

Efficiency of Sorbion Sana® dressings in managing exudate while preventing skin sensitivity in venous leg ulcer patients

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Introduction

Sorbion Sana® is a highly absorbent dressing contained within a silicon coated envelope, the dressing indications are for use on patients with wet wounds, the dressing has the added advantage of preventing skin sensitivity.

Healthcare resources are finite and all healthcare practitioners are keen to obtain value for money, in other words to utilise products which are both clinically and cost-effective. While direct costs in wound management, i.e. unit cost per dressings, are easy to identify and calculate, indirect costs; practitioner time to perform other activities (Plackett, 1995), are not.

All practitioners involved in wound care constantly seek wound dressings which are both absorbent and reduce the frequency of dressing change – advantageous to both patient and practitioner. If in addition the dressing reduces the risk of skin sensitivity, it becomes more valuable.

Evaluation

9 patients, all of whom were known to have more than one skin sensitivity, with a total of 14 venous leg ulcers participated in the evaluation. All patients had wet ulcers and their community nurses were struggling to contain exudate and prevent maceration. Care for these patients necessitated regular visits, often daily and multiples of absorbent dressings.

Verbal consent was obtained from each patient and recorded in their clinical notes. Written consent was obtained for photography and use of photographs within publication.

Results

2 of the 9 patients were discontinued, 1 due to acute infection necessitating change to an anti-microbial dressing, another due to extreme pain (duplex scan revealed an acute arterial event).

1 of the 9 patients had complication due to widespread microvascular disease due to Diabetes, which prevented the application of compression, this patients ulcers remained unchanged in size, but her dressing frequency reduced and her quality of life improved.

6 of the 9 patients were in therapeutic compression prior to commencing the evaluation; all experienced a decrease in ulcer size and frequency of dressing change. No skin sensitivities were observed.

None of the patients in the evaluation experienced any skin sensitivity. When consulted, all patients expressed a preference for Sorbion Sana® rather than their previous dressings.

Patients comments on Sorbion Sana® :

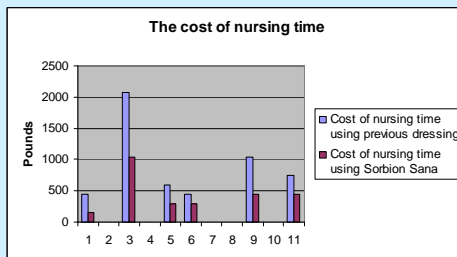
'This dressing has freed me from waiting for the district nurse every day, I can get on with what I want to do'.

'The dressing is comfortable and does not restrict my mobility'

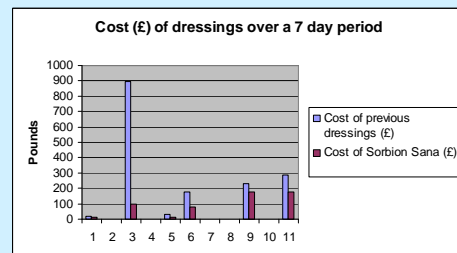
'My leg was always sopping wet before, although I still see the district nurse regularly, the leg is dry and a lot less painful'

'I'm delighted to see less of the district nurse and I'm sure she is too!'

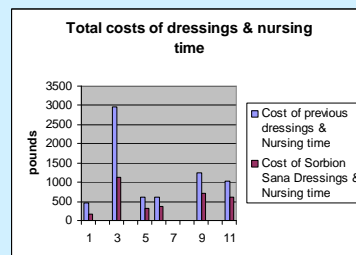
'I was worried, I've had so many allergic reactions, but my skin has been fine with Sorbion Sana®'



Nursing time is a valuable resource and should always be taken into consideration together with other financial aspects of delivering wound care. Sorbion Sana® reduced the number of district nurse visits in all patients.



While for some patients the costs of their dressing were reduced fractionally, for others huge savings were made.



When both dressings and time costs are considered as a total, the clinical and cost-effectiveness of Sorbion Sana® in this small group of patients is apparent.



27.06.08. On assessment.
Miss S. 78 yrs
Ulceration for 2 years, intransigent.
Skin sensitivities to 4 allergens
Ulceration to dorsum foot & lateral malleolus



Miss S. 6 weeks later;
Exudate controlled.
Significant re-epithelialisation.
No skin sensitivity
Dressing frequency reduced from 3 to 2 times per week.



Mr M. 42 yrs.
On assessment.
Extensive sloughy, ulceration.
Anti-phospholipid syndrome – multiple DVT.



Mr M. Week 4.
Ulceration cleaner.
Islands of epithelium extending. No skin sensitivities. Exudate controlled & dressing frequency reduced, from 5 to 3 times per week.

Conclusion

The evaluation was performed on a small group of patients; albeit those with significant problems in exudate management and with known skin sensitivities. These patients were consuming vast amounts of nursing time and wound dressings at great expense to the primary care budget. Utilisation of a clinical and cost-effective wound dressing did effect significant savings in these patients.

References

Plackett G. (1995) Proceedings of the International Committee on Wound Management Meeting. Advances in Wound Care. 8 (5); 47-56