

Cost-effectiveness of adjunct haemoglobin spray in the treatment of hard-to-heal wounds in a UK NHS primary care setting

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Study aim:

To evaluate the cost-effectiveness of topical haemoglobin spray as adjunct therapy in the treatment of chronic wounds within a UK National Health Service (NHS) community setting.

Method:

In a previously published comparative clinical evaluation, 50 consecutive patients treated with topical haemoglobin spray as adjunct to standard care and followed up over 26 weeks were compared with 50 consecutive retrospective controls from the same clinic treated with the same standard care protocol in the year prior to the introduction of adjunct topical haemoglobin spray. A de novo cost-effectiveness and breakeven analysis was performed, using data from the previously published clinical evaluation, for all patients (intent-to-treat) and for patients with complete follow-up using a micro-costing approach and considering only wound care dressing costs.

Key findings:

Using Granulox® as adjunct therapy, approximately **90% more** wounds healed compared to standard of care alone*.

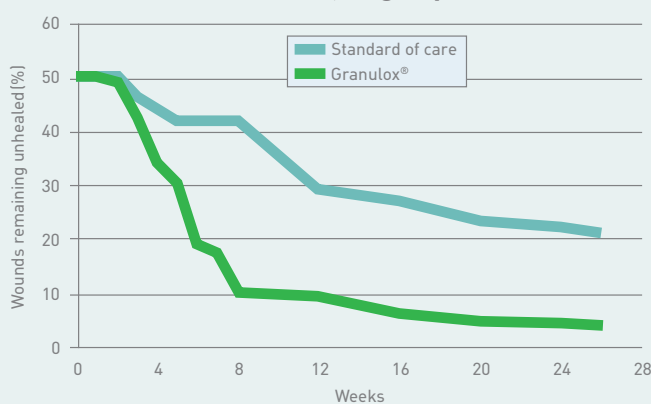
The cost-effectiveness analysis demonstrated, that using Granulox® as adjunct therapy results in a better clinical outcome at a reduced cost*.



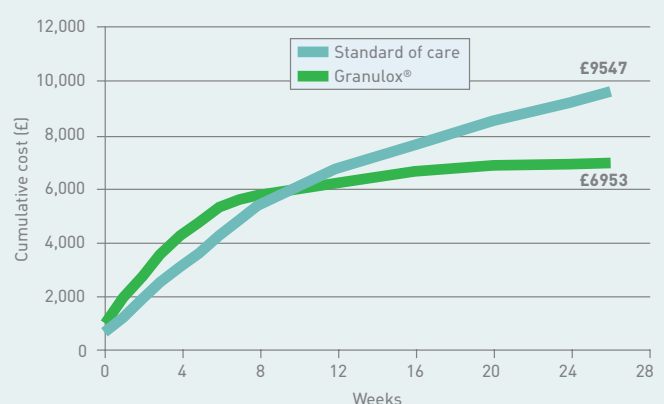
Using Granulox® as adjunct therapy, the **cost of dressings** was approximately **37% less** compared to standard of care alone*.

* After 26 weeks of treatment with Granulox adjunct

Cumulative wound closure rates at 26 weeks, all groups



Cumulative cost of dressings (£)



Conclusion:

Topical haemoglobin spray has the potential to restore the healing process, reduce healing times and reduce dressing costs in a community setting within a few weeks of adoption.

Find out more at www.molnlycke.com

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