



+ Evidence in focus

Applying a new clinical decision making tool to help manage wounds with RENASYS[®] Traditional Negative Pressure Wound Therapy System (tNPWT) and PICO[®] Single Use Negative Pressure Wound Therapy System (sNPWT)


+ Plus points



10 consensus statements on **how and when to use NPWT**, plus when to **transition between tNPWT and sNPWT**¹






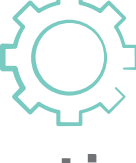
Clinical decision tree on when to use **RENASYS tNPWT** or **PICO sNPWT** for **acute and chronic wounds**¹



First negative pressure wound therapy (NPWT) guidelines to consider **operational and financial factors** as well as clinical outcomes¹

Current practice & challenges with NPWT

Several factors may influence the choice of NPWT system:²

 <p>Clinical</p> <p>Wound type, size, depth and amount/type of exudate; nurse confidence with application</p>	 <p>Financial</p> <p>Economic rationale, reimbursement, length of stay</p>
 <p>Patient</p> <p>Quality of life, compliance and tolerance of pain</p>	 <p>Operational</p> <p>NPWT logistics and discharge plans</p>

Healthcare professionals (HCPs), medical directors and procurement have a need for:²

- Evidence-based guidance on which type of system to use for different wound types and patient profiles
- Solutions to address financial and operational inefficiencies, including reductions in length of hospital stay and improvements to the patient discharge process

Development of guidelines for NPWT systems

A consensus panel of **8 experts on use of NPWT** in acute and chronic wounds from **Canada, Spain, the UK and USA** was convened to:¹

- Provide insights on which type of NPWT to use and when
- Develop a practical decision making tool to guide appropriate use of tNPWT and sNPWT

Final recommendations and the decision making tool were based on:¹

Therapeutic goals	Care settings
Wound-related factors	Economics
Patient adherence	NPWT logistics
Patient quality of life	Administration

10 consensus statements to help guide use of tNPWT and sNPWT, which consider:¹

- Whether to use tNPWT or sNPWT
- When to transition between tNPWT and sNPWT
- When to use sNPWT first line, to improve patient satisfaction, to facilitate patient discharge into community settings and to reduce overall costs


Clinical decision tree

Guidance on when to use tNPWT and sNPWT to help manage acute and chronic open wounds based on:¹

Wound size and depth

Volume of exudate

Management capacity of the NPWT system




First tNPWT and sNPWT guidelines to consider **financial and operational factors**, as well as clinical outcomes to optimise patient care and healthcare system expenditure¹

How this applies to RENASYS tNPWT and PICO sNPWT


When applying these guidelines to use of RENASYS tNPWT and PICO sNPWT, consider the following requirements:

Use RENASYS tNPWT when the wound:¹



- is too big for a PICO sNPWT dressing,
- has high exudate levels, and
- requires a filler

Use PICO sNPWT when the wound:¹



- fits easily under a PICO sNPWT dressing,
- has low to moderate exudate levels, and
- may or may not require a filler (depending on surface area and depth)

Clinical, patient, financial and operational factors can help identify when to consider PICO sNPWT for first-line use:¹

- To **improve patient satisfaction** and quality of life
- For ambulatory patients** returning to work or having challenges accessing follow-up appointments
- To help **reduce healthcare costs and transition patients from inpatient to outpatient care**

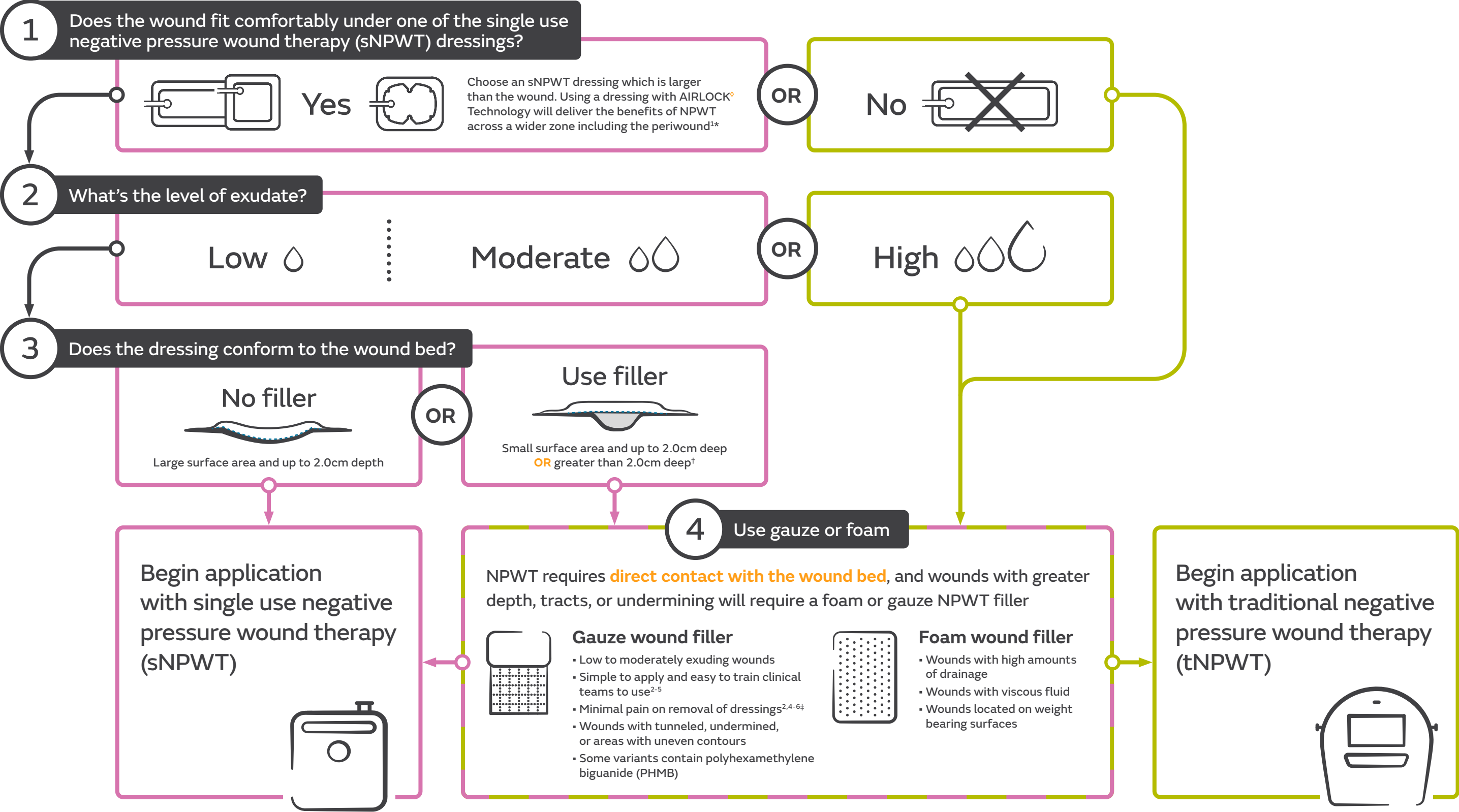
For detailed product information, including indications for use, contraindications, precautions and warnings, please consult the product's applicable Instructions for Use (IFU) prior to use.

References: 1. Hurd T, Kirsner RS, Sancho-Insenser JJ, et al. International consensus panel recommendations for the optimization of traditional and single-use negative pressure wound therapy in the treatment of acute and chronic wounds. Wounds. 2021;33(suppl 2):S1–S11. 2. Kirsner RS, Hurd T. Assessing the need for negative pressure wound therapy utilization guidelines: an overview of the challenges with providing optimal care. Wounds. 2020;32(12):328–333.

Consensus statements¹

- 1 Initiation of NPWT should be considered when there is a need to:
 - Promote granulation tissue
 - Prepare a wound for closure – whether through use of an autograft, use of other advanced wound care modalities, delayed primary closure, or secondary intention
 - Control oedema
 - Manage exudate
 - Achieve wound stabilisation
 - Assist in stabilisation of patients with complex and traumatic wounds
- 2
 - Wounds appropriate for consideration of sNPWT are those that meet device instructions for use (IFU), based on wound size, depth, and exudate amount
 - The clinician must be familiar with the IFU of the sNPWT system utilised, as these factors can considerably vary between sNPWT devices
- 3 Wounds appropriate for consideration of tNPWT are those in which the size, depth, and volume of exudate are beyond the management capacity of an sNPWT system
- 4 sNPWT can be considered as a bolster dressing for wounds in which closure is being obtained via a split-thickness skin graft or application of a skin substitute
- 5
 - The wound should be reassessed at regular intervals (ideally every 2 weeks) to determine if NPWT treatment should be continued or discontinued and for the appropriateness of transition from tNPWT to sNPWT
 - Consideration should be made for reassessment of NPWT use if therapeutic goals have not been met or there is minimal or no change in wound size, amount of granulation tissue, or reduction in oedema and exudate volume
 - Transition from tNPWT to sNPWT should be considered when the wound size, depth, and exudate amount are within the management capacity of the sNPWT system that is being considered for use
- 6
 - When NPWT is deemed an appropriate treatment modality for acute and chronic wounds, sNPWT should be the first-line modality utilised to increase patient satisfaction and quality of life
 - Patient education on NPWT as a treatment modality, the benefits of its use, and the advantages of sNPWT over tNPWT can improve patient satisfaction and treatment compliance
- 7 sNPWT use may be an optimal choice for ambulatory patients with wounds eligible for sNPWT use who must return to work or face barriers to access follow-up medical appointments
- 8
 - tNPWT is a valuable treatment option for patients with acute or chronic wounds that are large and complex
 - Benefits of tNPWT include stabilisation of the wound and patient, patient mobility, more rapid transition from critical care units to stepdown units, and reduced hospital length of stay
 - Initial use of sNPWT or early conversion to sNPWT from tNPWT in eligible wounds should be considered to assist in transitioning patients from inpatient to outpatient care
- 9 The application of sNPWT as the initial NPWT modality or as conversion from tNPWT can reduce overall health care costs as well as assist in the transition of patients from inpatient to outpatient care
- 10 The decision on which NPWT system to utilise should be based on factors such as:
 - Published evidence demonstrating the effect on wound management and healing
 - System ease of use
 - Ease of system device and supply procurement
 - Logistical and technical support provided
 - Cost effectiveness of individual systems
 - User/patient acceptability

Clinical decision tree included in the International Consensus Panel Recommendations for use of NPWT in acute and chronic wounds



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*AIRLOCK Technology is proprietary technology to PICO sNPWT Dressings. †Wounds must not contain exposed arteries, veins, nerves or organs. ‡p=0.046; n=31; Compared to black foam in acute post traumatic wounds. **Reference: 1.** Brownhill R. PICO[®] Biomechanical Study. Data on file report, August 2019, DS/19/211/R. **2.** Hurd T, Chadwick P, Cote J, Cockwill J, Mole T, Smith J. Impact of gauze-based NPWT on the patient and nursing experience in the treatment of challenging wounds. *International Wound Journal*. 2010;7(6):448-455. **3.** Fracalvieri M, Scalise A, Ruka E, et al. Negative pressure wound therapy using gauze and foam: Histological, immunohistochemical, and ultrasonography morphological analysis of granulation and scar tissues - Second phase of a clinical study. In. *European Journal of Plastic Surgery*. Vol 37 2014:411-416. **4.** Johnson S. VISTA[®] - A new option in Negative Pressure Therapy. *Journal of Wound Technology*. 2008;1:30-31. **5.** Fracalvieri M, Ruka E, Bocchiotti M, Zingarelli E, Bruschi S. Patient's pain feedback using negative pressure wound therapy with foam and gauze. *International wound journal*. 2011;8(5):492-499. **6.** Smith+Nephew 2009. A prospective, open labelled, multicentre evaluation of the use of VISTA in the management of chronic and surgical wounds and A prospective, open labelled evaluation of the use of EZCare in the management of chronic and acute wounds. Internal Report. SR/CIME/010/012. [®]Trademark of Smith+Nephew. All Trademarks acknowledged. ©November 2020 Smith+Nephew. AWM-AWD-28344 | GMC1146c | RoW