The management of chronic wounds can be challenging to even the most experienced clinicians. Clinicians are frequently confronted with the need to effectively manage large amounts of wound exudate. In addition, fluid discharge from wounds is a major concern to patients, and the subsequent negative effect it has on their quality of life should not be underestimated (Edwards, 2003). Wound exudate, particularly in patients with fragile and vulnerable skin, can increase the skin’s fragility and enhance the risk of tissue breakdown.

As part of the normal healing process, wounds release fluid and it is well recognized that either too much or too little can interfere with the normal healing trajectory (Sibbald et al, 2000). It has been documented that a balance exists between the intra- and extravascular fluid space (Partsch, 2003). Such healing is optimized via the creation and subsequent maintenance of a delicate moisture balance, which avoids the negative impacts of either excess or insufficient moisture. Maintaining a moist wound healing environment is not only key to normal wound progression (Moore, 2005), but is essential in promoting healing in chronic wounds and in supporting the wound surface (Falanga, 2000). This promotes free movement of cytokines that will facilitate the healing process. Due to the many wound types and underlying patient conditions, and because the phases of wound healing overlap, it is difficult to determine the optimum balance of cytokines, growth factors and proteolytic mediators that should be present at any particular point during the healing process.

Making the patient as comfortable as possible while they have a wound is a key factor in addressing both the psychological and physical wellbeing of the individual (Benbow, 2007). The authors’ initial experience of using the new Allevyn range of dressings (Figures 1 and 2) was that this range resulted in a reduction in procedural pain at dressing change. The Allevyn range of dressings manage exudate using triple-action technology (Table 1). This is achieved by:

- **Absorption** – reduces risk of maceration (White et al, 2007), improves condition of the periwound area (Wicks, 2007), and reduces risk of pooling (Smith & Nephew, 2006a)
- **Retention** – fast fluid uptake, maintains a consistent moist wound environment, and prevents leakage (Smith & Nephew, 2006b)
- **Transpiration** – actively responds to the level of fluid within the dressing through the breathable film that transpires more fluid (higher Moisture Vapour Transmission Rate) but only evaporates excess fluid to prevent the wound drying out (Thomas, 2007).

The range also provides a less bulky dressing and may allow for fewer dressing changes (Smith & Nephew, 2006a, b).

**Abstract**

An understanding of how wounds heal is vital to any practitioner involved in wound management, and an understanding of how dressings function and perform while on a patient’s wound is important in the decision-making process of dressing selection. This article outlines the interim results of an international multi-centre clinical in-market evaluation, and demonstrates the benefits to the patient of using the Allevyn Gentle range of dressings (Smith & Nephew). These include excellent exudate management, comfort and conformability. These results were supported by the findings that clinicians rated the performance of Allevyn Gentle at 97.3% for the indication treated, while 100% felt that Allevyn Gentle Border was easy to apply.

**Key words:** Allevyn gentle dressing range  ■  Comfort  ■  Moisture control  ■  Patient benefits  ■  Silicone gel  ■  Soft gel

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**Figure 1. Allevyn Gentle.**

**Figure 2. Allevyn Gentle Border.**
The ability of the dressing to transpire exudate effectively provides the ideal environment for most wound healing. The Allevyn Gentle range of dressings combine this technology with gel adhesive for use on patients with fragile skin. Both products enable gentle removal of the dressing, and the Allevyn Gentle Border does not require secondary retention. Both Allevyn Gentle and Allevyn Gentle Border have all the benefits of a dressing with a high fluid-handling capacity, combined with the modern technology of a gel adhesive wound contact layer, which is ideal for use on patients with fragile skin.

This is supported by an international multi-centre clinical in-market evaluation that was undertaken using both Allevyn Gentle and Allevyn Gentle Border. For studies of both of the Allevyn Gentle variants, patients were recruited from the UK, Spain, Netherlands and Germany. Ethics review of the study documentation was not sought prior to data collection, as the evaluation involved no change in patient treatment. The product is available within the countries involved. There were no patient identifiers (name, date of birth, etc) in the study data capture and therefore the study did not require review by a research ethics committee. Institutional approval was obtained if required.

The product was suitable for the patients recruited according to the indications and contraindications outlined in the standard product insert leaflet, and patients were treated according to the insert leaflet’s instructions for use and standard centre practice throughout the evaluation. Patients gave consent prior to participation using the centre’s own consent forms, which included consent for any photographs taken. Clinicians completed a questionnaire for each patient at the initial wound assessment, each dressing change and the final wound assessment. Clinicians were asked to evaluate whether the dressing was acceptable for the indication treated (primary objective), mean wear time, satisfaction with exudate management and the leakage handling ability of the dressing, the conformability of the dressing, comfort during wear, and whether the dressing was easy to apply and remove. Full data analysis was not complete at the time of submission for publication, however, interim results highlight a number of findings.

**Allevyn gentle**

Allevyn Gentle was evaluated in 37 patients. Venous leg ulcers were the most common wound type treated in the evaluation, comprising 27% of patients (Figure 3). Clinicians were asked to rate the performance of the dressing when in practice. Overall there was a 97% acceptance for use in the indication treated. When asked about the dressing’s exudate handling, satisfaction was achieved in 97% of cases. Evaluation of the level of pain on dressing removal indicated no pain in 88% of cases and comfort achieved during wear in 99% of assessments. The dressing was rated as easy to apply in 98% of dressing applications and rated as easy to remove in 100% of dressing removals.

**Allevyn Gentle Border**

Allevyn Gentle Border was evaluated in 30 patients. Surgical wounds were the most common wound type treated during the evaluation, constituting 33% of patients. Traumatic wounds were next most frequent type (27%) (Figure 4). Allevyn Gentle Border was rated highly by the evaluating clinicians with an 87% level of acceptance for the varied clinical indication treated. Satisfaction with the dressing’s exudate handling properties was achieved in 86% of dressing changes. There was no pain on dressing removal in 96% of dressing removals, and comfort was achieved during wear for 98% of dressings. The dressing was rated as easy to apply in 100% of dressing applications and easy to remove in 98% of dressing removals.

**Case study one**

A 48-year-old man was referred to the tissue viability centre with a longstanding history of leg ulcers (Figure 5). He had a history of ulcerative colitis, deep vein thrombosis and varicose vein ligation. He had a leg ulcer on the anterior aspect of his left leg and a longstanding history of multiple ulceration – this latest ulcer had been present for the past nine months and measured 5 x 5cm. He also had a history of fragile skin, with extending erythema and moderate amounts of exudate. The patient had previously been treated with a soft silicone dressing, which was changed on alternate days. He had been using class-two compression hosiery on both legs for some time, however, this was reviewed and made-to-measure hosiery was ordered. He had also previously undergone varicose vein surgery. The patient stressed that it was important that he was able to continue work. It was important to him that the exudate could be contained within the dressing and that he could care for the wound himself. A silicone adhesive absorbent foam dressing
Allevyn Gentle Border) was applied. The level of compression hosiery was increased and the patient was educated in dressing application and removal. The patient was able to self-care, changing the dressing twice a week with a weekly visit to the clinic. Maceration was reduced and exudate was contained within the dressing. There was improved skin integrity (Figure 6), and the patient reported increased comfort, and as a result, marked improvement in his quality of life.

**Case study two**
A 45-year-old woman was referred to the clinic with a chronic cavity wound. She had a history of breast cancer and had undergone reconstructive surgery – a cavity wound had developed in the donor site (Figure 7). It was undermining by 5cm and was of six months duration. The patient had previously been treated surgically with suturing. She had received topical negative wound therapy, and a failed wound graft. She had also received an adherent dressing with a gauze pad, and daily dressing changes. It was important to the patient that all exudates be contained within the dressing, that dressing changes be free of pain and that the dressing would allow her to self-care and shower. The new dressing regimen aimed to improve the patient’s poor self-esteem and quality of life. Management options were discussed by the multidisciplinary team and it was decided that the patient should be treated using an alginate primary dressing to the cavity. In addition, a silicone gel border dressing was applied (Figure 8). The patient’s husband was taught how to change the dressing and the patient was referred to a plastic surgeon.

As a result of the new treatment regimen, the patient was free from pain at dressing change. Her husband was able to change the dressings himself. There was improved wear time of dressing and, therefore, reduced GP/nurse visits. The dressing conformed well to the patient’s back and was comfortable to wear. The patient’s self-esteem and confidence in health-care professionals improved, and she felt more able to cope with the wait for her appointment with the plastic surgeon.

**Case study three**
A 26-year-old woman was referred to the tissue viability centre with Hidradenitis suppurativa (an inflammatory skin disease) on her back. She had a longstanding history of repeated sinuses and infection (Figure 9). Although the wounds appeared small (1 x 1.5cm and less than 0.5cm) the tracking extended for 3cm and joined the two wounds. She also had a history of depression. The patient had previously been treated with an adhesive dressing with pad, silver dressings, foam dressings with adhesive border, and soft silicone dressing changed on alternate days. These dressings were tried for varying periods of time by other health-care professionals outside of the tissue viability service, but were unable to cope with exudate and made the patient uncomfortable. The patient was particularly concerned about pain during dressing changes and felt the need to protect her fragile skin. As exudate leakage was a particular cause of embarrassment, a dressing was needed that could contain this. Dressing choice was discussed with the patient and a silicone gel border dressing was chosen (Allevyn Gentle Border). The dressing conformed to the difficult to dress area of the body and the patient was taught how to change the dressing herself and referred to a dermatologist. As a result of the new dressing regimen and the patient education, the patient was able to self-care. The chosen dressing was easy to remove and procedural pain was, therefore, reduced. The exudate was contained and dressing changes could be reduced to three times a week. The patient’s self-image improved and she felt able

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**Table 1. Benefits of Allevyn Gentle and Allevyn Gentle Border**

**Allevyn Gentle – Soft gel adhesive dressing**
- Provides easy application and minimum pain on removal when secondary retention is required
- Holds the dressing in place during the application of a secondary dressing
- Ideal under compression bandaging

**Allevyn Gentle Border – Silicone gel adhesive dressing**
- Provides all the benefits of triple-action technology and active fluid management
- Causes minimal pain on removal for patients with fragile skin
- Stays on for up to seven days
to wear her favourite clothes again. This lead to improved quality of life, and improved confidence in health-care professionals.

The patients’ viewpoint
When asked about the dressings, the patients reported that they significantly reduced pain during removal. They found the dressings very comfortable, and liked the fact that they could perform dressing changes themselves. They were pleased with the ability of the dressings to manage exudate, and reported no leakage problems. In addition, their skin became less sore and they were able to wear the clothes they liked to wear.

The health-care professional’s perspective
The introduction of a non-adherent foam dressing led to a reduction in procedural pain negating the need for analgesia as well as a reduction in peri-wound damage and trauma to the skin caused by maceration or skin stripping. Improved wear time promotes cost effectiveness, while conformability improves patients’ self-image and quality of life. The new dressing regimen also resulted in improved use of local resources as dressing changes were less time-consuming and did not necessarily need to be undertaken by a health-care professional.

Conclusion
Successful wound management requires careful assessment and appropriate choice of local wound management products. Appropriate care of patients with a painful exuding wound can be both cost-effective and clinically effective while significantly enhancing a person’s quality of life through the control and containment of wound exudate.

KEY POINTS
- Exudate management is a challenge to most health-care practitioners and has a major impact on a patient’s quality of life.
- The Allevyn Gentle range of dressings provides a solution to the issue of patient comfort and reassurance.
- An understanding of wound care will assist in the decision-making process of dressing selection.
- Patient concerns must be acknowledged and addressed.

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