A survey of dressing usage after the introduction of a new non-bordered foam dressing*

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Introduction

Effective exudate management is an essential component of wound care, and the choice of dressings on the basis of their performance is an important part of this process.[1] Dressing change frequency is one of the main cost drivers, and dressings that may help to optimise frequency may be useful in improving efficiency by releasing nursing time and reducing the cost of dressings.[2]

Aim

To understand the impact on practice of introducing a new non-bordered foam dressing, and gather clinician feedback on the performance of the new dressing.

Methods

After using the new dressing for up to ten dressing changes, clinician feedback was collected from several wound care providers in several countries, using one paper questionnaire per patient. The analysis dataset comprised questionnaires in which wear times before and after the introduction of the dressing were reported, to allow a comparison to be made. Feedback was obtained from clinicians in Australia, Germany, Norway, Spain, UK and the USA.

Data were analysed using SAS 9.4. Observations where the dressing wear time was recorded both before and after the use of the new dressing were included – other observations, where there were missing wear time data, were excluded.

Results

There were 29 survey forms included in the analysis, representing a range of wound types, the most common being leg ulcers (Table 1).

Table 1. Wound types

Wound type	Number of patients	Percentage of patients
Burn	1	4.76%
Surgical wound	3	14.29%
Pressure ulcer	1	4.76%
Skin graft	1	4.76%
Leg ulcer	11	52.38%
Other	2	9.52%
>1 wound[a]	2	9.52%
Total	21	100.00%
Frequency missing = 8		

[a]There were two forms with two wound types recorded

Examples of different exudate thickness were reported, with 17/26 forms (65.4%) reporting either Mid-thickness or Moderate. 5/26 forms reported Thin watery (19.2%) and 4/26 forms reported Viscous or Thick viscous (15.4%).

The usual dressings used for these patients before the introduction of the new non-bordered dressing included a diverse range of foams, alginates, gelling fibre dressings, absorbents and basic dressings.

The new dressing was used as a primary dressing in 10/28 cases (35.7%) and a secondary dressing in 18/28 cases (64.3%).

The mean wear time for the new dressing was 3.63 days, compared with 2.43 days for usual dressings (a difference of 1.20 days). The mean dressing change frequency, calculated on a per-patient basis, was 2.84 times per week for the new dressing, compared with 4.30 times per week previously. The difference after rounding was 1.47 times per week (Table 2).

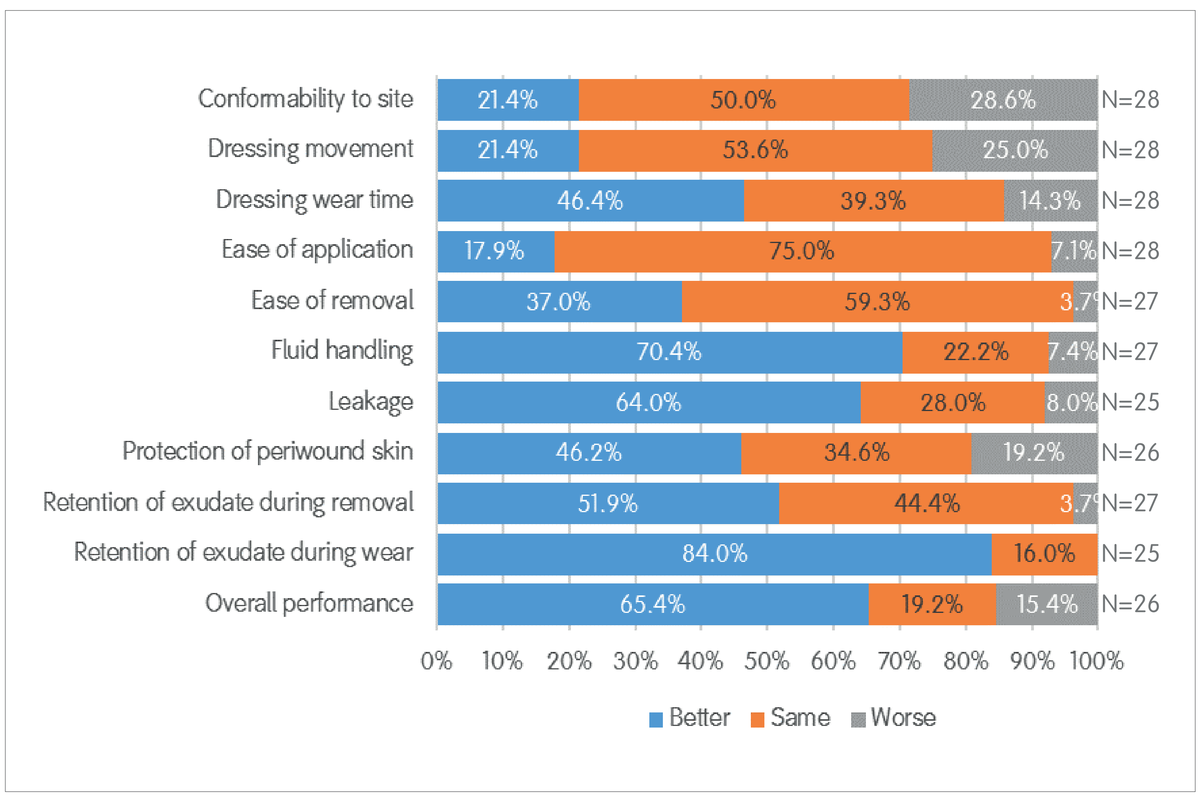
Table 2. Mean wear time and dressing change frequency

Value	Before introducing the new dressing	During use of the new dressing	Difference (% difference)
Mean wear time (days)	2.43	3.63	1.20 (49.4%)
Mean dressing change frequency (times per week)[b]	4.3	2.84	-1.47 (-34.2%)

[b]Due to rounding, some totals may not correspond with the sum of the separate figures

Figure 1 shows a summary of the clinician feedback on the new dressing. In 84.0% (21/25) of cases where reported, clinicians responded that retention of exudate during wear was better for the new non-bordered dressing than for usual dressings. Overall performance was reported to be better than usual dressings in 65.4% of cases (17/26).

Figure 1. Summary of feedback on the new dressing



In 76.9% of cases where reported (20/26) clinicians responded that they would continue to use the new dressing after the evaluation.

Discussion

- Mean wear time 49% longer compared with previous dressings.
- 34% reduction in the number of dressing changes per week.
- An estimated reduction of around 6 nursing visits per month.
- In the majority of cases the new dressing had better leakage management and exudate retention during wear than previous dressings.

Conclusions

This survey demonstrated an increase in mean wear time after the introduction of the new non-bordered dressing across a range of wound types and wound locations. Clinicians' feedback on the dressing was positive.

References
1. Wounds UK Best Practice Statement. Effective exudate management. London: Wounds UK, 2013. **2.** Lindholm C, Searle R. Wound management for the 21st century: combining effectiveness and efficiency. Int Wound J. 2016;13 Suppl 2:5-15.