

# + ACTICOAT<sup>◇</sup> Antimicrobial Barrier Dressing

A prospective study on hard-to-heal wounds demonstrated that ACTICOAT Dressing helped achieve faster healing\*<sup>1</sup>



## Smith+Nephew

ACTICOAT<sup>◇</sup>  
Antimicrobial Barrier Dressings

[www.smith-nephew.com](http://www.smith-nephew.com)

### Applications

- ACTICOAT/ACTICOAT 7 Dressing: Partial and full thickness wounds such as pressure ulcers, venous ulcers, diabetic ulcers, burns, and recipient graft sites.
- ACTICOAT FLEX 3/7 Dressing: Partial and full thickness wounds such as burns, surgical sites, pressure ulcers, venous ulcers and diabetic ulcers
- ACTICOAT Dressing may be slit and used as a wound contact layer in combination with negative pressure wound therapy (NPWT)

\*Compared to Aquacel™ Ag, Comfeel™ and Biatain Ag™; n=75.

People suffering with infected wounds can see a reduction in the quality of their lives; physically, socially and psychologically.<sup>2,3</sup> Evidence indicates reducing total wound healing time should lessen workload and associated health care resource use and lead to reductions in the cost of wound care.<sup>3</sup>

## Features and benefits



### Fast acting

ACTICOAT<sup>®</sup> Dressing rapidly kills bacteria in as little as 30 minutes.\*<sup>4-9</sup>



### Broad spectrum

ACTICOAT Dressing is effective against over 150 pathogens.\*<sup>10-14</sup>



### Proven effectiveness

Early intervention with ACTICOAT Dressing has been shown to resolve infection rapidly - within 2 weeks in 60% of patients.<sup>†1,15</sup>



### Fewer dressing changes

With ACTICOAT Dressings, fewer dressing changes were required to eliminate clinical signs of infection.<sup>‡</sup>



### Cost effective

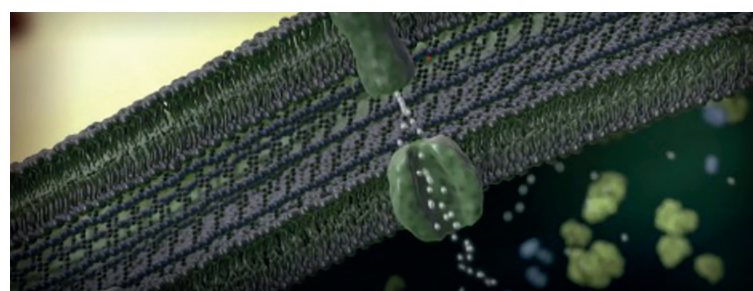
Use of ACTICOAT Dressing demonstrated a significant reduction in length of stay, along with estimated reductions in overall treatment cost per patient.<sup>§16</sup>

\*As demonstrated *in vitro*. †n=75. ‡Compared to Aquacel Ag<sup>™</sup>, Comfeel<sup>™</sup>/Biatain Ag<sup>™</sup>; n=75. §Compared to Aquacel Ag<sup>™</sup>, Mepilex Ag<sup>™</sup> and SSD; USD 2017; LOS p<0.0001.

## Mode of action



Within 30 minutes positively charged silver ions come into contact with bacteria.\*<sup>4-9</sup>



Disrupting the cell wall and cell membrane.



Denaturing the protein and enzymes, resulting in cell death.<sup>17</sup>

### ACTICOAT Antimicrobial Barrier Dressing

S+N Code	Size	Carton
ACTICOAT Dressing		
66000808	5cm x 5cm	5
66000789	10cm x 10cm	5
66000791	10cm x 10cm	12
66000792	10cm x 20cm	12
66000793	20cm x 40cm	6
66000794	40cm x 40cm	6
66000795	10cm x 120cm roll	6
ACTICOAT 7 Dressing		
66000809	5cm x 5cm	5
66000796	10cm x 12.5cm	5
66000797	15cm x 15cm	5

### ACTICOAT FLEX Antimicrobial Barrier Dressing

S+N Code	Size	Carton	S+N Code	Size	Carton
ACTICOAT FLEX 3 Dressing			ACTICOAT FLEX 7 Dressing		
66800396	5cm x 5cm	5	66800395	5cm x 5cm	5
66800398	10cm x 10cm	5	66800397	10cm x 12.5cm	5
66800399	10cm x 10cm	12	66800420	15cm x 15cm	5
66800409	10cm x 20cm	12	66800400	20cm x 40cm	6
66800419	20cm x 40cm	6	66800401	40cm x 40cm	6
66800432	40cm x 40cm	6	66800545	2.5cm x 60cm roll	5
66800435	10cm x 120cm roll	6			

Advanced Wound Management  
Smith & Nephew Medical Ltd  
Croxley Park Building 5  
Lakeside, Hatters Lane, Watford  
Hertfordshire WD18 8YE - UK

[www.smith-nephew.com](http://www.smith-nephew.com)

T +44 (0) 1923 477100  
F +44 (0) 1923 477101

◇Trademark of Smith+Nephew  
All Trademarks acknowledged  
©June 2023 Smith+Nephew  
AWM-AWC-39767. GMC1698

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

- Gago M, García F, Gaztelu V, Verdú J, López P, Nolasco A. *Wounds*. 2008;20(10):273–278.
- International Wound Infection, Institute (IWII) Wound Infection in Clinical Practice. *Wounds International*. 2022.
- Guest JF, et al. *Int Wound J*. 2017;14(2):322–330.
- Wright JB, Lam K, Burrell RE. *Am J Infect Control*. 1998;26(6):572–577.
- Wright JB, Lam K, Hansen D, Burrell RE. *Am J Infect Control*. 1999;27(4):344–350.
- Smith+Nephew 2008. Internal Report. DOF 0810018.
- Smith+Nephew 2008. Internal Report. DOF 0810014.
- Yin HQ, Langford R, Burrell RE. *J Burn Care Rehabil*. 1999;20(3):195–200.
- Wright JB, Hansen D, Burrell RE. *Wounds*. 1998;10(6):179–188.
- Smith+Nephew 2008. Internal Report. DOF 0810016.
- Smith+Nephew 2008. Internal Report. DOF 0810017.
- Smith+Nephew 2008. Internal Report. DOF 0810012.
- Smith+Nephew 2008. Internal Report. DOF 0810013.
- Smith+Nephew 1993. Internal Report. Report 93/001.
- Woodmansey EJ, Roberts CD. *Int Wound J*. 2018;15(6):1025–1032.
- Nherera LM, Trueman P, Roberts CD, Berg L. *Wounds*. 2018;30(6):1–8.
- McDonnell G, Russell AD. *Clin Mic Rev*. 1999 Jan;12(1):147–79.