JCN

VIRTUAL LUNCH MEETING

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ENHANCED WOUND HEALING WITH **POLYMEM®** SILICONE BORDER

12 OCTOBER 2021

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PROF. LINDA RAFTER

LUNCHTIME
13:00 - 13:45

Learning outcomes

1. Develop understanding of current wound healing challenges.
2. Recognise what makes PolyMem unique.
3. Learn how PolyMem can benefit your patients.
4. Learn about the PolyMem dressing range.

Wound healing challenges

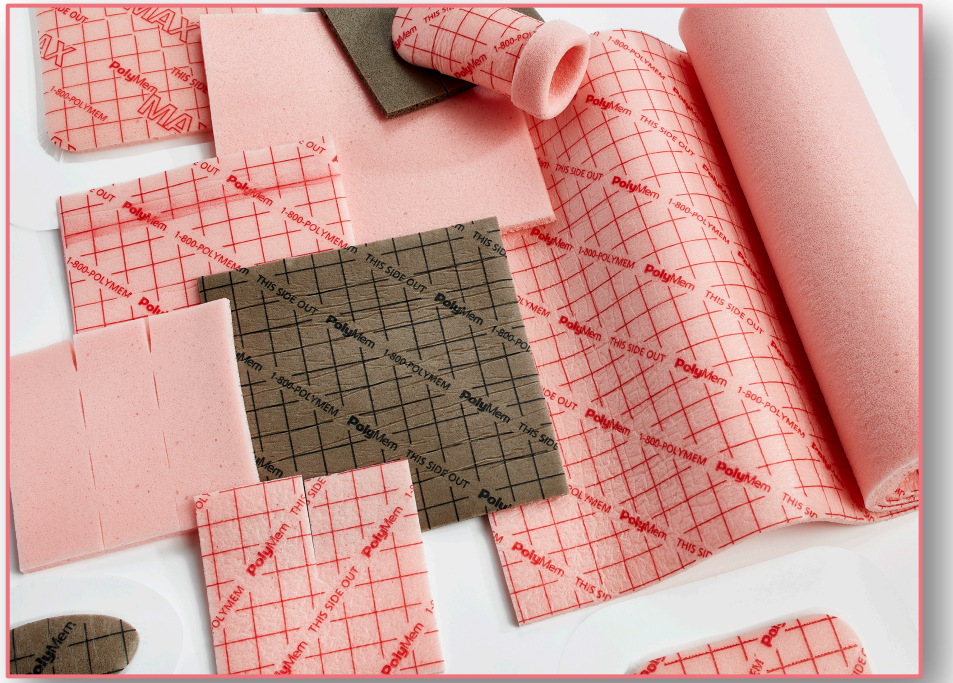
- Clinicians are under pressure to provide high quality patient outcomes at reduced cost
- Cases presented are complex wounds that require careful management
- Some patients were in there 90s, extremely compromised with nutritional deficiencies
- Honey and superabsorbent dressings were used prior to the patients being commenced on the PolyMem dressings.

What is PolyMem?

PolyMem is a unique multifunctional polymeric membrane dressing.

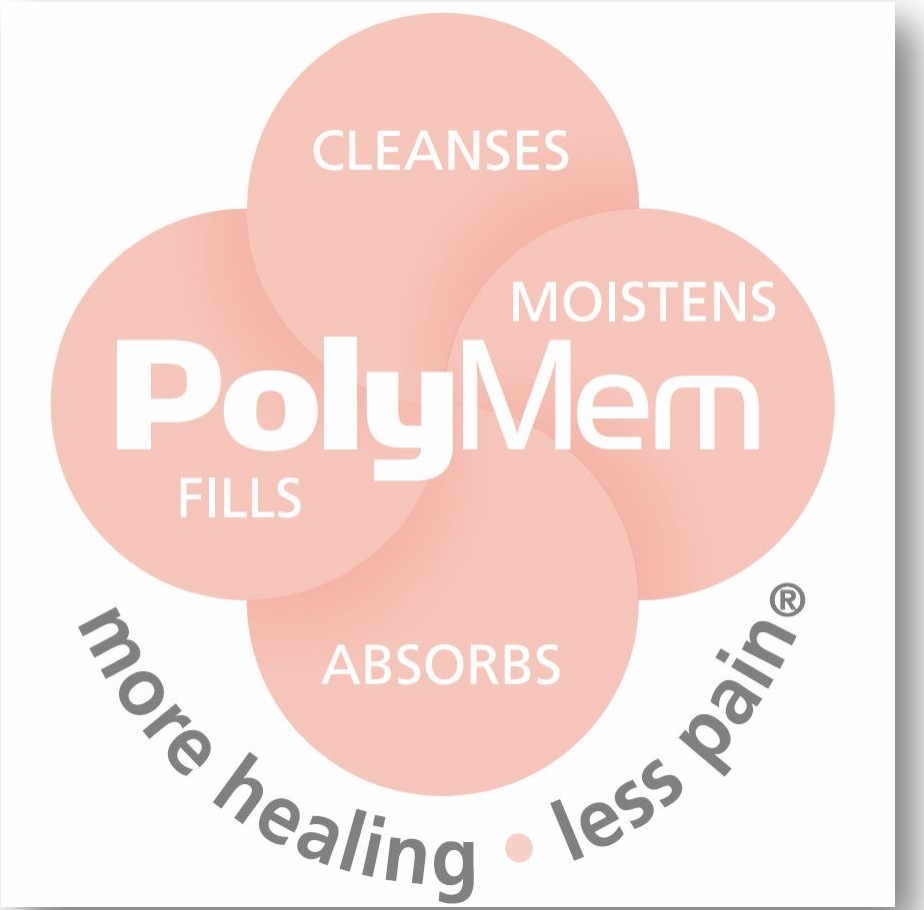
It consists of:

- A mild, non-toxic wound cleanser (surfactant)
- A soothing moisturiser (glycerol)
- A superabsorbent (starch co-polymer)
- A semi-permeable film backing.*



*Not included in WIC dressings.

How does it work?



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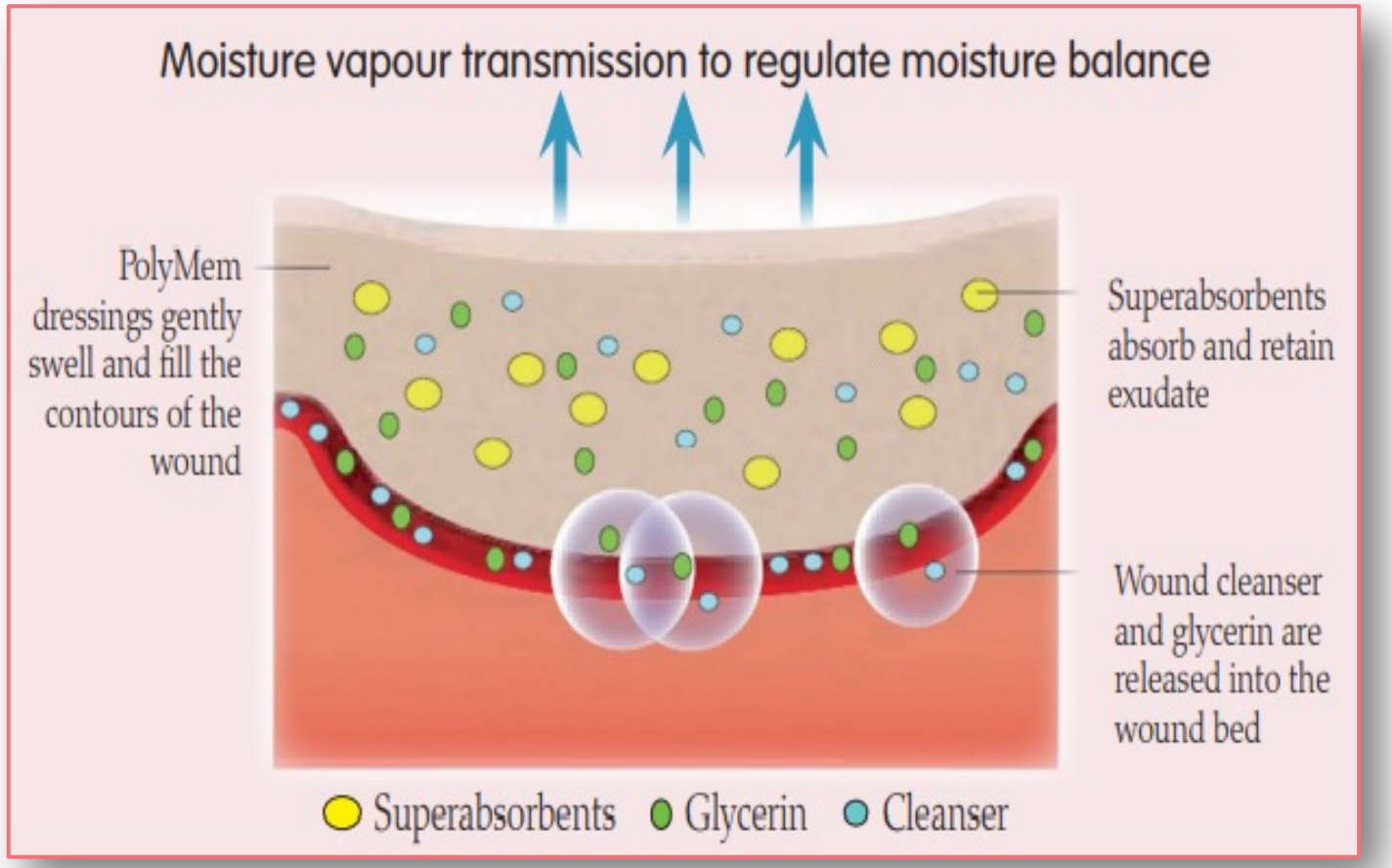
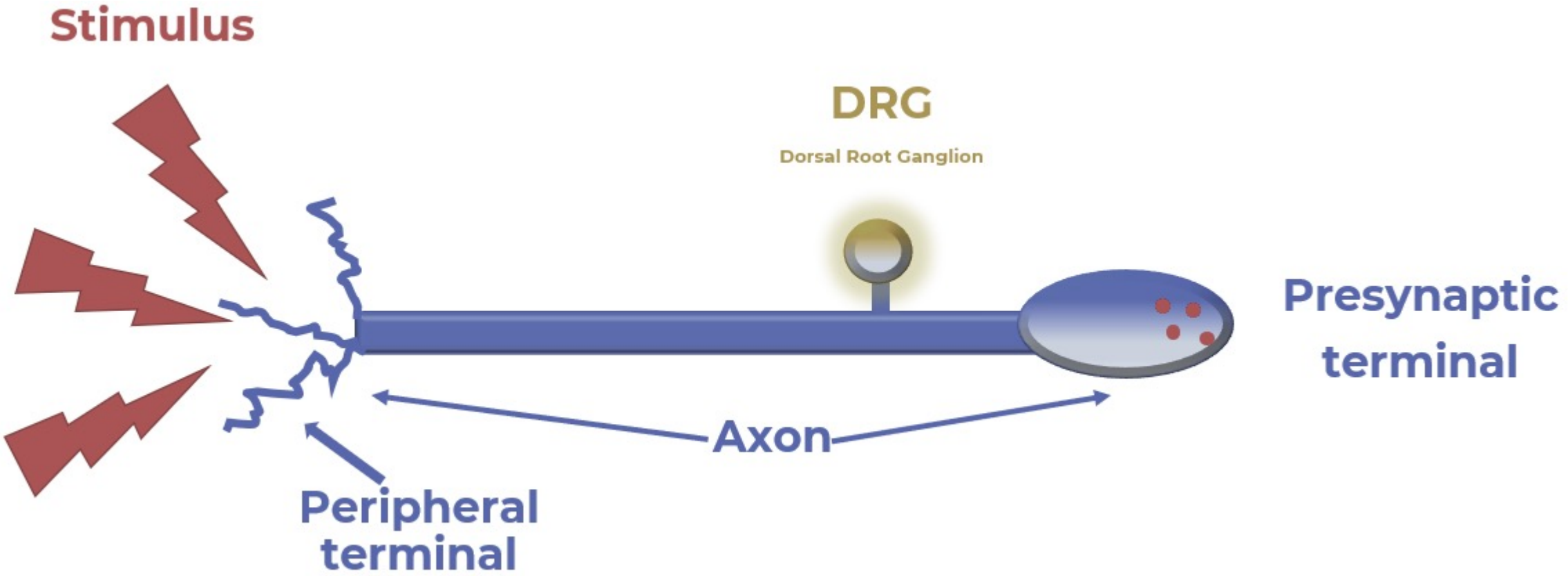


Key benefits

- Modulates inflammatory response
- Relieves pain
- Supports wound healing

Structure of nociceptors



Key benefits

- Wound cleanser is released continually into the wound, loosening bonds between wound debris and healthy tissue
- The moisturiser (glycerol) is simultaneously released, creating a moist wound environment, preventing the dressing from sticking
- PolyMem supports autolytic debridement.

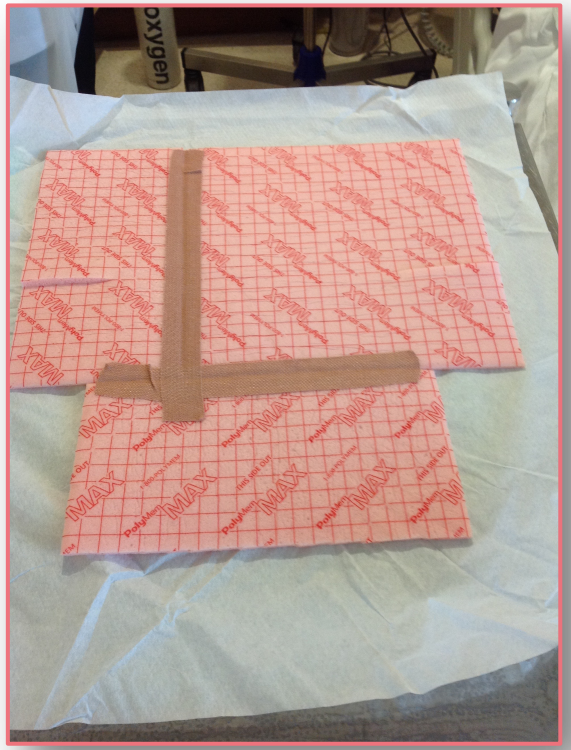
Case study one: debridement

- 63-year-old female
- Anaesthetic risk due to past medical history
- Sustained large haematoma tibia/calf area
- Wound bed preparation with PolyMem
- Larval therapy
- PolyMem to wound healing.

Indications

- Abrasions/trauma
- Bruising
- Superficial burns
- Skin tears
- Surgical wounds
- Diabetic foot ulcers
- Fungating wounds
- Leg ulcers
- Pressure ulcers
- Dermatology e.g. *epidermolysis bullosa* (EB)
- Donor and graft sites
- Exposed tendons
- Radiotherapy skin reactions.

PolyMem MAX for Pronton therapy



How do we use it?

- Dressing activation
- Cutting guide – coming soon!

Application video

Video Here

Case study two: trauma wound

- 73-year-old female
- Cardiac and oncology history
- lady fell and sustained a trauma wound 05/12/19
- this nd to the right tibia with significant tissue loss and bone exposure
- 03/02/20 she commenced treatment with PolyMem dressings.

Case study two: outcome

- Final assessment on 06/03/20, wound was healed
- Using PolyMem dressings for **32 days** accelerated this lady's healing and prevented her requiring a skin graft.

NEW PolyMem Silicone Border

- The same patented polymeric membrane formulation with a secure, gentle adhesive
- Soft silicone border is gentle to the skin and repositionable
- Designed to facilitate healing, relieve pain and reduce inflammation
- An ideal choice for patients with fragile, sensitive skin.

Case study three: skin tear

- 14/06/21, female sustained a Skin Tear Audit Research (STAR) classification 2b (Carville et al, 2007)
- There was slight swelling to the left lower leg
- Pain score on the McCaffery scale (Pasero and McCaffery, 2011) was 9
- 05/07/2021 commenced treatment with PolyMem dressings.

Case study three: outcome

After **7 days** using PolyMem MAX:

- Purple tissue had resolved
- Pain level had reduced to 0
- The wound had reduced significantly in size.

NEW PolyMem Silicone Border

- Suitable for dry-to-moderate exuding wounds
- Suitable for very fragile skin
- Easy to apply
- Very easy to remove without any trauma to the skin.

Case study four: trauma

12/07/2021 PolyMem Silicone Border was applied

- Wound had reduced in size by 1x0.5cm
- Exudate volume reduced
- The dressing was easy to apply
- Dressing changed every seven days
- The wound healed in five weeks.

Case study five: pressure ulcer

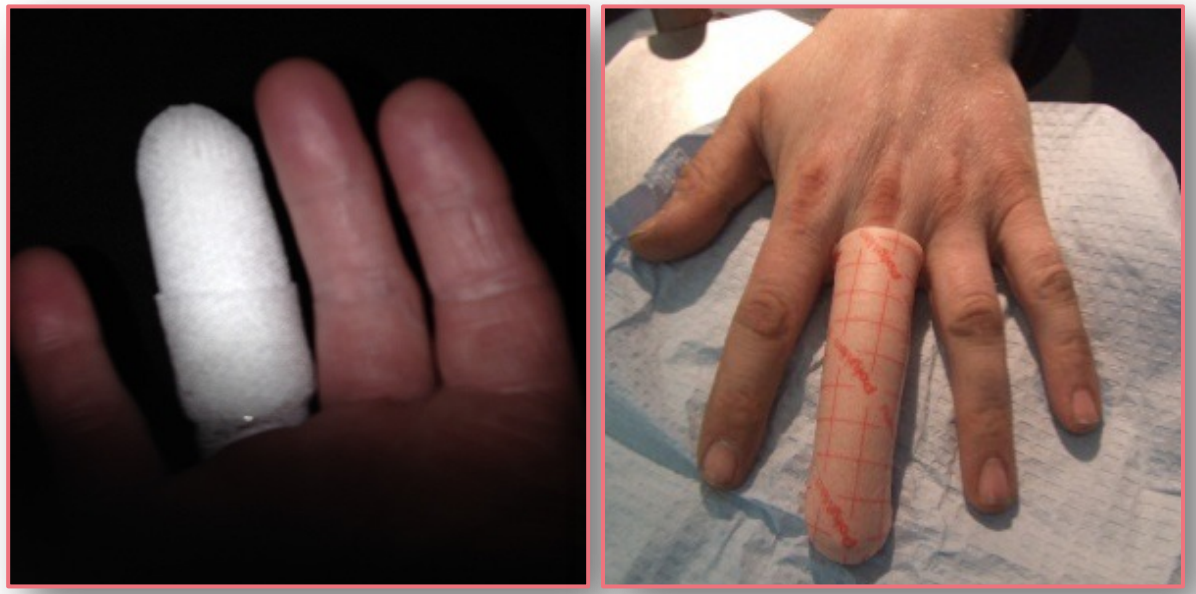
- 88-year-old female
- Presented with multiple pressure ulcers
- Significant past medical history, including dementia
- Poor oral intake
- Challenges with repositioning
- February 2021 thoracic spine pressure ulcer commenced on PolyMem.

Case study five: outcome

28/09/2021 — pressure ulcer has nearly healed

- PolyMem Silicone Border was applied
- Stayed in place and easy to remove without causing any damage to very fragile skin
- Her pain level was assessed by facial expressions due to dementia.

PolyMem Finger dressing



- 39 patients were evaluated
- Standard dressing was compared to the PolyMem Finger dressing for wound healing by secondary intention in trauma injuries
- Treated in general hospital accident and emergency and minor injuries units.

PolyMem Finger dressing: aims

- Explore the patients' perceptions of pain by using numerical and descriptive pain diaries
- Explore how patients' quality of life was affected: hygiene needs, dressing, ability to work, driving, domestic chores, mobility and hand function
- Monitor the patients' sleep patterns in line with injury and pain
- Explore patients' pain at dressing change
- To compare the costs and procedure time using the two dressings evaluated
- Monitor the patient use of over-the-counter analgesic
- To explore the nurses' perceptions of the dressing change.

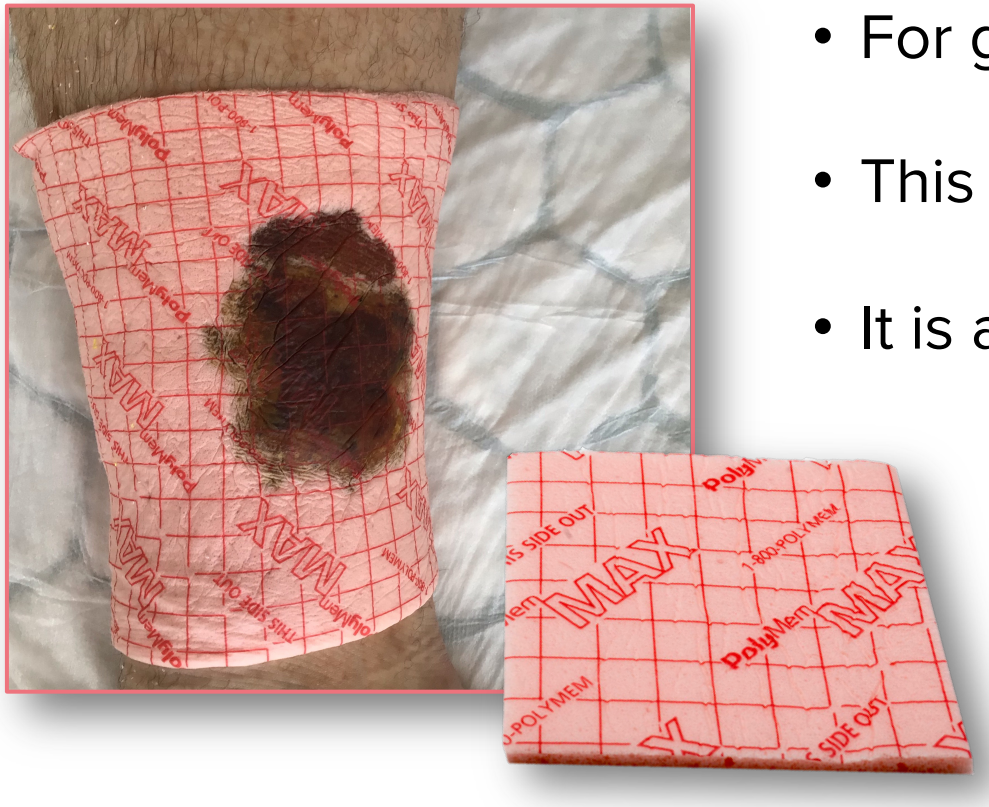
PolyMem Finger dressing

- 24-year-old male
- 07/11/13 — trapped finger in car door
- Surgical debridement
- PolyMem Finger dressing
- 25/11/13 — healed with minimal scarring
- Pain score reduced from 10 to 0 within two weeks of injury.

PolyMem: the range

- NEW PolyMem Silicone Border
- PolyMem Film Island
- PolyMem Non adhesive
- PolyMem MAX
- PolyMem MAX Film Island
- PolyMem Finger/Toe
- PolyMem Tube
- PolyMem Silver.

PolyMem MAX



- For greater absorbency and longer wear
- This product is 60% thicker than original PolyMem
- It is a specialised dressing with multiple properties:
  - Moisturises
  - Cleanse and debrides
  - Analgesic properties
  - More absorbent than standard PolyMem.

Summary of findings

- PolyMem MAX can be used to debride a wound bed and relieve pain
- PolyMem Silicone Border is extremely gentle on the skin and stays in place well
- Removed very easily without trauma
- All patients had particularly good outcomes
- Case studies included very complex wounds for which it is particularly difficult to gain complete healing.

Conclusion

- Clinicians need to work together with their patients to promote cost-effective wound healing

- All case study patients were involved in their care pathways, and it was explained how **PolyMem** promoted wound healing.

Ensuring the **right dressing** is used at the **right time** on the **right patient** can ultimately result in **good patient outcomes**.

Educational support

Facebook live with GPN

Understanding wound pain: the physiology of nociceptors and inflammation.

E-learning module with Wound Care Today

Identifying and managing wound pain.

Visit our ‘Education’ tab here: www.hrhealthcare.co.uk

Clinical support

- PolyMem patient and user guides
- YouTube application videos
- **NEW** published paper British Journal of Community Nursing '*Achieving effective patient outcomes with PolyMem Silicone Border*', by Linda Rafter, Mark Rafter
- Cutting guide – coming soon!
- PolyMem brochure
- PolyMem Silicone Border brochure.

Get in touch!

If you would like to evaluate PolyMem Silicone Border in your organisation, please email:

Marketing@hrhealthcare.co.uk

Or, get in touch with your local representative for more information.

References

- Carville K, Lewin G, Newall N, et al (2007) STAR: a consensus for skin tear classification. *Prim Intention* **15(1):** 18-28
- Pasero C, McCaffery M (2011) *Pain Assessment and Pharmacologic Management*. Mosby-Elsevier, St. Louis
- Rafter L, Oforka E (2013) Trauma-free fingertip dressing changes. *Wounds UK* **9(1):** 96-100
- Rafter L, Rafter M. (2021) Achieving effective patient outcomes with PolyMem dressing. *Br J Community Nurs* **26(10):** 2-10

Discussing: Polymem® Silicone Border

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