Coloplast Sponsored Learning:

Simplifying Wound Healing: Progress You Can See

Presenters: Paddy Markey, Jason Lau RN MScCH IIWCC NSWOC WOCC© and Jordan Smart MCISc-WH BN RN NSWOC WOCC©

The Epidemic Of Chronic Wounds:

Chronic wounds are becoming an epidemic globally. They are costly not just for health systems but for patients and their families. Management of chronic wounds is becoming increasingly challenging worldwide. Patients often access health care later in life, leading to more complex issues and comorbidities. Such increase in complexities often translates to more challenging wounds. This leads to increased workload on health-care practitioners (HCPs) who are already strained due to high turnover rates. Job vacancies are often filled with generalist staff who may not necessarily be equipped and experienced to manage complex patients. These further compound and perpetuate the workload and workforce challenges. There is also increased pressure from governments for cost efficiencies. Health-care providers are often left to do more with less.

Why Research Evidence Matters

Given these challenges, health systems are increasingly requesting higher levels of evidence to support products whether this be for tenders, contracts or reimbursements. Research evidence provides HCPs with standards of care. It also gives confidence and trust to HCPs to achieve optimal wound healing outcomes. Not to be remise, HCPs should always adapt such standards to their patients' unique circumstances. HCPs must consider their patients holistically, including their social contexts and challenges. The most important player in the wound management team is always the patient themselves. As a company, Coloplast is committed to continuing to develop clinical evidence to support their products and services.

How Evidence Informs Practice: Simplifying Wound Healing

Voegeli et al. conducted a two-armed, open-labelled, randomized controlled trial (RCT) to compare Biatain® Silicone (Coloplast) versus standard of care (SOC) in chronic wounds with a depth down to 20mm.[1] SOC was defined as the use of Aquacel® Extra Hydrofiber® (ConvaTec) as a filler and Mepilex® Border (Mönlycke) as a secondary dressing. This was a non-inferiority study involving 102 patients across 10 hospitals and research centres in the United Kingdom from February to December 2023. Key eligibility criteria include:

- Venous leg ulcers (VLUs) and diabetic foot ulcers (DFUs) with a duration of 8 weeks to 24 months
- Wound depth up to 20mm
- Non-infected wounds with exudate levels requiring a filler and standard secondary dressing
- Compression therapy for VLUs and offloading for DFUs as per local best practices

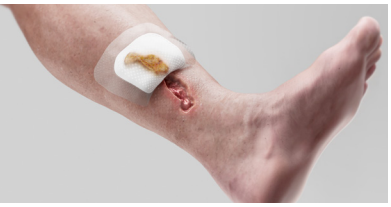
Results were evaluated after four weeks. The primary endpoint of the study was wound area reduction (WAR). The study found that there was a greater mean reduction in WAR for patients using Biatain® Silicone (54.3%) compared to SOC (43%). These results were not statistically significant ($p>0.05$) and showed that Biatain Silicone was equally effective as the two dressing regimen. The secondary

1. Vogeli, D., Clinical performance and cost effectiveness of a Silicone foam with 3DFit™ Technology in chronic wounds compared with standard of care: An open randomised multicentre investigation. Accepted for publication IWJ, 2024

endpoint of this study was the total treatment cost during the investigational period (i.e., number of dressings and unit costs in £). [Editor's note: £1 equals approximately $1.86 CDN.] The study found that there was a 47% product reduction when using Biatain® Silicone (5.6 dressings) compared to SOC (10.6 dressings). This translates to an estimated mean total cost reduction of £7.1 (£14.3 for Biatain® Silicone vs. £21.4 for SOC). These results were statistically significant ($p<0.05$). This is an important finding with practical implications – a reduction in dressing products means a reduction in waste. This study demonstrated that Biatain® Silicone provides comparable clinical outcomes versus SOC while reducing workload and waste (i.e., dressings and dressing changes). Biatain Silicone was shown to be as effective and cost significantly less than the standard of care.

How Evidence Informs Practice

Colboc et al. conducted an observational (Observatoire en Ville de Plaies ExSudatives (VIPES)) study in 2024 to evaluate the effects of Biatain® Silicone on wound healing.[2] This observational study was conducted in France and involved 103 nurses and 407 patients. Specifically, 64 patients were using the Biatain® Silicone dressing. This study included both chronic (58%) and acute (42%) wounds. Mixed etiology leg ulcers and traumatic wounds were the most common (33% and 28%, respectively). Others include pressure injuries, diabetic foot ulcers, malignant wounds and surgical wounds. At baseline, a majority of the wounds had exudate pooling (69%). More than half the wounds had unhealth wound edges (52%). Some of the wounds had unhealthy periwound skin (30%). At the 22.5 day follow-up, the study found that 73% of the wounds were progressing to healing, and within that 73%, a quarter of those wounds (25%) were healed. Majority of the nurses involved found that the Biatain® Silicone dressing conformed closely to the wound bed (93%) and reported that the wounds have improved (88%). More importantly, 85% of the patients felt that their wounds have improved. This study not only demonstrates that Biatain® Silicone can support the healing of complex wounds by effectively managing the gap between the dressing and the wound bed. It also highlighted the positive patient experience. Greater dressing comfort may lead to greater patient adherence. The user-friendliness of the dressing enhances patient autonomy and potentially decreases nursing workload. The extended wear-time allows for undisturbed wound healing and decreases health care resources.



Paddy Markey is a global member of the Coloplast team with extensive experience in the medical device industry.

Jason Lau RN MScCH IIWCC NSWOC WOCC© is a wound care consultant specializing in complex wound, ostomy, and continence management across acute, community, and long-term care settings. He currently serves as a Wound & Ostomy Nurse Specialist at Michael Garron Hospital and as an NSWOC with WHA Home HealthCare.

Jordan Smart MClSc-WH BN RN NSWOC WOCC© graduated with a Bachelor of Nursing from the University of Lethbridge in 2013. He began his career in Home Care and the Wound Clinic in Lethbridge, Alberta, where he developed a deep passion for wound care. Jordan is a Clinical Nurse Specialist who support Seniors Health within Alberta Health Services. Lethbridge, Alberta, where he developed a deep passion for wound care. Jordan is a Clinical Nurse Specialist who support Seniors Health within Alberta Health Services.

2. Colboc, Hester, et al. "Performance of a silicone foam dressing in management of wounds in a community setting: a sub-analysis of the VIPES study." Journal of Wound Care 33.8 (2024): 542-553

To access the full presentation, click here:
Coloplast On-Demand Sponsored Presentation

Coloplast