

# USE OF NEGATIVE PRESSURE WOUND THERAPY WITH A NEW WOUND CONTACT LAYER: RESULTS OF A CLINICAL EVALUATION

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## INTRODUCTION

The characteristics of some acute and chronic wounds (extent, depth, exudates volume, infection, etc.) seen in our daily practice often require advanced therapies, including negative pressure wound therapy (NPWT).

One of the recognized challenges of NPWT is adherence of the foam to the wound bed, inducing pain at the time of dressing changes. To help prevent this disadvantage, we often use a non-adherent wound dressing between foam and wound bed. This clinical evaluation was conducted to assess the acceptability of a novel wound contact layer, used in combination with NPWT, in the local management of acute and chronic wounds.

## METHODS

This was a prospective, multicenter, non-comparative, open-label evaluation. At each dressing removal, the investigating physician performed a clinical evaluation and a pain assessment. At baseline and at the end of the NPWT therapy, the investigator measured wound size

and depth (if subcutaneous tissue involved), and photographed the wound. Follow-up was continued until NPWT was discontinued.

## RESULTS

Sixty-six patients were included (42 acute wounds and 24 chronic wounds) Mean follow-up period was 17 days. The baseline characteristics of the patients and the wounds are presented in Table 1.

Dressing changes were deemed entirely painless in 52% of cases (compared with 18% at inclusion) and pain between two consecutive dressing changes was absent in 66% of cases (34% at inclusion). Removal of the foam and contact layer dressing was considered 'very easy' or 'easy' in 94% of cases and adherence to the wound was recorded as 'absent' in 88% of dressing changes. On average, the dressings were changed every  $3.8 \pm 1.1$  days (all wounds considered). Wound area and depth were reduced by 19% and 54%, respectively, by the end of the follow-up period.

<b>Gender</b>	66 (100%)
Male	45 (68.2%)
Female	21 (31.8%)
<b>Age (years) Mean ± SD</b>	57.3 ± 19.4
Male	57.4 ± 18.4
Female	56.9 ± 22.1
<b>Type of the Wounds</b>	
Acute wounds	42 (63.6%)
Chronic wounds	24 (36.4%)
<b>Duration of the wounds (days)</b>	
Acute wounds	15.8 ± 20.0 days
Chronic wounds	225.7 ± 313.1 days
<b>Surface area (cm<sup>2</sup>)</b>	111.7 ± 126.7
Mean ± SD [Min; Max]	[3; 550]
<b>Depth (mm) n = 54</b>	36.3 ± 32.1
Mean ± SD [Min; Max]	[5; 175]
<b>Infected Wounds</b>	
Yes	28 (42.4%)
No	38 (57.6%)

**Table 1:** Baseline characteristics of patients and wounds



**Case 1** Large excision



**Case 1** Use of the new contact layer on the bed wound



**Case 1** Melanoma



**Case 1** Post-treatment

## CONCLUSION

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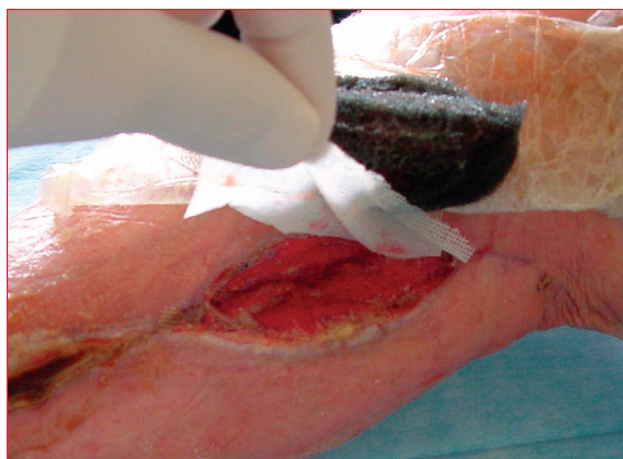
These novel contact and non-adherent foam dressings seemed to meet these patient's needs. These cases were terminal and the goals included comfort and improved quality of life rather than wound healing. The caregivers involved in these cases were pleased with the results of using this dressing. They identified advantages to the use of this product, as well as, the primary goals of patient comfort, and absorbency.



**Case 2** Initial aspect



**Case 2** Use of new contact layer on the bed wound



**Case 2** Atraumatic removal of the contact layer

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