Biatain[®] Ag Adhesive Superior absortion – for infected wounds that need extra adhesion

Biatain Ag

Adhesive Foam	n Dressings with	silver	
		Item no.	
	7.5x7.5	9631	
	12.5x12.5	9632	

Also available in Non-Adhesive - for wounds with extra fragile skin

Biatain Ag

Non-Adhesive Foam Dressings with silver					
		Item no.			
	5x7	5105			
	10x10	9622			
And No.	15x15	9625			
and the second	5x8 cavity	9628			

For product availability/orders, please contact Coloplast on 1800 673 317 or your distributor. Further information at www.coloplast.com.au

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Ostomy Care Urology & Continence Care Wound & Skin Care



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alops products and services that make life easier for people with very personal and private medical conditions. Working closely with the pe Colopiast develops products and services that make lite easier for people with very personal and private medical conditions. working diosely i who use our products, we create solutions that are sensitive to their special needs. We call this intimate healthcare. Our business includes ost urology and continence care and wound and skin care. We operate globally and employ more than 7,000 people.

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Biatain[®]Ag

Biatain[®] Ag Adhesive

Case study







Faster healing of infected wounds

Case study

Treatment of a highly exuding stage III sacral pressure injury with Biatain[®] Ag

Authors: Jette Kvisgaard and Bjarne Alsbjørn, Department of Plastic Surgery and Burns Unit, Rigshospitalet, Copenhagen University Hospital, Denmark

Introduction

This report describes four weeks treatment of a patient suffering from a highly exuding critically colonised sacral pressure injury stage III with Biatain Ag.

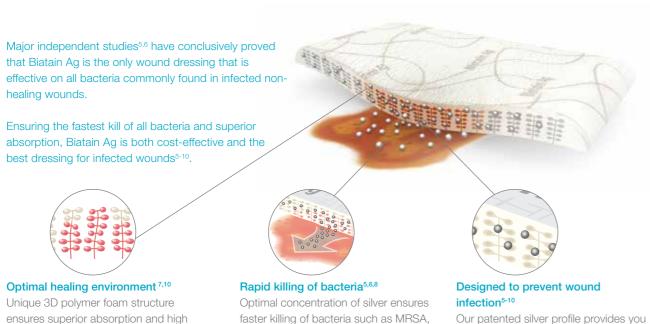
Pressure injuries are associated with fivefold increase in mortality in elderly patients¹. The prevalence of pressure injuries is 3%-14% among acute care hospital patients^{1,2} and up to 25% in long term healthcare facilities1. Pressure injuries located in the sacral area are highly at risk of bacterial contamination. Critical bacterial colonisation may worsen the wound and delay

retention even under compression

therapy

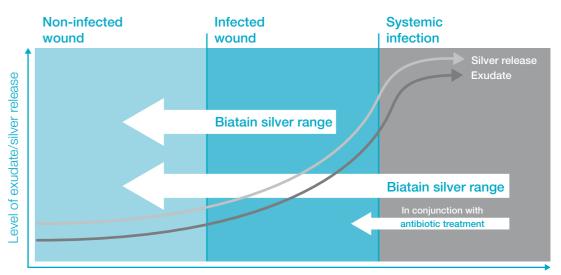
healing considerably. The most important signs of critical colonisation (or local infection) are delayed healing, odour, abnormal or absent granulation tissue, increased exudation, and wound pain^{3,4}.

Biatain Ag is a unique 3D polyurethane foam with an antibacterial silver complex homogeneously dispersed throughout the foam. Biatain Ag combines superior absorption and antimicrobial properties in one dressing. Silver release is sustained at an effective rate for up to seven days in the presence of wound exudate³. Biatain Ag kills MRSA faster than other silver dressings⁴.



VRE, ESBL and Pseudomonas.

with a sustained release of silver at an effective rate during the entire wear time (up to 7 days).



Wound Progress

Already after one week the wound bed was considerably cleaner and the odour was eliminated (Figure 2). After 1 month of treatment the wound bed was cleaned and there was no odour. Healthy granulating tissue was present and the healing process was in good progress. (Figure 3).

Dressing Performance

The dressing demonstrated good absorption capacity and good patient comfort. The Nurse found the dressing easy to apply and remove. No infections or adverse events were reported.

Conclusion

In conclusion, during the one-month treatment period Biatain Ag effectively eliminated signs of local infection and supported healing of this heavily exuding sacral pressure injury. Elimination of odour and a significant increase in healthy granulation tissue was observed already after one week.

Medical history

The patient is an 88 year old woman with a highly exuding stage III sacral pressure injury. The injury had persisted for 2 months and had previously been treated with standard moist wound healing products. The injury had several signs of local infection; the injury had a significant odour and was heavily exuding. A small undermining was present at the top of the injury and there was approximately 50% unhealthy necrotic tissue in the wound bed. Figure 1 shows the injury at inclusion.

Bioburden/infection



Figure 1. The injury at the start of treatment.



Figure 2. The injury after one week of treatment.



Figure 3. The injury after four weeks of treatment.