

Wounds UK

Consensus guidance for the use of Adaptic Touch[®] non-adherent dressing

Janice Bianchi*, Simon Barrett, Fania Pagnamenta,
Fiona Russell, Sandra Stringfellow, Pam Cooper

Consensus guidance for the use of Adaptic Touch® non-adherent dressing

In spring 2011, a multidisciplinary group of clinicians formed a post-launch focus group to discuss their experiences of using Adaptic Touch® non-adherent dressing in clinical practice. The information gained adds to the research already available on the product, which was presented in a review (Bianchi and Gray, 2011) and suggested that the *in vivo* evidence, along with pre-launch focus groups and case reports, indicated that the product performed well in both laboratory and clinical settings. The post-launch focus group discussed properties such as initial adherence to the wound bed, ease of application and removal, atraumatic dressing changes and cost-effectiveness, offering an invaluable insight into how the product functions in practice.

Janice Bianchi*, Simon Barrett, Fania Pagnamenta, Fiona Russell, Sandra Stringfellow, Pam Cooper

KEY WORDS

Non-adherent primary contact layers
Atraumatic
Cost-effectiveness
Adaptic Touch®

A wide range of non-adherent primary contact layers are available in the wound care market. The desirable features of these products include:

- ▶▶ Conformability to the wound bed
- ▶▶ The ability to stay *in situ* over wear time
- ▶▶ Transmission of wound exudate to the secondary dressing
- ▶▶ Minimal trauma on removal
- ▶▶ Ease of use.

One such dressing is Adaptic Touch® (Systagenix). A review of the *in vivo* evidence along with pre-launch focus groups and case reports indicated that the product performed well in both laboratory and clinical

All authors were members of the post-launch focus group
* Chair of the panel. Full author details in Box 1

settings (Bianchi and Gray, 2011). Post-launch focus groups offer valuable insight into how well products function in the clinical setting over time. This article explores the experiences of

Post-launch focus groups offer valuable insight into how well products function in the clinical setting over time. This article explores the experiences of one such post-launch focus group who have been using Adaptic Touch for some time in their clinical practice.

one such post-launch focus group who have been using Adaptic Touch since the product was launched in the UK in their clinical practice. The focus group consisted of specialist clinicians from both primary care and acute settings (Box 1).

The dressing

Adaptic Touch silicone dressing is a non-adherent, flexible, open-mesh primary wound contact layer composed of cellulose acetate coated with a soft tack silicone. It is

designed to stay in place unassisted during dressing application, and to be atraumatic with regard to both the wound and surrounding skin during dressing change. The atraumatic nature of the dressing also helps to reduce pain during dressing change.

The cellulose acetate-knitted mesh is designed to be non-adherent and to allow the passage of exudate into an absorbent secondary dressing. The cellulose acetate in the dressing is coated with a soft silicone. The soft tack silicone assists dressing application, prevents adherence of the secondary dressing to the wound and on removal is atraumatic to the wound and surrounding skin. A similar soft silicone coating is found on Adaptic® Digit Non Adhering Dressing (Systagenix).

Clinical experience of Adaptic Touch Dressing adherence

Adherence of dressing materials to the wound bed or surrounding skin can damage newly-forming cells and cause distress to the patient (Cooper et al, 2006; Woo and Sibbald, 2008). Woo and Sibbald (2008) suggest pain is common in chronic wounds and that it may be exacerbated at dressing change. Additionally, skin weakens naturally as it ages and thus is more

prone to damage during dressing changes (Cooper et al, 2006).

Adherence to the wound bed and being conformable were the first topics that the post-launch focus group discussed (Figure 1). There was agreement that, from clinical experience, the product adheres well to the wound bed and is as conformable or superior to many other contact layers. It was also noted that for nurses working in the community where access to the wound can be challenging and they may be working against gravity, e.g. back of a leg when the patient is seated, the dressing stayed in place with good adherence allowing time to apply the secondary dressing. A degree of tension was observed over the skin surrounding the wound on initial application, however over time as the dressing lost tackiness, this tension was no longer evident.

The members of the focus group all agreed that the dressing was particularly useful for digits, due to initial adherence and ease of removal.

Ease of removal

In clinical practice, the participants of the focus group had found the dressing easy to remove, and it was suggested that the loss of tack over time was a contributory factor to this. On removal, small globules of silicone were observed on the surrounding skin of a few individuals where the skin was intact. This did not cause concern, but the participants thought it would be useful to pass this information on to others who may use the dressing.

Exudate management

Exudate from chronic wounds can slow down or even stop proliferation of key cells such as keratinocytes, fibroblasts and endothelial cells (Falanga, 1999). Maceration of the tissue can also occur. Passage of exudate through the wound contact layer into the secondary dressing is therefore important to minimise damage to the wound site.

Considering this, the experience

BOX 1

Members of the multidisciplinary group

- ▶ Janice Bianchi, Medical Educational Specialist, Glasgow, Honorary Lecturer Glasgow University
- ▶ Simon Barrett, Tissue Viability Nurse, Humber NHS Foundation Trust
- ▶ Fiona Russell, Clinical Nurse Specialist, NHS Grampian, Aberdeen
- ▶ Sandra Stringfellow, Clinical Nurse Specialist, NHS Grampian, Aberdeen
- ▶ Pam Cooper, Clinical Nurse Specialist, NHS Grampian, Aberdeen
- ▶ Fania Pagnamenta, Nurse Consultant (tissue viability),

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of the focus group was that the dressing performed well in wounds where exudate levels were high. One participant only used Adaptic Touch on wounds producing low to medium levels of exudate, and clinical observation of the wound on removal of the dressing was that there was no sign of maceration of the surrounding skin. One participant noted that when Adaptic Touch was used under a topical negative pressure (TNP) device, there were less observable buds of granulation tissue coming through the dressing than with some other similar products. This positive feature was attributed to the size of the pores in the dressing.

General observations

One of the key features of the dressing was that due to its adherence on application, it allowed time to work and get secondary dressing in place

Cost-savings, compared to other

similar products, was also a key factor. One of the participants has changed from a more expensive product to Adaptic Touch, with predicted cost-savings to the trust of £40,000.

Practical aspects of handling the dressing (i.e. ease of use) were also raised. The participants felt that the product handled well with gloved hands. However, one participant mentioned that, as with other products with similar profiles, the packaging can be difficult to open with gloved hands.

One participant suggested that the dressing had advantages over other similar products, particularly when working with children where a relatively quick dressing change can reduce emotional distress for the child and parent.



Figure 1. Adaptic Touch dressing is a conformable contact layer.



Figure 2. The pore size of Adaptic Touch allows visibility of the wound beneath, without the need to remove the dressing and disturb the wound.

The type of wounds on which the participants were using Adaptic Touch was another issue that the focus group thought worthy of discussion. A wide range of wounds were considered suitable, including:

- ▶▶ Superficial wounds
- ▶▶ Minor injuries
- ▶▶ Lower leg wounds with low to medium levels of exudate (venous leg ulcers, arterial ulcers)
- ▶▶ Digits
- ▶▶ Burns
- ▶▶ Under negative pressure wound therapy (NPWT)
- ▶▶ As a secondary dressing to hold primary dressing in place, e.g. honey dressings
- ▶▶ Skin tears (can be cut into strips or used in its entirety in place of steri strips)
- ▶▶ Paediatric wounds.

Finally, the colour coding of the package (i.e. blue, indicating that this product offers comfort) was seen as helpful in aiding appropriate use.

... pre-launch focus groups and the case reports indicate that Adaptic Touch non-adherent primary contact layer is clinically effective with regard to ease of application, free flow of exudate to the secondary dressing and causing minimal or no trauma on removal.

Overall, the quality of the product was identified as being positive (good finish on edges), along with its ability to perform as well as, or better than products with similar qualities.

Conclusion

The data generated from the laboratory, pre-launch focus groups and the case reports indicate that Adaptic Touch non-adherent primary

contact layer is clinically effective with regard to ease of application, free flow of exudate to the secondary dressing and causing minimal or no trauma on removal. The information gained from the post-launch focus group enhances our understanding of the product and its performance over time.

The dressing performed well when applied to different wound types, as above, in a variety of clinical settings, such as primary and secondary care, and within secondary care paediatrics, burn units and minor injury departments. In clinical situations the product was rated as being as good as, or better than products with similar properties and its cost-effectiveness was highlighted as an important factor: **WUK**

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Key points

- ▶▶ Post-launch focus groups offer insight into how well a product performs in clinical practice over time.
- ▶▶ Initial adherence to the wound bed, ease of use and removal and exudate management, were highlighted as being positive aspects of the dressing by the focus group.
- ▶▶ Cost-effectiveness and cost-savings were also seen as an important consideration.