Unlocking Best Practices:

Lower Limb Chronic Wound Care: Real World Evidence

Mölnlycke®

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Contents

Monique Y. Rennie
PhD

Global Director Medical Affairs, Wound Care,
Mölnlycke Health Care

Introduction

Healthcare professionals (HCPs) who are responsible for the management of lower extremity chronic wounds face several significant challenges in their practice, from managing the high costs associated with wound care, to ensuring patients are engaged and satisfied with their care, to providing optimal care for ever increasing complex wounds. Addressing these challenges requires a combination of innovative solutions, interdisciplinary collaboration, and a focus on patient-centred care.

Mölnlycke partners with clinicians in all care settings to ensure that they have the resources and education they need to feel comfortable when managing wounds. We are united by a common goal to enhance the quality of wound care for patients. Education around best practices is a powerful vehicle to reach this goal. We, therefore, embrace partnership with clinicians and their facilities to shine a spotlight on best practice stories, healing journeys, quality improvements, educational efforts, and other real-world initiatives.

This compendium embraces the value of peer-to-peer sharing and focuses on disseminating real-world evidence (RWE) from HCPs and includes their experiences and clinical insights on two innovative wound dressing types – gelling fibre dressings (Exufiber® / Exufiber® Ag) and a non-bordered foam dressing (Mepilex® Up). We extend our congratulations to the clinicians who led these projects and initiatives, as well our appreciation to them for partnering with Mölnlycke to provide this valuable information. The sharing of knowledge and insight in this manner can lead to a better understanding of clinicians' needs and the availability of innovative solutions that can make a difference to patients, HCPs and payers.

Adopting a RWE approach offers numerous benefits across the healthcare ecosystem, given that not all health care-related evidence has to be driven by large scale randomised controlled trials (or equivalent). RWE can improve the efficiency of wound dressing development by providing insights into the real-world effectiveness and safety of treatments, helping us to create or refine the dressings of the future. By analysing data or user experiences from everyday clinical practice, RWE helps identify which treatments work best for specific patient populations. This personalised approach can lead to better patient outcomes and more effective healthcare interventions. RWE can help healthcare providers and payers understand the cost-effectiveness of different treatments. This information is crucial for making informed decisions about resource allocation and optimising healthcare spending. Lastly, clinicians can use RWE to make more informed decisions about patient care, tailoring treatments based on real-world data and improving overall healthcare quality.

As an outcome of reading this compendium, we hope to motivate readers to take part in surveys and undertake case studies, thus promoting knowledge sharing, to help readers understand the importance of RWE in shaping patient-centred wound care and to encourage readers to reach out to industry partners for educational support

Monique Y. Rennie, PhD
Global Director Medical Affairs, Wound Care,
Mölnlycke Health Care

medical.affairs@molnlycke.com

Contact Mölnlycke on the above email if you would like to collaborate with us on similar initiatives found in this document.

Details of the Contributors

Manuel Cruz

Nurse, Masteŕs in Rehabilitation

Coordinator of the Advanced Center for Prevention and Treatment of Leg Ulcers at Policlinica Santa Columba, Portugal.
Guest Professor at the Viseu Higher School of Nursing and Aveiro Higher School of Nursing and Coimbra Higher School of Nursing, Portgual.
Independent Consultant in Compression Systems for several companies.

Manuel has dedicated 20 years of his working life to the prevention and treatment of leg ulcers. He has a particular interest in compression therapy, with a specific focus on the use of compression in patients with arterial pathology. Manuel has authored several national and international publications on the theme of compression. He is President of the Compression Club Board, a non-profit organisation dedicated to the study and promotion of compression therapy and complex wounds, namely leg ulcers.

Alison Barker

RGN, RM, BSc (Hons)

Lower Limb Specialist Nurse and Team Leader, Complex Lower Limb Service, Ledbury Community Hospital, Wye Valley NHS Trust, United Kingdom.

Alison has worked in the National Health Service (NHS) for the past 37 years. Her nursing background is in the areas of colorectal, vascular, oesophageal and neuro surgery. She is also trained as a Midwife. In her current role, Alison provides strategic and operational guidance for the care of patients with lower limb issues. The service covers the whole area of Herefordshire, encompassing both city and rural locations.

Alison has been in her present role for 6 years. She sees patients in the hospital and community settings, including seeing patients in their homes and at General Practice surgeries. Wye Valley NHS Trust has been part of the National Wound Care Strategy Programme (NWCSP) and, as such, was selected as one of the first tranche sites. Over the past 2 years, the Lower Limb service has been able to develop and grow to improve patient outcomes. Alison has also worked as a Tissue Viability Nurse Specialist and Vascular Nurse Specialist. She feels very passionate about lower limb care, and is always striving to provide high quality patient care and improve outcomes.

Alison Schofield

RGN, BSc, PG Cert Med Ed.

Independent Tissue Viability Nurse, Educator, consultancy services, clinical support.
Tissue Viability Nurse Consultant NHS Pioneer Wound Healing and Lymphoedema Centres.

Alison is a registered nurse specialising in tissue viability with over 25 years' experience of working in the NHS and independent organisations, supporting and developing services in health and social care to provide better patient outcomes. Leading teams successfully for lower limb care and pressure ulcer prevention has been a highlight. Shining a spotlight on wound care challenges in Dermatology with a Quality in care commendation award is one of Alison's many achievements. Producing and delivery of education nationally is a passion, resulting in Alison achieving a Post Graduate Certification in Medical Education in 2023.

Alison is currently a Trustee of the Lindsay Leg Club Foundation charity, supporting a psychosocial model of lower limb care delivery. She is a board member of the British Dermatology Nurse Group journal, linking tissue viability and dermatology and raising the profile of wound care education for Hidradenitis Suppurativa. Close working with wound media for several years led to Alison taking on an Editor in Chief post at Wound Care Today. Alison has presented at multiple conferences in the UK and overseas. Alison has also had publications of work and involvement in national strategy work.

Pia Putto

Wound Care Nurse, Wound Care Nurse, Wellbeing in South-Karelia, Honkaharju Wellbeing Centre, Imatra, Finland.

Pia has been a qualified nurse for 33 years. She completed her specialisation studies in wound care in 2012 from Mikkeli University of Applied Sciences. She has been working with wound care patients since 1992. She has run an independent wound clinic as part of her daily work for 13 years. Pia is a member of a local wound care group. She is a wound care expert working in a unit where she is responsible for wound care consultations.

Frank Aviles, Jr

PT, CWS, FACCWS, CLT- LANA, ALM, AWCC

Director of Marketing, Clinical Education, & Research, My Life Rehab & Wellness, Irvington, Alabama, United States of America.
Wound Care Clinical Coordinator, NRMC Wound & Hyperbarics, Natchitoches, Louisiana, United States of America.
Co-owner & co-host, The Frank and Lizzie Show.

Frank Aviles Jr. is a highly accomplished physical therapist with over 35 years of experience specialising in chronic wounds and lymphedema. He is passionate about advocacy, education, and advancing patient care through innovative practices. Frank serves as the Director of Marketing, Clinical Education, and Research at My Life Rehab and Wellness in Alabama and the Wound Care Clinical Coordinator at Natchitoches Regional Medical Center in Louisiana. He is also the co-owner and co-host of The Frank and Lizzie Show, an educational YouTube-podcast for wound care and lymphedema professionals, and the owner of Cane River Therapy Services LLC, focusing on consulting, education, and clinical solutions.

He actively contributes to editorial and advisory boards, including Wound Source, Wound Masterclass, Today's Wound Clinic, and the National Lymphedema Network Compression & Phlebolymphedema Advisory Board, among others. He is a board member of the Save a Leg, Save a Life Foundation and the Lighthouse Lymphedema Network. Since 2012, he has also trained lymphoedema therapists globally through the Academy of Lymphatic Studies and the Norton School of Lymphatic Therapy.

Beyond clinical practice, Frank serves as an advisor, consultant, and key opinion leader, shaping the future of wound care and lymphoedema management.

Paulo Ramos

CNS, Msd

Nurse Specialist at ULS Póvoa de Varzim/ Vila do Conde – USF Corino de Andrade
Invited Professor at Escola Superior de Enfermagem de Coimbra; Cooperativa de Ensino Superior Politécnico e Universitário, CRL; Universidade Católica Portuguesa; Escola Superior de Saúde de Santa Maria.
Independent wound care consultant.

Paulo is a specialist in community care and has over 20 years' experience of working in health care organisations. He started working in the hospital setting and, in the last 12 years, he has been working in community care. His key research interests include: epidemiology, quality of life and burden of wounds. Paulo has authored or co-authored consensus papers and research articles in peer-reviewed journals and presented at numerous national and international conferences. Paulo is currently the Vice-President of the Portuguese Wound Care Association (APTFeridas) and a European Wound Management Association (EWMA) council member and the current Chair of the Education Committee of EWMA. He is also a member of the wound care commission of ULS Póvoa de Varzim/ Vila do Conde.

Kirsi Sund

Wound Care Nurse, Wound Care Nurse, Wellbeing in South-Karelia, Honkaharju Wellbeing Centre, Imatra, Finland.

Kirsi has been a qualified nurse for 29 years. She completed her specialisation studies in wound care in 2021 from LAB University of Applied Sciences. Kirsi has been working with wound care patients since 2016. She has run an independent wound clinics as part of her daily work for 9 years. Kirsi is a member of a local wound care group. She is a wound care expert working in a unit where she is responsible for wound care consultations

Details of the Dressings

Mepilex® Up

A dimpled, double layer, non-bordered foam dressing that is intended for use in the management of low-to-highly exuding wounds. It is designed to absorb and retain exudate of low-to-high viscosity, while keeping the wound environment moist. The dressing includes a flexible absorbent pad of compressed polyurethane foam (which helps to spread exudate across its structure in all directions, even working against gravitational forces, by means of its capillary action) and an outer polyurethane film (breathable to facilitate evaporation, but waterproof). It also incorporates a soft silicone-coated (Safetac®) contact surface that is non-adherent to the moist wound but adheres gently to the dry peri-wound skin. The soft silicone adhesive technology enables the dressing to protect the wound and surrounding skin, while preventing trauma to the wound bed and the surrounding epidermis, and minimising pain to the patient on removal.[1-3] This technology also helps to seal the wound margins to avoid leakage and moisture-related skin damage.[4]

Exufiber®

A gelling fibre dressing that is intended for use in the management of moderately-to-highly exuding wounds, including cavity wounds. It is composed of non-woven polyvinyl alcohol (PVA) fibres that transform into a gel upon contact with fluid, helping it to conform to the wound bed.[5] The dressing is based on Hydrolock® technology which enables it to efficiently transfer exudate from the wound bed to a secondary dressing, while locking in exudate to prevent leakage and minimise the risk of maceration.[6,7] This technology also ensures that the dressing remains intact when wet, making it easy to remove in one piece during dressing changes.[5]

Exufiber® Ag+

A silver-containing gelling fibre dressing that is intended for use in the management of moderately-to-highly exuding wounds, including cavity wounds, when a topical antimicrobial is indicated. Like Exufiber, it is composed of non-woven polyvinyl alcohol (PVA) fibres, with the addition of silver sulphate evenly distributed within in. Contact with wound fluid initiates a rapid and sustained antimicrobial effect against wound-relevant pathogens.[8,9]

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Granudacyn® Wound Irrigation Solution

A wound cleanser that facilitates the removal of debris and microorganisms from a wound by the mechanical effect of rinsing.[10] It is a hypotonic solution that contains water, sodium chloride and low concentrations of the preservative agents, hypochlorous acid and sodium hypochlorite.

Granulox®

A topically applied haemoglobin spray that is designed to improve the oxygen supply to hypoxic wounds through simplified diffusion, so helping to stimulate wound healing. When the spray is applied to the wound bed, the haemoglobin binds oxygen from the surrounding air and transports it to the wound bed where it diffuses into the cells.[11]

Mepilex® Border Flex

A multi-layer bordered foam dressing that is intended for use in the management of a variety of exuding wound types. It is designed to absorb and retain excess exudate, while keeping the wound environment moist and adapting to body contours. The outermost (backing film) layer includes a pattern of dots that allows the spread of exudate to be tracked without disturbing the wound. Located immediately below the backing film is a retention layer which contains superabsorbent fibres, followed by spreading and foam layers. Following initial absorption by the foam layer, exudate moves into the spreading layer, which distributes exudate across the full surface area of the dressing. This feature facilitates the movement of exudate to the retention layer and backing film, keeping excess exudate away from the wound bed. The retention and spreading layers incorporate Y-shaped cuts which evenly distribute forces to the dressing's borders. This helps to optimise adherence and conformability while allowing the dressing to stretch, which is particularly beneficial when applying it to joints and other highly mobile areas.[13] The wound contact layer incorporates Safetac® adhesive technology which prevents trauma and minimises pain to the patient on removal, as well as helping to seal the wound margins to avoid leakage and moisture-related skin damage.[1-4]

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A survey of European healthcare professionals' experience of using a new and innovative non-bordered foam dressing in the management of different wound types

Matthew Malone PhD FFPM RCPS (Glasg)[1], Alison Hedley RGN1, Ana Martins[1], Leonora Oberendorf MSc[1], Joran Chancrin Pharm D - MM - Nurse (Lyon)[1] & Monique Rennie PhD[1]
[1]Mölnlycke Health Care, Gothenburg, Sweden

Background

- Wound exudate will flow in the direction of gravity, especially in the case of venous leg ulcers (VLUs) and, if mis-managed, lead to leakage and increased risk of maceration.
- Dressings that can handle large quantities of exudate, while maintaining a moist wound environment, can help minimise the risk of moisture-related damage.
- Mepilex® Up is a dimpled, double-layer, non-bordered foam dressing with a soft silicone wound contact layer* which has been developed for managing low-to-high exudation (low-to-high viscosity) associated with a range of wound types.

Aim

To capture feedback on **usability and performance** of the new dressing.

Methods

Health care professionals (HCPs) from across Europe, who had received training regarding the intended use of Mepilex® Up and who had used the dressing on at least two patients for a minimum of two weeks, were eligible.

HCPs were provided with a QR code to access a survey questionnaire (Qualtrics platform) over a two-month period.

The questionnaire was made available in 11 languages.

The HCPs were asked 8 questions relating to the clinical performance of the dressing. The possible answers were 'not effective', 'effective', 'extremely effective' and 'extremely effective and superior to most comparable dressings used'.

Results

- **209 questionnaires** were completed in full (and could therefore be used in the analysis) by HCPs from **13 countries**.
- The respondents indicated that Mepilex® Up had been used on VLUs with compression (n=432), VLUs without compression (n=120) and other wound types (n=337).
- The mean (± standard deviation, SD) number of patients on which the dressing had been used by each HCP (for at least two weeks) was 4.16 ± 2.69.

Respondents indicated that Mepilex® Up had been used on wounds with **high (44.4%), moderate (42.3%)** and **low (13.2%) exudate levels**.

Table 1: Overall technical performance (percentage of HCPs rating the dressing as 'effective' ('effective', 'extremely effective' and 'extremely effective and superior to most comparable dressings used' responses aggregated)

Characteristic	Percentage of HCPs who rated the characteristic as 'effective'
Handling and application to wound	99.5%
Manages exudate	96.4%
Minimises leakage	94.3%
Minimises maceration	94.3%
Meets the clinical objectives when used under compression	94.5%
Facilitates patient comfort during wear	98.5%
Minimises pain associated with dressing changes	96.9%
Wear time	96.1%
Overall impression	96.0%

97% of survey respondents indicated that they would like to continue using the dressing

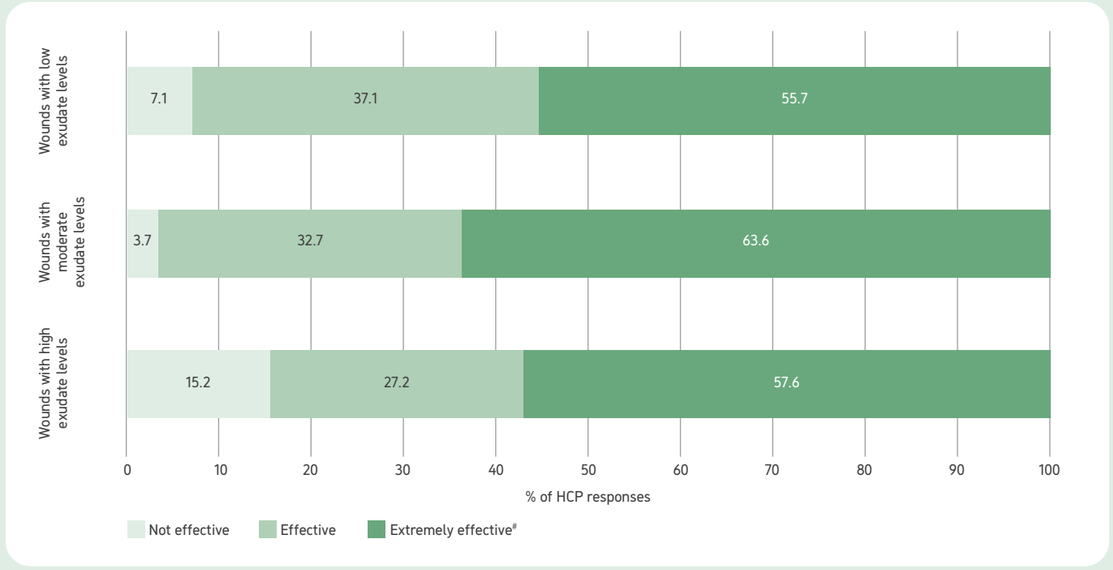


Figure 1: Overall impression of the dressing when used on wounds with different exudate levels

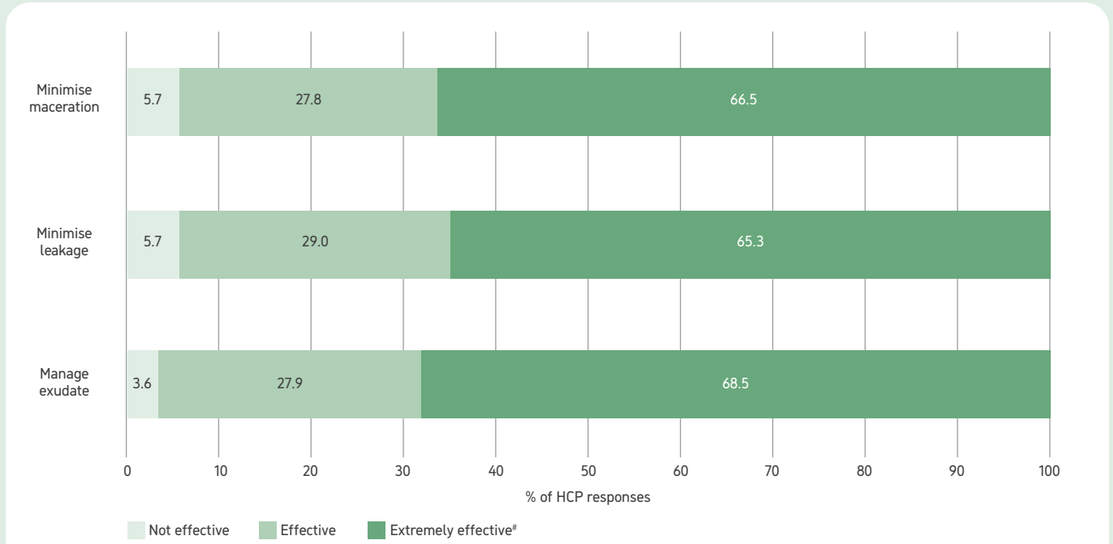


Figure 2: Overall impression of the performance of the dressing in terms of managing exudate, minimising leakage, and minimising maceration

Conclusions

This survey confirms that **Mepilex® Up is well appreciated by HCPs for VLU management (with and without compression) and other wound types, associated with moderate to high exudation.**

#Results for extremely effective' and 'extremely effective and superior to most comparable dressings used' responses aggregated as 'extremely effective'.

Mölnlycke Health Care sponsored the survey.

Mepilex® Up

(dimpled, double-layer, non-bordered foam dressing with a soft silicone (Safetac®) wound contact layer)

Case 1

Paulo Ramos,
Nurse Specialist, USF Corino de Andrade, Porto, Portugal.

Granudacyn® Wound Irrigation Solution / Mepilex® Up
Venous leg ulcer

Clinical challenge:

To promote wound healing and to manage wound exudation.

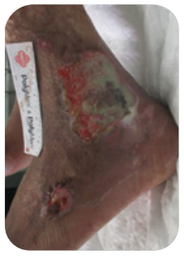
Patient and Wound History

- 65-year-old male; smoker.
- Medical history: hypertension, chronic venous insufficiency and prostate hyperplasia.
- Bilateral venous leg ulcer (VLU) located on the lateral peri-malleolus of the left foot; present for 2 months.
- Previous treatments: alginate and foam dressings; compression therapy.

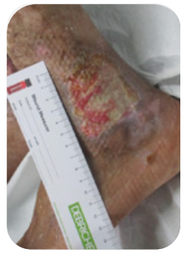
Intervention and Treatment Regime

- Granudacyn® Wound Irrigation Solution (intervention), a hypochlorous acid solution, was chosen to cleanse the wound to reduce the risk of infection. Mepilex® Up (intervention), a non-bordered foam dressing, was selected for its effective management of both low and high viscous exudate and prevention of wound maceration.
- Wound debridement was not performed as the patient did not give permission. At each dressing change, the wound was initially cleansed using tap water and soap, then after 10 minutes, Granudacyn® was applied.
- At the initial study intervention, an enzyme alginate gel (primary dressing) was applied to the wound site and the wound was dressed with Mepilex® Up (secondary dressing); Zinc oxide bandages provided compression. After 14 days, the alginate gel was discontinued.
- The dressings were changed weekly.

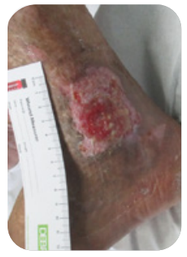
Wound Progression



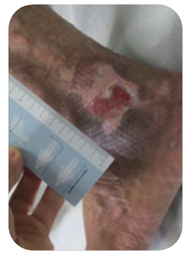
Day 1
(Initial study intervention)



Day 14



Day 37



Day 85

	Day 1 (Initial study intervention)	Day 14	Day 37	Day 85
Wound area	42 cm^2	33 cm^2 (↓21%)	14 cm^2 (↓67%)	3 cm^2 (↓93%)
Wound depth	Superficial	Superficial	0 cm	0 cm
Signs of infection	None	None	None	None
Viable tissue	10%	20%	60%	100%
Signs of infection	Not healthy#	Not healthy#	Healthy	Healthy
Exudate	Moderate, viscous, brown/blood	Moderate, viscous, brown/blood	Low , viscous, clear/serous	Low, non-viscous,
Pain*	2, 3, 5, 2 / 10	2, 2, 3, 2 / 10	2, 2, 3, 2 / 10	2, 2 ,3, 2 / 10

#Maceration *Pain prior to dressing change, on dressing removal during wound cleansing and dressing re-application

Perspective

Mepilex® Up successfully facilitated wound healing and effectively managed wound exudation. The patient found the dressing comfortable to wear and pain-free on its removal.

Case 2

Manuel Antonio Alves Duarte da Cruz
Chief Nurse, Leg Ulcer Treatment Center, Santa Comba Dao, Portugal.

Granudacyn® Wound Irrigation Solution / Mepilex® Up
Mixed aetiology leg ulcer

Clinical challenge:

To promote healing and to manage wound exudation in a patient with multiple co-morbidities.

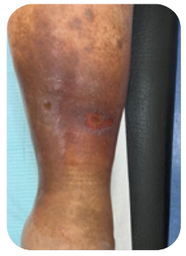
Patient and Wound History

- 85-year-old female.
- Medical history: type 2 diabetes mellitus, hypertension, peripheral arterial disease, heart disease and kidney disease.
- Surgical history: total knee arthroplasty.
- Mixed aetiology leg ulcer (ankle brachial pressure index (ABPI) of 1.0 but toe brachial index (TBI) compatible with arterial disease) located on the middle third of the anterior left leg; present for 21 days.
- Previous treatments: povidone iodine dressing.

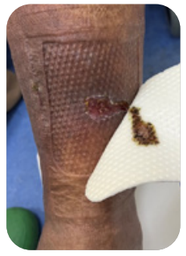
Intervention and Treatment Regime

- Granudacyn® Wound Irrigation Solution (intervention), a hypochlorous acid solution, was chosen to cleanse the wound to reduce the risk of infection. Mepilex® Up (intervention), a non-bordered foam dressing, was selected for its effective management of both low and high viscous exudate, and prevention of wound maceration.
- At all dressing changes, the wound was cleansed with Granudacyn®.
- The wound was dressed with Mepilex® Up; a cohesive conforming bandage and cotton support bandage were used for additional dressing fixation.
- Dressings were changed on Day 5 and then weekly until the wound was healed.

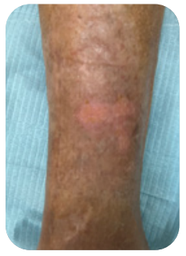
Wound Progression



Day 1
(Initial study intervention)



Day 37



Day 85

	Day 1 (Initial study intervention)	Day 37	Day 85
Wound area	4.5 cm^2	1.5 cm^2 (↓67%)	Healed
Wound depth	0.1 cm	0 cm	-
Signs of infection	Yes‡	None	None
Viable tissue	20%	100%	100%
Peri-wound	Unhealthy#	Improved	Healthy
Exudate	Moderate, non-viscous, clear/serous	Low , non-viscous, green/yellow	-
Pain*	6, 8, 4, 2/10	0, 0, 0, 0/10	0, 0, 0, 0/10

‡Increased pain and oedema #Dry with haemosiderin staining
*Pain prior to dressing change, on dressing removal, during wound cleansing and on re-application

Perspective

Mepilex® Up successfully facilitated wound healing in a patient with multiple co-morbidities, balancing periwound skin hydration with effective wound exudate management and providing comfort to the patient during wear and pain-free dressing removal.

Case 3

Alison Barker
Lower Limb Specialist, Complex Lower Limb Service, Ledbury Community Hospital, Wye Valley NHS Trust, Ledbury,
United Kingdom

Mepilex® Up
Venous leg ulcer

Clinical challenge:

To encourage the maturation of the wound bed tissue with the long-term aim of wound healing.

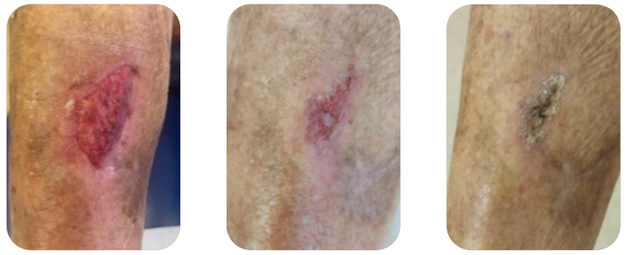
Patient and Wound History

- 86-year-old female.
- Medical history of right lower leg ulceration (healed 20 weeks prior to study). Haemosiderin staining and ankle flare indicative of venous insufficiency.
- Venous leg ulcer (VLU) on the lower anterior right leg resulting from a traumatic injury; present for 14 days.
- Previous dressing: simple adhesive dressing.

Intervention and Treatment Regime

- Mepilex® Up (intervention), a non-bordered foam dressing, was selected for its effective management of wound exudate and the prevention of wound maceration.
- Mechanical wound debridement was performed using a debridement 'lolly' and the wound was cleansed with an antimicrobial wound irrigation solution.
- The ulcer was dressed with Mepilex® Up (primary dressing). Over the initial 11 days, a compression bandage was applied; thereafter a 30 – 40 mmHg compression kit was used. The patient experienced no pain throughout the study.
- The median dressing change was 7 days (range 4 – 9 days).

Wound Progression



	Day 1 (Initial study intervention)	Day 20	Day 27
Wound area	8.1 cm^2	2.7 cm^2 (↓66%)	Healed
Wound depth	1 cm	1 cm	None
Signs of infection	No	No	No
Viable tissue	34%	100%	100%
Peri-wound	Dry, fragile	Dry, fragile	Dry, fragile
Exudate	Moderate, non-viscous, clear/serous	Low , non-viscous, clear/serous	None

Perspective

Mepilex® Up facilitated the quick healing of the ulcer. It was easy to apply, and effectively absorbed and retained wound exudate. Its removal was gentle with no damage to the fragile peri-wound. The patient commented that Mepilex® Up was comfortable to wear under compression.

Case 4

Alison Barker
Lower Limb Specialist, Complex Lower Limb Service, Ledbury Community Hospital, Wye Valley NHS Trust, Ledbury,
United Kingdom

Mepilex® Up
Venous leg ulcer

Clinical challenge:

To encourage the maturation of the wound bed tissue with the long-term aim of wound healing.

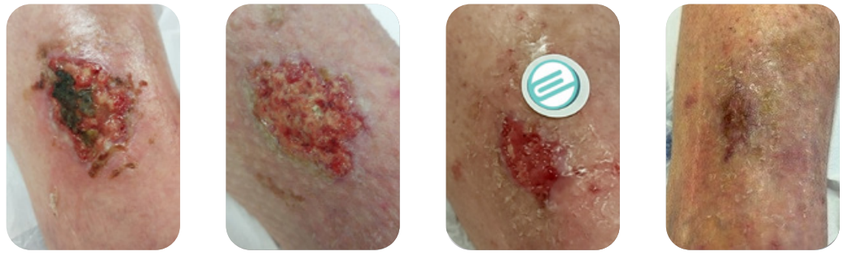
Patient and Wound History

- 77-year-old female.
- Medical history of hypercholesterolemia, previous transient ischemic attack. Ankle flare indicative of venous insufficiency.
- Venous leg ulcer (VLU) on the lower anterior right leg resulting from a non-healing traumatic injury; present for 14 days.
- Previous dressing: simple adhesive dressing.

Intervention and Treatment Regime

- Mepilex® Up (intervention), a non-bordered foam dressing, was selected for its effective management of wound exudate and the prevention of wound maceration.
- Mechanical wound debridement was performed using a debridement pad and the wound was cleansed with an antimicrobial wound irrigation solution.
- The ulcer was dressed with Mepilex® Up (primary dressing); compression was applied using a 30 – 40 mmHg compression kit. The patient experienced no pain throughout the study.
- Wound dressings were changed weekly.

Wound Progression



	Day 1 (Initial study intervention)	Day 13	Day 20	Day 48
Wound area	4.6 cm^2	4.2 cm^2 (↓8.7%)	1.5 cm^2 (↓67.4%)	Healed
Wound depth	1 cm	0.5 cm (↓50%)	0 cm (↓100.%)	-
Signs of infection	No	No	No	No
Viable tissue	40%	50%	100%	100%
Peri-wound	Dry, macerated	Dry, macerated	Dry	Dry
Exudate	Moderate, non-viscous, clear/serous	Moderate, non-viscous, clear/serous	Moderate, non-viscous, clear/serous	None

Perspective

Mepilex® Up facilitated the quick healing of the VLU. Once healed, treatment with Mepilex® Up was continued to protect the new epithelial tissue. The patient was very happy to self-care using Mepilex® Up, which enabled her to have a 2-week holiday. She wished the dressing could be waterproof.

Case 5

Kirsi Sund and Pia Putto
Wound Care Nurses, Wellbeing in South-Karelia, Honkaharju Wellbeing Centre, Honkaharju, Finland

Granudacyn® Wound Irrigation Solution / Mepilex® Up
Venous leg ulcer

Clinical challenge:

To promote wound healing and to manage wound exudation.

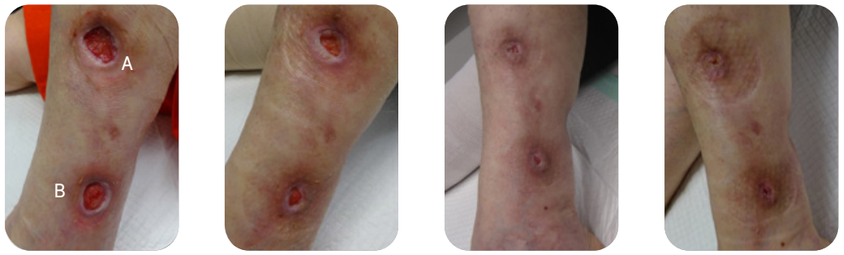
Patient and Wound History

- 59-year-old female.
- Medical history: hypertension, epilepsy.
- Rheumatic nodule ulcers (A and B) located on the lateral left calf: present for 8 weeks.
- Previous treatments: Single use negative pressure wound therapy.

Intervention and Treatment Regime

- Granudacyn® Wound Irrigation Solution (intervention), a hypochlorous acid solution, was chosen to cleanse the wound to reduce the risk of infection. Mepilex® Up (intervention), a non-bordered foam dressing, was selected for its effective management of low and high viscous exudate, and prevention of wound maceration.
- At each dressing change, sharp wound debridement was performed (curette) and the wounds were cleansed with Granudacyn®.
- The wounds were dressed with Mepilex® Up (primary dressing); Tubifast® and under cast padding offered additional fixation and a support bandage provided compression.
- The median dressing change was every 4 days (range 3 – 7 days).

Wound Progression



Day 1 (Initial study intervention) | Day 14 | Day 28 | Day 35

	Day 1 (Initial study intervention)	Day 14	Day 28	Day 35
Wound area	A: 4 cm² B: 2.7 cm²	*A: 0.9 cm² (↓77%) B: 2.7 cm² (↓71%)	▲A: 0.35 cm² (↓91%) B: 0.15 cm² (↓94%)	A: 0.25 cm² (↓94%) B: 0.12 cm² (↓96%)
Wound depth	Superficial	0 cm	0 cm	0 cm
Signs of infection	None	None	None	None
Viable tissue	80%	80%	100%	100%
Peri-wound	Not healthy#	Healthy	Healthy	Healthy
Exudate	High/moderate, non-viscous, yellow/green	High/moderate, non-viscous, yellow/green	High/moderate, non-viscous, yellow/green	Moderate, non-viscous, yellow/green
Pain*	7, 8, 8, 0 / 10	7, 8, 8, 0 / 10	5, 3, 4, 0 / 10	4, 3, 4, 0 / 10

▲Day 18 & Day 32 (closest assessments to photographs available) #Dryness; mild maceration (lower wound) *Pain prior to dressing change, on dressing removal, during wound cleansing and on re-application

Perspective

Mepilex® Up successfully facilitated wound healing and performed well under compression, effectively managing wound exudate.

Case 6

Manuel Antonio Alves Duarte da Cruz
Chief Nurse, Leg Ulcer Treatment Center, Santa Comba Dao, Portugal

Granudacyn® Wound Irrigation Solution / Mepilex® Up
Diabetes-related foot ulcer

Clinical challenge:

To promote healing and to manage wound exudation in a patient with multiple co-morbidities.

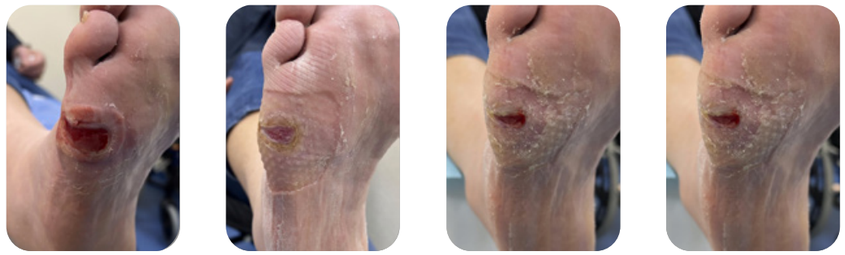
Patient and Wound History

- 75-year-old male.
- Medical history: type 2 diabetes mellitus, hypertension, chronic venous insufficiency, neuropathy and obesity.
- Neuropathic diabetes-related foot ulcer located on the lateral side of the right foot: present for 2 months.
- Previous treatments: two cycles (4 weeks) of antibiotics with no response; hydrofibre dressing.

Intervention and Treatment Regime

- Granudacyn® Wound Irrigation Solution (intervention), a hypochlorous acid solution, was chosen to cleanse the wound to reduce the risk of infection. Mepilex® Up (intervention), a non-bordered foam dressing, was selected for its effective management of both low and high viscous exudate, and prevention of wound maceration.
- At the initial study assessment, sharp wound debridement was performed. At all dressing changes, the wound was cleansed with Granudacyn®.
- The wound was dressed with Mepilex® Up and tape was used for additional dressing fixation.
- Median dressing change was 4 days (range 3 – 11 days).

Wound Progression



Day 1 (Initial study intervention) | Day 11 | Day 25 | Day 36

	Day 1 (Initial study intervention)	Day 11	Day 25	Day 36
Wound area	7.5 cm²	2 cm² (↓73%)	0.4 cm² (↓95%)	Healed
Wound depth	0.2 cm	0.1 cm	0.1 cm	-
Signs of infection	Yes±	Resolved	None	None
Viable tissue	40%	100%	100%	100%
Peri-wound	Not healthy#	Healthy	Healthy	Healthy
Exudate	High, non-viscous, serosanguinous	Moderate, non-viscous, clear/serous	Low , non-viscous, clear/serous	-
Pain*	3, 3, 3, 2/ 10	2, 0, 0, 0/10	0, 0, 0, 0/10	0, 0, 0, 0/10

±Increased exudation, erythema and oedema #Erythema and dry *Pain prior to dressing change, on dressing removal, during wound cleansing and on re-application

Perspective

Mepilex® Up proved to be an excellent treatment option for a patient with a diabetes-related wound that required off-loading. It successfully managed wound exudation and provided comfort to the patient during wear.

Case 7

Frank Aviles
Director of Marketing, Clinical Education and Research,
My Life Rehab & Wellness,
Gulf Breeze, Florida, United States of America

Mepilex® Up
Venous leg ulcer

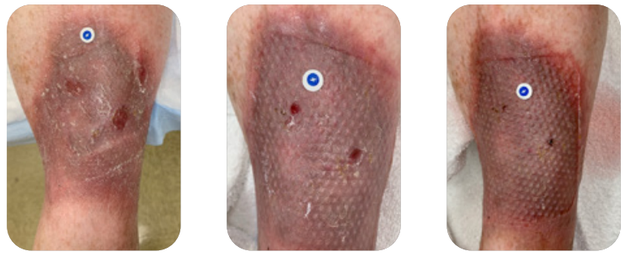
Clinical challenge:

To facilitate the management of high wound exudation, to protect the peri-wound skin, and to improve the quality of the granulation tissue whilst under compression.

Patient and Wound History

- 72-year-old male.
- Medical history: type 2 diabetes mellitus, hypertension, neuropathy, coronary artery disease, chronic venous insufficiency, end stage renal disease gout and sleep apnea.
- Recurrent diabetes-related venous leg ulcers (VLU) located on the anterior lower left and right legs; present for 81 days.
- Seven months prior to the start of the study, the patient was prescribed a 10-day course of antibiotics for an MRSA infection. A week later, at a vascular consultation, ankle brachial indexes (ABI) were: left = 0.69; right = 0.77. When measured 30 weeks later, the ABIs were: left = 1.21; right = 1.07.
- Initially the VLUs were dressed with a foam dressing. After 59 days, with approval from the vascular department, Mepilex® Up and 2-layer compression therapy were applied.
- Due to discomfort, the patient immediately removed both dressings and continued to treat the VLUs with a foam dressing.

Wound Progression Left Leg



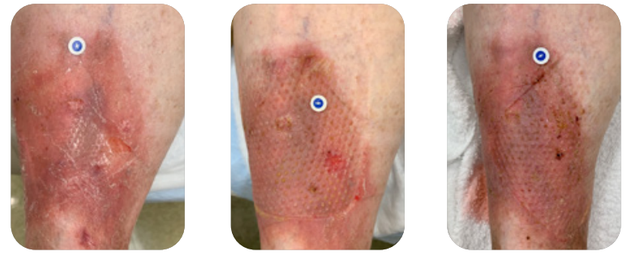
	Day 1 (Initial study intervention)	Day 13	Day 20
Wound area	Combined area of 25.1 cm^2	0.6 cm^2 (↓98%)	Healed
Wound depth	0.1 cm	0.1 cm	-
Signs of infection	None	None	-
Viable tissue	100%	100%	100%
Peri-wound	Moderate haemosiderin	Moderate haemosiderin	Moderate haemosiderin
Exudate	Moderate, serosanguinous	Moderate, serosanguinous	None

Case 7 continued

Intervention and Treatment Regime

- **Mepilex® Up** (intervention), a non-bordered foam dressing, was selected for its effective management of both low and high viscous exudate, and prevention of wound maceration.
- Sharp debridement of each wound was performed, and the wounds were cleansed using saline.
- At the study baseline, the VLUs were dressed using **Mepilex® Up** and 2-layer compression therapy.
- Dressings were changed weekly.

Wound Progression Right Leg



	Day 1 (Initial study intervention)	Day 7	Day 20
Wound area	Combined area of 11.4 cm^2	2.6 cm^2 (↓77%)	Healed
Wound depth	0.1 cm	0.1 cm	-
Signs of infection	None	None	-
Viable tissue	100%	100%	100%
Peri-wound	Moderate haemosiderin	Moderate haemosiderin	Moderate haemosiderin
Exudate	Moderate, serosanguinous	Moderate, serosanguinous	None

Perspective

After 3 weeks of treatment, all wound areas had healed.

Upon application of Mepilex® Up, steady progression towards healing and wound closure was noted leading to the successful healing of the chronic VLUs on both legs of the patient. Mepilex® Up was used effectively under compression, managing wound exudation, whilst protecting the wound bed tissue and peri-wound skin.

Case 8

Frank Aviles
Director of Marketing, Clinical Education and Research,
My Life Rehab & Wellness,
Gulf Breeze, Florida, United States of America

Mepilex® Up
Venous leg ulcer

Clinical challenge:

To facilitate the management of high wound exudation, to protect the peri-wound skin, and to improve the quality of the granulation tissue whilst under compression.

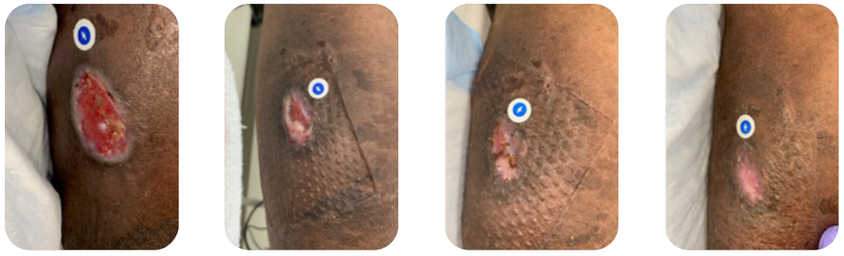
Patient and Wound History

- 63-year-old male
- Medical history: diabetes mellitus, hypertension, kidney disease and peripheral arterial disease. Revascularisation had been performed. Ankle brachial indexes: left = 0.89; right = 1.27.
- Mixed aetiology ulcers on the left leg: lower posterior leg present for 104 days, lower anterior leg and lateral ankle present for 77 days.
- Antibiotics had been prescribed prior to the start of the study.
- Previous treatments included: mechanical debridement, hypochlorous acid, povidone iodine swabs, iodoform gauze, protease modulating matrix, Mesalt® (sodium chloride-impregnated gauze), bordered foam dressing, antimicrobial calcium alginate dressing, antimicrobial cadexomer iodine dressing, superabsorbent dressing, and 2-layer compression therapy.

Intervention and Treatment Regime

- **Mepilex® Up** (intervention), a non-bordered foam dressing, was selected for its effective management of both low and high viscous exudate, and prevention of wound maceration.
- Initially the wounds were mechanically debrided, changing to sharp debridement as the study progressed; the wounds were cleansed using normal saline.
- The wound was dressed with Mepilex® Up and a 2-layer compression system applied.
- Dressings were changed weekly.
- The patient also received hyperbaric oxygen therapy during the evaluation period.

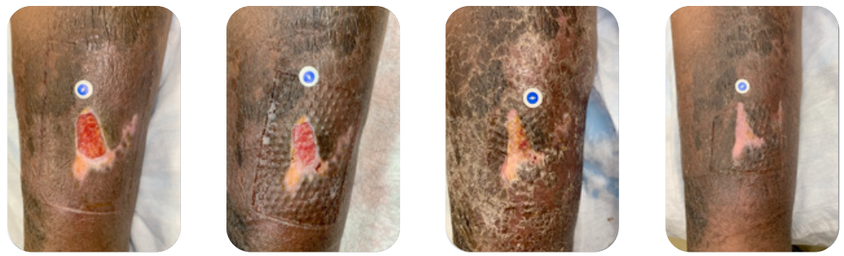
Wound Progression Lower Posterior



	Day 1 (Initial study intervention)	Day 7	Day 14	Day 28
Wound area	3.1 cm^2	1 cm^2 (↓68%)	0.4 cm^2 (↓87%)	Healed
Wound depth	0.2 cm	0.1 cm	0.1 cm	-
Signs of infection	None	None	None	-
Viable tissue	0%	67%	98%	100%
Peri-wound	Dry, localised oedema	Improved	Healthy	Healthy
Exudate	Moderate, viscous, serosanguinous	Moderate serosanguinous	Moderate serosanguinous	None

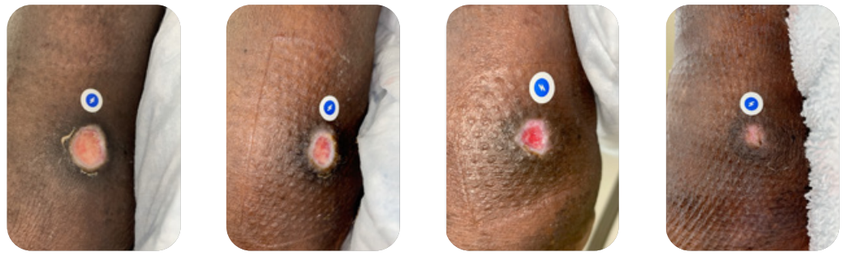
Case 8 continued

Wound Progression Lower Posterior



	Day 1 (Initial study intervention)	Day7	Day 21	Day 28
Wound area	4 cm^2	2.1 cm^2 (↓48%)	0.4 cm^2 (↓90%)	Healed
Wound depth	0.2 cm	0.1 cm	0.1 cm	-
Signs of infection	None	None	None	-
Viable tissue	0%	30%	100%	100%
Peri-wound	Discoloured with localised oedema	Discoloured with localised oedema	Dry	Healthy
Exudate	Moderate, serosanguinous	Moderate, serosanguinous	Moderate, serosanguinous	None

Wound Progression Lateral Ankle



	Day 1 (Initial study intervention)	Day 14	Day 28	Day 49
Wound area	3.1 cm^2	1 cm^2 (↓68%)	0.8 cm^2 (↓74%)	Healed
Wound depth	0.2 cm	0.1 cm	0.1 cm	-
Signs of infection	None	None	None	-
Viable tissue	0%	67%	98%	100%
Peri-wound	Maceration, localized oedema	Healthy localised oedema	Healthy	Healthy
Exudate	Moderate, serosanguinous	Moderate, serosanguinous	Moderate, serosanguinous	None

Perspective

Upon application of Mepilex® Up, an optimal wound environment was promoted that led to the successful healing of the chronic ulcers. Mepilex ® Up provided excellent exudate management, and its thin design was advantageous when used under compression, reducing focal pressure and potential damage to the periwound skin.

Case 9

Frank Aviles
Director of Marketing, Clinical Education and Research,
My Life Rehab & Wellness,
Gulf Breeze, Florida, United States of America

Mepilex® Up
Venous leg ulcer

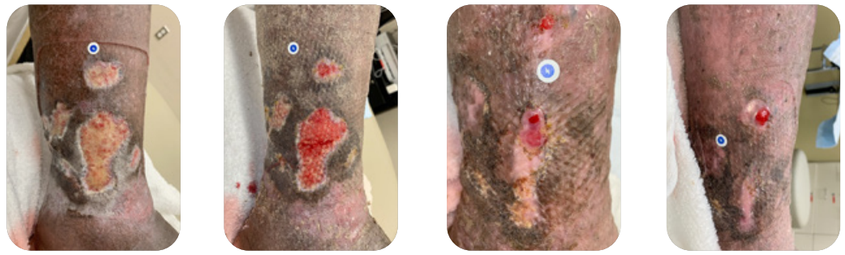
Clinical challenge:

To facilitate the management of high wound exudation, to protect the peri-wound skin, and to improve the quality of the granulation tissue whilst under compression.

Patient and Wound History

- 71-year-old female.
- Medical history: type 2 diabetes mellitus, chronic venous insufficiency, cardiovascular disease, venous leg ulceration (2 years prior to current presentation).
- Multiple venous leg ulcers (VLU) located on the right lower lateral and medial leg; present for 3 months.
- Previous treatment: monofilament fibre debridement pad, hypochlorous acid-based wound cleansing solution, Mesalt® (sodium chloride-impregnated gauze), gauze bandage. Compression therapy was authorised after 77 days of treatment (ankle brachial index of 1.32 had prevented application).

Wound Progression Lateral Wound



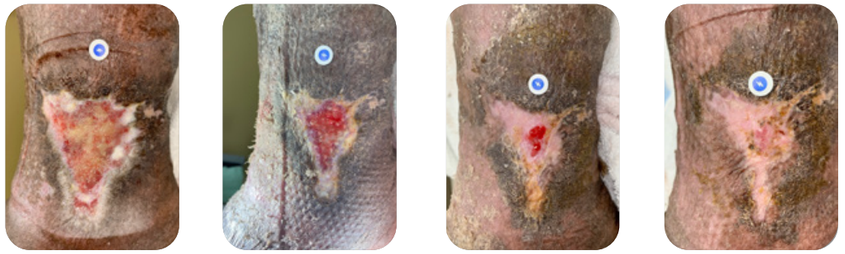
	Day 1 (Initial study intervention)	Day 14	Day 70	Day 77
Wound area	93.6 cm^2	62 cm^2 (↓34%)	14.9 cm^2 (↓71%)	Healed
Wound depth	0.1 cm	0.1 cm	0.1 cm	-
Signs of infection	Moderate erythema and oedema	None	None	-
Viable tissue	0%	100%	100%	100%
Peri-wound	Moderate maceration	Healthy	Healthy	Healthy
Exudate	High, serosanguinous	High, serosanguinous	High, serosanguinous	None

Case 9 continued

Intervention and Treatment Regime

- Mepilex® Up (intervention), a non-bordered foam dressing, was selected for its effective management of both low and high viscous exudate, and prevention of wound maceration.
- Sharp debridement of each wound was performed; wounds were cleansed using a hypochlorous acid-based solution.
- At the initial assessment, the wound was dressed with Mepilex® Up and a 3-layer compression bandaging system was applied; thereafter, 4-layers of compression were used. Once exudate management had improved, a skin substitute (cellular/ tissue-based product [CTP]) was applied to the wound.
- The dressings were initially changed twice weekly; from day 13 dressings, they were changed weekly.

Wound Progression Medial Wound



	Day 1 (Initial study intervention)	Day 21	Day 49	Day 70
Wound area	18.4 cm^2	7.7 cm^2 (↓58%)	1.2 cm^2 (↓94%)	Healed
Wound depth	0.1 cm	0.1 cm	0.1 cm	-
Signs of infection	Moderate erythema and oedema	None	None	-
Viable tissue	0%	100%	100%	100%
Peri-wound	Moderate maceration	Dry	Dry	Healthy
Exudate	Moderate, serosanguinous	Moderate, serosanguinous	Moderate, serosanguinous	None

Perspective

After 11 weeks of treatment, all the VLUs had healed, but a new tear of the epithelium was observed proximal to the original wound on the lateral right leg.

Mepilex® Up, in conjunction with compression, offers an opportunity to manage VLUs with high wound exudation and poor wound bed tissue quality by increasing the formation of granulation tissue whilst preventing maceration.

Case 10

Paulo Ramos
Nurse Specialist, USF Corino de Andrade, Porto, Portugal

Granudacyn® / Mepilex® Up
Venous leg ulcer

Clinical challenge:

To manage wound exudation and help prevent wound infection.

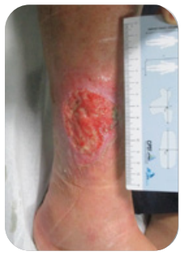
Patient and Wound History

- 69-year-old female.
- Medical history: hypertension, dermatoporesis – prior traumatic injury to left leg (10-month follow-up).
- Surgical history: bilateral knee joint replacement.
- Previous treatments: Enzyme alginogel, absorbent fibre dressing and compression therapy.

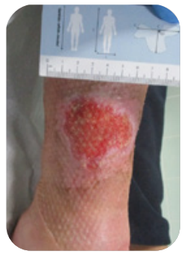
Intervention and Treatment Regime

- Granulox® (intervention), a topical haemoglobin spray, was selected for its ability to improve oxygenation of the wound bed to support healing. Mepilex® Up (intervention), a non-bordered foam dressing, was selected for its effective management of both low and high viscous exudate, and prevention of wound maceration.
- Wound debridement was not performed. At each dressing change, the wound was cleansed with saline.
- At the initial study intervention, the wound was dressed with Mepilex® Up and a 2-layer compression bandage. After 11 days, the wound bed was coated with a thin layer of Granulox® before dressing application. At Day 38, pruritus had caused the patient to scratch over the bandage injuring the periwound; initially an ointment was applied to help control the pruritus (Day 38) followed by a topical steroid (Day 60).
- Initially, dressings were changed twice weekly; after 17 days of treatment dressing change was weekly.

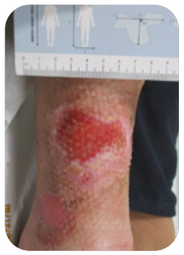
Wound Progression



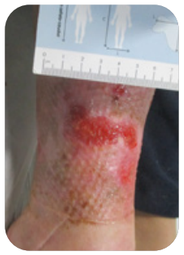
Day 1
(Initial study intervention)



Day 28



Day 38



Day 60

	Day 1 (Initial study intervention)	Day 28	Day 38	Day 60
Wound area	30 cm^2	22.5 cm^2 (↓25%)	17.5 cm^2 (↓42%)	7.5 cm^2 (↓75%)
Wound depth	Superficial	Superficial	Superficial	Superficial
Signs of infection	None	None	None	None
Viable tissue	95%	100%	100%	100%
Peri-wound	Erythematous	Healthy	Blistered‡	Excoriated‡
Exudate	High/moderate, non-viscous, clear/serous	Low, non-viscous, clear/serous	Low, non-viscous, clear/serous	Low, non-viscous, clear/serous
Pain*	5, 5, 6, 4 / 10	2, 2, 3, 2 / 10	2, 2, 3, 2 / 10	4, 2, 2, 2 / 10

‡As a result of scratching pruritus *Pain prior to dressing change, on dressing removal, during wound cleansing and on re-application

Perspective

Mepilex® Up was easy to apply and effectively managed wound exudation. The patient found Mepilex® Up comfortable to wear and pain was reduced. The pruritus, that led to an itch – scratch cycle, concomitant with extremely sensitive skin resulting in periwound skin damage, was not considered to be associated with Mepilex® Up.

A survey of European healthcare professionals' experiences of gelling fibre wound dressings for different wound types

Monique Rennie PhD[1], Sinead Fahy BA MSc[1], Matthew Malone PhD FFPM RCPS (Glasg)
[1]Mölnlycke Health Care, Gothenburg, Sweden

Background

- Failure to manage excess exudate can delay wound healing, increase the risk of infection, adversely affect patients (e.g. leakage and malodour) and increase demand on health care resources.[1]
- Fibre dressings are commonly used for their ability to maintain a moist wound environment, while absorbing excess exudate to form a gel which can facilitate autolytic debridement.[2]
- Survey research can generate important information about knowledge, attitudes and beliefs that can be used in conjunction with data from other research methods to shape evidence-based practice.[3]

Aim

To assess the **use and performance of Exufiber® (non-silver-containing) and Exufiber® Ag+ (silver-containing) gelling fibre dressings composed of highly absorbent polyvinyl alcohol (PVA) fibres** in acute care and general practice settings.

Methods

Health care professionals (HCPs) (from 13 countries across Europe), with a minimum of 3 months' clinical experience of using the gelling PVA fibre dressings in acute care and/or general practice settings, were eligible.

HCPs were provided with a QR code to access a survey questionnaire (Qualtrics platform) between April and August 2024.

The questionnaire was made available in 7 languages.

The HCPs were asked 9 questions relating to the clinical performance of Exufiber® dressings and 10 questions relating to Exufiber® Ag+. The possible answers were 'not effective', 'effective', 'extremely effective' and 'extremely effective and superior to most comparable dressings used'.

Results

- 634 questionnaires were completed.

571 included data on Exufiber®

243 included data on Exufiber® Ag+

- Respondents reported dressing use across a range of wound types (**Figure 1**, **Figure 2**).

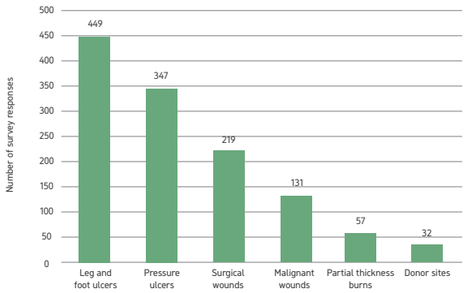


Figure 1: Wound types on which the non-silver-containing dressing was used (number of survey responses).
Wound type not disclosed in 18 questionnaires.

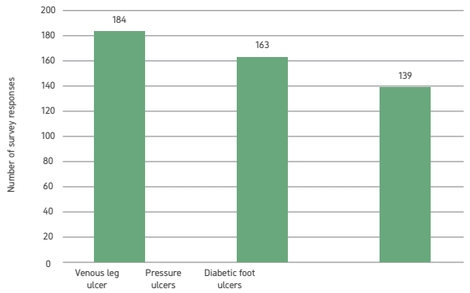


Figure 2: Wound types on which the silver-containing dressing was used (number of survey responses).
Wound type not disclosed in 14 questionnaires.

Note: many HCPs used the dressings on more than one wound type.

References: 1. Weir D, Davies P. The impact of venous leg ulcers on a patient's quality of life: considerations for dressing selection. Wounds International 2023;1491):10-15' **2.** Joergensen B et al. A randomised, open-label, parallel-group, multicentre, comparative study to compare the efficacy and safety of Exufiber® with Aquacel® Extra™ dressings in exuding venous and mixed aetiology leg ulcers. Int Wound J. 2022;19(Suppl. 1):22-38. **3.** Hochberg CH, Eakin MN. Keys to successful research in health professions education. ATS Sch. 2024;5(1):206-17.

Mölnlycke Health Care sponsored this survey.

1

- Respondents' ratings of the performance of the dressings were high (**Figures 3-5**).

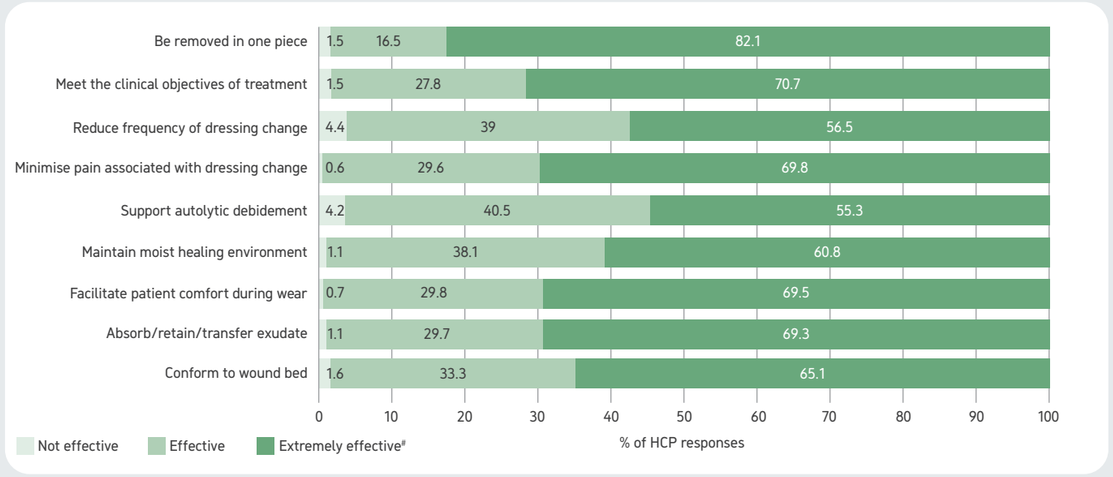


Figure 3: Overall technical performance of Exufiber® ('extremely effective' and 'extremely effective and superior to most comparable dressings used' are aggregated as 'extremely effective')

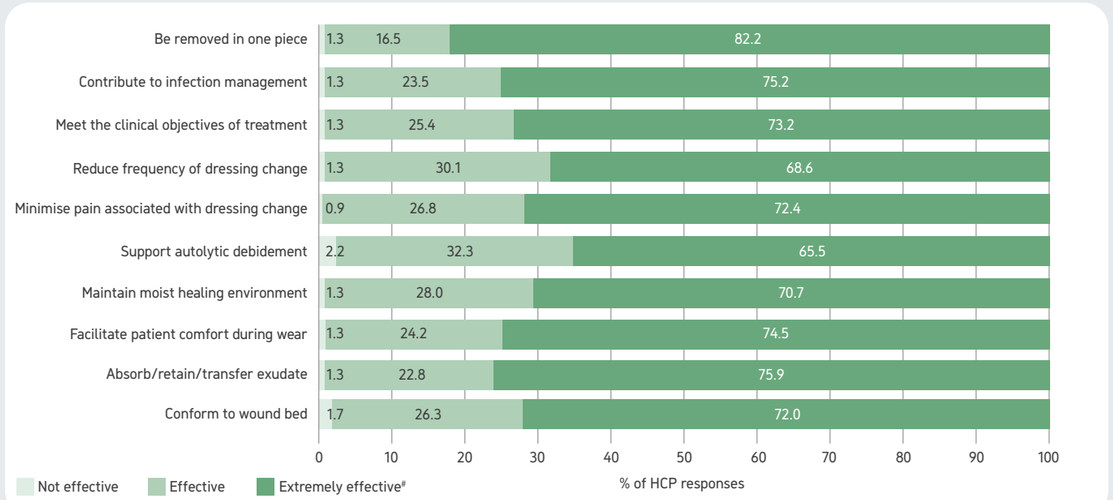


Figure 4: Overall technical performance of Exufiber® Ag+ ('extremely effective' and 'extremely effective and superior to most comparable dressings used' are aggregated as 'extremely effective')

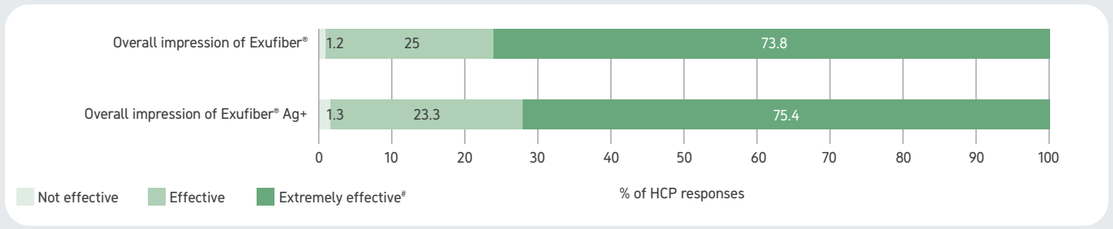


Figure 5: Overall impression of the dressings ('extremely effective' and 'extremely effective and superior to most comparable dressings used' aggregated as 'extremely effective')

Conclusions

- This survey confirms that both Exufiber® and Exufiber® Ag+ are well appreciated for a range of exuding wound types.
- The strengths of this survey were that it included many respondents from several countries in Europe, and the level of experience of the healthcare professionals involved.

Exufiber® / Exufiber Ag+®

(gelling fibre dressings)

Case 1

Alison Schofield
Independent Tissue Viability Nurse,
Goole, North Yorkshire,
United Kingdom .

Exufiber® Ag+ / Mepilex® Border Comfort*
Venous leg ulcer

*marketed as Mepilex® Border Flex outside of the United Kingdom

Clinical challenge:

To promote wound healing, control infection and manage wound exudation whilst reducing patient pain and discomfort.

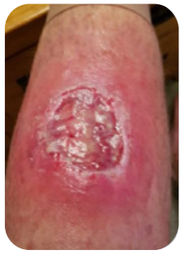
Patient and Wound History

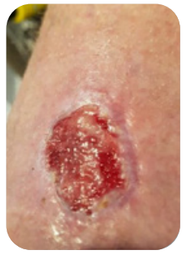
- 65-year-old male.
- Medical history of hypertension, atrial fibrillation, chronic venous insufficiency (varicose veins, ankle flare, hemosiderin staining); ankle brachial pressure index (ABPI) = 0.89.
- Leg ulcer located on the shin of the left leg: present for 17 months.
- Previous treatment: Initially, patient self-care using pharmacy-bought plaster and adhesive island dressing; prior to the study, the General Practitioner prescribed a small pad with adhesive tape.

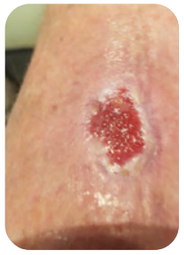
Intervention and Treatment Regime

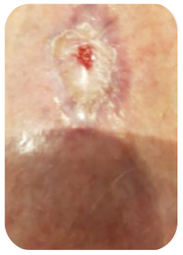
- Exufiber® Ag+ (intervention), a gelling fibre dressing with silver, was chosen for its antimicrobial action concomitant with its capacity to manage wound exudate. Mepilex® Border Comfort (intervention), a foam dressing, was selected for conformability and exudate management.
- Mechanical wound debridement (curette or debridement pad) was performed at dressing changes until Day 18; the wound was cleansed using tap water at all dressing changes.
- The wound was dressed with Exufiber® Ag+ (primary dressing) and Mepilex® Border Comfort (secondary dressing); a hosiery kit (40mmHg) provided compression. After 26 days, Exufiber® Ag+ was discontinued.
- Dressing change was performed twice weekly.

Wound Progression


Day 1
(Initial study intervention)


Day 18


Day 26


Day 37

	Day 1 (Initial study intervention)	Day 18	Day 26	Day 37
Wound area	27.5 cm^2	7.5 cm^2 (↓73%)	3 cm^2 (↓89%)	0.15 cm^2 (↓99%)
Wound depth	0.3 cm	0 cm	-	-
Signs of infection	Yes±	Improved	Resolved	-
Viable tissue	10%	80%	95%	100%
Signs of infection	Not healthy#	Healthy	Healthy	Healthy
Exudate	High, viscous, yellow/green/blood	Low, non-viscous, clear/serous	Low, non-viscous, clear/serous	None,
Pain*	70, 80, 90/100	-	-	-

±Severe increased pain, warmth, exudate and erythema; moderate malodour; mild oedema #Severe erythema; moderate excoriation, maceration; mild blistering
*Pain prior to dressing change, on dressing removal and during cleansing

Perspective

The use of Exufiber® Ag+ and Mepilex® Border Comfort successfully 'kick-started' the healing process of a chronic leg ulcer and helped control wound infection leading to an improvement in the patient's quality of life.

The patient felt supported and confident that the wound would heal once the correct products and dressings were used, and said it felt great to get back to normality after a period of restricted mobility.

Case 2

Paulo Ramos
Nurse Specialist, USF Corino de Andrade, Porto, Portugal

Granudacyn® Wound Irrigation Solution / Exufiber® Ag+ / Mepilex® Ag / Mepilex® XT
Venous leg ulcer

Clinical challenge:

To promote wound healing and to manage wound exudation.

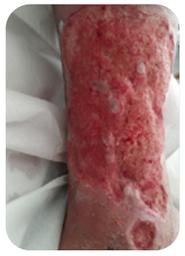
Patient and Wound History

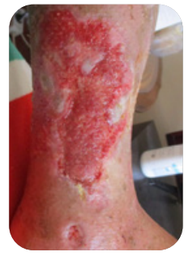
- 74-year-old female.
- Medical history: obesity, atrial fibrillation and chronic venous insufficiency.
- Infected venous leg ulcer (VLU) located on the outer lower right leg: present for 2 years.
- Most recent treatment: silver-containing hydrofiber dressing with zinc oxide bandage.

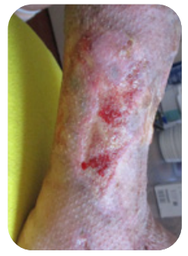
Intervention and Treatment Regime

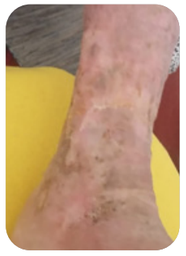
- Granudacyn® Wound Irrigation Solution (intervention), a hypochlorous acid solution, was chosen to cleanse the wound to reduce the risk of infection. Exufiber® Ag+ (intervention), a silver-containing gelling fibre dressing, was chosen for its antimicrobial action concomitant with its capacity to manage wound exudate. Mepilex® Ag (intervention), a silver-containing foam dressing was chosen for its antimicrobial action concomitant with effective management of exudate and prevention of wound maceration. Mepilex® XT (intervention), a non-silver-containing foam dressing was selected for exudate management.
- Surgical debridement (curette) was performed until Day 20. At each dressing change, the wound was cleansed using Granudacyn® Wound Irrigation Solution.
- The wound was initially dressed with Exufiber® Ag (primary dressing) and 2-layer compression therapy applied. After 20 days, the primary dressing was replaced with Mepilex® XT, but after a further 28 days, due to wound deterioration, it was replaced with Mepilex® Ag. On treatment day 65, Mepilex® XT was restarted until the final evaluation. Analgesics were prescribed, when required.
- Initially dressings were changed twice weekly, then weekly.

Wound Progression


Day 1
(Initial study intervention)


Day 48


Day 76


Day 121

	Day 1 (Initial study intervention)	Day 48	Day 76	Day 121
Wound area	300 cm^2	150 cm^2 (↓50%)	60 cm^2 (↓80%)	Healed
Signs of infection	Yes±	Improved	Resolved	-
Viable tissue	10%	100%	80%	100%
Peri-wound	Not healthy#	Healthy	Healthy	Healthy
Exudate	High, viscous, yellow/green	Moderate, viscous, yellow/green	Low, viscous, clear/serous	-
Pain*	4, 5, 2 / 10	3, 4, 2 / 10	2, 2, 0 / 10	None

±Increased pain, temperature and exudate, erythema, oedema and malodour (grade 4)s *Pain prior to dressing change, on dressing removal and on dressing re-application #Maceration

Perspective

At the final study evaluation, the VLU, present for 2 years, had healed. The dressing regime provided excellent exudate management, even when under compression and was comfortable for the patient.

Compendium

For projects in United Kingdom:

Ali Hedley

Clinical Engagement Manager - United Kingdom

For projects in Iberia and Italy:

Ana Martins

Clinical Engagement Manager - Iberia and Italy

For projects in Belgium, Netherlands and Nordic region:

Arianne Oberendorf

Clinical Engagement Manager - BeNeNord

For projects in other regions:

Sinead Fahy

Regional Director, Clinical Engagement (Europe, Middle East and Africa)

Other contacts

Monique Rennie

Global Director Medical Affairs, Wound Care

Phil Davies

Senior Global Medical Communications Manager

medical.affairs@molnlycke.com

Contact Mölnlycke on the above email if you would like to collaborate with us on similar initiatives found in this document.

Declaration of interest

This compendium has been prepared by the Medical and Professional Affairs group at Mölnlycke Health Care. It has not been subject to double-blind peer review.

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