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A clinical evaluation of DURAFIBER®, a new generation of fibrous gelling dressings

Introduction

In the current economic and political climate there is an increased need to use health care budgets more wisely than ever before. An element to this is ensuring appropriate usage of dressings and clinicians being accepting of guidance with regards to the best use of these dressings in order to obtain optimal patient outcomes. Having viable competitors to dressings with a monopolistic position encourages practitioners to evaluate and use products in an effective and efficient way within clinical practice. In today's fast paced clinical environments clinicians must strive to help meet current government efficiency savings without compromising on patient and wound care outcomes. It is acknowledged that this is not easy.

This poster details the results of appraisal of a new fibrous gelling dressing (DURAFIBER – Smith & Nephew).

In-practice case series appraisal

An in-practice appraisal of DURAFIBER in terms of usability, acceptability and clinical performance was undertaken. It was intended that this process would generate clinical feedback needed to determine whether DURAFIBER is clinically acceptable in practice. The appraisal took the form of a series of case studies in which the use of DURAFIBER was carefully documented. In order to ensure consistency in the information gather a case study proforma was used. This ensured that in every case specific key information on the clinicians' experiences of product usability and clinical performance was recorded.

The data captured included:

- Wound type
- Frequency of dressing application and removal
- Ease of dressing application
- Dressing conformability
- Ease of dressing removal
- Dressing integrity on removal

Tissue viability nursing staff used the DURAFIBER within the primary care setting to treat wounds they deemed suitable on the basis of their clinical opinion and experience in conjunction with the clinical indications for DURAFIBER as described in the product information literature. Clinicians documented their experiences over a period of four dressing changes although use was discontinued earlier if the therapeutic objective had been achieved or it was deemed appropriate to do so by the clinician.

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Results

The case series appraisal included a total of twenty-nine patients with a range of different wound aetiologies (see Figure 1), all of which were deemed suitable for management with DURAFIBER following careful assessment by the treating clinician. The evaluation group comprised 48% males (n=14) and 52% (n=15) females with a mean age of 65 years.

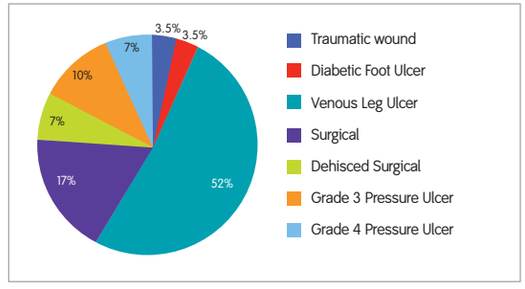

Figure 1: Wound types treated

The mean duration of the appraisal period was 12.4 days and the mean DURAFIBER wear time was 3.1 days. The case series feedback regarding key appraisal parameters are detailed below.

In-use dressing characteristics

At the end of the case study each clinician recorded their experience as to the extent to which DURAFIBER maintained its integrity during removal. The clinicians documented whether the DURAFIBER was "completely intact", "largely intact", "lost integrity at edges" or "completely lost integrity" (see Figure 2). In 93% of cases (n=27) clinicians indicated that the dressing was either "completely" or "largely intact" on removal. This high level of structural integrity should facilitate one piece dressing removal.

Similarly clinicians recorded their experience of dressing shrinkage during the course of use (see Figure 3). Clinicians selected which descriptor most accurately reflected their experience; "no shrinkage", "minimal shrinkage", moderate shrinkage" or "considerable shrinkage". In 97% of cases (n=28) clinicians said they experienced "minimal" or "no shrinkage" of DURAFIBER during clinical use.

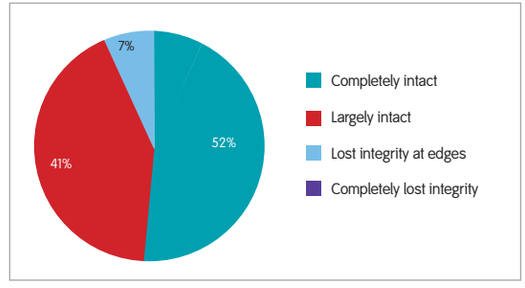

Figure 2: Integrity of the dressing during removal

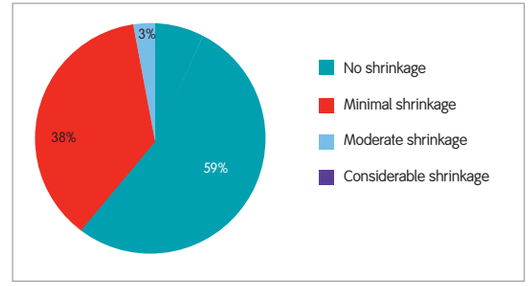

Figure 3: Dressing shrinkage

In-use performance

At the case study completion the treating clinician summarised their experiences of using DURAFIBER in relation to four key performance parameters; ease of dressing application, dressing conformability, exudate handling ability and ease of dressing removal. Clinicians rated DURAFIBER in relation to each of these parameters as being either; "poor", "fair", "good", "very good" or "excellent". The results are summarised in Figure 4.

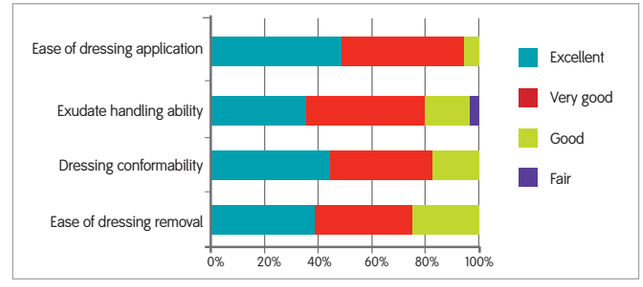

Figure 4: Summary of clinician feedback on DURAFIBER in-use performance

For each parameter the majority of clinicians rated the performance of DURAFIBER as being either "excellent" or "very good". The results illustrate that in terms of these four key performance parameters the DURAFIBER dressing functioned extremely effectively.

Conclusion

In excess of £15 million was spent on soft gelling wound fillers from prescribing budgets in the UK in 2009. This level of expenditure and the dressings' widespread usage suggests that nurses involved in tissue viability believe these dressings have a place in wound healing with most Trust formularies having at least one listed. In addition the case series appraisal findings illustrate that when using DURAFIBER clinicians found the dressing's in-practice performance to be highly acceptable. Until recently there was little viable competition as regards soft-gelling dressings within the wound care market. It is hoped that clinicians will view having competitor products as a positive and the results of the test and appraisal results detailed here will encourage further evaluations of the in-practice performance of DURAFIBER.