SmithNephew

Kick Start Chronic Wounds with sNPWT

S+N

Hard to heal wounds and the use of sNPWT

Dr Caroline Dowsett
Nurse Consultant
Tissue Viability UK

Learning objectives

- To understand what a hard to heal wound is and the impact on the patient, clinician and health economy
- Discuss factors that contribute to hard to heal wounds
- Understand the role of NPWT and sNPWT in improving outcomes in patients with hard to heal wounds
- Highlight the importance of a care pathway approach to using advanced wound management solutions sNPWT in patients with hard to heal wounds

Have a significant impact on patients and their quality of life

Place a significant burden on our healthcare systems globally

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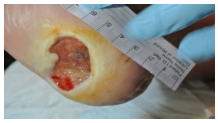
What is a Hard to heal wound?

A hard-to-heal wound has been defined as one that fails to heal with standard therapy in an orderly and timely manner

(Vowden 2011)



Hard to heal wounds

- 1.5 - 2million people in Europe suffer from acute or chronic wounds (Lindholm & Searle 2016)
- Average duration is 9-12 months and 15% remain unhealed at 1 year (Jorgensen 2013)
- 17.8% of patients have their wound for 1-5 years (Ousey 2013)

Patients with hard to heal wounds: complexity of our patients

- 76% of patients with a chronic wound have three or more co-morbidities
- 46% have diabetes
- 52% of the adult population across Europe are overweight and 17% are obese (OECD 2012)

Challenge for our patient's

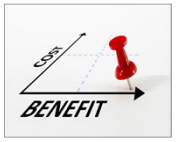
- Pain
- Distress
- Loss of independence
- Prolonged social isolation
- Chronic long term condition

Challenge for clinicians

- Healthcare professionals time to treat – 79% treated in the community
- Knowledge, skills and competencies
- Preventing and managing complications
- Timely referrals for advanced therapies

Challenge for the Healthcare provider

- Increasing cost of care
- Multiple demands on limited resources
- Drive for efficiencies and reducing waste
- Improving outcomes for patients



Recognition and early intervention

- Delayed healing appears to be common
- It is frequently not recognised early enough
- Increases clinical workloads and cost
- More pro-active approach to early assessment and intervention for these patients

Assessment: Factors that contribute to hard to heal wounds

- Patient-related factors
- Wound-related factors
- Clinical competency factors
- Resources and treatment-related factors

Management of hard to heal wounds

- Correct diagnosis of wound aetiology and treatment of the underlying cause
- Manage underlying co-morbidities and factors impact on wound healing
- Applying the principles of wound bed preparation
- Targeted use of advanced wound care products e.g. Negative Pressure Wound Therapy
- On-going re-assessment and evaluation

Negative pressure wound therapy

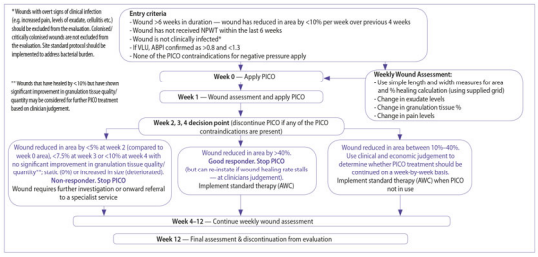
- Reduce time to healing
- Reduce dressing change frequency
- Reduce cost
- Free up time to care
- Improve patient outcomes

Study of sNPWT in Hard to heal wounds

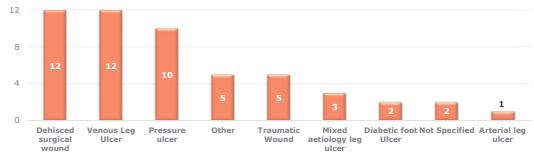
- Multi-centre and economic evaluation study: N = 52 patients
- Developed and implemented a pathway for use of sNPWT to 'kick start hard to heal wounds'
- Evaluated the impact on clinical outcomes and cost

Dowsett et al. Use of PICO◊ to improve clinical and economic outcomes in hard-to-heal wounds. Wounds International. 2017;8, p53-58.

Appropriate use is really important to get best outcome for the patient & ensure costs contained



PICO evaluation: Wound type



N=52	Mean	Range
Wound size (cm²)	12.9	0.4 - 51

Outcome Measure: time to heal, cost of treatment, nursing time

Compare

a) Predicted **standard care** outcomes to week 26

(Baseline data for 4 weeks prior to PICO start)6)

WITH

b) **Actual** outcomes with use of **PICO pathway** to **week 12**

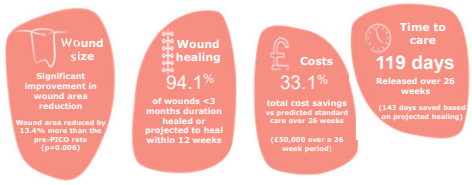
AND

c) **Predicted** outcomes with use **of PICO pathway** to **week 26**

(assumes continued use of resources to non-healed wounds with healing time based on healing trajectory of week 1-12)

Study results

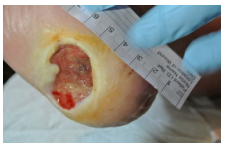
sNPWT PICO was observed to heal wounds 10 weeks earlier than predicted with standard dressings

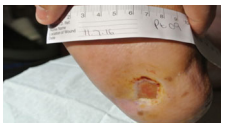


Wounds were hard to heal & static

Healing rates were greater when the wound duration was less than 3 months

Patient Outcomes

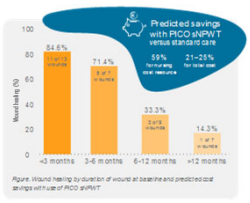




- DFU complications can lead to amputation
- Reduced healing time with PICO
- Prevent complications
- Changing lives

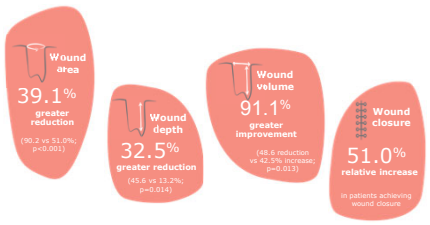
Hard-to-heal wounds and sNPWT[17]


Impact of a single-use negative pressure wound therapy system on healing



McCluskey et al. Impact of a single-use negative pressure wound therapy system on healing. JCN. 2020;34:36-43.

NPWT compared to sNPWT[18]



Kirsner et al A prospective, randomized, controlled clinical trial on the efficacy of a single-use negative pressure wound therapy system, compared to traditional negative pressure wound therapy in the treatment of chronic ulcers of the lower extremities. Wound Repair and Regeneration. May 2019. https:// doi.org/10.1111/wrr.12727.

Advancing technology in NPWT

- Many advances and improvements over the years
- Easier for clinicians to use
- More acceptable to patients
- Greater availability
- Improved patient outcomes

Technology and innovation in practice: PICO 14

- 44 year old lady
- Diabetes, MI
- Incision & drainage of an abscess
- No infection
- On referral 8cm X 2cm and 0.5cm deep tNPWT
- Changed twice a week

Progress

- Week 1 - 5cm X 1cm and superficial
- Week 2 - 4.5cm X 1cm
- Week 4 - Healed

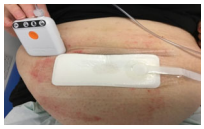
- Reduction in dressing change – 1/week
- Reduced cost
- Patient reported satisfaction score 10

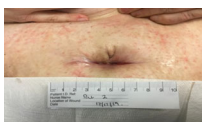
Early intervention: PICO 14

- 36 year old lady
- BMI 40
- Hypertension
- Hyperlipidaemia
- Hernia repair
- Post-op infection
- Surgical dehiscence
- Dressings X 3 week

Progress

- Static wound
- 4cm X 1cm and 3cm deep
- High levels of exudate
- PICO 14 applied
- Week 1 - 2cmX 0.5cm and 0.5 deep
- Week 2 - 1.5cm X 0.4cm and 0.3cm deep
- Healed at week 3
- Patient reported satisfaction score 10





PICO 14 - In venous leg ulcer management

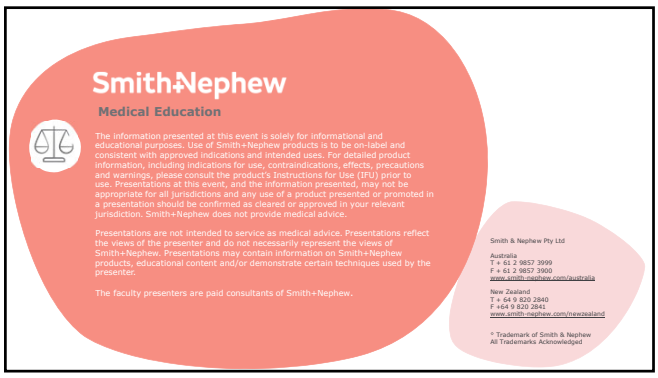
- 77 year old gentleman
- Recurrence of venous leg ulcer
- 10 months duration: static
- ABPI 1.18 in both legs
- PMH: osteoarthritis, diverticulitis, hypertension
- Unresponsive to multilayer compression therapy

Used as an adjunct to compression therapy

- Wound assessment
- 2cm length X 0.5cm width, 2mm deep
- Dull granulation tissue
- Wound edge maceration
- PICO 14 applied with Profore 1,2,3,4
- Week 1 - 1.2cm X 0.3
- Week 2 – 1cm X 0.2
- Week 6 - healed

Conclusion

- Hard to heal wounds are challenging for patients, clinicians & the health economy
- Need to identify patients who are likely to be hard to heal early
- Use evidence based interventions to help reduce time to healing & improve patient outcomes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F + 61 2 9857 3900
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New Zealand
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