

PERFORMANCE OUTCOMES OF A NEXT-GENERATION FIVE-LAYER FOAM DRESSING IN THE MANAGEMENT OF PRESSURE ULCERS

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Introduction

Pressure ulcers remain a significant clinical challenge, particularly in older adults with multiple comorbidities [1]. Effective exudate management is a critical component of pressure ulcer care, as excessive or poorly controlled exudate can delay healing and increase the risk of peri-wound maceration [2].

Methods

A sub-analysis of a retrospective, real-world cohort focusing exclusively on pressure ulcers was conducted, examining performance outcomes and healthcare professional (HCP) experience, of a next-generation five-layer foam dressing*. This analysis was conducted across two healthcare organizations in the United States (US), in post-acute care settings including homecare, outpatient clinics and skilled nursing facilities.

Outcomes were assessed from treatment commencement with the next generation five-layer foam dressing to treatment discontinuation. Descriptive analyses were performed at the wound level. Continuous variables were summarised using mean, median, standard deviation, and range. Categorical variables were summarised using frequencies and percentages.

Results

16 pressure ulcers from 16 patients were analysed. Patients had a mean age of 74.3 years and a high prevalence of comorbidities. The ulcers were predominantly located on the sacrum (62.5%), and the median ulcer area was 3.75 cm² at treatment commencement.

Over a mean treatment duration of 44.8 days, peri-wound condition improved substantially. The number of wounds exhibiting maceration decreased from 68.8% at treatment commencement to 0% at treatment discontinuation, and those presenting with healthy peri-wound skin increased from 25.0% to 93.8%. Exudate levels improved or remained stable in all ulcers. The median absolute area change in these ulcers was -0.63 cm², corresponding to a median percentage reduction of -24.9%.

HCP-reported outcomes were consistently positive. Overall dressing performance exceeded expectations in 94% of cases, with similarly high ratings for exudate retention, wear time, and ease of removal.

Conclusions

This sub-analysis demonstrates that the use of this next-generation five-layer foam dressing was associated with meaningful improvements in peri-wound condition and favourable clinician-reported performance in the management of pressure ulcers. These findings support the role of five-layer foam dressings as part of comprehensive pressure ulcer care in real-world clinical settings.

Conflict of Interest

Research funded by Smith+Nephew. Ms. Milne and Dr. McFee are engaged in consulting agreements with Smith+Nephew. Mr. Tompkin and Ms. Megginson are employees of Smith+Nephew.

References

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