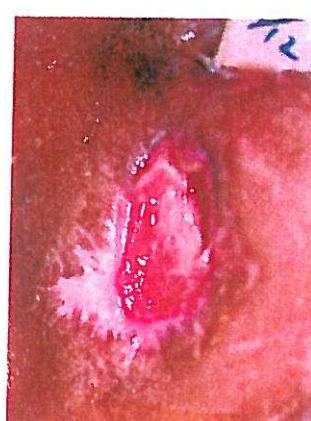
Case 03



3.12.97
A stage 3 pressure sore on the sacral area.



11.12.97
Granulation tissue appears in the wound



29.12.97
Epithelialisation starts and healing proceeds

Case 20



26.06.98
A stage 4 pressure sore on ankle before surgical debridement



26.06.98
After surgical debridement



17.07.98
Granulation tissue appears and healing proceeds

Continued next page →

An evaluation of Comfeel SeaSorb Dressing and Comfeel SeaSorb Filler on exudating pressure sores

Case 02



03.12.97
A stage 3 pressure sore
on the hip



11.12.97
Debridement in function



29.12.97
Debridement is complete



8.01.98
Epithelialisation starts

Case 15



2.03.98
A stage 4 pressure sore
on ankle



18.03.98
Debridement is promoted



20.04.98
Granulation tissue
appears



4.05.98
Epithelialisation is
completed

Case 18



16.03.98
An infected ulcer on the
big toe



16.03.98
Nail is removed



18.05.98
High exudation



1.07.99
Epithelialisation is almost
complete