

EASE OF HANDLING STUDY OF A SILICONE COATED PRIMARY WOUND CONTACT LAYER: CLINICIANS PERSPECTIVES



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ABSTRACT

Aim

Primary wound contact layer dressings are used to prevent adhesion between layers of healing tissue and conventional absorbent dressings. They typically resemble gauzes coated with a tacky, low adherent layer. The aim of this study was to evaluate the ease of handling of five commercially available primary wound contact layer dressings through first hand feedback from various clinicians.

Method

Thirteen (13) clinicians were asked to provide feedback on a number of different wound contact layers including a new non-adhering silicone primary wound contact layer via open discussion and a questionnaire during a focus group session. The clinicians were from a range of disciplines including tissue viability nurses, community nurses, podiatrists, dermatology specialists, wound therapist and a general practitioner (GP). The interactive session focused on how easily the clinicians felt each product would be to open the packaging, handle the product and apply on a patient. Scissors, gloves and forceps were provided to simulate clinical practice.

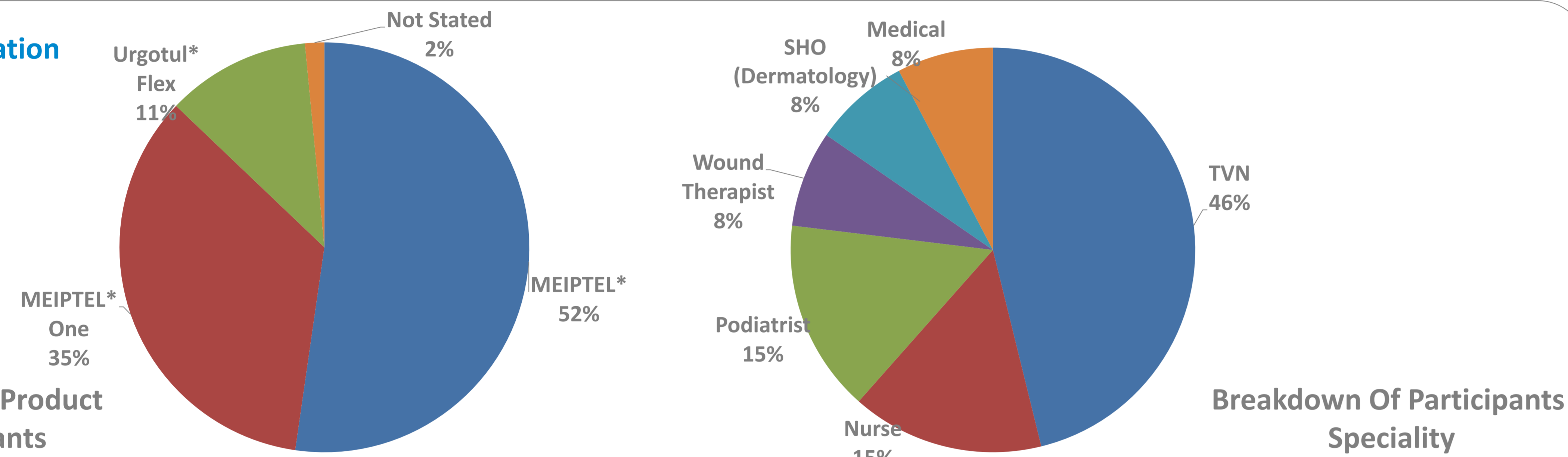
Results

The new non-adhering silicone primary wound contact layer consistently received positive feedback and was particularly favoured by the clinicians on its ease of cutting.

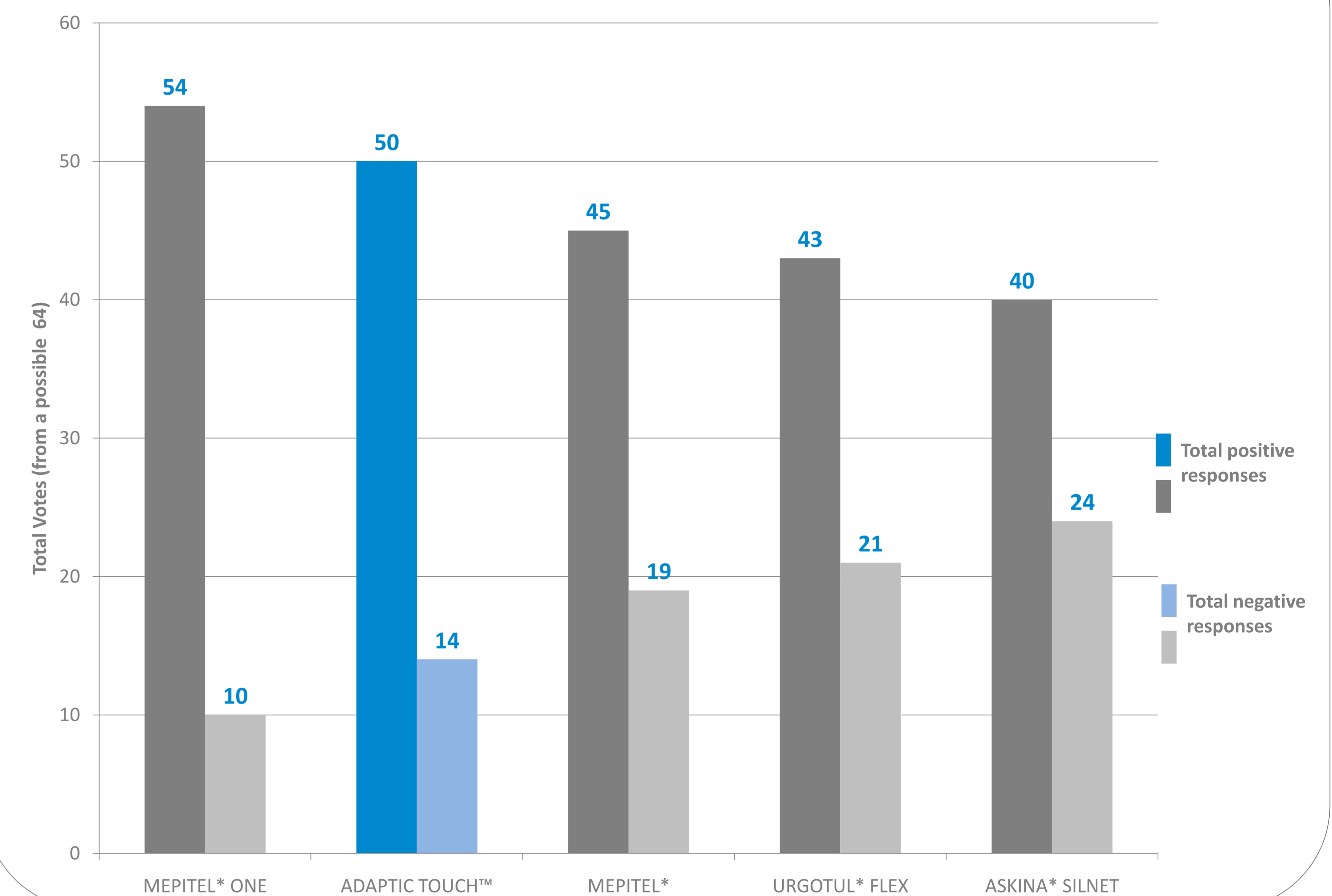
Conclusion

A range of primary wound contact layer dressings were assessed for their ease of handling. Clinicians were asked to provide their feedback on how they feel each dressing would perform in a clinical situation. The new non-adhering silicone coated wound contact layer was well received and had favourable responses with regard to ease of handling.

Participant Information

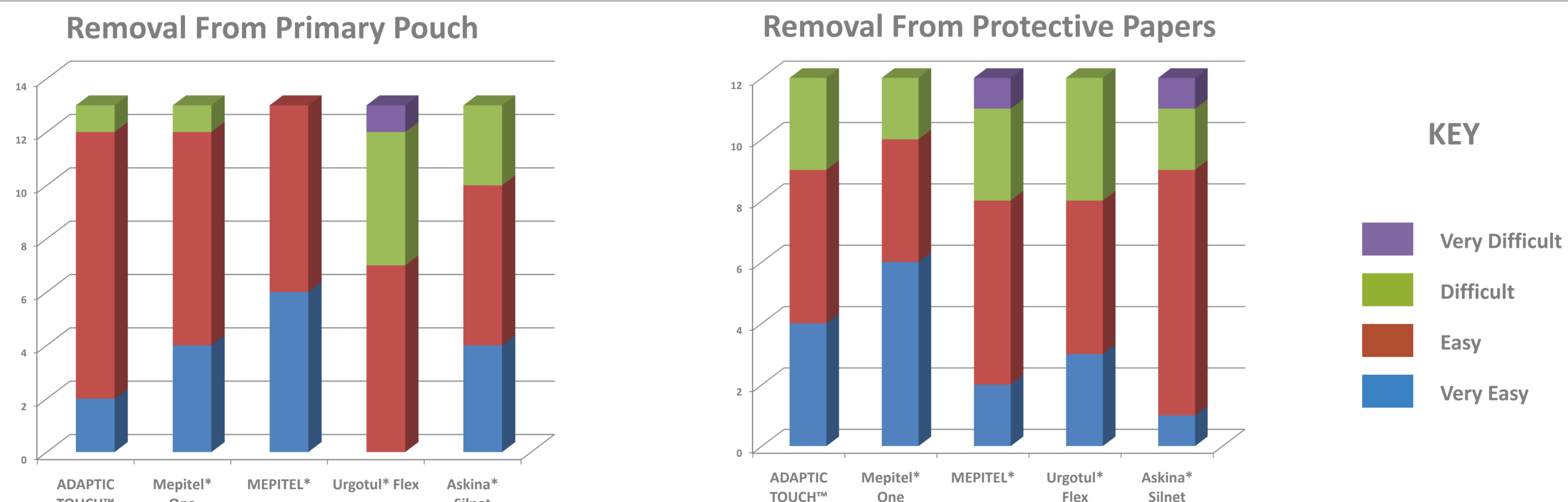


Summary of Total Positive and Total Negative Responses



Study Results

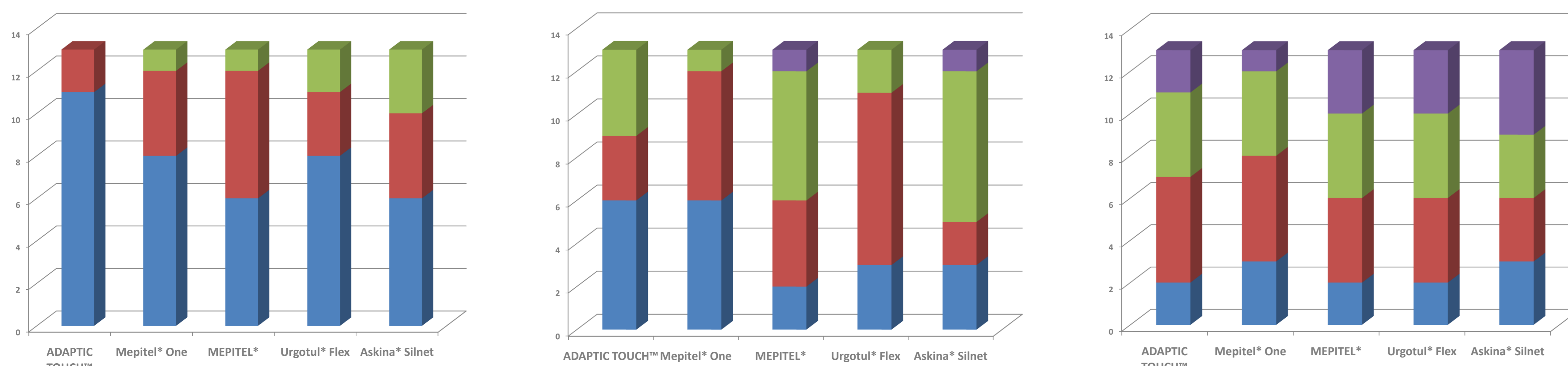
Responses per Question per Dressing



Cutting To Shape

Application Wearing Gloves

Application With Forceps



Conclusion

Seventy percent of the clinicians included in the study were users of one or more of the commercially available products under assessment. No clinicians had prior knowledge of the new dressing as it was not commercially available at the time of the study.

This notwithstanding, when comparing ADAPTIC TOUCH™ to the other two sided products under evaluation (MEIPTEL*, URGOTUL* Flex and ASKINA* Silnet), ADAPTIC TOUCH™ received the highest number of positive responses and the lowest number of negative responses.

The results demonstrate that ADAPTIC TOUCH™ was easy to handle even when compared to products with which the clinicians were familiar.

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