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Indications

Superficial or deep, infected wounds or wounds at risk of infection, with light to moderate levels of exudate, including:



Chronic wounds e.g. leg ulcers, pressure ulcers, diabetic ulcers



Acute wounds e.g. partial thickness burns, postoperative wounds, skin donor and skin grafting sites

Cost effective

Mrs G presented in January 2010 with wound infection, severe pain and anxiety which prompted a review of her case. It was decided to swap the silver foam dressing used previously for Suprasorb® X+PHMB. The wound significantly improved by day 11 with much reduced pain levels, and the following cost savings⁷:

Product	Unit cost of each dressing	Number of dressings required cover wound	Dressing changes required per week	Cost of dressings used per week
Silver foam 20cm x 20cm	£17.96	2	7	£251.44
Suprasorb® X+PHMB 14cm x 20cm	£16.12	2	3	£96.72
SAVING PER WEEK				£154.72

References

- 1 Managing the 'at-risk' patient. BJN (Suppl) 2010
- 2 Consensus Document: PHMB and its potential contribution to wound management. Wounds UK, Aberdeen 2010
- 3 Galitz et al. (2009) Polyhexanide versus silver in wound dressings - First interim results of a Controlled, Randomised, Prospective, Multicentric Study. Poster presentation at EWMA Conference, Helsinki
- 4 Fumarola, S. (2009) 100 year old lady with a leg wound. Oral presentation at EWMA Conference, Helsinki.
- 5 Orig, R. (2010) A clinical case study of a patient with a chronic hand wound. Poster presentation at Wounds UK Conference, Harrogate
- 6 Kramer et al (2007) Polyhexanide - antimicrobial efficacy and biocompatibility. Oral presentation at EWMA Conference, Glasgow
- 7 Swan, J. (2010) A clinical case study of a venous leg ulcer using Suprasorb® X+PHMB. Poster presentation at Wounds UK Conference, Harrogate
- 8 Schultz, G. (2015) The role of biofilms in wound chronicity. Oral presentation at EWMA Conference, London

An estimated 60% - 90% of chronic wounds contain a biofilm⁸

This can cause healing to become static, even when all wound management issues have been addressed. Suprasorb® X+PHMB can be used in conjunction with Debrisoft® to manage biofilm - Ask for more details.



Ordering information

Suprasorb® X+PHMB Antimicrobial hydrobalance wound dressing

Individually sealed and sterile

Size (cm)	PIP Code	Ref Code	NHS SC Code	Pack contains
5 x 5	344-0575	20540	ELY 243	5 singles
9 x 9	344-0583	20541	ELY 244	5 singles
14 x 20	344-0591	20542	ELY 265	5 singles
2 x 21 (rope)	344-0609	20543	ELY 245	5 singles



Also available: **Suprasorb® X HydroBalance** dressing. For continuity of care once the infection has been resolved.

Call our Customer Care line: **08450 606707**
International enquiries: **+44 1283 576800**
or visit our website at: **www.Lohmann-Rauscher.co.uk**

M538 V2.1



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Suprasorb® X+PHMB Antimicrobial hydrobalance wound dressing



For critically colonised & infected wounds



www.Lohmann-Rauscher.co.uk

Suprasorb® X+PHMB

The advantages at a glance

✓ Safe and effective alternative to silver

- Polyhexanide Biguanide (PHMB) is a broad spectrum antimicrobial
 - effective against a wide range of bacteria, fungi and yeasts
 - selectively acts on bacteria without damaging healthy cells¹
 - no reports of resistance, systemic absorption or toxicity²

✓ Rapid efficacy

- Suprasorb® X+PHMB has a rapid speed of kill
 - PHMB is released killing bacteria at the wound bed not just in the dressing, fighting infection faster

✓ Regulates moisture levels

- Adapts to the environment to either release or absorb moisture
 - facilitates autolytic debridement
 - promotes granulation
 - protects against maceration

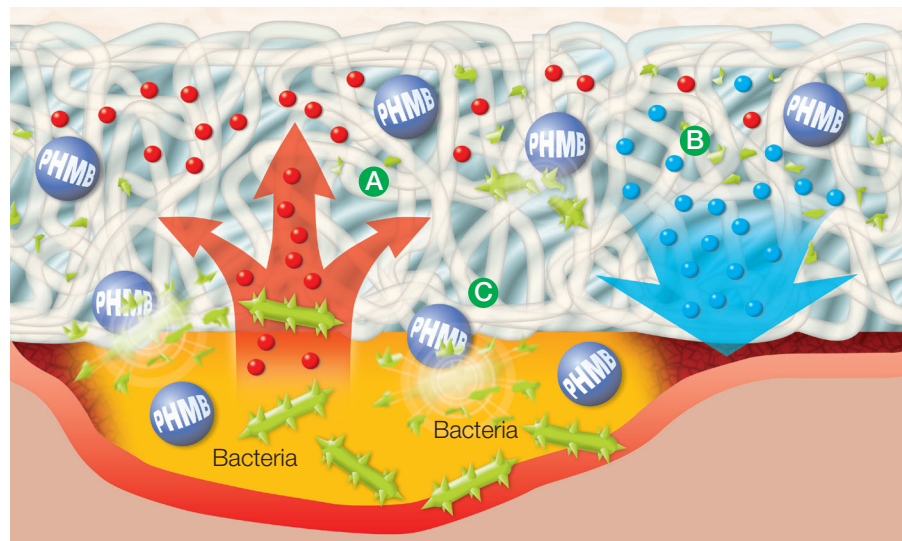
✓ Provides pain relief

- Perceived to have a cooling, soothing effect³
 - addresses underlying causes of pain, reducing its effect

✓ Highly conformable

- Maintains continued contact with the wound bed
 - available as a rope which is particularly useful to dress digits

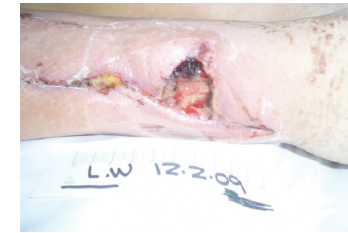
How Suprasorb® X+PHMB works



- A Surplus exudate is taken up from the wound into the dressing.
- B Moisture is released from the dressing into the wound.
- C Microorganisms are killed by the released PHMB.

Suprasorb® X+PHMB combines the beneficial properties of moist wound healing with the long lasting antimicrobial effectiveness of PHMB.

Clinically effective



Initial presentation



Day 6

The evidence: Infected leg ulcer⁴

Presentation: On referral this sutured skin tear was infected with Klebsiella and had an exposed tendon. Pain was 8 out of 10 on the VAS scale.

Treatment: Suprasorb® X+PHMB was selected to address the infection, reduce pain and keep the tendon hydrated. The dressing was changed on alternate days and combined with an occlusive foam.

Outcome: After 6 days the wound was much cleaner with reduced bioburden and pain had reduced to 3 on the VAS scale. Infection was completely eradicated by day 12.



Initial presentation



Day 7

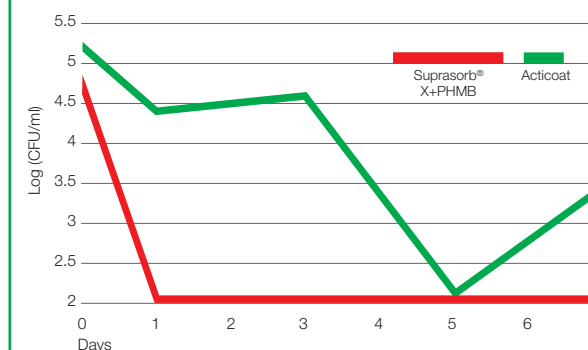
The evidence: Infected wound to the hand⁵

Presentation: This wheel-chair bound patient sustained a trauma injury which resulted in a proximal interphalangeal joint amputation. The wound failed to progress over 7 months despite the use of different therapies including controlled negative pressure, surgical debridement and antimicrobial dressings.

Treatment: Suprasorb® X+PHMB was applied and initially held in place with a bandage, but after 3 days the clinician switched to a film to support better moisture balance. By day 7 the wound had reduced in size and all devitalised tissue appeared moist and loose – this improvement gave the patient great confidence.

Outcome: The patient was discharged back into community care where the wound continued to progress. The clinician commented that the conformability of the dressing was particularly useful in this case.

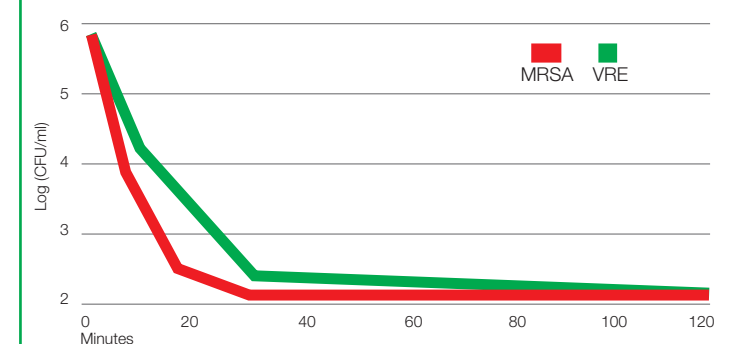
Effective first line alternative to silver



MRSA is reduced with sustained effect when using Suprasorb® X+PHMB, compared with Acticoat.¹

In accordance with AATCC Method 100. All tests performed by: North American Science Associates (NamSA). Published: www.xcellwoundcare.com

Rapid effectiveness against MRSA and VRE



Within two hours, at least 99% of all multiresistant bacteria have been killed.⁶