Mextra® Superabsorbent [Venous leg ulcer]

Mextra® Superabsorbent dressing is intended for use on moderately-to-heavily exuding wounds. It can be used together with primary dressings such as Mepitel® or Mepitel® One. It can also be used in conjunction with compression therapy for venous leg ulcers.

Patient history

- A 74-year-old male presented with a venous leg ulcer (VLU).
- The patient had a current medical history of venous insufficiency, atrial fibrillation and suspected dementia.
- Ankle brachial pressure index of 1 was measured.

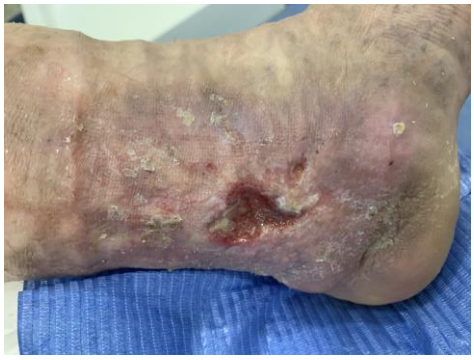
Wound history

- The VLU, located on the medial lower left leg, measured 87.5cm^2 with a depth of 0.2cm, and had been present for 2 years.
- The wound bed was composed of 50% granulating and 50% sloughy tissue.
- Clinical signs of oedema, increased pain and increased exudation were indicative of a wound infection.
- Exudate levels were moderate; non-viscous and green/yellow in appearance.
- Maceration of the peri-wound skin was recorded, with several satellite lesions in the affected area.
- The wound had previously been treated with Inadine® (povidone iodine-impregnated dressing) and compression (short stretch bandages) 3-4 days per week.
- At baseline, pain prior to dressing removal and during dressing removal was rated as 8 and 9, respectively, as measured on a visual analogue scale (VAS) ranging from 0 (no pain) to 10 (maximum pain ever). After Mextra® Superabsorbent was applied, a VAS score of 7 was recorded.

Treatment regime

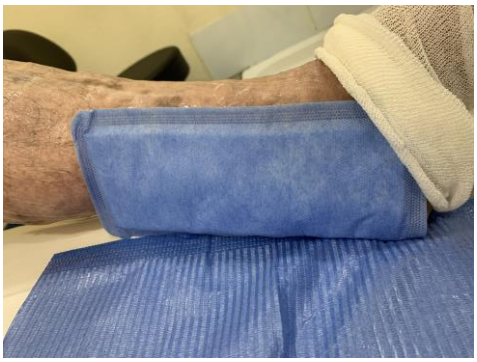
- At each visit, sharp debridement was performed and the wound cleansed with Granudacyn® (wound irrigation solution containing hypochlorous acid).
- The ulcer was dressed with Askina® Calgitrol® Ag (silver-containing alginate; primary dressing) and Mextra® Superabsorbent (secondary dressing). Short stretch bandages provided compression therapy.
- The patient attended 4 follow-up clinic visits.
- At each follow-up visit, the dressings were changed. Dressing changes were performed according to local clinical practice.

Start of evaluation (day 1)



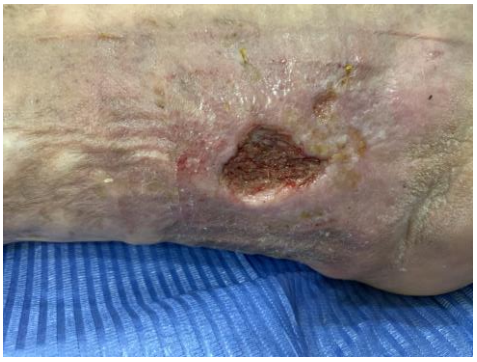
Two-year-old VLU with moderate levels of green/yellow, non-viscous exudate. The peri-wound skin exhibited maceration.

Application of Mextra® Superabsorbent



Mextra® Superabsorbent was applied as a secondary dressing.

Second follow-up visit (day 8)



After 1 week of treatment with Mextra® Superabsorbent, the maceration of the peri-wound skin had resolved.

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- A total of 4 Mextra® Superabsorbent dressings were used during the study period; the median dressing change frequency was 3.5 days (range 3-4 days).

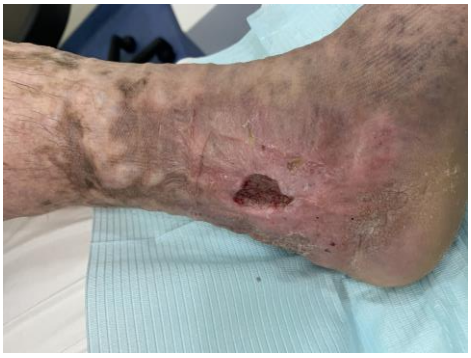
Follow-up assessments

- Over the study period, the size of the wound and the composition of the wound bed tissue remained unchanged.
- After 3 days of treatment, only increased wound exudation remained to indicate wound infection.
- Wound exudation was unchanged throughout the study period (non-viscous, moderate, yellow/green exudate).
- After 3 days of treatment, maceration of the peri-wound skin had resolved.
- Over the study period, pain prior to dressing change decreased; a VAS score of 3 was recorded at the final assessment. Removal of Mextra® Superabsorbent was pain-free throughout the study. Removal of the primary dressing was associated with VAS scores decreasing from 6 to 5 over the study period. Following application of the new dressings, pain steadily reduced, with a VAS score of 3 recorded at the final assessment.

Clinical outcome

- At the final evaluation, the condition of the wound had improved.
- The overall impression of Mextra® Superabsorbent was rated by the clinicians as ‘very good’. Its ease of handling at application, ease of application and repositioning, conformability, comfort during wear, exudate handling capability, ability to minimise the risk of maceration, performance when used under compression, its ability to be used in conjunction with gels, its ability to maintain its integrity (during wear and on removal) and its ease of removal were all rated ‘very good’.
- The clinicians commented that Mextra® Superabsorbent was associated with atraumatic removal, leaving the primary dressing in place.

End of evaluation (day 15)



At the final follow-up visit, the size of the wound and the composition of the wound bed tissue was unchanged. Wound exudation was stable.

Acknowledgement: This case study report has been prepared by Mölnlycke’s Global Medical Affairs & Safety team, based on information and photographs kindly supplied by Paulo Alves (Assistant Professor (Nursing, Wound Research Laboratory, Centre for Interdisciplinary Research in Health (CIIS), Universidade Catolica Portuguesa, Oporto, Portugal) who has also confirmed and given Mölnlycke permission to distribute this report

Find out more at www.molnlycke.com

Mölnlycke®

Mextra® Superabsorbent [Venous leg ulcer]

Mextra® Superabsorbent dressing is intended for use on moderately-to-heavily exuding wounds. It can be used together with primary dressings such as Mepitel® or Mepitel® One. It can also be used in conjunction with compression therapy for venous leg ulcers.

Patient history

- A 72-year-old female presented with a venous leg ulcer (VLU).
- The patient had a current medical history of venous insufficiency.
- Ankle brachial pressure index of 1.1 was measured.

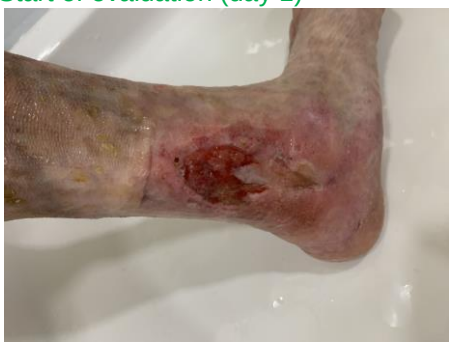
Wound history

- The VLU, located on the posterior lower right leg, measured 150cm^2 with a depth of 0.1cm, and had been present for 3 years.
- The wound bed was composed of 30% granulating, 60% sloughy and 10% epithelialising tissue.
- The clinical signs of increased pain and increased exudation were indicative of wound infection.
- Exudate levels were high; non-viscous and green/yellow in appearance.
- The peri-wound skin was dry and excoriated.
- The wound had previously been treated with Askina® Calgitrol® Ag (silver-containing alginate dressing) and gauze, in conjunction with systemic antibiotics. Upon removal of the primary dressing, localised areas of argyria were visible. Treatment was performed 2-3 times per week.
- At baseline, pain prior to dressing removal and during dressing removal was rated as 5 and 7, respectively, as measured on a visual analogue scale (VAS) ranging from 0 (no pain) to 10 (maximum pain ever). After Mextra® Superabsorbent was applied, a VAS score of 5 was recorded.

Treatment regime

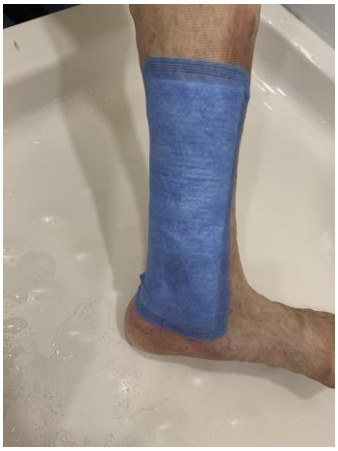
- At each visit, sharp debridement of the VLU was performed, and the wound cleansed with water and Granudacyn® (wound irrigation solution containing hypochlorous acid).
- The VLU was dressed with Askina® Calgitrol® Ag (primary dressing) for the first 7 days of treatment, after which it was replaced with Exufiber® (gelling fibre dressing). Mextra® Superabsorbent was used as the secondary dressing throughout. Short stretch bandages provided compression.
- The patient attended 4 follow-up clinic visits.

Start of evaluation (day 1)



Three-year-old VLU with high levels of green/yellow, non-viscous exudate. The peri-wound skin was dry and excoriated.

First follow-up visit - Mextra® Superabsorbent *in situ* prior to dressing change



After 4 days of wear time, Mextra® Superabsorbent maintained its integrity, with minimal exudate visible on the back of the dressing.

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- At each follow-up visit, the dressings were changed. Dressing changes were performed according to local clinical practice.
- A total of 4 Mextra® Superabsorbent dressings were used during the study period; the median dressing change frequency was 3.5 days (range 3-4 days)

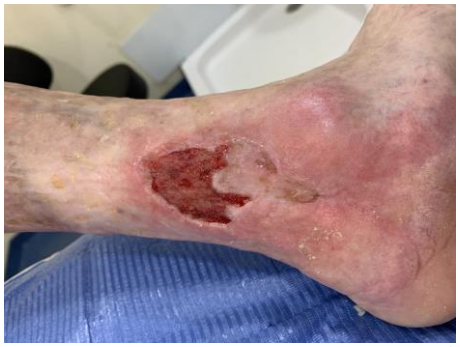
Follow-up assessments

- Over the study period, wound area steadily reduced, and at the final follow-up assessment had reduced by 37%, to 94.5cm^2; wound depth was unchanged.
- Over the study period, the composition of the wound bed tissue improved and at the final assessment was composed of 30% granulating, 30% sloughy, and 40% epithelialising tissue.
- Argyria resolved when the primary dressing was changed to Exufiber®. At the second follow-up visit, all clinical signs of wound infection had resolved.
- Wound exudate levels were reduced to moderate by treatment day 11, and at the final follow-up visit, the exudate was clear and serous in appearance. It remained non-viscous throughout.
- Initially the peri-wound skin improved slightly as the excoriation was resolved. At day 11 of treatment, maceration was recorded (attributed to primary dressing strikethrough); at the final study assessment, erythema of the peri-wound skin was observed.
- Over the study period, pain recorded at each point in the dressing procedure, i.e., prior to dressing change, during dressing removal and following the application of the new dressings, steadily decreased, with VAS scores of 2, 3 and 3 recorded, respectively.

Clinical outcome

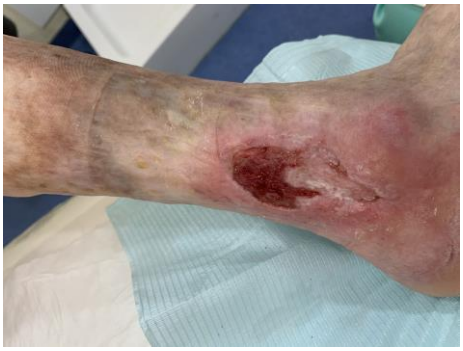
- At the final evaluation, the condition of the wound had improved.
- The overall impression of Mextra® Superabsorbent was rated by the clinicians as ‘very good’. Its ease of handling at application, ease of application and repositioning, conformability, comfort during wear, performance when used under compression, its ability to maintain its integrity (during wear and on removal) and its ease of removal were all rated ‘very good’. exudate handling capability (ability to absorb and retain exudate, and minimise exudate strikethrough), and its ability to minimise the risk of maceration were rated ‘good’.
- The clinicians commented that Mextra® Superabsorbent provided excellent exudate management, leading to a good healing trajectory.

Second follow-up visit (day 7)



After 1 week of treatment with Mextra® Superabsorbent, all clinical signs of wound infection had resolved. Exudate levels had reduced to moderate.

End of evaluation (day 14)



At the final follow-up visit, the wound area had decreased by 37% and the composition of the wound bed tissue had improved. Wound exudate was clear/serous, and levels had reduced. The peri-wound skin exhibited erythema.

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Mölnlycke®

Mextra® Superabsorbent [Leg ulcer]

Mextra® Superabsorbent dressing is intended for use on moderately-to-heavily exuding wounds. It can be used together with primary dressings such as Mepitel® or Mepitel® One. It can also be used in conjunction with compression therapy for venous leg ulcers.

Patient history

- A 54-year-old female, remote access patient, presented with a leg ulcer.
- The patient had a current medical history of hypertension and rheumatoid arthritis. An unsuccessful skin graft procedure had been performed prior to baseline.

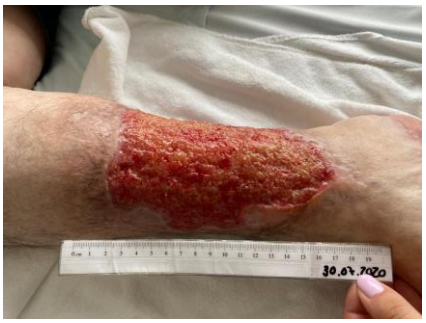
Wound history

- The ulcer, located on the lower right leg, measured 225cm^2 with a depth of 0.2cm, and had been present for 6 years.
- The wound bed was composed of 30% granulating, 60% sloughy, and 10% epithelialising tissue.
- The clinical signs of increased pain and increased exudation were indicative of a wound infection.
- Exudate levels were high; non-viscous and green/yellow in appearance.
- The peri-wound skin was healthy and intact.
- The wound had previously been treated with negative pressure wound therapy (NPWT), Aquacel® Ag (silver-containing fibre dressing) and compression therapy. Antibiotics had been prescribed.
- At baseline, pain prior to and during dressing removal was rated as 3 and 6, respectively, as measured on a visual analogue scale (VAS) ranging from 0 (no pain) to 10 (maximum pain ever). After Mextra® Superabsorbent was applied a VAS score of 3 was recorded.

Treatment regime

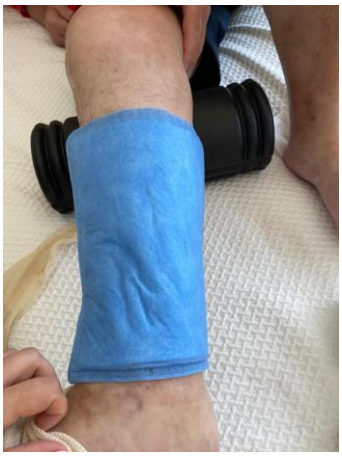
- At each visit, sharp debridement (curette) of the was performed, and the wound cleansed with water and Granudacyn® (wound irrigation solution containing hypochlorous acid).
- Throughout the study period, the wound was dressed with Inadine® (povidone iodine-impregnated dressing; primary dressing) and Mextra® Superabsorbent (secondary dressing). A tubular retention bandage (Tubifast®) was used for fixation.
- The patient attended 4 follow-up clinic visits. At each follow-up visit, the dressings were changed. Dressing changes were performed according to local clinical practice.

Start of evaluation (day 1)



Six-year-old leg ulcer with high levels of green/yellow, non-viscous exudate. The peri-wound skin was macerated.

Mextra® Superabsorbent *in situ*



Mextra® Superabsorbent was used as the secondary dressing.

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- A total of 4 Mextra® Superabsorbent dressings were used during the study period; the dressing change frequency was 3 days.

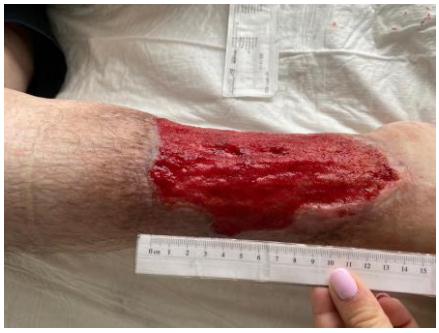
Follow-up assessments

- Over the study period, wound area steadily reduced. After 12 days of treatment, the wound had reduced by 31.6%, to 154cm^2; wound depth was unchanged.
- Over the study period, the composition of the wound bed tissue improved and at the final assessment was composed of 65% granulating, 15% sloughy, and 20% epithelialising tissue.
- Increased wound exudation remained throughout the study period indicating wound infection.
- Wound exudate levels remained high and non-viscous throughout; after 3 days of treatment and thereafter, the exudate was serosanguinous/blood in appearance.
- The peri-wound skin remained healthy and intact throughout the study period.
- Over the study period, pain recorded at each point in the dressing procedure, i.e., prior to dressing change, during dressing removal and following the application of the new dressings, decreased, with VAS scores of 2, 1 and 1, respectively.

Clinical outcome

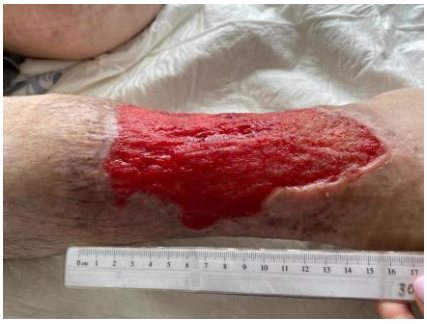
- At the final evaluation, the condition of the wound had improved.
- The overall impression of Mextra® Superabsorbent was rated by the clinicians as 'very good'. Its ease of handling at application, ease of application and repositioning, conformability, comfort during wear, exudate handling capability (ability to absorb and retain exudate, and minimise exudate strikethrough), its ability to minimise the risk of maceration, performance when used under compression, its ability to maintain its integrity (during wear and on removal) and its ease of removal were all rated 'very good'.
- The clinicians commented that, due to the unavailability of Mextra® Superabsorbent at the end of the study period, an alternative superabsorbent dressing was used which coincided with a deterioration in the condition of the wound. This deterioration was successfully managed with the use of Mepilex® Ag (soft silicone silver-containing foam dressing).

Second follow-up visit (day 6)



After 6 days of treatment with Mextra® Superabsorbent, non-viscous wound exudation remained high but was serosanguinous/blood in nature.

End of evaluation (day 12)



At the final follow-up visit, the size of the wound had reduced by 31.6%. Granulation and epithelial tissue had increased in the wound bed. Wound exudation remained high.

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Mölnlycke®

Mextra® Superabsorbent [Mixed aetiology leg ulcer]

Mextra® Superabsorbent dressing is intended for use on moderately-to-heavily exuding wounds. It can be used together with primary dressings such as Mepitel® or Mepitel® One. It can also be used in conjunction with compression therapy for venous leg ulcers.

Patient history

- An 82-year-old female presented with a mixed aetiology (arterial and venous) ulcer.
- The patient had a current medical history of hypertension and recurrent leg ulceration. An ankle brachial pressure index of 0.64 was measured.

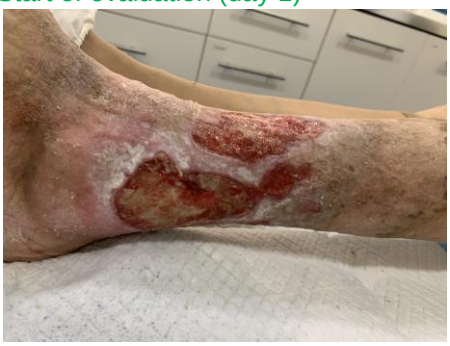
Wound history

- The ulcer, located on the outer lower left leg, measured 80cm^2 with a depth of 0.3cm, and had been present for a duration of 9 months.
- The wound bed was composed of 10% granulating and 90% sloughy tissue.
- The clinical sign of increased exudation was indicative of a wound infection.
- Exudate levels were high; non-viscous and green/yellow in appearance.
- Maceration of the peri-wound skin was recorded, with several satellite lesions located close by.
- The wound had previously been treated with Aquacel® Ag (silver-containing fibre dressing) and gauze, secured with retention bandages. Treatment was performed 3 times per week.
- At baseline, pain prior to dressing removal and during dressing removal was rated as 7 and 8, respectively, as measured on a visual analogue scale (VAS) ranging from 0 (no pain) to 10 (maximum pain ever). After Mextra ® Superabsorbent was applied, a VAS score of 7 was recorded.

Treatment regime

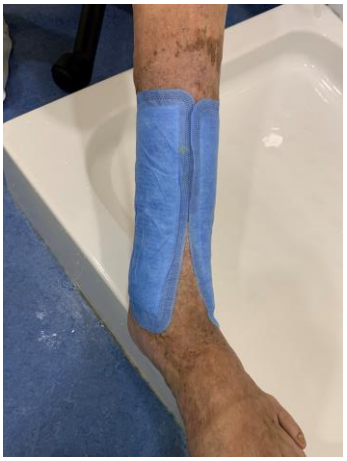
- At each visit, sharp debridement of the ulcer was performed, and the wound cleansed with Granudacyn® (wound irrigation solution containing hypochlorous acid).
- The ulcer was dressed with Exufiber® (gelling fibre; primary dressing), and Mextra® Superabsorbent (secondary dressing) secured with medical adhesive tape. Low compression (20mmHg) was provided.
- The patient attended 4 follow-up clinic visits.
- At each follow-up visit, the dressings were changed. Dressing changes were performed according to local clinical practice.

Start of evaluation (day 1)



Nine-month-old mixed aetiology (arterial and venous) ulcer with high levels of green/yellow, non-viscous exudate. The peri-wound skin was macerated.

Mextra® Superabsorbent *in situ* prior to dressing change



After 4 days of wear time, Mextra® Superabsorbent maintained its integrity, with minimal exudate strikethrough.

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- A total of 4 Mextra® Superabsorbent dressings were used during the study period; the median dressing change frequency was 3.5 days (range 2-4 days)

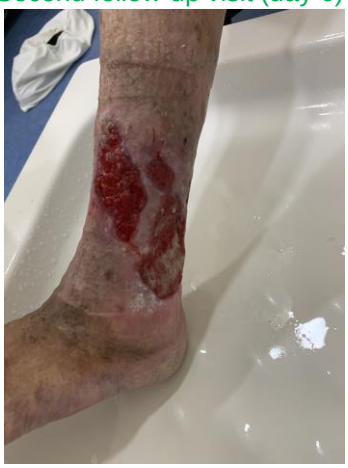
Follow-up assessments

- After 9 days of treatment, the wound area and wound depth had reduced by 10% to 72cm^2 and 0.2cm, respectively. The size of the wound was unchanged at the final study assessment.
- Over the study period, the composition of the wound bed tissue improved and at the final assessment was composed of 25% granulating and 75% sloughy tissue.
- After 9 days of treatment, all clinical signs of wound infection had resolved.
- Wound exudate levels remained high; yellow/green in appearance and non-viscous.
- After 6 days of treatment, the peri-wound skin was healthy and intact.
- Over the study period, pain recorded at each point in the dressing procedure, i.e., prior to dressing change, during dressing removal and following the application of the new dressings, steadily decreased, with VAS scores of 3, 3 and 3, respectively.

Clinical outcome

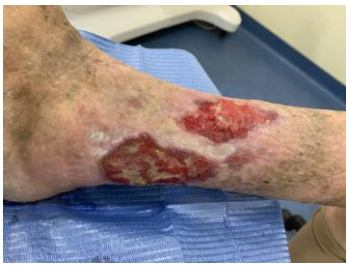
- At the final evaluation, the condition of the wound had improved.
- The overall impression of Mextra® Superabsorbent was rated by the clinicians as ‘very good’. Its ease of handling at application, ease of application and repositioning, conformability, comfort during wear, its ability to maintain its integrity (during wear and on removal) and its ease of removal were all rated ‘very good’. The exudate handling capability (ability to absorb and retain exudate, and minimise exudate strikethrough), and performance when used under compression were rated ‘good’. Its ability to minimise the risk of maceration and the ability to be used in conjunction with gels were both rated ‘adequate’.
- The clinicians commented that Mextra® Superabsorbent performed very well when used under compression therapy.

Second follow-up visit (day 6)



After 6 days of treatment with Mextra® Superabsorbent, the peri-wound skin was healthy and intact. Wound exudation was unchanged.

End of evaluation (day 13)



At the final follow-up visit, the size of the wound had reduced by 10% to 72cm^2, with a depth of 0.2cm. Wound exudation was stable.

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Mextra® Superabsorbent [Venous leg ulcer]

Mextra® Superabsorbent dressing is intended for use on moderately-to-heavily exuding wounds. It can be used together with primary dressings such as Mepitel® or Mepitel® One. It can also be used in conjunction with compression therapy for venous leg ulcers.

Patient history

- A 75-year-old female presented with a venous leg ulcer (VLU).
- The patient had a history of leg ulcers, and was medicated for hypertension, dyslipidemia, and depression.
- Ankle brachial pressure index of 1 was measured.

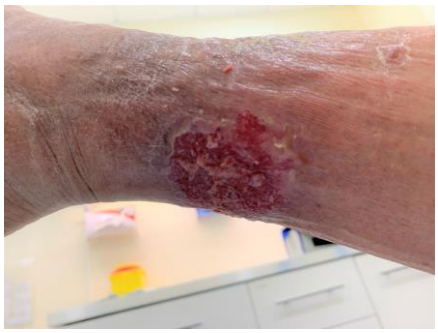
Wound history

- The leg ulcer, located on the posterior lower left leg, measured 30cm^2 with a depth of 0.1cm, and had been present for 3 weeks.
- The wound bed was composed of 10% granulating and 90% sloughy tissue.
- Oedema around the wound was indicative of wound infection.
- Exudate levels were moderate; non-viscous and green/yellow in appearance.
- The peri-wound skin was macerated.
- The wound had previously been treated with Aquacel® Ag (silver-containing hydrofibre dressing) Treatment was performed twice weekly. Antibiotic therapy was prescribed to manage infection.
- At baseline, pain prior to dressing removal and during dressing removal was rated as 6 and 8, respectively, as measured on a visual analogue scale (VAS) ranging from 0 (no pain) to 10 (maximum pain ever). After Mextra® Superabsorbent was applied, a VAS score of 6 was recorded.

Treatment regime

- At each follow-up visit, sharp debridement of the ulcer was performed, and the wound was cleansed with Granudacyn® (wound irrigation solution containing hypochlorous acid).
- The ulcer was dressed with Mextra® Superabsorbent and short stretch bandages provided compression.
- The patient attended 2 follow-up clinic visits.
- At each follow-up visit, the dressings were changed. Dressing changes were performed according to local clinical practice.
- A total of 2 Mextra® dressings were used during the study period; the median dressing change frequency was 6 days (range 5-7 days).

Start of evaluation (day 1)



Three-week-old leg ulcer with moderate levels of green/yellow, non-viscous exudate. The peri-wound skin was macerated.

Mextra® Superabsorbent *in situ* prior to dressing change

Mextra® Superabsorbent maintained its integrity, with no exudate strikethrough after a wear time of 5 days.

Mölnlycke®

Follow-up assessments

- After 12 days of treatment, the wound had healed.
- Over the study period, the composition of the wound bed tissue improved and at the final assessment was composed entirely of epithelialising tissue.
- After 5 days of treatment, the level of non-viscous wound exudate was reduced, but remained yellow/green in appearance. At the final assessment, exudation was absent.
- At the initial follow-up visit, oedema surrounding the wound was reduced.
- The condition of the peri-wound skin improved during the study period, and at the final assessment was healthy and intact.
- Over the study period, pain recorded at each point in the dressing procedure, i.e., prior to dressing change, during dressing removal and following the application of the new dressings, decreased, and at the final follow-up visit the patient was pain-free.

Clinical outcome

- At the final evaluation, the wound was healed.
- The overall impression of Mextra® Superabsorbent was rated by the clinicians as ‘very good’. Its ease of handling at application, ease of application and repositioning, conformability, comfort during wear, exudate handling capability (ability to absorb and retain exudate, and minimise exudate strikethrough), its ability to minimise the risk of maceration, performance when used under compression, its ability to maintain its integrity (during wear and on removal) and its ease of removal were all rated ‘very good’.
- The clinicians commented that Mextra® Superabsorbent had a very good capacity for exudate management, especially under compression.

Second follow-up visit (day 12)

After 12 days of treatment with Mextra® Superabsorbent, the ulcer had healed.

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Acknowledgement: This case study report has been prepared by Mölnlycke’s Global Medical Affairs & Safety team, based on information and photographs kindly supplied by Paulo Alves (Assistant Professor (Nursing, Wound Research Laboratory, Centre for Interdisciplinary Research in Health (CIIS), Universidade Catolica Portuguesa, Oporto, Portugal) who has also confirmed and given Mölnlycke permission to distribute this report

Find out more at www.molnlycke.com

Mölnlycke®

Mextra® Superabsorbent [Venous leg ulcer]

Mextra® Superabsorbent dressing is intended for use on moderately-to-heavily exuding wounds. It can be used together with primary dressings such as Mepitel® or Mepitel® One. It can also be used in conjunction with compression therapy for venous leg ulcers.

Patient history

- An 80-year-old male presented with a venous leg ulcer (VLU).
- The patient had a history of leg ulcers, and a current medical history of hypertension and obesity.
- Ankle brachial pressure index of 0.95 was measured.

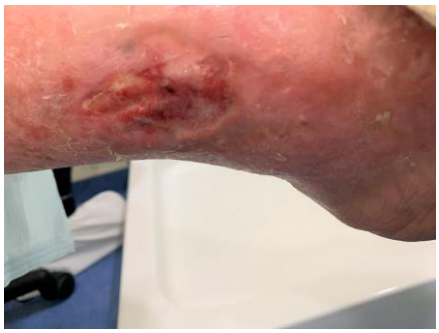
Wound history

- The VLU, located on the outer lower left leg, measured 16.5cm^2 with a depth of 0.3cm, and had been present for 2 years.
- The wound bed was composed of 20% granulating and 80% sloughy tissue.
- Increased wound pain and oedema were indicative of wound infection.
- Exudate levels were moderate; non-viscous and green/yellow in appearance.
- The peri-wound skin was macerated with associated micro lesions.
- The wound had previously been managed at home using elastic socks that were continually re-used for 6-7 months (care provided by family and friends).
- At baseline, pain prior to dressing removal and during dressing removal was rated as 7 and 9, respectively, as measured on a visual analogue scale (VAS) ranging from 0 (no pain) to 10 (maximum pain ever). After Mextra® Superabsorbent was applied, a VAS score of 7 was recorded.

Treatment regime

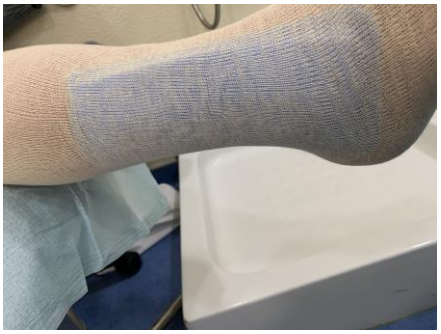
- At all follow-up visits sharp debridement of the ulcer was performed, and the wound was cleansed with Granudacyn® (wound irrigation solution containing hypochlorous acid).
- Up to day 4, Mextra® Superabsorbent was used as the primary dressing. At all subsequent follow-up visits, the ulcer was dressed with Askina® Calgitrol® Ag (silver-containing alginate; primary dressing) to regulate peri-wound skin dryness. Mextra® Superabsorbent was applied as the secondary dressing. Short stretch bandaging was used for compression.
- The patient attended 4 follow-up clinic visits.
- At each follow-up visit, the dressings were changed. Dressing changes were performed according to local clinical practice.

Start of evaluation (day 1)



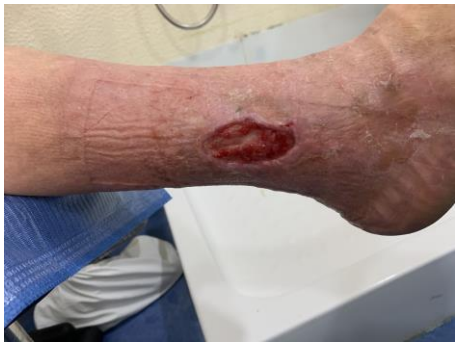
Two-year-old VLU with moderate levels of green/yellow, non-viscous exudate. The wound bed tissue was composed of 20% granulating and 80% sloughy tissue. The peri-wound skin was macerated.

The redressed VLU



Mextra® Superabsorbent in situ beneath a short stretch bandage.

Second follow-up visit (day 7)



After 7 days of treatment with Mextra® Superabsorbent, granulating tissue in the wound bed had doubled to 40%. Maceration of the peri-wound skin had resolved but the skin was dry. Wound oedema had reduced.

- A total of 4 Mextra® Superabsorbent dressings were used during the study period; the median dressing change frequency was 4 days (range 3-4 days).

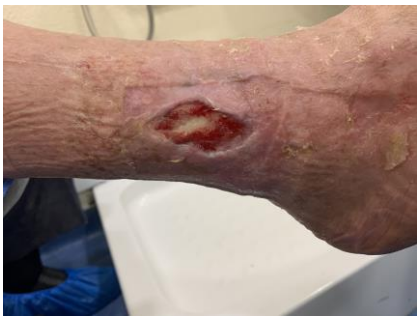
Follow-up assessments

- Over the study period, wound area steadily reduced, and at the final follow-up assessment had reduced by 18.2%, to 13.5cm^2; wound depth had reduced to 0.2cm.
- Over the study period, the composition of the wound bed tissue improved and at the final assessment was composed of 80% granulating and 20% sloughy tissue.
- After 7 days of treatment, oedema had reduced but the wound bled easily, and increased wound pain was constant throughout the study, all clinical signs indicative of wound infection.
- Wound exudate levels remained moderate, yellow/green in appearance and non-viscous throughout the assessment.
- After 7 days of treatment, the peri-wound skin was dry.
- Over the study period, pain recorded at each point in the dressing procedure, i.e., prior to dressing change, during dressing removal and following the application of the new dressings, was unchanged at the initial two follow-up assessments (VAS of 7, 9, 7, respectively) but thereafter decreased slightly with VAS scores of 5, 6 and 5, respectively.

Clinical outcome

- At the final evaluation, the condition of the wound had improved.
- The overall impression of Mextra® was rated by the clinicians as ‘very good’. Its ease of handling at application, ease of application and repositioning, conformability, comfort during wear were all rated ‘very good’. Its exudate handling capability (ability to absorb and retain exudate, and minimise exudate strikethrough), its ability to minimise the risk of maceration, performance when used under compression, its ability to maintain its integrity (during wear and on removal) and its ease of removal were all rated ‘good’ and its ability to be used in conjunction with gels was rated ‘adequate’.

End of evaluation (day 15)



At the final follow-up visit, the size of the wound had reduced by 18.2%. The wound bed was composed of 80% granulating and 20% sloughy tissue. Wound exudation was unchanged.

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Mextra® Superabsorbent [Pressure ulcer]

Mextra® Superabsorbent dressing is intended for use on moderately-to-heavily exuding wounds. It can be used together with primary dressings such as Mepitel® or Mepitel® One. It can also be used in conjunction with compression therapy for venous leg ulcers.

Patient history

- A 76-year-old female presented with a Grade IV pressure ulcer (PU).
- The patient, who was receiving palliative care, had dementia and was immobile.
- A Braden Scale assessment score of 12 was recorded.

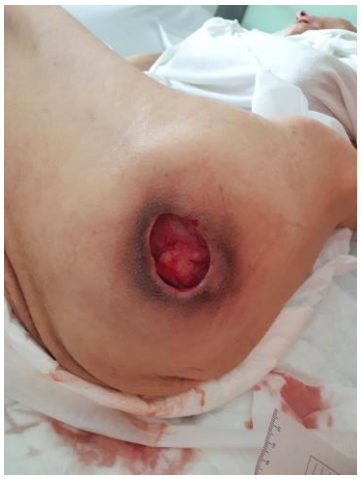
Wound history

- The PU, located on the left hip, measured 16cm^2 with a depth of 3cm, and had been present for greater than 1 year.
- The wound bed was composed entirely of granulating tissue.
- Increased wound exudation and noticeable wound malodour were indicative of wound infection.
- Exudate levels were high; viscous and purulent in appearance.
- The peri-wound skin was healthy and intact.
- Initially, the wound had been treated with negative pressure wound therapy (NPWT) but this had to be stopped due to pain.
- Subsequently, superabsorbents and gauze were used, several times per week. The patient reported no pain at any point with this dressing regime.

Treatment regime

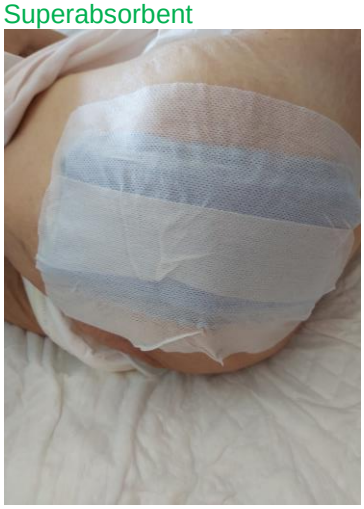
- At the start of the evaluation period, wound debridement was not required. However, from day 10 onwards, sharp debridement of the ulcer was performed at all study assessments. The wound was cleansed with Granudacyn® (wound irrigation solution containing hypochlorous acid) at all study assessments.
- The wound cavity was dressed with Exufiber® (gelling fibre; primary dressing) and Mextra® Superabsorbent applied as the secondary dressing. Mefix® (adhesive tape) was used for fixation.
- The patient attended 9 follow-up clinic visits.
- At each follow-up visit, the dressings were changed. Dressing changes were performed according to local clinical practice.

Start of evaluation (day 1)



A PU (duration greater than 1 year) with high levels of purulent, viscous exudate. The wound bed was composed entirely of granulating tissue. The peri-wound skin was healthy and intact.

Application of Mextra® Superabsorbent



Mextra® Superabsorbent conformed well to the wound. Mefix® used for dressing fixation

Mölnlycke®

- A total of 9 Mextra® Superabsorbent dressings were used during the study period; the median dressing change frequency was 2 days (range 1-3 days).

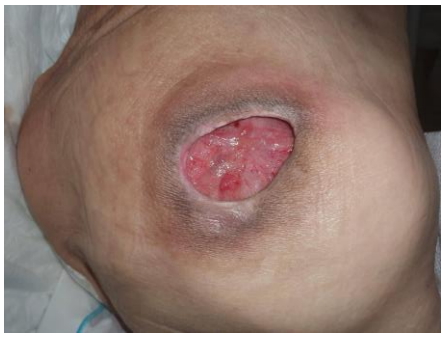
Follow-up assessments

- Over the study period, no changes in wound area and depth were observed.
- Throughout the study period, the wound bed tissue was composed entirely of granulating tissue.
- Clinical signs of infection were present throughout the study period; increased wound exudation was recorded at each assessment. After 5 days of treatment, wound malodour had reduced (i.e. only detectable by the patient).
- Wound exudate levels remained high throughout. Exudate was viscous and purulent in appearance at all dressing change assessments, except after 3 and 5 days of treatment when it was recorded as serosanguinous/blood.
- The peri-wound skin remained healthy and intact.
- The patient was pain-free during all dressing changes.

Clinical outcome

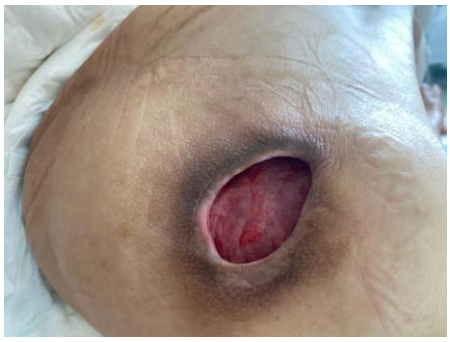
- The condition of the wound remained unchanged (stable) throughout the evaluation period.
- The overall impression of Mextra® Superabsorbent was rated by the clinicians as ‘very good’. Its ease of handling at application, ease of application and repositioning, conformability, comfort during wear, its ability to maintain integrity (during wear and on removal), its exudate handling capability (ability to absorb and retain exudate), and its ease of removal were all rated ‘very good’. The ability of Mextra® Superabsorbent to minimise exudate strikethrough, its performance when used under compression, and its ability to be used in conjunction with gels were rated ‘good’.
- The clinicians commented that Mextra® Superabsorbent was very soft, easy to handle and conformed well to the wound. It provided excellent exudate management, affording an increase in dressing wear time. Accordingly, fewer dressing changes increased the quality of life (QoL) of the patient.

Fifth follow-up visit (day 9)



After 9 days of treatment with Mextra® Superabsorbent, 100% granulating tissue was present in the wound bed. Purulent, viscous exudate levels remained high.

End of evaluation (day 16)



At the final follow-up visit, the per-wound skin was healthy and intact.

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Mölnlycke®

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Patient history

- A 79-year-old female presented with a Grade IV pressure ulcer (PU).
- The patient, who suffered a cerebrovascular accident 2 years previous, was bedridden and malnourished.
- A Braden scale assessment score of 12 was recorded.

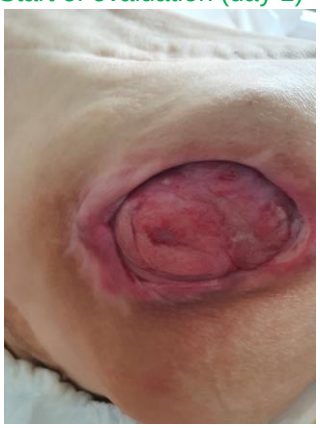
Wound history

- The PU, located on the right hip, measured 21cm^2 with a depth of 3cm, and had been present for greater than 1 year.
- The wound bed was composed entirely of granulating tissue.
- Purulent wound exudation was indicative of a wound infection.
- Exudate levels were high; viscous and purulent in appearance.
- The peri-wound skin was dry with epibole of the wound edges clearly visible.
- Difficulty in managing wound exudation, together with a cavity wound and cycles of wound infection had resulted in several unsuccessful treatment regimens. The most recent involved daily dressing with Flaminal® (antimicrobial alginate gel) and Drymax® (superabsorbent dressing) and different types of alginates. Treatment was undertaken several times per week.
- The patient reported no pain at any point with this dressing regime.

Treatment regime

- At all follow-up visits, the wound was cleansed with Granudacyn® (wound irrigation solution containing hypochlorous acid).
- The wound was dressed with Exufiber® (gelling fibre; primary dressing) and Mextra® Superabsorbent (secondary dressing). Mefix (adhesive tape) was used for fixation.
- The patient attended 4 follow-up clinic visits.
- At each follow-up visit, the dressings were changed. Dressing changes were performed according to local clinical practice.

Start of evaluation (day 1)



A PU (duration greater than 1 year) with high levels of purulent, viscous exudate. The wound bed tissue was composed entirely of granulating tissue. The peri-wound skin was dry with epibole of the wound edges clearly visible.

Application of Mextra® Superabsorbent

Mextra® Superabsorbent in situ.

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- A total of 4 Mextra® Superabsorbent dressings were used during the study period; the median dressing change frequency was 4.5 days (range 4-5 days).

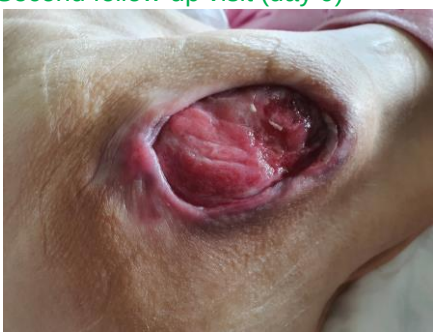
Follow-up assessments

- After 9 days of treatment, wound area remained unchanged, but wound depth reduced from 0.5cm to 0.3cm.
- After 5 days of treatment, the condition of the tissue had significantly improved.
- Wound infection was indicated throughout the study by the presence of persistent purulent exudate.
- Wound exudate levels remained high; viscous and purulent in appearance.
- The peri-wound skin was dry throughout the assessment period.
- Over the study period, no pain was recorded at any point during the dressing procedure, i.e., prior to dressing change, during dressing removal and following the application of the dressings.

Clinical outcome

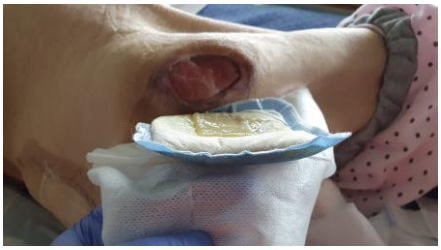
- At the final evaluation, the condition of the wound had improved.
- The overall impression of Mextra® Superabsorbent was rated by the clinicians as 'very good'. Its ease of handling at application, conformability, its exudate handling capability (ability to absorb and retain exudate, and minimise exudate strikethrough), its ability to maintain its integrity (during wear and on removal) and its ease of removal were all rated 'very good'. Ease of application and ability to minimise the risk of maceration were rated 'good'.
- The clinicians commented that, despite epibole of the wound edge (which can prevent wound healing), the introduction of Mextra® Superabsorbent helped to improve the condition of the wound bed tissue. Its excellent capacity for absorbing and retaining wound exudate helped increase the time between dressing change, from daily to every 4.5 days, which led to a positive impact on the patient's quality of life (QoL).

Second follow-up visit (day 9)

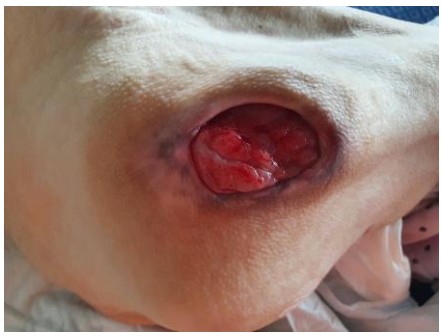


After 9 days of treatment with Mextra® Superabsorbent, the depth of the wound had reduced to 0.3cm.

End of evaluation (day 18)



Successful absorption of high levels of viscous exudate by Mextra® Superabsorbent.



After 18 days of treatment, the size of the wound had decreased by 28.6%. Wound exudation was unchanged.

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Mölnlycke®

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Patient history

- A 78-year-old male presented with a grade III pressure ulcer (PU).
- The patient was immobile with a history of Type I diabetes, hypertension, dyslipidemia, respiratory insufficiency, and renal insufficiency. In childhood, the patient had meningitis.
- A Braden Scale assessment score of 10 was recorded.

Wound history

- The PU, located on the sacrum, measured 20cm^2 with a depth of 0.5cm, and had been present for a duration of 3 months, with stagnation for the last 6 weeks.
- The wound bed was composed of 95% granulating and 5% sloughy tissue.
- Increased wound exudation and low wound malodour were indicative of infection.
- Exudate levels were high; viscous and purulent in appearance.
- The peri-wound skin was macerated.
- The PU had previously been treated daily with a saline cleansing solution, and dressed with a calcium alginate dressing and gauze.
- The patient reported no pain at any point with this dressing regime.

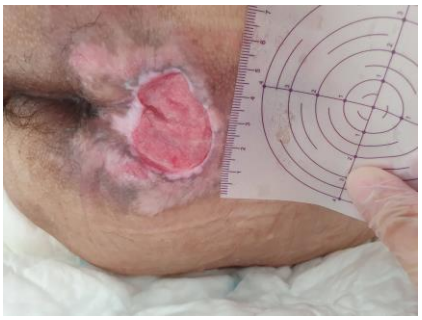
Treatment regime

- At all follow-up visits, the wound was cleansed with Granudacyn® (wound irrigation solution containing hypochlorous acid).
- At all dressing changes, the wound was dressed with Mextra® Superabsorbent and Mefix® (adhesive tape) was used for fixation.
- The patient attended 4 follow-up clinic visits.
- At each follow-up visit, the dressings were changed. Dressing changes were performed according to local clinical practice.
- A total of 4 Mextra® Superabsorbent dressings were used during the study period; the median dressing change frequency was 3 days (range 2 - 5 days).

Follow-up assessments

- After 8 days of treatment and thereafter, the wound area was reduced by 16.9% to 16.65cm^2.

Start of evaluation (day 1)

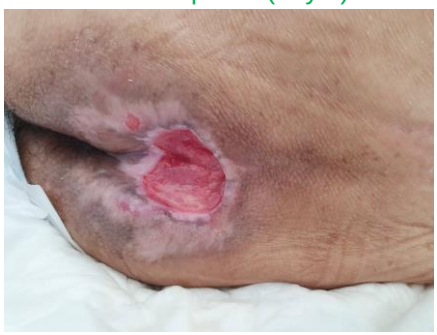


Three-month-old grade III PU with high levels of purulent, viscous exudate. The wound bed tissue was composed of 95% granulating and 5% sloughy tissue. The peri-wound skin was macerated.

Application of Mextra Superabsorbent

Mextra® Superabsorbent in situ fixed with Mefix®.

Second follow-up visit (day 6)



After 6 days of treatment with Mextra® Superabsorbent, the condition of the wound was stable.

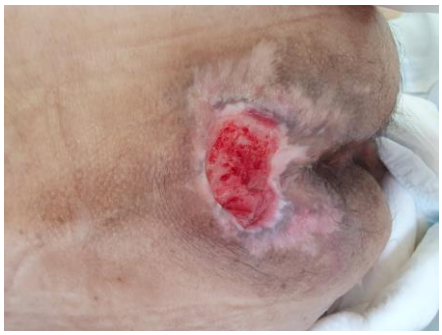
Mölnlycke®

- After 2 days of treatment, the composition of the wound bed was composed entirely of granulating tissue. The condition of the tissue steadily improved, with a noticeable reduction in hypergranulation tissue after 13 days of treatment.
- Wound infection was indicated throughout the study by the presence of persistent purulent exudate. Wound malodour resolved.
- Wound exudate levels remained high and viscous in consistency.
- The peri-wound skin was macerated throughout the assessment.
- Over the study period, no pain was recorded at any point in the dressing procedure, i.e., prior to dressing change, during dressing removal and following the application of the new dressings.

Clinical outcome

- At the final evaluation, the condition of the wound had improved.
- The overall impression of Mextra® Superabsorbent was rated by the clinicians as ‘very good’. Its ease of handling at application, ease of application, the ability to reposition the dressing during application, its exudate handling capability (ability to absorb and retain exudate), its ability to maintain its integrity (during wear and on removal) and its ease of removal were all rated ‘very good’. Its conformability, patient comfort, its ability to minimise the risk of maceration and minimise exudate strikethrough were rated ‘good’.
- The clinicians commented that Mextra® Superabsorbent had an excellent capacity for absorbing and retaining wound exudate allowing the median dressing wear time to be increased from 1 to 3 days. This had the potential to be increased further, as dressing changes had to be performed earlier than necessary due to faecal contamination.

End of evaluation (day 13)



After 13 days of treatment, the size of the wound had decreased by 16.9%. Wound exudation was unchanged.

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