ADERMA
Dermal Pad
Designed to help prevent pressure ulcers
The cost of pressure ulcers

Human cost

Around 412,000 people are likely to develop a PU annually\(^1\)

4-10% of patients admitted to hospital develop a PU\(^2\)

An estimated 31% of pressure ulcers are grade 3 or 4 (EPUAP)\(^3\)

2-4 times increased risk of mortality for elderly in IC units\(^2\)

Economic cost

Costs are estimated between £1.4bn - £2.1bn per year\(^1\)

Average cost to treat one grade 4 is £10,551/episode\(^1\)

Average additional length of stay = 4 days\(^4\)

NHS litigation: 224 claims between 2004-2009\(^5\)
ADERMA™ is a dermal gel pad that redistributes pressure to relieve critical areas
ADERMA™ product range

- Available in a wide range: 9 variants across 4 shapes
- Made from a unique polymer gel that acts like fatty tissue
- Highly conformable and flexible for use in all areas
- All variants can be cut with scissors for specific uses
- Can be held in place with a secondary fixation tape
- Can be washed and re-used by the same patient
ADERMA™ applications

- **Heel**
  - Standard
  - Extra large

- Long way across the foot for mobile patients
- Long way across the heel for immobile patients
- On elbows and knees
- Extra large variant for areas with swelling or fluid build-up
ADERMA™ applications

- Sacral area
- Ankle wrap
- Around the shoulder or hip
- Around the back of the head
**ADERMA applications**

**Sheet**

- 10 x 10 x 0.3cm
- 20 x 20 x 0.3cm
- 10 x 10 x 1.2cm
- 20 x 20 x 1.2cm

- Under the foot or head whilst resting
- Between knees or between chin and chest
- Flat or folded for hand contractures (stroke rehabilitation)
- Large sheets around the foot or on the shoulder whilst lying down
ADERMA™ applications

Strip

- Between fingers and toes
- Behind the ear
- Over the nose under face masks
- Wider strip is also commonly used down the spine

Strip

2.5 x 50 x 0.3cm
5.0 x 30 x 0.3cm
ADERMA® clinical

Sylvie Hampton, Wound Healing Centre, Eastbourne
An evaluation of ADERMA Heel Pad

Methodology
28 residents in 3 nursing homes
Waterlow score >15 (high-risk)
Existing Grade 1 pressure damage
Visual & ultrasound inspection
Treated with ADERMA for 2 months

Results
All the treated heels improved showing less Erythema
Ultrasound showed improvement below the skin
Tissue returning to pre-injured state within 1 week after commencing treatment
The heels without ADERMA did not improve
ADERMA™ clinical

Sylvia Leonard, Luton & Dunstable Hospital
An evaluation of shaped dermal pad in an acute NHS foundation trust

Methodology
2 elderly wards, 1 orthopaedics, 1 surgery
ADERMA used in conjunction with repositioning and regular skin inspections
Comparing incidence, severity and number to 3 months prior

Results
87% drop in incidence of hospital acquired pressure ulcers
75% decline in the overall number of pressure ulcers
76% reduction in expenditure

![Graph 1](pressure ulcer incidence over time)
![Graph 2](severity of pressure damage grades)
ADERMA™ as part of a PU prevention strategy

Pressure ulcers can form due to a combination of factors including:

- Pressure / shear / friction
- Moisture imbalance
- Skin condition
- Immobility
- Sensory loss
- Poor blood circulation
- Malnutrition
- Age, gender, weight

Preventing skin damage starts with early risk assessments and a care plan for at-risk patients:

- Regular repositioning
- Regular skin inspection
- Keeping the skin clean
- Good nutrition
- Beds & cushions
- ADERMA dermal pads
ADERMA™ as part of a PU prevention strategy

- ADERMA is a dermal gel pad that redistributes pressure to relief critical areas
- Can be cleaned easily with soap & water
- Can be washed and re-used by the same patient
- Cost and time effective as part of a regular skin inspection routine
- Should be used as part of a wider care plan that includes repositioning and specialized equipment
- Can be cut with scissors
ADERMA as part of a PU prevention strategy

ADERMA skin inspection routine:

1. Remove ADERMA and inspect the skin
2. Clean the skin and the ADERMA pad with the same solution, for example soap and water
3. Dry the skin and the ADERMA pad and reapply

Add ADERMA to your patient checklist:

Check if ADERMA is in place on at-risk areas
**Indication:**
Protection against potential skin breakdown for patients at risk of pressure damage

**Directions**
1. Select the appropriate size and shape from the range
2. Remove the product from the plastic container
3. Apply directly to the affected or at risk area (either side of the pad)
4. If necessary the pad may be secured with a suitable fixation device
5. The skin under the pad should be inspected regularly in line with local clinical protocols
6. The pad can be washed in soap and water for re-use with the same patient. The pad must be dry before reapplication.

**Contra-indications**
- Do not use on broken skin
- Do not obstruct nose or mouth airways
- If a skin reaction occurs discontinue use
ADERMA is a dermal gel pad that redistributes pressure to relieve critical areas.

Can be washed and re-used (single patient) as part of a regular skin inspection routine.

The pads are indicated for use on intact skin and can be used on:

- Grade 1 pressure ulcers to prevent deterioration and aid tissue recovery.
- Areas at risk or areas already showing signs of developing skin damage.
- Recently healed pressure ulcers to help prevent re-ulceration.
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