

Cutimed® Sorbact® and antimicrobial stewardship

The importance of antimicrobial stewardship

Antibiotics have been used for many years in wound care to treat spreading and systemic infections, in both acute and chronic wounds. However, the widespread use and misuse of antibiotics across medicine and other sectors has allowed the emergence of microbial strains with resistance to one or more antibiotics.

Currently, none of the 43 antibiotics in clinical development or recently approved are sufficient to tackle the growing emergence and spread of **antimicrobial resistance** (**AMR**)¹. Despite increasing awareness of the urgent threat of AMR, the world needs to combat antibiotic resistance in more ways than just with the formulation of new antibiotics.

The United Nations and other international agencies estimate that, if no action is taken, antimicrobial drug-resistant diseases could cause 10 million deaths each year by 2050, costing £66 trillion³.

The solution to reducing and preventing further AMR is a multi-modal approach known as **antimicrobial stewardship** (**AMS**). This approach includes the following:

- ➤ Infection prevention
- Using antimicrobial treatments sparingly to preserve their future effectiveness
- ➤ Improving safety and quality of patient care⁴.

References

- ¹WHO (2020) Antibacterial agents in clinical and preclincal development: an overview and analysis
- ²International Wound Infection Institute (2022) Wound Infection in Clinical Practice. Wounds International
- ³Interagency Coordinating Group on Antimicrobial Resistance (2019) No Time To Wait: Securing The Future From
- Drug-Resistant Infections. Report to the Secretary-General of the United Nations. Interagency Coordinating Group on Antimicrobial Resistance
- ⁴NICE, PHE (2019) Summary of antimicrobial prescribing guidance managing common infections
- Sentili V, Gianesini S, Balboni PG et al (2013) Panbacterial real-time PCR to evaluate bacterial burden in chronic wounds treated with Cutimed™ Sorbact™. Eur J Clin Microbiol Infect Dis 31(7): 1523-9
- ⁶Mosti G, Magliaro A, Mattaliano V et al (2015) Comparative study of two antimicrobial dressings in infected leg ulcers: a pilot study. J Wound Care 24(3): 121-2
- ⁷Ljungh A, Yanagisawa N, Wadström T (2006) Using the principle of hydrophobic interaction to bind and remove wound bacteria. *J Wound Care* 15(4): 175-80
- 8Husmark J, Morgner B, Susilo YB, Wiegand C (2022) Antimicrobial effects of bacterial binding to a dialkylcarbamoyl chloride-coated wound dressing: an in vitro study. J Wound Care 31(7): 560-570
- 9Susilo YB and Husmark J (2019) DACC coated wound dressing and endotoxin: Investigation on binding ability and effect on endotoxin release from gram-negative bacteria. EWMA PRINTED REPORT OF THE PRINTED REPORT OF THE
- 10Fletcher J, Edwards-Jones V, Fumarola S et al (2020) Best Practice Statement: Antimicrobial stewardship strategies for wound management. Wounds UK
- "Rippon MG, Rogers AA, Ousey K (2021) Antimicrobial stewardship strategies in wound care: evidence to support the use of dialkylcarbamoyl chloride (DACC)-coated wound dressings. J Wound Care 30(4): 284-96

The Wound Infection Continuum²

Early intervention

Contamination

Colonisation

Local wour

Signs of local inf wounds mig

Cutimed® Sorbact® prev

Preventing wound infections focuses on implementing strategies to reduce the patient's individual risk factors. Local infections often present as covert (subtle) signs and symptoms that may not be immediately recognised as wound infections².

Topical and can be co

Early intervention can prevent chronic wounds and wound infections from developing in the first place, reducing healthcare costs and improving patient quality of life.

Increasing microbial burden in the wound

nd infection

Spreading infection

Systemic infection

ection in chronic ht be subtle

rents and treats wound infections by reducing the wound bioburden

imicrobial nsidered Combination of antibiotics and topical antimicrobial/ Dialkylcarbomoyl chloride (DACC)-coated dressing

Physical mode of action dressings

Dressings that manage bacterial bioburden in wounds with a physical mode of action (e.g. Sorbact® Technology) play an important role in an AMS-focused approach to wound care. These dressings can be used on any wound where infection control is needed — e.g. infected wounds or wounds at risk of infection ('dirty' or colonised wounds, or for patients at high risk of infection).

Cutimed® Sorbact® and Leukomed® Sorbact® dressings use simple physical principles to effectively bind bacteria and fungi. This means they do not rely on antimicrobial agents to kill bacteria, which could lead to resistance. The bacteria are bound to the dressing surface, reducing bacterial load with every dressing change and helping to create optimum conditions.

- No known contraindications and risk of allergies is low*
- Reduces bioburden in wounds 5,6
- Immediate onset of action⁷
- Development of bacterial or fungal resistance is not expected
- No release of active agents into the wound⁸
- Suitable for prolonged treatment**
- Does not promote the bacterial release of endotoxins⁹







*For information regarding Cutimed® Sorbact® gel, please follow the corresponding IFU **As shown in vitro⁵



Physical mode of action dressings

Cutimed® Sorbact® (essity) is intended for use in the management of contaminated, colonised or infected exuding wounds, such as:

- ➤ Leg ulcers
- ➤ Surgical wounds
- > Traumatic wounds
- Pressure ulcers
- ➤ Diabetic foot ulcers
- ➤ (+dermal fungal infections for Cutimed® Sorbact® Ribbon Gauze).

 NB: Please refer to IFUs for authorised indications.

Due to its physical mode of action, Cutimed® Sorbact® is ideal for use as part of an AMS-focused approach. Cutimed® Sorbact® can be used for early intervention and treatment to effectively prevent and manage wound infection and promote healing, as well as to support AMS¹⁰

"Products that offer an alternative approach to the management of increasing bacterial load in chronic wounds, such as dressings with a physical mode of action, are effective in wound bioburden management as there is no risk of bacteria developing resistance."

From the Best Practice Statement on AMS¹¹

