

Exploring the value of a silicone coated dressing for inclusion on a local formulary

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Introduction

There are three fundamentals of wound healing that are of prime importance:

- Preparing the wound to heal
- Achieving full wound closure
- Realising essentials 1 & 2 in a cost effective manner

The Eastbourne Wound Healing Centre CIC (EWHC), was invited to produce a formulary for use over a Consortium of 22 Medical Centres. This area covered 124 Care Homes, 22 surgeries and 5 community nursing teams. Within this area there were approximately 1,000 nurses and carers. To ensure that education was optimised it was vital to produce a formulary that not only gave opportunity for clinical efficacy, but also cost effectiveness. Therefore, each product on the formulary was investigated for clinical efficacy and cost. This poster describes the process and outcome of the investigation into one product, a silicone coated dressing, Silflex® (Advancis Medical).

Method

EWHC investigated the silicone coated dressing in three ways:

- A meta analysis of 16 case studies (see bibliography) undertaken on a multinational level
- An evaluation within EWHC of 10 patients
- A user evaluation from nurses within the community

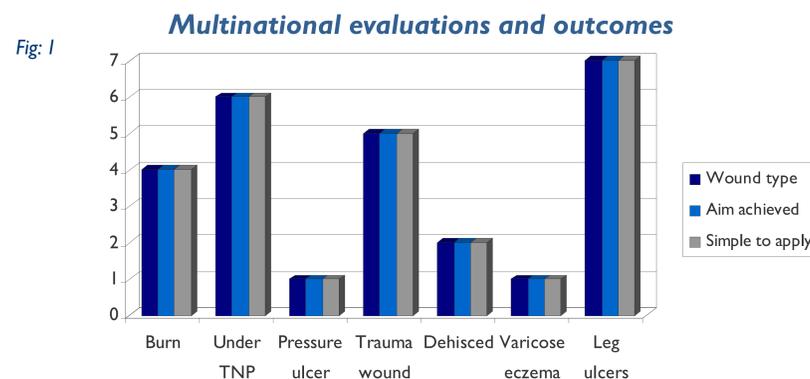
Advancis Medical was approached for any data that they had in house. A literature search was undertaken using Pubmed and the internet and the data was collated. At the same time, EWHC reviewed 10 patients using the silicone coated dressing and collecting data and outcomes. The review looked at pain reduction, patient acceptability and cost.

The results from the local evaluation and from the reports and articles demonstrated that this was a product that would be useful in reducing pain, protecting wounds, applying creams to the wound through the net material and was less cost than the product commonly used prior to the formulary. These results will be presented in graph form with outcomes.

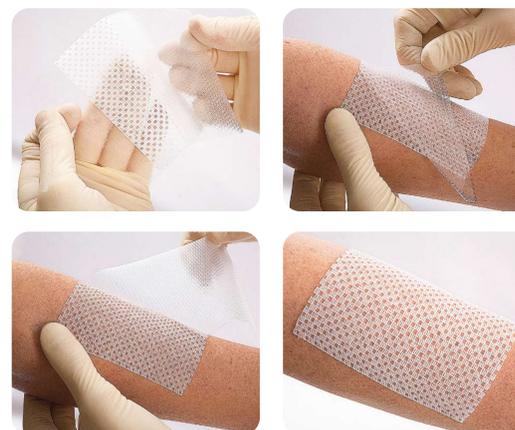
In each of the multinational evaluations the primary aim was not necessarily healing. In the case of wounds requiring Topical Negative Pressure (TNP), the aim was to protect underlying structures. In the case of burns, the overriding aim was to heal without scarring. In the EWHC, the aim was to provide a cost effective non-adherent dressing for the formulary.



Methods in each study varied but each had a desired outcome that could be measured in successful outcomes. Fig. 1 demonstrates that in each case, the desired outcomes were achieved.



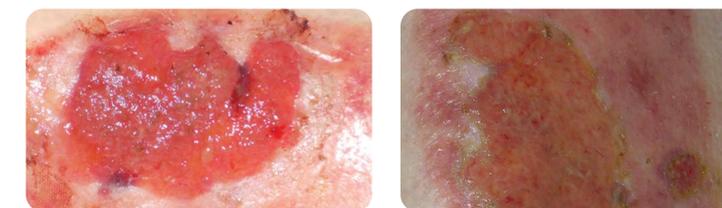
Silflex® is a soft silicone hydrophobic dressing which does not adhere to moist wounds. The silicone helps maintain a moist wound healing environment and makes it ideal as a non-adherent wound contact dressing. Soft silicone dressings do not damage newly formed granulating tissue or epithelial cells and do not lose their adhesion after initial application. This can help achieve an optimum dressing environment without wastage.



Conclusion

It is important when producing a formulary to ensure the product is acceptable to the user, as well as the patient and is a 'like for like' or better than, any similar product being replaced on the formulary. Cost is also a major issue and cannot be ignored. Therefore, this method of engaging the users and

understanding the product value through a meta analysis and through a local evaluation was extremely useful.



*Skin graft donor site that failed to heal

*Wound site after 8 days using Silflex®



*General varicose eczema thought to have developed secondary to trauma associated with a secondary dressing.

*Wound site after 14 days of using Silflex®

Following the positive outcome of this investigation, the silicone coated dressing was placed on the local formulary. This will be followed by regular discussions with the Tissue Viability Link Nurses and Carers throughout the community to ensure that the product meets their needs when caring for their patients.

Bibliography

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* Taken from Wounds UK - Case reports using Silflex® soft silicone wound contact dressing by Pam Cooper et al, 2010

