

# Biofilm management protocol

Cadexomer iodine (IODOSORB<sup>®</sup>) is indicated for the management of sloughy and non-healing chronic ulcers such as diabetes-related foot ulcers, venous leg ulcers, pressure injuries and other wounds healing by secondary intention.

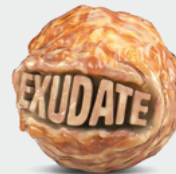
IODOSORB has several modes of action:



1. Disrupts biofilm<sup>1-4</sup>



2. Reduces bioburden<sup>1,5-7</sup>



3. Absorbs exudate<sup>5,8-12</sup>



4. Removes slough & necrotic tissue<sup>5,8-10</sup>

Clean wound as per local protocol with non-antimicrobial cleanser. Do not dry wound.

Apply Cadexomer Iodine (IODOSORB) to wound:

### Ointment

- Apply ointment, making sure there is enough to cover whole wound with 3mm depth
- Use glove to spread out Cadexomer Iodine (IODOSORB) to ensure coverage of whole wound
- Cover with secondary dressing. If wound is heavily exudating use foam dressing e.g. ALLEVYN<sup>®</sup> LIFE



### Dressing

- Remove carrier gauze from one side of dressing
- Apply to wound
- Remove carrier from top surface
- Cover with secondary dressing. If wound is heavily exudating, use foam dressing e.g. ALLEVYN<sup>®</sup> LIFE



### Powder

- Apply cadexomer iodine (IODOSORB) to surface of wound to depth of at least 3mm.
- Cover with secondary dressing. If wound is heavily exudating use foam dressing



Change Cadexomer Iodine (IODOSORB) every 2-3 days OR when colour has changed.

- If necessary soak dressing for several minutes with saline to loosen.
- Remove using stream of sterile water or saline



Reassess after two weeks

- If wound has started healing, but slough still present, continue Cadexomer Iodine (IODOSORB use) for a further two weeks, then reassess.

- If no apparent healing, discontinue and reassess patient to ensure correct diagnosis and all comorbidities controlled.

- If clean granulation tissue is present change to appropriate non-antimicrobial dressing (e.g. foam). If risk of further infection persists, consider the use of nanocrystalline silver (ACTICOAT<sup>®</sup>) to prevent biofilm reforming.

#### References

1. Phillips PL, et al. Antimicrobial dressing efficacy against mature *Pseudomonas aeruginosa* biofilm on porcine skin explants. *Int Wound J* 2015; 12: 469–483.
2. Akiyama H, et al. Assessment of cadexomer iodine against *Staphylococcus aureus* biofilm in vivo and in vitro using confocal laser scanning microscopy. *J Dermatol* 2004; 31:529-534.
3. Lumb H. Testing the biofilm disruption activity of IODOFLEX dressing. Data on file; 2007: report TSG015-07-001.
4. Sundberg J, Meller R. A retrospective review of the use of cadexomer iodine in the treatment of wounds. *Wounds* 1997; 9(3): 68-86.
5. Salman H, Leakey A. The in vitro activity of silver sulphadiazine and cadexomer iodine against recent clinical isolates of methicillin-resistant *Staphylococcus aureus*, methicillin-resistant coagulase-negative *Staphylococci* and *Pseudomonas aeruginosa*. Data on file; 2001: report 194-03-01.
6. Zhou LH, et al. Slow release iodine preparation and wound healing: in vitro effects consistent with lack of in vivo toxicity in human chronic wounds. *Brit J Derm* 2002;146: 365-374.
7. Troeng T, et al. A randomized multicenter trial to compare the efficacy of cadexomer iodine and standard treatment in the management of chronic venous ulcers in out-patients. In: Fox JA, Fischer H, eds. *Cadexomer Iodine*. New York: F.K. Schattauer Verlag; 1983:43-50.
8. Ormiston MC, et al. Controlled trial of Iodosorb in chronic venous ulcers. *BMJ* 1985; 291: 308-310.
9. Hansson C, et al. The effects of cadexomer iodine paste in the treatment of venous ulcers compared with hydrocolloid dressing and paraffin gauze dressing. *Int J Dermatol* 1998; 37: 390-396.
10. Lindsay G, et al. A study in general practice of the efficacy of cadexomer iodine in venous leg ulcers treated on alternative days. *Acta Therapeutica* 1986; 12:141-147.
11. Skog E, et al. A randomized trial comparing cadexomer iodine and standard treatment in the out-patient management of chronic venous ulcers. *Brit J Derm* 1983; 109: 77-83.