Journal of Community Nursing
JCN

VIRTUAL LUNCH MEETING

Mölnlycke®

THREE REAL-WORLD IMPROVEMENTS WITH THE NEXT GENERATION OF GELLING FIBER

31 MARCH
2021

MEAVE ALEXANDER
SARAH FOSTER

LUNCHTIME
13:00 - 13:45

Live session featuring **Q&A**

Three real-world improvements with the next generation of gelling fibers

Presenters

Meave Alexander (RGN)

Clinical Support Manager

Scotland

Sarah Foster (RGN)

Clinical Support Manager

Wound Management - North UK

Behind the scenes

Clinical Support Managers

Jane Parker

Edel Dorgan

Learning outcomes

- To understand the current burden of wound care facing the NHS today
- To reflect on the impact of living with chronic wounds for patients
- To discuss three complex clinical challenges of chronic wounds
- To understand the role of Exufiber® and Exufiber® Ag+ gelling fibers in the optimisation of space for wound healing
- Overview of Molnlycke Advantage and our 360-degree support

Cohort study evaluating the burden of wounds to the UK's NHS in 2017/18 revealed key points [1]

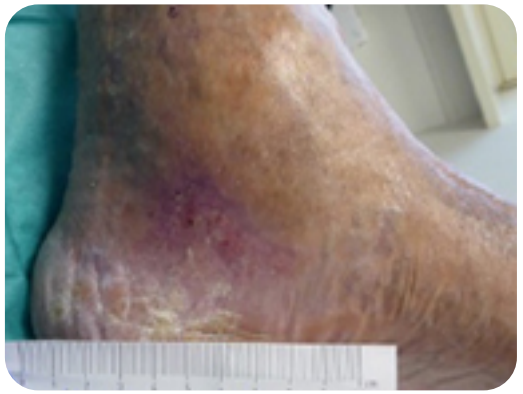
- An estimated **3.8m** adult patients with a wound in the UK (7% of the adult population)
- Annual NHS cost of managing these patients is estimated at **£8.3bn**
- Increase cost of 48%
- Wounds that healed (70%) cost £2.7bn
- The non-healed wounds cost £5.6bn
- Only 6% of all costs came from wound care products
- Healthcare professional visits account for 71% of all wound care costs

Chronic wounds are painful and distressing, but treating them doesn't have to be







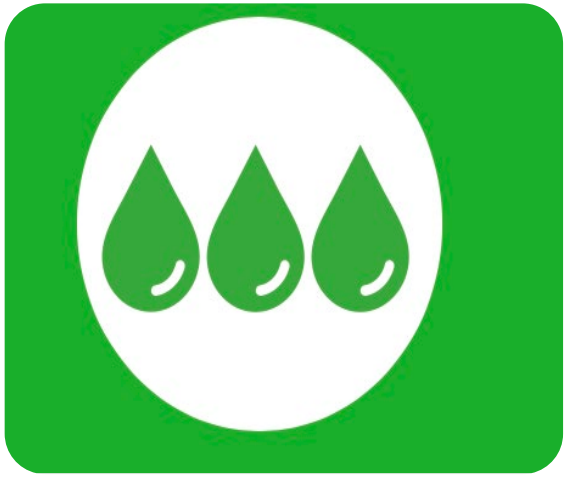


Three complex clinical challenges

Residue and debris

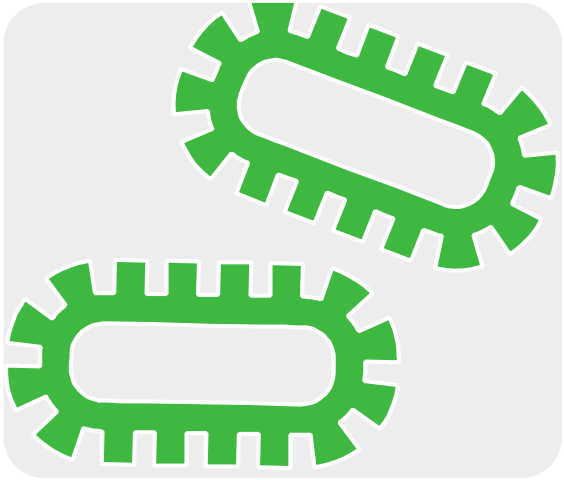
Residue and debris can trigger a foreign body response and disturb healing.

High exudate



Moist wound management is fundamental for optimal wound healing, however excess fluid may lead to maceration and delayed wound healing.

Biofilm



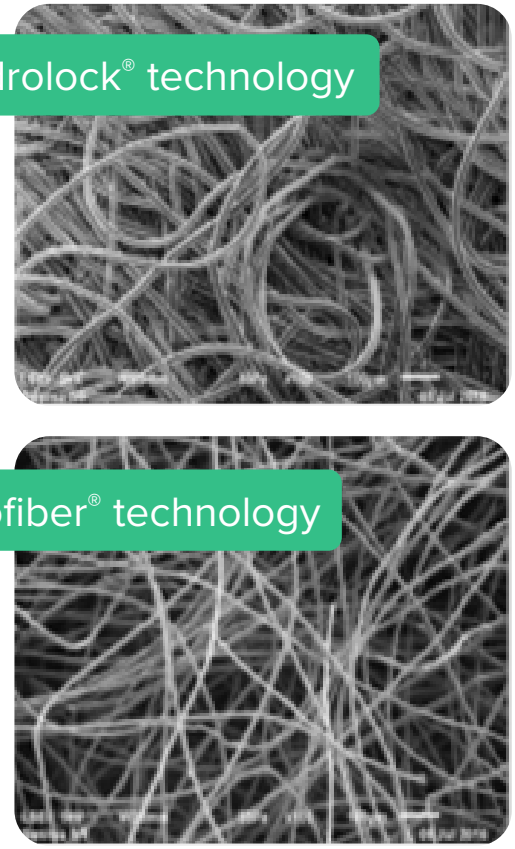
Biofilms are present in almost all chronic, non-healing wounds and their presence may prevent healing.

The next generation of gelling fiber

Exufiber®
and
Exufiber® Ag+

Exufiber® dressings are the only dressings with Hydrolock® technology

- Our next generation non-woven polyvinyl alcohol fiber dressing
- Transforms into a gel on contact with exudate
- The tightly packed fibres:
  - handle exudate effectively [2–7]
  - stay intact for easy one-piece removal [2–4, 8]



Exufiber® is composed of PVA fibres, Aquacel® of CMC fibres

So, how can we OPTIMISE the space for healing?

Transfers exudate efficiently *[9, 10]

Supports a clean wound bed [2-6]

Prevents biofilm reformation *(in vivo)*** [11, 12] (Exufiber Ag+)

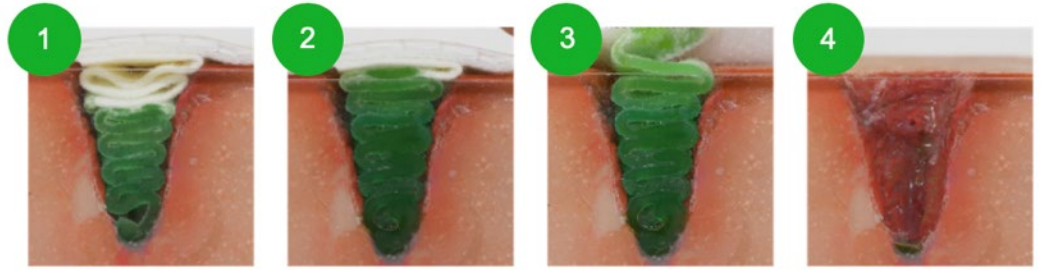
* For Exufiber Ag+, when exposed to a flow rate of 0.6ml/h at 40 mmHg pressure for up to 7 days.
** As part of a holistic biofilm management approach as per international guidelines (i.e. cleansing, debridement & reassessment)[10]

Transfers exudate efficiently [9, 10]

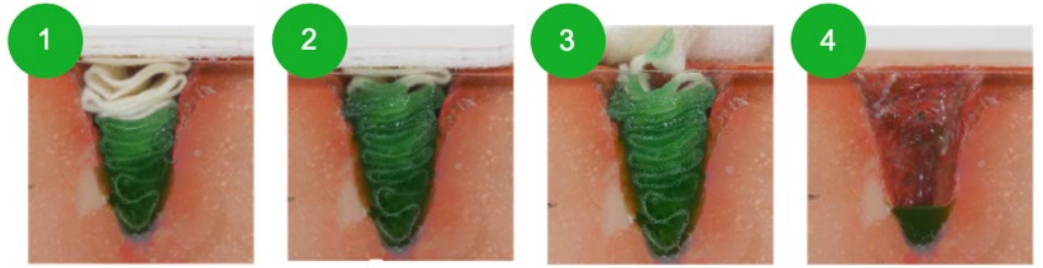
Transfers exudate efficiently [9, 10]

- Exufiber dressings transfer exudate efficiently* from the wound bed to the secondary dressing [9,10]
- Thanks to Hydrolock technology exudate is absorbed, locked in and transferred to the secondary dressing to reduce the risk of leaks and maceration [2-5,9,10]
- Dressing can be left in place for up to seven days**, allowing undisturbed healing [5,7]

Exufiber®



Aquacel®



*For Exufiber® Ag+, when exposed to a flow rate of 0.6ml/h a 40 mmHg pressure for up to 7 days.
**Exufiber® and Exufiber® Ag+ can be left in place for up to seven days, depending on wound condition and clinical practice In addition Exufiber® can be left in place for up to 14 days for donor sites.
*** When comparing lab test results for retention under pressure of Exufiber® with Aquacel®, Aquacel® ExtraTM, Durafiber® and UrgoClean® dressings

Locks in up to **23%**

More***of the exudate absorbed than Aquacel Extra™**6**

Supports a clean wound bed [2–4, 5, 8]

Supports a clean wound bed [2–6]

Absorbs and locks in exudate [2–5]

Promotes autolytic debridement [3]

Clean, one-piece removal [2, 3, 4, 6]

Clinical case report – diabetic foot ulcer Exufiber® Ag+

Patient history

- 68-year-old male
- Admitted to hospital

Medical history

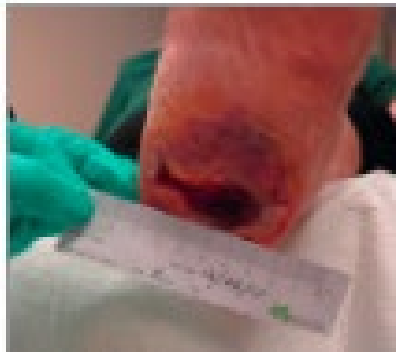
- Diabetes, no other co-morbidities recorded
- Patient was obese — body mass index (BMI) 49

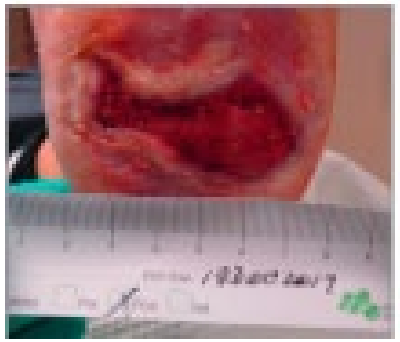
Clinical case report – diabetic foot ulcer Exufiber® Ag+

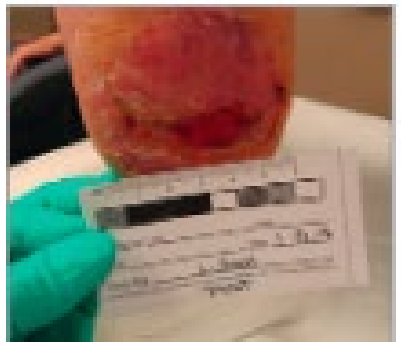
Wound history

- Age of wound unknown
- Diabetic foot ulcer to left heel
- Wound size = 42mm (long) x 60mm (wide)
- Wound bed 80% slough/20% fibrin and slough

Clinical case report







Treatment plan

- Sharp debridement
- Exufiber Ag+

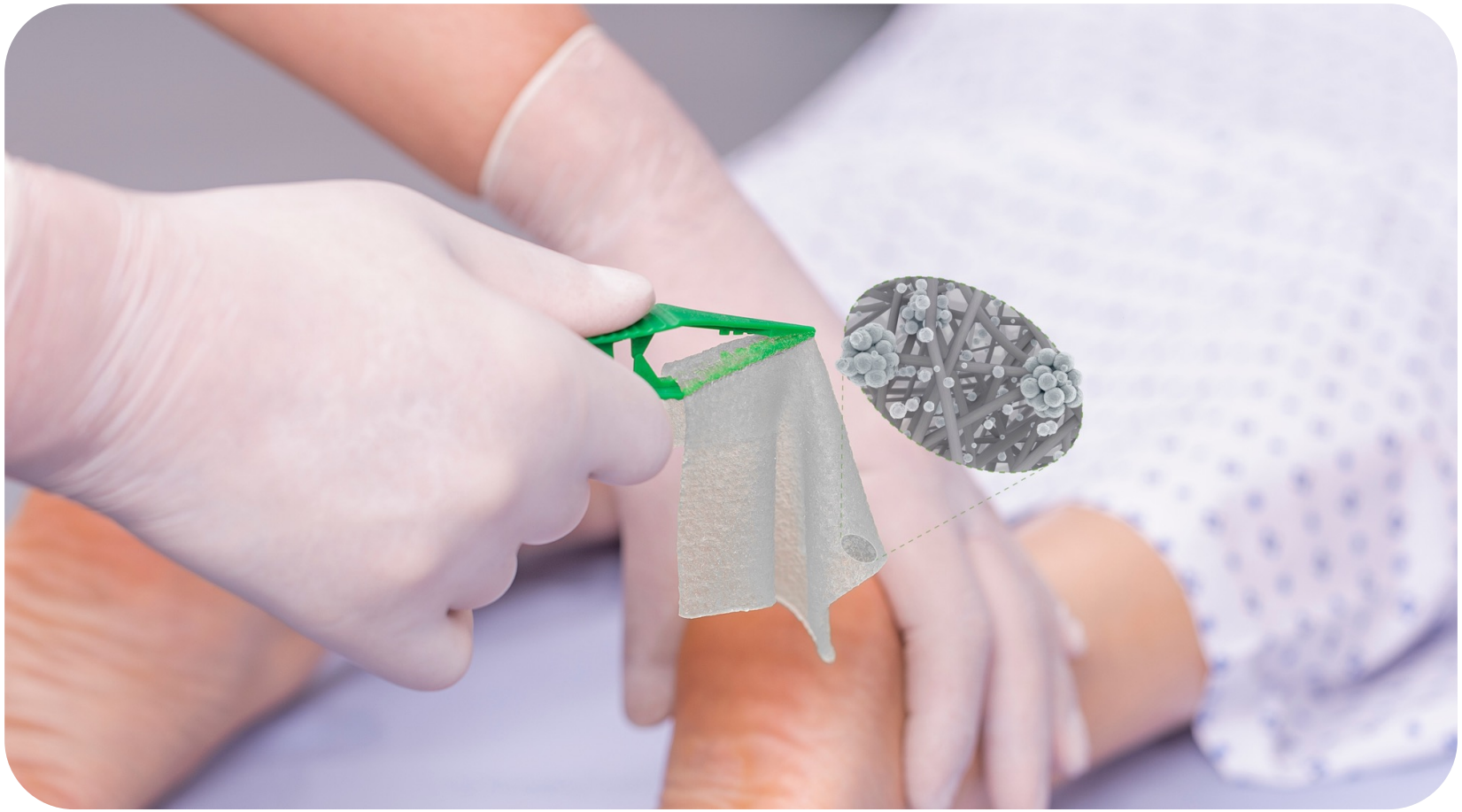
Results

- Wound closure in 30 days

CO-ORDINATING INVESTIGATOR: Dr. Hadar Lev-Tov, M.D., MAS Dr. Phillip Frost Department of Dermatology and Cutaneous Surgery University of Miami, Miller School of Medicine, FL, USA

The clinical investigation was performed in compliance with ISO 14155:2011, the Declaration of Helsinki and applicable regulatory requirements.

Prevents biofilm reformation* (*in vivo*) [11,12] (Exufiber Ag+)



*As part of a holistic biofilm management approach as per international guidelines (i.e. cleansing, debridement & reassessment)[10]

Clinical case report – Exufiber® Ag+ and Mepilex® Border Comfort

Chronic venous leg ulcer

Patient history

- 54-year-old female with chronic venous insufficiency (CVI)

Medical history

- Arterial hypertension and many other co-morbidities

Acknowledgement:
Photographs and case notes kindly supplied by Dr Marcelo Ruettimann Liberato de Moura, MD, Vascular Surgeon, Hospital São Rafael, Salvador, Bahia, Brazil

Clinical case report – Exufiber® Ag+ and Mepilex® Border Comfort

Wound history

- First clinic referral May 2019 — chronic VLU
- Wound present 17 years
- Infection, high exudate, dry peri-wound
- Wound measured 28cm^2, depth 0.2mm

Case study report

Full holistic patient assessment = development of treatment plan


Day 0


Day 2


Day 7


Day 16


Day 21


Day 34

RESULTS … wound closure in 34 days

What do healthcare professionals say?

The thing that impressed me most when using Exufiber was the state of the wound bed after removal. It was much cleaner than I expected, particularly when compared with similar products

Professor Paul Chadwick, National Clinical Director,
Royal College of Podiatry, UK

What do healthcare professionals say?

Exufiber, on the whole, is a fantastic product for the correct patient. Good at reducing maceration at the borders of a foot wound (peri-edges), it does what it says on the tin.

Christine Redfern, Primary care network podiatrist,
Morley and District Primary Care Network (PCN)

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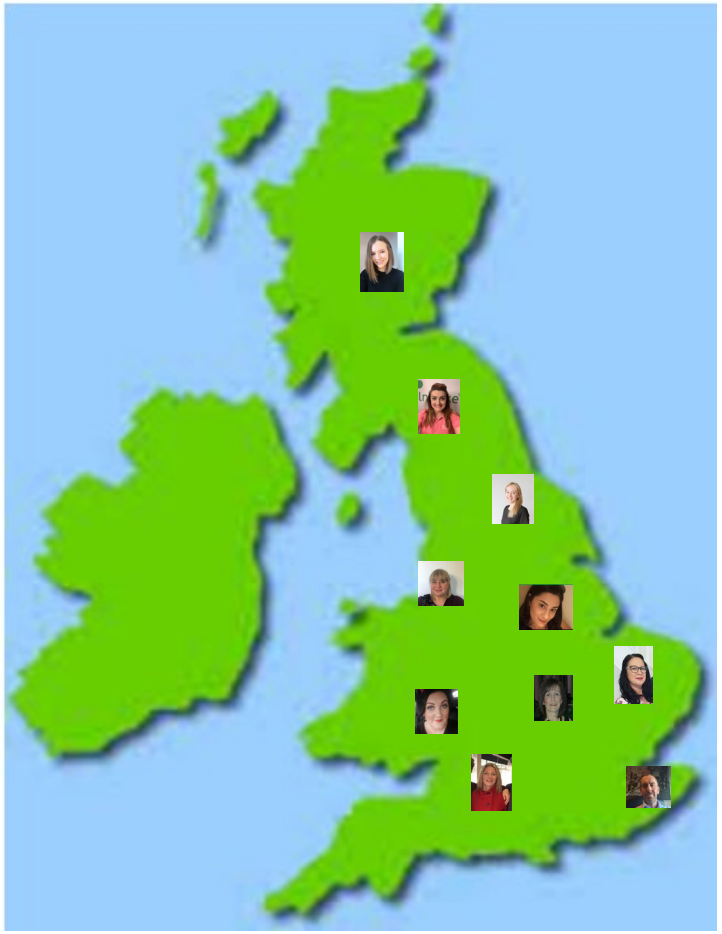

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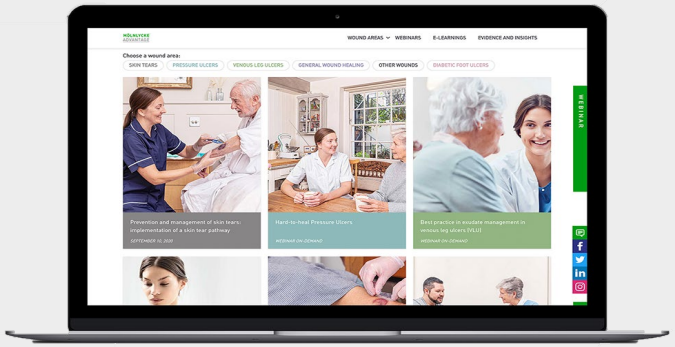
Clinical support managers

- Education
- Clinical support
- Training needs analysis
- Implementation support
- Tailored evaluations
- Bespoke treatment and patient pathway support
- Product and pathway training
- By clinicians for clinicians

Mölnlycke Advantage



Every year through our **Mölnlycke Advantage training and education platform**, we engage with hundreds of nurses, surgeons and healthcare professionals worldwide — www.molnlycke.co.uk/education/

MÖLNLYCKE®
ADVANTAGE

14 day challenge

Exufiber® and Exufiber® Ag+

If you have any patients whose current treatment plan includes a gelling fibre, why not try our 14-day challenge by using Exufiber instead. Find out more at:

https://www.molnlycke.co.uk/campaigns/exufiberuk/

References

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