Improving the patient experience using finoderm Protect and finoderm Release

KEY WORDS
- Incontinence
- Periwound skin
- Product assessment

Wound care clinicians need to maintain the integrity of the periwound skin while ensuring the best wound healing environment. In cases where incontinence or high levels of exudate are present, there is a higher risk of damage to the surrounding skin. The author assess the new finoderm range of skin protection products, which are designed to minimise any potential trauma to periwound skin from damage from exudate or the mechanical impact of adhesive dressings.

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After the Francis Report into the Mid-Staffordshire Hospital scandal, patient care must be uppermost in the minds of all clinical staff. Clinicians must ensure that all patients receive the necessary and appropriate care, while minimising any trauma or discomfort.

Nurses face the daily challenge of reducing and preventing the development of wounds such as moisture lesions and pressure ulcers. This must be achieved in a clinically and cost-effective manner. Cost refers not only to the price of dressings, bandages and medical appliances required for patient care, but also nursing time, impact on the patient's quality of life and the prevention of further health issues.

Maintaining the integrity of the skin should be a crucial part of any wound care regime. However, maintaining skin integrity can be difficult when there are wounds with high levels of exudate or the patient has frequent episodes of incontinence. The periwound skin can be at risk during wound healing and is susceptible to problems such as skin stripping, maceration, excoriation and irritant dermatitis. Poorly managed incontinence can lead to incontinence-associated dermatitis, infection, pain, and discomfort. If the skin in these areas is not managed effectively, there is a risk of skin damage and the need for further clinical intervention.

In order to minimise the risk of damage to periwound skin, clinicians must assess the wound to ensure that the most appropriate products are selected to aid the progress of the wound through the healing process. They should also be using care bundles such as SSKIN to prevent pressure damage. In wet or very moist wounds, assessing exudate levels and introducing an absorbent dressing that will effectively cope with these levels is essential.

Where incontinence is present, a full assessment of the patient, their skin and their incontinence episodes will assist the clinician in selecting the most appropriate incontinence products to minimise skin damage. Correct skin protection which does not impede the action of the one-way liner in incontinence aides is essential, because using products that block this action leads to pooling of fluid which causes skin damage as well as increasing the risk of malodour.

However, if the periwound skin or skin at risk of damage from incontinence is not protected, the clinician can potentially expect the following:

- Healing duration: if the periwound skin is damaged, then the wound itself will potentially increase in size as it incorporates the damaged surrounding skin. If the wound size increases, the time needed to treat and progress the wound through to healing will increase.
- Nursing requirements: if damage to the surrounding skin increases the wound size, it is possible that time initially expected to heal the wound will increase. This may impact on the nursing requirements for the patient. This leads to a reassessment of the wound or continence management, and education and implementation of a new plan of care.

- Cost of treatment: It is expected that any increase in wound size will also increase the cost of treatment. This is due to the increased length of time required to progress the wound through the healing stages, including additional dressings and appliances and a potential increase in nursing time. Although data on the economic implications of periwound skin damage is not currently available, it is likely that an additional financial burden results from extended problems with wound management (Romanelli et al, 2008).
- Patient experience: Where possible, patients should be encouraged to actively take part in caring for their wounds. For clinicians to maximise the healing potential of the body, it is crucial that a holistic approach to wound healing is employed. Intact periwound skin reduces the potential for trauma and distress at dressing change. As such, when a patient is feeling involved in, and happy with, the care plan in place, it is felt that they are more likely to follow the clinician's recommended course of action and to be concordant with the treatment regime.

PROTECTING PERIWOUND SKIN

It is essential that clinicians help to maintain the integrity of the periwound skin while ensuring the best wound healing environment. Rigorous assessment will ensure the most appropriate incontinence and wound dressings products are used. There are two products which minimise the potential for skin damage.

Silicone-based non-sting protective films

Silicone-based non-sting protective films are designed to protect the periwound skin from wound care adhesives and the acidity of urine or faeces. When adhesives are removed where a protective film is in place, there is a reduction in the likelihood of skin stripping (Lawton and Langøen, 2009). Skin stripping causes pain and leaves the patient at risk of localised inflammation or infection (Cutting, 2008)

Medical devices designed to protect the periwound skin have been commonplace for many years, providing excellent results. Industry research into ways in which these can be improved to maximise skin protection has resulted in the use of ingredients, formulations and application methods that provide greater benefits to the nurse and patient.

Figure 1. The finoderm range

The finoderm Protect range

The new finoderm range of skin protection products from Fino Healthcare Ltd is designed to minimise any potential trauma to periwound skin from damage from exudate or the mechanical impact of adhesive dressings.

finoderm Protect is a sterile medical protective film that is available in a spray, wipe or foam applicator. It has been developed to provide a high level of security and confidence for the user while minimising the negative issues clinicians and patients have encountered when using comparable products. All the finoderm Protect products (spray, wipes and foam applicator) are sterile, which provides confidence that the clinician is utilising the most clinically appropriate system of skin protection.

The author's own clinical experience of using similar products identified several issues when using protective films. It is assumed that these problems are likely to be common for other nurses. The issues include:

- The protective element is not durable enough to provide the required protection from the adhesive and any exudate or bodily output that may leak between the adhesive and the skin.
- The time some protective films take to dry upon application can have negative effects for the clinician. These include the temperature of the wound bed decreasing as the wound is

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uncovered and the potential risk of applying adhesives to wet surfaces.

In order to combat the first issue of durability and physical protection, Fino Healthcare Ltd has developed a strong, thin protective film. This protective film is quick drying and allows the user to apply the adhesive dressing quickly and with confidence that finoderm Protect will not affect its adhesion.

In addition to ensuring the full protection of the skin, a unique 360˚ application has been developed using a "bag on valve" method of delivery. This provides greater ease of use and confidence that the can will empty fully. As there is no propellant, 100% of the liquid in the can is the protective film, and the lack of propellant is also better for the environment. Impregnated wipes and foam applicators are also available, offering the patient or clinician an easy-to-use system that, as with the spray, is fully sterile and can be used on broken or damaged skin.

Silicone-based non-sting adhesive removers

Silicone-based non-sting adhesive removers were originally designed to make the removal of ostomy adhesives (such as pouches, base plates or flanges) as simple, quick and pain free as possible. Recently, those working in advanced wound care have realised the significant benefits these products provide for their patients, initially in the care of people affected with epidermolysis bullosa (Denyer and Mather, 2008). The benefits to the patients' skin and the overall experience were recognised as positive and the use of these products is now commonplace.

As a result, many clinicians are now looking to use these products as a matter of course in the treatment of general wounds. Adhesive removers ensure that any adhesive is removed from the skin without causing stinging, irritation or trauma, but also help to reduce the incidence of skin stripping while helping the body to maintain healthy periwound skin (Cutting, 2006).

Information gathered from nurses and the author's own knowledge and experience of using other adhesive removers highlighted the following issues:

- The can is only able to be sprayed from an upright or fully inverted position.
- The aerosol can does not empty its contents fully.
- "Cold shock" experienced when spraying onto the skin.
- Hard/uncomfortable wipes.
- Dry wipes.
- Ineffective product.
- Non-sterile products being used in advanced wound care.

In order to address these issues, Fino Healthcare Ltd has created finoderm Release which is available in spray and wipe formats. Along with the 360˚ application of the spray, finoderm Release ensures that the spray pattern minimises cold shock while still maximising the optimum directional mist required for the adhesive remover to penetrate between the adhesive and the skin.

The finoderm Release wipe is soft and gentle on the skin while ensuring the contents are spread evenly on the areas where removal of adhesive material or residue is required. The complete finoderm Release range is sterile and helps the clinician or patient to remove any adhesive from the skin (even friable, damaged or broken skin) as quickly, easily and pain free as possible.

METHODS

In order to determine the effectiveness of finoderm products, the author carried out an evaluation of the range in practice.

The wound management team at Powys Teaching Health Board decided to review skin protection products. As part of this process, the district nursing team at Newtown reviewed finoderm Protect and finoderm Release. The purpose of the evaluation was to determine whether the finoderm range of sterile wound care products provided the aforementioned benefits and to determine whether the adhesive remover and protective film enhanced the overall patient experience.

The district nursing team treats people in the Lindsay Leg Club, post-operative patients and other house-bound patients, providing the team with access to a variety of patients affected by a range of wound care issues.

Once the evaluation had been agreed, the following method was implemented.

"The district nurse team found finoderm Protect very easy to use, there was little or no pain experienced as a result of using the product and it protected the skin effectively"

Relevant patients (those with adhesive dressings and tapes) were asked whether they would like to take part in a trial. They were told the products were new to the wound care market and had been designed to assist in the protection of their periwound skin and in the pain free removal of medical adhesives. Because the products are not currently on the Health Board's wound care formulary, written consent was obtained from all participants.

Each participant was provided with company and product information prior to usage as well as a patient experience questionnaire to fill in after dressing change (specifically designed to determine how effective the participants felt the products worked).

The only change to any dressing change regime was the introduction of finoderm Protect to protect the skin and/or finoderm Release to release the adhesive. Everything else remained unchanged.

Following the wound and periwound skin assessment, protective film was applied and the wound redressed.

Patients were asked to rate the experience of the dressing change, based not only on their feelings pertaining to that change but in comparison to others when these products were not used.

The nurses carrying out the dressing change completed a more in-depth questionnaire on the usability, appropriateness, patient and clinical benefits of the devices.

The information was collated and analysed by the author for common trends, comments and to provide an overall picture of the use of these products.

RESULTS

finoderm Protect

The evaluation was carried out on 33 patients by nine district nurses. When asked to agree or disagree with specific statements, the district nurse team found finoderm Protect very easy to use, there was little or no pain experienced as a result of using the product and it protected the skin effectively. Nurse agreements with each statement was 90% or higher, indicating the high success of these elements.

All nurses felt that the product dried quickly and was more effective than the protective films previously used. They also stated that the product would be advantageous in their general practice and that it helped to open a wider range of dressings for selection, specifically those with non-silicone adhesives. Overall, 86% of the nurse respondents agreed or strongly agreed with these statements (with the remainder only disagreeing due to irrelevance to a specific individual, rather than product performance).

The majority (87%) of patients indicated that they would like their nurse to use the product for all dressing changes. On a pain scale of 0–10 (0 being no pain), patients experienced 0 (75%) or 2 (25%). One patient, a 78-year-old male, was so impressed with finoderm Protect that he insisted the nurses continue to use the film at all dressing changes post evaluation.

finoderm Release

The nurses evaluated the used of finoderm Release in 29 patients. Previously no adhesive remover had been used in these patients.

All nurse respondents said that finoderm Release acted quickly and effectively in the removal of a range of medical adhesives and that there was no apparent pain experienced by the patient and no damage or trauma to the periwound skin. The majority (94%) of nurses agreed or strongly agreed with these statements and the remaining 6% stated these were not applicable for some patients.

Similarly, 95% of all patients stated that they felt no pain at all on dressing removal, whereas they had previously experienced pain, with the remaining 5% indicating pain as 3 on a scale of 0–10 (0 being no pain). However, this was documented by some clinicians as possibly being related to an additional condition for these respondents and not a direct result of the adhesive remover.

District Nurse Team Leader Annie Evans said: "By using finoderm Release, we have been able to use more adhesive dressings on skin where we perhaps wouldn't. This has been a great exercise in re-evaluating dressing choice and potentially helping to reduce costs."

DISCUSSION

Modern wound care is viewed with a more holistic approach which encompasses all factors specific to each individual and their wound. The

patient experience is important to the success of the wound healing process, and the more engaged a patient is with their treatment, the more likely the process will be successful (Gilmartin, 2003).

Clinical practice is continually evolving to incorporate methods of improving wound care and achieving the best outcomes for all patients. Advanced dressings with improved absorbency increase wear time and reduce the need for a daily dressing change. Adhesives have changed to reduce dressing movement.

The finoderm range, used separately or together, provides clinicians and patients with a further opportunity to maintain healthy periwound skin throughout wound healing. By providing the patient with the greatest level of care for the skin surrounding the wound, the clinician is creating an effective environment to progress the wound through the healing process and enhancing the patients' overall experience, especially the reduction in pain, trauma and anxiety associated with dressing changes.

In addition to the patient comfort and concordance, it was concluded that these products helped nurses. The finoderm products reduced the time to change dressings as well as the time needed to ensure patients were feeling OK after negative experiences of dressing changes in the past.

The district nursing team also felt that using these products provided them with a greater choice of dressings. By maintaining the integrity of the periwound skin and removing any potential issues with using older, less skin-friendly dressings, the clinician can select the most appropriate dressing for progressing the wound through the healing stages without having to think how the dressing will affect the skin when in place or being removed. For example, a cheaper film dressing could be used on an elderly patient's skin tear rather than a soft silicone dressing. This would help to heal the tear while the finoderm Release product can remove the dressing without trauma.

Often when a product is improved, something is added to it. In many cases this does provide an improvement, but nurses need to be looking at the reason for the need for change and asking if there is a more simple, cost-effective and manageable way for this to be achieved.

The results of this evaluation indicate that by using sterile silicone-based non-sting medical protective films and adhesive removers, opens up the possibility for the clinician to utilise all dressings at their disposal. In addition, this evaluation has found that the patient experience of dressing changes can be enhanced, corroborating the evidence from using these products in people with epidermolysis bullosa.

CONCLUSION

Based on the experiences witnessed in this evaluation, the use of protective films and adhesive removers in wound care is another step in ensuring the highest level of care for all patients is achieved by nurses in an easy, manageable and effective manner.

Through the author's own experiences, it is recognised that people living with wounds focus not only on the progress of the healing, but on other measurable outcomes such as odour, leakage and the discomfort of dressings. Because protective films and adhesive removers provide the nursing teams with a wider range of dressings to choose from, they are able to choose the most appropriate products both clinically and financially that will provide the best results for that individual.

There are a number of silicone non-sting medical protective films and silicone non-sting medical adhesive removers on the market. However finoderm Protect and finoderm Release, with their unique developments and fully sterile offering, are a welcome addition to wound care, skin care and prevention of pressure damage. The finoderm range is available exclusively through Sumed®. WUK

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