

## CATEGORY: WOUND CONTACT DRESSING

## CUTICELL® CONTACT

## MAKING THE CASE

## THE ROLE OF THE WOUND CONTACT LAYER

Wound contact dressings are single layer, very thin and flexible. They act as an interface between the wound bed and any secondary dressing and are designed to protect fragile tissues. The dressings are usually coated with silicone and are perforated or permeable to allow exudate to pass onto an absorbent secondary dressing. They are applied directly to the wound and can be left in place for 7-14 days. The silicone layer prevents the dressing from sticking to moist tissue, but will allow it to gently adhere to intact skin. This avoids disrupting new tissue growth or damage to the periwound skin when it is removed at dressing changes.

## ABOUT CUTICELL CONTACT

Cuticell® Contact (BSN medical) is a gentle and highly conformable silicone-coated wound contact layer. It can be used where low adherence is required and to protect fragile, delicate skin in the following wound types:

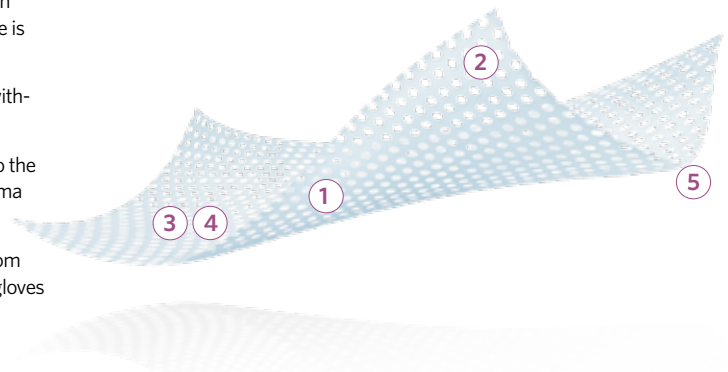
- superficial abrasions
- minor traumatic injuries (e.g. skin tears, blisters)
- radiotherapy-induced skin damage
- donor sites
- partial-thickness burns
- chronic wounds (e.g. pressure ulcers, leg ulcers)
- dermatological conditions (e.g. epidermolysis bullosa)
- fungating and hypergranulating wounds.

It can also be used as a non-adherent layer to protect vessels, ligaments and tendons when combined with negative pressure wound therapy.

Cuticell Contact should be used together with an absorbent secondary dressing for exuding wounds. It can be left in place for up to 14 days and will not dry out or stick to the wound bed. The transparent nature of the dressing allows the wound to be inspected regularly without removal, so the clinician can change the secondary dressing and leave the primary Cuticell Contact dressing in place if the wound is progressing well (Figure 1).

## Figure 1: Cuticell Contact key features

- 1 **Large perforations (up to 10/cm<sup>2</sup>)** — allow exudate to pass through, even thick exudate, to a secondary dressing, reducing risk of maceration. There is also minimal risk of tissue ingrowth
- 2 **Transparent** — allows precise application and inspection of the wound without the need to remove the dressing
- 3 **Silicone coated** — allows the dressing to stay in place, without sticking to the wound bed, making it easy and gentle to remove, reducing pain and trauma at dressing change
- 4 **Adhesive on one side only** — prevents the secondary absorbent layer from sticking to the primary dressing (also prevents sticking to the clinician's gloves for ease of application)
- 5 **Flexible** — the combination of a thin polyurethane film and silicone layer allows the dressing to conform to the wound, increasing comfort during wear



## CLINICAL EVIDENCE FOR CUTICELL CONTACT

It has been shown that when soft silicone dressings are removed, they do not cause trauma to the wound bed or periwound skin (White, 2014). In addition, a number of studies have shown that soft silicone dressings minimise pain on removal (Meuleneire and Rucknagel, 2013).

In documented case studies in patients with minor traumatic wounds (Derbyshire, 2014), Cuticell Contact has demonstrated:

- Reduced pain levels and improved comfort
- Protection from further trauma
- Effective management of high-viscosity exudate (reduced maceration)
- Ability to stay in place during wear and conformability to wound bed
- Ease of wound inspection without dressing change.

In a recent evaluation involving 30 patients on an acute respiratory ward with various wound types (including skin tears, haematomas and burns), Cuticell Contact was applied for 14 days (or less if wound healing occurred). The dressing protected vulnerable tissues and all patients had a dramatic reduction in their pain scores, with 60% of patients being free of symptoms. None of the patients developed maceration despite moderate to high exudate levels in 83% of the wounds at onset of the evaluation (Bateman, 2015).

A multicentre study involving 38 patients with 40 acute/chronic wounds (observed for a mean of 21 days) found Cuticell Contact easy to use, was non-adherent in 91.2% of cases and 93.3% of dressing changes were pain-free. Overall wound bed and periwound condition improved with a mean decrease in wound surface area of 4.4cm<sup>2</sup> (Suess-Burghart et al, 2015).

## COST OF CUTICELL CONTACT

Size	Pack quantity	Cost (Drug Tariff, July 2015)
5cm x 7.5cm	1 x 5	£1.09
7.5cm x 10cm	1 x 5	£2.09
10cm x 18cm	1 x 5	£4.35
15cm x 25cm	1 x 5	£7.29

**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.

## BENEFITS OF USING A WOUND CONTACT LAYER

The potential to cause trauma to the wound bed and periwound skin at dressing removal is known to increase pain, the size of the wound and to delay healing (Hollingsworth and White, 2006).

Silicone dressings have been termed 'atraumatic' (Thomas, 2003) in that they protect newly formed granulation tissue and have been shown to reduce trauma and pain at dressing changes (Black et al, 2012). Pain, or anticipated procedure-related pain, can have a detrimental effect on wound healing and create a high level of patient stress and anxiety at dressing changes (WUWHS, 2004). Reducing potential mechanisms for pain can help to promote patient comfort and improve clinical outcomes (Richardson and Upton, 2010).

## ECONOMIC BENEFITS OF USING CUTICELL CONTACT

Cuticell Contact is lower per cost unit than other popular silicone wound contact layers with key benefits including larger drainage holes, single-sided adhesive and transparency.

A simple cost comparison can be used to demonstrate cost savings at two weeks in a patient with dressing changes scheduled at 4–5 days (Figure 2).

<b>Popular wound contact layer (e.g. Mepitel, Mölnlycke Healthcare)</b>	<b>Cuticell Contact</b>
Size 8cm x 10cm Cost per dressing £3.19	Size 7.5cm x 10cm Cost per dressing £2.09
<b>In two weeks</b>	<b>Cost</b>
£3.19 x 3 = £9.57	£2.09 x 3 = £6.27

Figure 2: Cost comparison: Cuticell Contact versus a popular wound contact layer dressing over two weeks (based on Drug Tariff, July 2015)

Further cost savings may be recognised in terms of wear time. Bateman (2015) achieved a 14-day wear time in 50% of wounds (n=15) with an unexpected increased wear time of up to 17 days in a further 30% of the group.

### Q WHAT BENEFITS HAVE YOU SEEN WHEN USING CUTICELL CONTACT IN YOUR CLINICAL SETTING?

If you were to explain to a colleague why you have chosen Cuticell Contact, what would you give as the main benefits?

- ✓ Can be left in place for up to 14 days for undisturbed healing
- ✓ Allows thicker exudate to pass through, preventing maceration
- ✓ Does not stick to the secondary dressing, allowing subsequent changes without disturbing the primary layer or fragile wound bed
- ✓ Comfortable for patients and stays in place, improving patient concordance
- ✓ Reduces pain at dressing changes, decreasing analgesia costs and patient anxiety, and saving nursing time
- ✓ Transparency permits monitoring of the wound, avoiding unnecessary removal and associated costs
- ✓ Conforms easily to the shape of wound, saving use of multiple dressings

## CLINICAL BENEFITS OF USING CUTICELL CONTACT

Cuticell Contact can be left in place for a maximum of 14 days. This allows for undisturbed wound healing and protection of newly formed tissue in the wound bed, with the potential to increase the rate of healing. In addition, the transparent nature of the dressing allows monitoring of the wound with the dressing in place (Derbyshire, 2014), preventing unnecessary dressing changes with the potential to save costs.

As the Cuticell Contact is sticky on one side only, it does not stick to a secondary dressing and is easy to apply (Suess-Burghart et al, 2015). This allows the secondary absorbent layer to be changed more frequently for exuding wounds. The larger pores in the dressing also allow thicker exudate to pass through, helping to prevent maceration (Derbyshire, 2014). The dressing is highly conformable and can be cut to size, making it an ideal primary dressing on fingers, ears, or any other delicate area of skin.

## PATIENT BENEFITS OF USING CUTICELL CONTACT

Silicone dressings have been associated with an analgesic effect (Richardson and Upton, 2010). Patients using Cuticell Contact have reported a 'cooling effect', the dressing is 'soothing to wear' and reduces pain (Derbyshire, 2014). This reduction in pain means that patients are more likely to comply with their dressing regimen for successful outcomes.

Patients were also able to change the secondary dressing, while leaving the contact layer in place (Derbyshire, 2014), offering a greater level of independence when managing their wound care.

### Q DO YOU HAVE ANY CASE STUDIES TO DEMONSTRATE BENEFITS OF USING CUTICELL CONTACT?

## CASE STUDY



Figure 3: Cuticell Contact in place

- Woman with weeping eczema of the ears, which were swollen, inflamed and oozing
- Cuticell Contact was easy to apply and conformed to the ear shape (Figure 3)
- The perforations allowed exudate to pass through to a secondary dressing
- The dressing prevented anything from sticking to the ears and protected the fragile skin from further trauma
- The patient found the dressing comfortable to wear and she was able to change the secondary dressing while leaving Cuticell Contact in place

## References

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