Sorbion Dressings: Using One Dressing Product to Manage a Variety of Symptoms Affecting Wounds

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Introduction

Wound healing is often delayed by a variety of factors such as infection or exudate levels and relies on the clinician identifying the most appropriate dressing product to manage and reduce the symptoms based on accurate assessment.

Using a variety of dressing products to manage the ever changing wound bed status may prove to be costly with frequent product changes meaning unused products are being wasted with the risk of the new product still not being suitable for that wound.

In clinical practice having access to a multi-use, clinical and cost effective dressing is becoming ever more important, not only in terms of savings to be made but in ease of use.

This evaluation demonstrates how the selected sorbion dressing can be used to promote optimal wound healing conditions in wet wound management; without the use of both frequent dressing changes and multiple dressing products. It also takes into account the patients' experience in terms of comfort and pain relief.

Method

The evaluation was undertaken during the period from June to August 2011.

20 wounds were identified. 16 from District Nurse case loads including the Leg Club, 3 from Podiatry Specialists and one assessment was included from the Lymphoedema Nurse Specialist.

All wounds had previously been treated with a variety of wound dressing products which were then substituted solely by either the sorbion sachet S or the sorbion sana dressing. The sorbion sachet S dressing constituted 90% of the evaluation. The sorbion sana dressing constituted the remainder.

Duration of wound was variably recorded, but all wounds could be considered chronic from their duration:

- Granulating 1
- Macerated 4
- Sloughy 9
- Critically colonised 6
- Infected 1

Stage of Healing

- Infected 1
- Critically colonised 6
- Sloughy 9
- Macerated 4
- Granulating 1

Wound Types

- Leg ulcers 14
- Pressure ulcer 1
- Fungating wounds 3
- Sinus 1
- Lymphorrhoea portals 1

Wound Location

- Gaiter area 5
- Lateral malleolus 3
- Breast 2
- Ankle 2
- Heel 2
- Sacrum 1
- Medial malleolus 1
- Knee 1
- Medial foot 1
- Lymphoedema limb 1

Exudate Levels

- Exudate + 1
- Exudate ++ 2
- Exudate +++ 17

Results

- 19 clinicians reported that the dressing stayed in situ with no slippage.
- 19 clinicians reported the dressing was easy to remove.
- 19 patients reported the dressing was acceptable to them.
- 20 clinicians said they would choose the product again.

Wound Management Outcomes and Comments

Exudate: Performance outcomes demonstrated the dressings’ ability to manage exudate and thus manage or reduce maceration with all participants experiencing better exudate management resulting in less peri-wound maceration.

Odour reduction was reported on several occasions indicating that bacterial presence was being managed and reduced. There were no reports of infection spreading from any of the wounds.

Debridement: 7 of the 9 sloughy wounds were reported as showing a reduction in devitalised tissue. Slough was reported to have “receded immediately” or “debridement occurred” thus demonstrating the ability of the sorbion dressing to facilitate debridement and promote a clean wound bed. New granulation tissue was reported in 3 wounds.

Wound size reduction was observed and in one case a wound was reported to have achieved full healing. Documentation indicated that the average time period for which the dressing was applied was 8 weeks; though as previously stated all wounds could be considered chronic from their duration and in some instances the sorbion dressing application remained ongoing at the end of the ‘evaluation period’ e.g. fungating breast tumour.

Critical colonisation/infection: In addressing the above symptoms which can all be said to be signs of infection it can be surmised that the sorbion range of dressings has a positive effect in the reduction of critical colonisation or infection on the wound bed.

Conclusion

A range of chronic wound types were included in this product review and all exhibited either slough, localised infection, maceration or a combination of these together with pain at the wound site.

Results indicate that sorbion dressings can be used for a wide range of ‘wet wounds’. Additionally, a single sorbion dressing can be used to resolve a range of problems which typically prevent healing progression (rather than a variety of dressings).

Managing this range of symptoms with one type of dressing rather than a variety of dressings generally progressed the healing rates, potentially shortening the treatment time.

The overall cost of managing these wounds has been reduced due to the smaller number of products used, the ability of the sorbion dressings to manage a variety of symptoms simultaneously, coupled with a reduction in dressing frequency. Further cost analysis would be needed to verify this.