

CATEGORY: DRESSINGS

ECLYPSE® SUPERABSORBENT DRESSINGS

MAKING THE CASE

INTRODUCTION

Managing exudate still presents a key challenge in clinical practice. Unmanaged exudate can delay healing, increase the risk of wound complications, and damage the surrounding skin. This can have a significant impact on healing time, cost and patients' quality of life (WUWHS, 2019), with some patients reporting odour and exudate as the most disturbing consequences of having a chronic wound (Jones, 2008). The prevalence of exudate-related damage is not well documented, but it is acknowledged that its impact is 'substantial', both on individuals and healthcare systems (Woo et al, 2017). One large-scale international survey involving 2,018 patients with chronic wounds found that 25% of respondents experienced pain around the wound, likely from periwound maceration and local inflammatory responses (Price et al, 2008). Periwound maceration from unmanaged exudate delays overall wound healing, and is also correlated with higher pain levels prior to and during dressing changes (Woo et al, 2017).

Inappropriate methods of exudate management – such as unsuitable dressing selection, layering or 'sandwiching' dressings – can cause further complications in practice and result in increased costs. Strikethrough is still an issue seen in clinical practice (see Box), but this is a sign that exudate has not been managed (Faucher et al, 2012).

BOX: STRIKETHROUGH: AN ISSUE IN CLINICAL PRACTICE

Strikethrough occurs when exudate breaches the dressing barrier. This usually occurs with porous dressing materials, which don't have bacteria-proof backing layers (Nichols, 2016). Strikethrough increases risk of infection, pain, maceration/excoriation, pain, malodour, and associated risk of psychosocial issues such as anxiety and isolation (Nichols, 2016).

ECLYPSE SUPERABSORBENT DRESSINGS

Eclipse superabsorbent dressings are suitable for use on moderate to heavily exuding wounds. They can be used as a primary dressing on wounds where exudate management is required in a clean wound, or as a secondary dressing for exudate management where another primary dressing has been applied for treatment of the wound bed (e.g. collagen or antimicrobial). There is a range of shapes and sizes (including boot, foot and sacral for hard-to-dress areas), and bordered and adherent versions, providing an option for every wound type. The high absorbency and capacity is designed to absorb exudate, reduce potential leaks and reduce the risk of maceration, with Eclipse dressings found to be more absorbent than competitors (Browning et al, 2016). The CrystalLock™ layer absorbs and locks away exudate, bacteria and matrix metalloproteinases (MMPs), so that the dressing remains intact and the surrounding skin is protected (Weigand and White, 2013).

The backing is a water-resistant barrier film, which prevents strikethrough, while also allowing a high moisture vapour transfer rate. This prolongs the wear time and means that exudate can be managed effectively throughout the 7-day wear time. A 100-patient audit showed Eclipse had zero strikethrough at day 7; in comparison, competitors had 79% and 85% strikethrough at day 7 (Rafter et al, 2015). See Figure 1 for more information on the component layers.

Eclipse dressings are also suitable for use under compression, without affecting sub-bandage pressure, so it can be used on leg ulcers where exudate management is an issue. The new guidance from the National Wound Care Strategy on the lower limb recommends compression for all lower limb wounds, so it is important to choose a dressing that can be used successfully under compression where necessary (NWCSP, 2020). In a comparison study with 4 competitors, Eclipse had a mean percentage increase of 0% (compared to 24%, 14% and 11%) in sub-bandage pressure using 2-layer compression kits, and a 2% mean percentage increase (compared to 22%, 13% and 11%) in sub-bandage pressure using 4-layer compression (Cook, 2011).



Figure 1: Component layers of Eclipse

MAKING THE CASE

Explanation of how to use this guide: This document can be used to make the case for implementing effective prevention and management measures and may be supported by data from your own care setting. As well as economic impact, it is important to know the impact of interventions on patient quality of life and outcomes.

COST BENEFITS

The ability to absorb and retain exudate effectively for up to 7 days means that Eclipse dressings are cost-effective and help to reduce wastage, as well as improving patient outcomes. The range of shapes and sizes for different wound types also contributes to reduction in wastage.

In terms of both performance and cost-effectiveness, Eclipse dressings have been found to compare favourably to competitors, making them the ideal first-choice superabsorber for formulary inclusion (see Figure 2).

BOX: PATIENT-CENTRED BENEFITS

- Eclipse dressings are comfortable during wear and dressing change
- Increased comfort leads to improved patient acceptability and outcomes
- Water-resistant barrier film backing prevents strikethrough
- High absorbency reduces the risk of leaks, increasing confidence, even under compression
- 86% of patients rated Eclipse 4+ on a scale of 1-5 for comfort during use, and 83% rated Eclipse 4+ on a scale of 1-5 for comfort at dressing change (data on file).

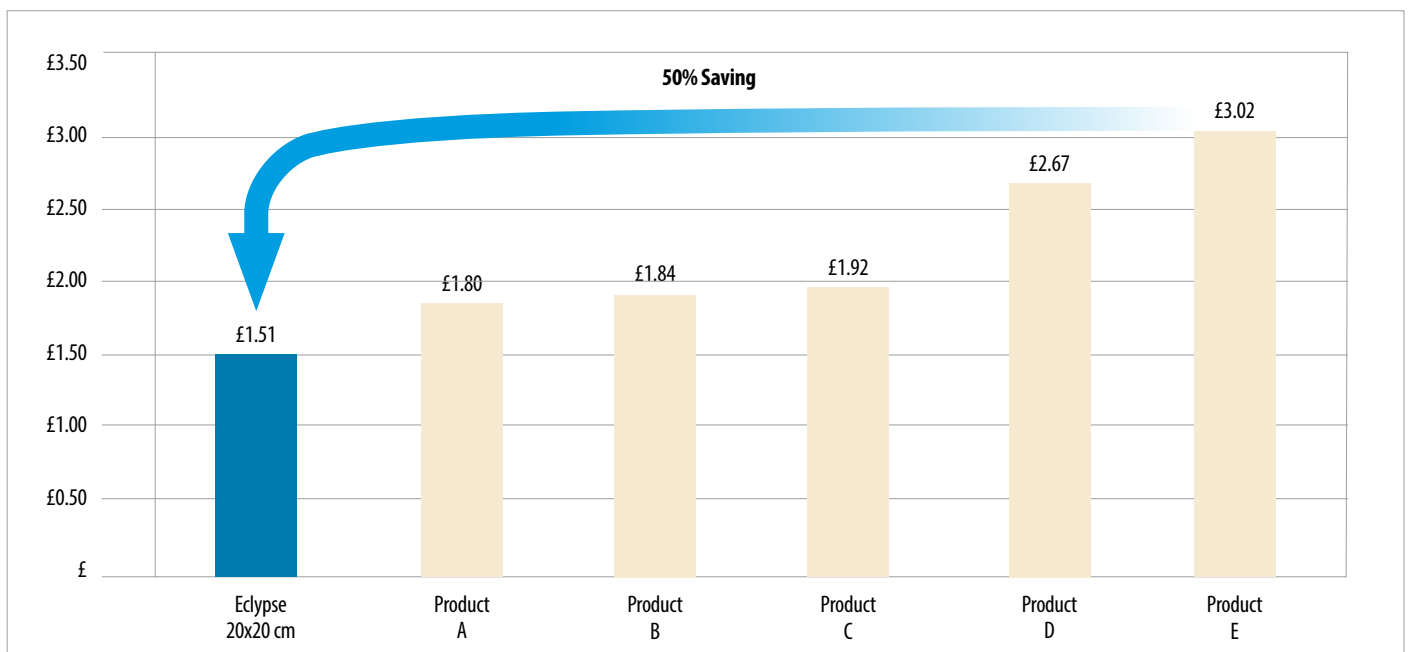


Figure 2: Cost of Eclipse compared to competitors

SUMMARY: WHY USE ECLYPSE IN PRACTICE?

- Eclipse is highly absorbent and remains absorbent under compression, with 'lock-in' core technology to retain exudate, bacteria and MMPs, prevent leakage, prevent maceration and protect the surrounding skin
- Backing film to prevent strikethrough and eliminate the need for layering
- 7-day wear time
- Patient comfort during wear and dressing change
- Rated favourably overall for cost-effectiveness and outcomes.

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