A CLINICAL EVALUATION OF AQUACEL® FOAM DRESSING IN PRIMARY CARE

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Introduction:
AQUACEL® Foam dressing is an extension to the Hydrofiber® family of dressings. Both AQUACEL® Foam adhesive dressing and AQUACEL® Foam non adhesive dressing were used in a series of case studies to determine:
• Clinical benefits to wounds,
• Benefits for patients
• Benefits to clinicians

This poster presents the outcomes of these case studies, demonstrating the experiences of clinicians relating to the efficacy of this dressing and patient related outcomes.

Methodology:
AQUACEL® Foam dressing was evaluated within one District Nursing Team. Following an holistic assessment of patients whose wounds required management of exudate, a clinical decision was made to dress their wounds with AQUACEL® Foam dressing. According to the needs of the patient, either the adhesive or non adhesive versions were applied. Clinical data was collated on an evaluation form at each visit, by the District Nurse.

Clinical data collected for each case study included:
• Exudate management
• Tissue type
• Patient comfort
• Condition of surrounding skin
• Frequency of dressing changes
• Pain experienced by patient
• Wound size

AQUACEL® Foam dressing was applied for a total of four weeks for each patient and each wound was photographed throughout the course of treatment.

Results:
In all cases:
• The wounds progressed towards healing
• Exudate was managed effectively
• Peri-wound skin improved
• Patients did not experience pain or discomfort whilst wearing this dressing
• Patient comfort was reported as excellent or good
• Frequency of dressing changes stayed the same, however there was an improvement noted in peri-wound skin condition in all cases

An added benefit noted was the dressings ability to aid debridement as illustrated in Figs 1-3.

Discussion:
This series of case studies demonstrates that exudate can be managed effectively by AQUACEL® Foam dressing, which is important; as poorly managed exudate is serious and can affect many aspects of patients’ lives (Adderley, 2008). Poor exudate management can cause macerated surrounding skin and malodorous wounds (Fletcher, 2002).

The patients included in this evaluation who had pressure ulcer’s with cavities, were able to have them filled with either AQUACEL® Ribbon™ dressing or AQUACEL® Extra™ dressing as required, with AQUACEL® Foam adhesive dressing as a secondary dressing. These dressings have been designed to work together, reassuring prescribing practitioners of their ability to work in harmony to the benefit of the patient and prescriber.

Conclusion
Clinicians observe and manage highly exuding wounds on a daily basis. Attempting to provide clinically effective care; whilst being cost effective in dressing choices. AQUACEL® Foam dressing meets these challenges and complement’s the existing Hydrofiber® products range in the management of exuding wounds.

References:

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