

# Can a fiber with antimicrobial silver barrier, that is also adherent to sloughy, necrotic tissue be made into a dressing that cleanses wounds? A case series putting theory into practice.

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## INTRODUCTION

- Wound Bed Preparation may require sharp debridement for cleansing that may not always be possible.
- For example, it is often difficult to debride VUs.
- Use of alternative technologies that are indicated during the debridement of slough could be a desirable alternative
- Polyabsorbent fiber technology\* can be incorporated in wound dressings that also contain antimicrobial silver barrier agent.
- Such technology can effectively cleanse wounds based on published data and is indicated for managing exudating wounds during the debridement of slough
- We present some very first cases of such product use in the United States

## METHOD

- We chose three exudative wounds that needed gentle wound management methods during the debridement of slough being not suitable Sharp Debridement candidates.
- Wound cleansing was done via a 10 minute gauze soak with a hypochlorous acid preserved cleanser\*\*.
- the wounds were treated with the Polyabsorbent Fiber Ag Cleansing Dressing, and wrapped with compression bandage.
- Dressings changed once a week using the same steps of Cleanse, Dress, and Compress.
- Photographic monitoring was performed over time.

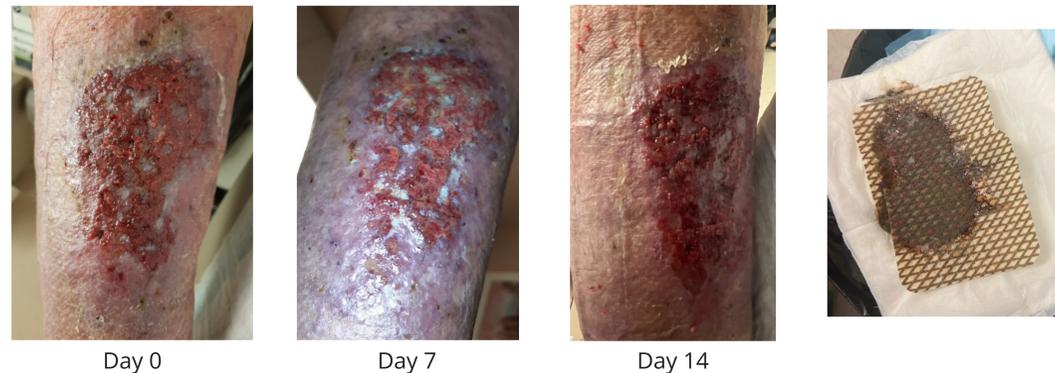
\* UrgoClean Ag, Urgo Medical North America

\*\* Vashe Wound Solution, Urgo Medical North America

### CASE 1 – 88-YEAR-OLD MALE WITH VENOUS STASIS ULCER

- Treated with Polyabsorbent Cleansing Fiber Ag Dressing and multilayer compression wrap, changed weekly.

- Hx: venous insufficiency, diverticulitis
- Improved granulation tissue, decreased slough in the wound bed observed over time. Slough visible in removed dressing



### CASE 2 – 49-YEAR-OLD MALE WITH VENOUS STASIS ULCER

- Treated with Polyabsorbent Cleansing Fiber Ag Dressing and multilayer compression wrap, changed weekly.
- Hx: venous insufficiency, lymphedema, venous ulcer of ankle, depression, obsessive compulsive disorder, factor VII, Sleep apnea, iron deficiency anemia
- Improved granulation tissue, decreased slough in the wound bed observed over time



### CASE 3 – 52-YEAR-OLD MALE WITH VENOUS STASIS ULCER

- Treated with Polyabsorbent Cleansing Ag Fiber dressing and multilayer compression wrap, changed weekly.
- Hx: venous insufficiency, lymphedema, obesity
- Improved granulation tissue, decreased slough in the wound bed seen over time.



## RESULTS

- Easy to apply for the clinician, the lipidocolloid gentle adhesive wound contact layer allows easy wrapping of the compression bandage.
- Comfortable for the patient to keep on, no pain, no stinging reported.
- Easy and gentle to remove
- Wound debris noticeable in the removed dressing (seen in photograph)
- Clearly effective managing the wound exudates during the debridement of visible slough over time.

## CONCLUSION AND DISCUSSION

- Emergence of a new technology indicated for management of exuding wounds, especially during the debridement of slough is a new potential tool in the wound clinician toolkit
- Its ease of use and the effectiveness seen in this small pilot study indicates that larger studies are indicated.
- Patient comfort and clinician ease of use are other attractive factors.
- The silver barrier is a helpful augmentation present in the cleansing technology offered by the charged fibers.
- It is possible that more frequent dressing change is desirable in maximizing the potential of this new technology in managing exudates during the debridement of slough.
- A future study will be done with more frequent dressing change

## REFERENCES

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