WOUNDS | UK

Clinical Evaluation:

RespoSorb® Silicone Border

HARTMANN

Published by:
Wounds UK
108 Cannon Street
London EC4N 6EU, UK
Tel: + 44 (0)20 3735 8244

Authors:
Donna Ashton, Lead Practice Nurse, Three Spires Medical Practice
Dawn Clements, Lower Limb Therapy Service Lead, Dawlish Community Hospital

Supported by:

How to cite this document:
Wounds UK (2025) *Clinical Evaluation: RespoSorb® Silicone Border.* London: Wounds UK Available at: www.wounds-uk.com

Introduction

Wound care presents various challenges, including controlling excessive exudate, preventing infections, managing non-healing wounds, and selecting the most effective dressing. Superabsorbent polymer (SAP) dressings offer a potential solution to several of these issues, as they are specifically designed to help regulate wound exudate levels while maintaining a moist healing environment (Wounds International, 2023; Trouth, 2024), ultimately supporting the wound healing process.

In addition to challenges in wound care, the NHS is grappling with rising costs, driven largely by increased hospital expenditures and staff shortages. The Independent Investigation of the NHS in England reports that hospital spending as a proportion of the NHS budget rose from 47% to 58% between 2006 and 2022 (Department of Health & Social Care, 2024).

Furthermore, between 2009 and 2023, the number of nurses working in the community declined by at least 5% (Department of Health & Social Care, 2024), resulting in fewer patient visits and greater pressure on remaining staff.

Fewer patient visits and a heavier workload for healthcare staff highlight the importance of efficient wound care, particularly in selecting the most suitable wound dressings. Choosing the right dressings can enhance healing outcomes, leading to faster recovery, lower treatment costs, and improved overall patient wellbeing (Britto et al, 2024).

What is RespoSorb®?

Previously launched in 2020 and known as Zetuvit® Plus Silicone and Zetuvit® Plus Silicone Border, RespoSorb® Silicone and RespoSorb® Silicone Border are a newly launched brand of silicone superabsorbent polymer (SSAP) dressings used in wound care offering a selection of 17 sizes (12 bordered and 5 non-bordered). This expanded selection is designed to address a wider variety of wound care needs.

What are MMPs and bacteria sequestration?

Matrix metalloproteinases (MMPs) are enzymes that degrade the extracellular matrix (ECM), which play a crucial role in tissue structure and repair. Balancing MMP activity is therefore critical in wound care management to promote effective healing.

MMPs are essential in multiple stages of wound healing, such as debridement, angiogenesis, and tissue remodelling (Kandhwal et al, 2022). While crucial for normal healing, elevated or prolonged MMP activity can inhibit wound closure and lead to a chronic wound (Schultz and Cullen, 2017).

Similarly, bacteria can hinder healing and contribute to the chronicity of a wound. Bacterial sequestration plays a role in removing bacteria and refers to the process where bacteria are trapped or isolated within a specific area or substance (e.g. within a wound dressing).

RespoSorb® Silicone and RespoSorb® Silicone Border work by binding and containing MMPs and bacteria that are often found in hard-to-heal wounds and that inhibit wound healing (Mikosiński et al, 2022). Research has shown that RespoSorb® Silicone Border is also able to bind and retain MMPs more effectively than comparable foam dressings (Data on file, 2024; Ball et al, 2025). Other benefits include:

- Predicted better health outcomes and cost-effectiveness compared to foam dressings (Veličković et al, 2023)
- Expected Quality of Life (QoL) improvement compared to standard of care (Veličković et al, 2022).

What is Wound Balance?

Wound Balance is a framework that aims to integrate various critical parameters by offering continuity, individualised care and supported clinical decision-making while placing the patient at the centre of all care (World Union of Wound Healing Societies [WUWHS], 2025).

This framework moves the focus away from managing wounds to leveraging the clinical intention of healing wounds, whenever achievable, and as early and effectively as possible (Wounds International, 2023; Trouth, 2024).

Measuring and improving a patient's QoL is essential to achieve Wound Balance — understanding the patient, their wound and their overall health and wellbeing can address relevant issues and reduce barriers to healing (WUWHS, 2025). However, QoL is a key component that is often misunderstood, as it can be a challenge to measure or quantify, and it is often harder to apply this to evidence-based practice. Care needs to be individualised accordingly, with patient communication and listening at the core of all interactions (Wounds International, 2023).

To overcome this, use of a QoL tool during evaluation should be encouraged, such as the Wound-QoL questionnaire (Blome et al, 2014) to assess the overall impact of a wound on a patient's QoL, specifically for individuals with a chronic wound, throughout the patient journey, see **Table 1**.

Methodology

A multicentre observational case series was carried out by UK Trusts within the community and acute setting. Evaluation periods varied

Table 1: Wound-QoL-17 questionnaire on QoL of people with non-healing wounds.

In the last seven days...		Not at all	A little	Moderately	Quite a lot	Very much
1	...my wound hurt	☐	☐	☐	☐	☐
2	...my wound had a bad smell	☐	☐	☐	☐	☐
3	...there was a disturbing discharge from the wound	☐	☐	☐	☐	☐
4	...the wound has affected my sleep	☐	☐	☐	☐	☐
5	...the treatment of the wound has been a burden to me	☐	☐	☐	☐	☐
6	...the wound has made me unhappy	☐	☐	☐	☐	☐
7	...I have felt frustrated because the wound is taking so long to heal	☐	☐	☐	☐	☐
8	...I have worried about my wound	☐	☐	☐	☐	☐
9	...I have been afraid of the wound getting worse or of new wounds appearing	☐	☐	☐	☐	☐
10	...I have been afraid of knocking the wound	☐	☐	☐	☐	☐
11	...I have had trouble moving about because of the wound	☐	☐	☐	☐	☐
12	...climbing stairs has been difficult because of the wound	☐	☐	☐	☐	☐
13	...I have had trouble with day-to-day activities because of the wound	☐	☐	☐	☐	☐
14	...the wound has limited my leisure activities	☐	☐	☐	☐	☐
15	...the wound has forced me to limit my activities with others	☐	☐	☐	☐	☐
16	...I have felt dependent on help from others because of the wound	☐	☐	☐	☐	☐
17	...the wound has been a financial burden to me	☐	☐	☐	☐	☐

from 2 to 38 days, with an average evaluation period of 17 days — 31% of patients were treated with RespoSorb® Silicone Border for over 1 month.

The primary objective of the evaluation was to obtain real-life clinical evidence of RespoSorb® Silicone Border, a newly launched SSAP dressing, with a focus on how effective the dressing is at managing a variety of wound types. Secondary objectives included investigating whether the dressing can have a positive impact on a patient's quality of life and understanding the benefits over using foam dressings.

A retrospective audit showed that 65% of treatment (use of foam secondary dressings with adjunct treatments) to manage exudate did not meet the clinical objectives related to exudate management (Stephen-Haynes et al, 2018). The assessment of how effectively the patient's treatment regimens managed exudate showed that exudate management was rated as "poor" or only "adequate" in most cases. Over 95% of patients received periwound skin treatments to prevent/treat these conditions (Stephen-Haynes et al, 2018). It was established that using a more appropriate wound dressing such as a SAP dressing (e.g. RespoSorb® Silicone Border) has demonstrated significantly reduced costs when compared to these audit costs (Stephen-Haynes et al, 2018).

A total of 35 patient evaluations were collected on a range of wound types, see **Figure 1**. Wound duration ranged from >4 weeks up to >2 years.

Prior to using RespoSorb® Silicone Border, the condition of the surrounding skin for all wound types was described as fragile (38%); macerated (29%); normal (15%); dry (6%); excoriated (6%) and other (i.e. non-blanching erythema), see **Figure 2**. Exudate levels were high in 29%; moderate in 32%; low in 29% and there was no exudate in 10%. Previous treatment regimens included a variety of primary and secondary dressings — foam dressings accounted for 81% of the secondary dressings used, see **Figure 3**.

Clinicians often apply dressings like foams to exuding wounds, potentially due to habitual treatment practices (Stephen-Haynes et al, 2018).

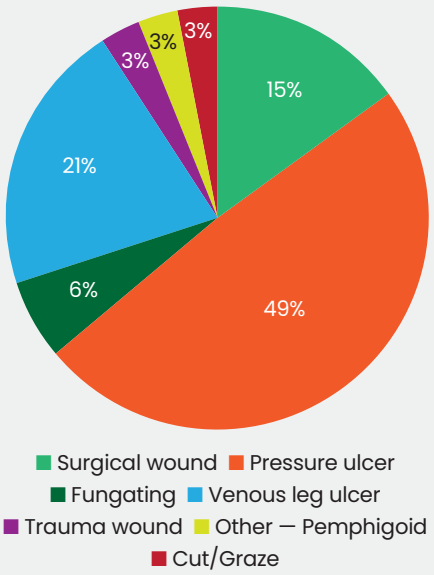

Figure 1

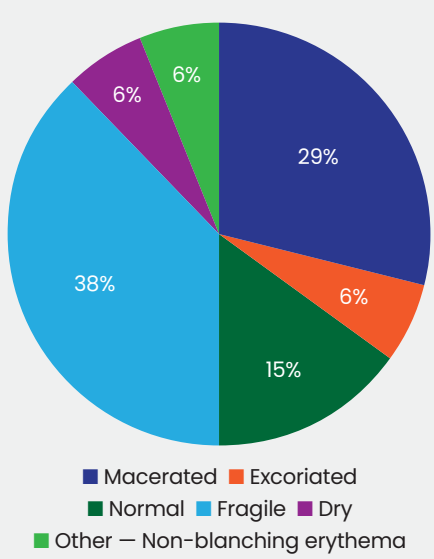

Figure 2

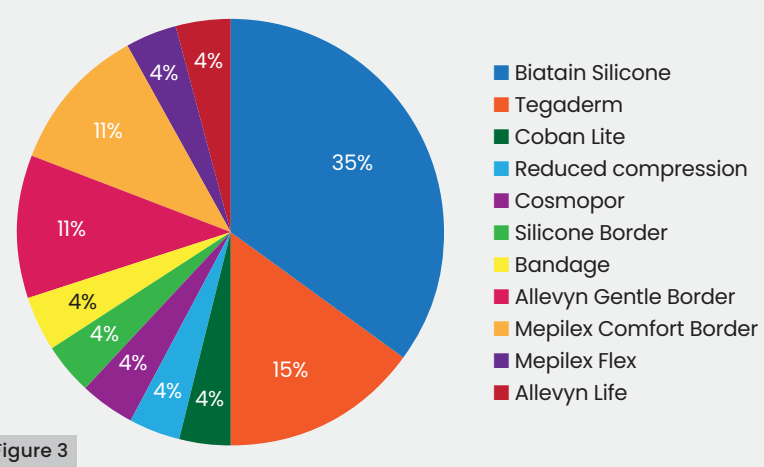

Figure 3

Figure 1. Wound types included in the evaluation

Figure 2. Condition of the surrounding skin prior to using RespoSorb® Silicone Border

Figure 3. Secondary dressings applied prior to using RespoSorb® Silicone Border

Figure 4a. Previous treatment regimen dressing changes

Figure 4b. RespoSorb® Silicone Border dressing changes

Figure 5. Improvement in the condition of the surrounding skin

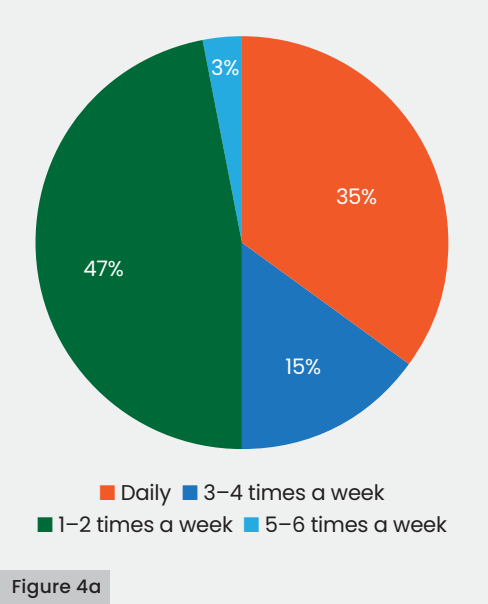

Figure 4a

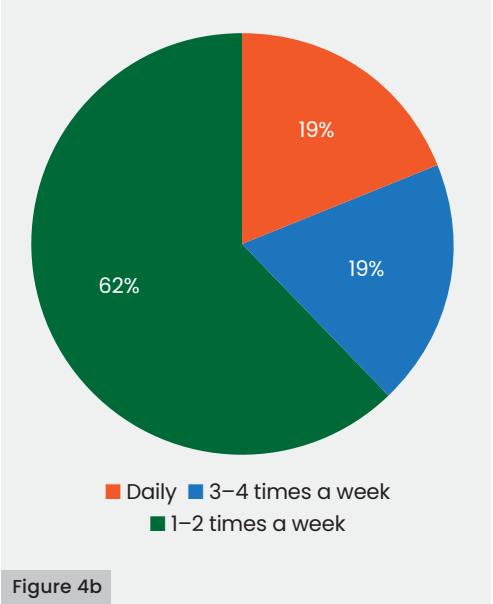

Figure 4b

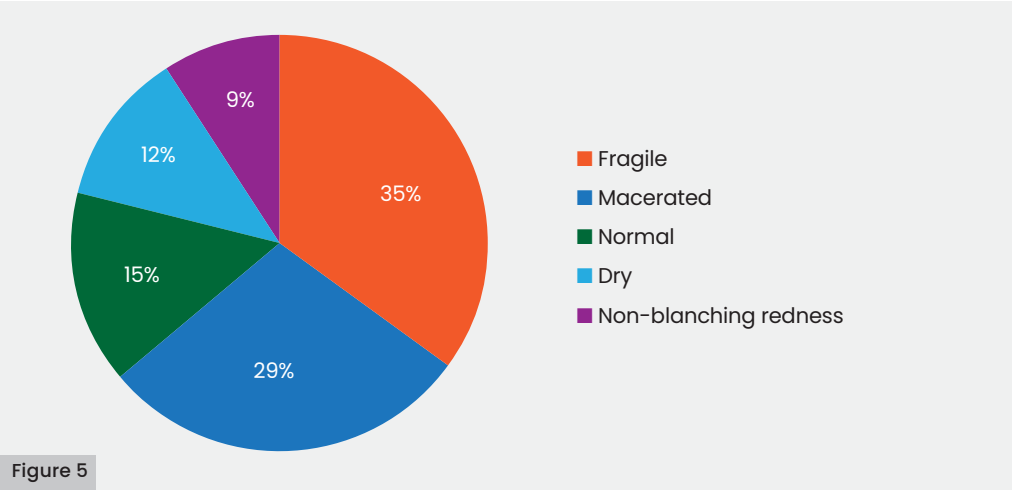

Figure 5

Results

Results from this evaluation showed an improvement in dressing changes in terms of reduced daily dressing changes. Daily dressings made up 35% of previous treatment regimens; however, following use of RespoSorb® Silicone Border, this reduced to 19%, see **Figure 4a and 4b**.

Less frequent dressing changes can lead to reduced costs in wound care by saving nursing time and supplies needed. It can also mean a reduction in travel costs for patients who were not required to attend clinics on a daily basis.

Ultimately, reduced visits mean reduced disruption to a patient's daily life, helping to improve quality of life. There was also an improvement in the condition of the surrounding skin — no surrounding skin was described as 'excoriated' at the end of the trial, see **Figure 5**.

Ease of application (100%), conformability (97%), patient comfort (96%), dressing's ability to stay in place (91%) and exudate management (76%) were rated as either 'excellent' or 'good' in all evaluations.

Clinician feedback focused on how comfortable the dressing was *in situ*, reduced pain and leakage (exudate better controlled), as well as reduced dressing changes, see **Figure 6**. Overall, in response to the question 'Would you be happy to continue using RespoSorb® Silicone Border?', 89% answered yes, 4% answered maybe, and 7% answered no (clinician preference).

Figure 6

Figure 6. Clinician comments on RespoSorb® Silicone Border

The following cases discuss the treatment of various wound types using RespoSorb® Silicone Border. Parameters of wound healing were recorded, including wound size, wound bed condition and wound progression.

As part of the evaluations, clinicians switched from standard of care to RespoSorb® Silicone Border; treatment continued unless there were any signs of deterioration. All subjects provided written informed consent for publication.

A shortened version of the Wound-QoL questionnaire, reduced from 17 to 14 items (Wound-QoL-14) for use in time-limited care settings (von Stülpnagel et al, 2021), was completed at each initial assessment.

Case 1. Donna Ashton, Lead Practice Nurse, Three Spires Medical Practice

Figure 7

Figure 7. Presentation

Patient presentation and history

A 35-year-old female presented with a surgical wound of less than 4 weeks' duration measuring 3cm (length) x 1cm (width), see Figure 7.

The wound consisted of 80% granulation tissue and 20% slough. There were no signs or symptoms of infection, no past medical history and the patient was not experiencing any wound pain.

Treatment previously included a soft, sterile, non-woven pad or ribbon dressing composed of Hydrofiber (AQUACEL® EXTRA™, Convatec) as a primary dressing and a Hydrofiber foam dressing (AQUACEL® Foam dressing, Convatec) as a secondary dressing. Wound healing had stalled with this treatment regimen, and the dressings were not staying in place for as long as needed (patient was unable to attend 3x weekly appointments). Dressing changes had been carried out 1–2 times a week.

Prior to the evaluation, the surrounding skin was reported to be normal and exudate levels were low. RespoSorb® Silicone Border 12.5cm x 12.5cm was selected for use as a primary dressing. The Wound-QoL-14 questionnaire was completed at this initial assessment, see Table 2.

Results

Following 7 days of treatment with RespoSorb® Silicone Border, the wound consisted of 100% granulation tissue and measured 2cm (length) x 0.5cm (width),

Table 2: Completed Wound-QoL-14 questionnaire [Case 1].

In the last seven days...		Not at all	A little	Moderately	Quite a lot	Very much
1	...my wound hurt	✔				
2	...my wound had a bad smell	✔				
3	...there was a disturbing discharge from the wound	✔				
4	...the wound has affected my sleep	✔				
5	...the treatment of the wound has been a burden to me		✔			
6	...the wound has made me unhappy		✔			
7	...I have felt frustrated because the wound is taking so long to heal	✔				
8	...I have worried about my wound	✔				
9	...I have been afraid of the wound getting worse or of new wounds appearing	✔				
10	...I have had trouble moving about because of the wound	✔				
11	...I have had trouble with day-to-day activities because of the wound	✔				
12	...the wound has limited my leisure activities	✔				
13	...the wound has forced me to limit my activities with others	✔				
14	...I have felt dependent on help from others because of the wound	✔				

Figure 8

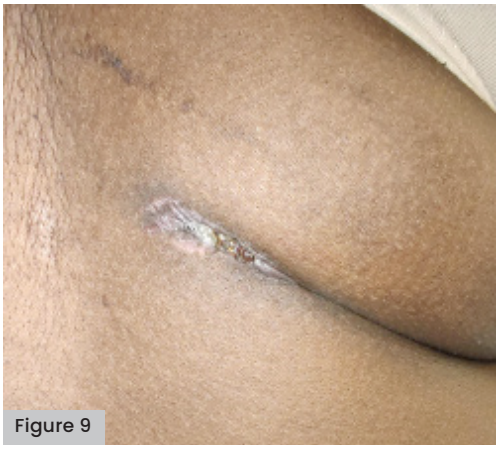

Figure 9

Figure 8. First review (+7 days)

Figure 9. Second review (+21 days)

see **Figure 8**. The surrounding skin remained normal. After 21 days, the wound was progressing towards healing **[Figure 9].**

Final comments

The clinician was happy to continue using this dressing, particularly as the wound was progressing towards healing.

Case 2. Dawn Clements, Lower Limb Therapy Service Lead, Dawlish Community Hospital

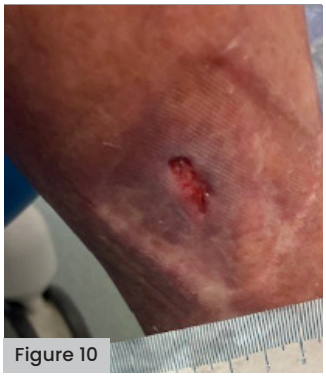

Figure 10

Figure 10. Presentation

Patient presentation and history

An 86-year-old male presented with a venous leg ulcer of 3–5 months' duration measuring 15mm (length) x 7mm (width) x 1mm (depth), see **Figure 10**.

The wound consisted of 50% slough and 50% granulation tissue. There were no signs or symptoms of infection, and the patient was not experiencing any wound pain. Past medical history included prostate cancer, hernia repair, asthma, ligation of the saphenous vein and hypertension.

Treatment previously included a non-adherent dressing impregnated with 10% povidone-iodine (Inadine™, Solventum [KCI Medical]) as a primary dressing and a soft, conformable, absorbent polyurethane foam pad with a vapour-permeable film backing and a gentle silicone adhesive border (Biatain® Silicone, Coloplast) as a secondary dressing. However, the wound was very slow in improving, there were issues with patient mobility, and there was indentation (this did not cause damage). Dressing changes had been carried out 2 times a week.

Prior to the evaluation, the surrounding skin was described as dry, and exudate levels were low. The decision was made to continue with the current primary dressing as the clinician did not want to change too many factors; RespoSorb® Silicone Border 12.5cm x 12.5cm was selected for use as a secondary dressing. The Wound-QoL-14 questionnaire was completed at this initial assessment, see **Table 3**.

Table 3: Completed Wound-QoL-14 questionnaire [Case 2].

In the last seven days...		Not at all	A little	Moderately	Quite a lot	Very much
1	...my wound hurt	✔				
2	...my wound had a bad smell	✔				
3	...there was a disturbing discharge from the wound		✔			
4	...the wound has affected my sleep	✔				
5	...the treatment of the wound has been a burden to me		✔			
6	...the wound has made me unhappy			✔		
7	...I have felt frustrated because the wound is taking so long to heal		✔			
8	...I have worried about my wound	✔				
9	...I have been afraid of the wound getting worse or of new wounds appearing		✔			
10	...I have had trouble moving about because of the wound		✔			
11	...I have had trouble with day-to-day activities because of the wound	✔				
12	...the wound has limited my leisure activities	✔				
13	...the wound has forced me to limit my activities with others		✔			
14	...I have felt dependent on help from others because of the wound	✔				

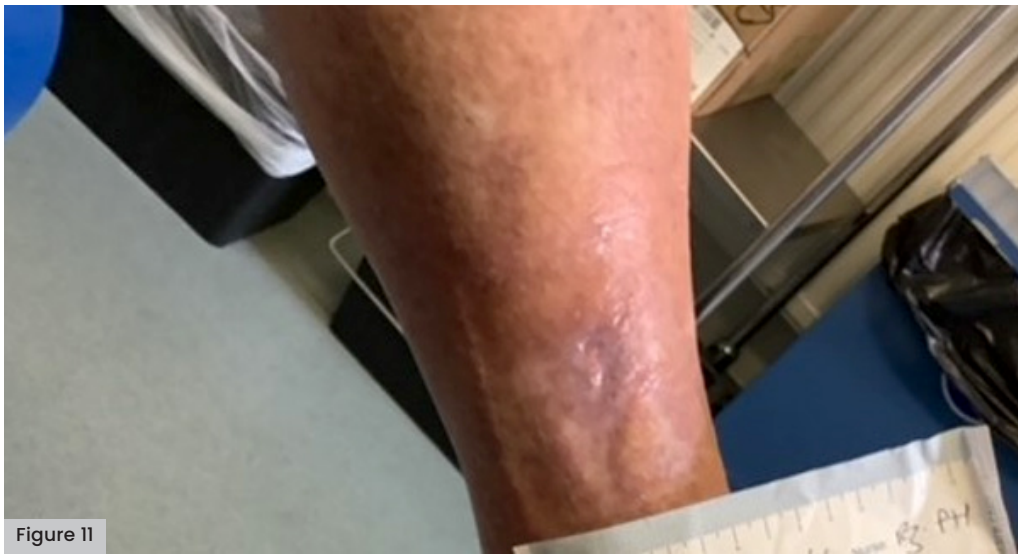

Figure 11

Figure 11. Second review (+14 days)

Results

Following 7 days of treatment with RespoSorb® Silicone Border, the wound consisted of 70% slough and 30% granulation tissue and had reduced in size, now measuring 8mm (length) x 4mm (width) x 0mm (depth). The condition of the surrounding skin remained dry. After 14 days, 100% epithelialisation was observed in the wound bed and the condition of the surrounding skin was described as normal **[Figure 11]**.

Final comments

The clinician was happy to continue using this dressing due to the dressing's ability to conform (seal) to the skin well; the patient found the dressing comfortable during wear time.

Case 3. Donna Ashton, Lead Practice Nurse, Three Spires Medical Practice

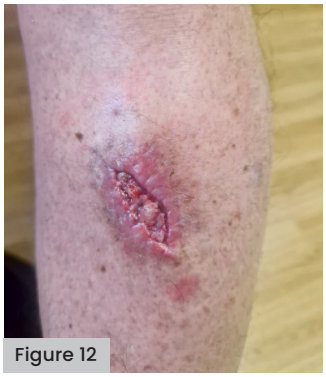

Figure 12

Figure 12. Presentation

Patient presentation and history

A 68-year-old male with a past medical history of chronic heart disease and a recent surgical wound following a basal cell carcinoma resection that had subsequently dehisced. The patient presented 2 weeks post-op; the wound measured 3cm (length) x 1cm (width), see **Figure 12**.

The wound consisted of 90% granulation tissue and 10% slough. There were no signs or symptoms of infection, and the patient was not experiencing any wound pain.

Previous treatment involved self-care with a self-adhesive island wound dressing with polyacrylate adhesive and non-adherent absorbent pad (Cosmopor®, HARTMANN) applied as a primary dressing, as per Dermatology instructions. The wound dehisced and exudate levels increased with this treatment regimen — the dressing was unable to absorb the increased levels of exudate and, therefore, some deterioration occurred. Dressing changes had been carried out 1–2 times a week.

Prior to the evaluation, the surrounding skin was described as dry, and exudate levels were moderate. RespoSorb® Silicone Border 12.5cm x 12.5cm was selected for use as a primary dressing. The Wound-QoL-14 questionnaire was completed at this initial assessment, see **Table 4**.

Results

Following 5 days of treatment with RespoSorb® Silicone Border, the wound

Table 4: Completed Wound-QoL-14 questionnaire [Case 3].

In the last seven days...		Not at all	A little	Moderately	Quite a lot	Very much
1	...my wound hurt	☐	✔	✔	☐	☐
2	...my wound had a bad smell	✔	☐	☐	☐	☐
3	...there was a disturbing discharge from the wound	✔	☐	☐	☐	☐
4	...the wound has affected my sleep	✔	☐	☐	☐	☐
5	...the treatment of the wound has been a burden to me	☐	✔	☐	☐	☐
6	...the wound has made me unhappy	☐	✔	☐	☐	☐
7	...I have felt frustrated because the wound is taking so long to heal	☐	✔	☐	☐	☐
8	...I have worried about my wound	☐	✔	☐	☐	☐
9	...I have been afraid of the wound getting worse or of new wounds appearing	☐	✔	☐	☐	☐
10	...I have had trouble moving about because of the wound	☐	✔	☐	☐	☐
11	...I have had trouble with day-to-day activities because of the wound	☐	✔	☐	☐	☐
12	...the wound has limited my leisure activities	☐	✔	☐	☐	☐
13	...the wound has forced me to limit my activities with others	☐	✔	☐	☐	☐
14	...I have felt dependent on help from others because of the wound	✔	☐	☐	☐	☐

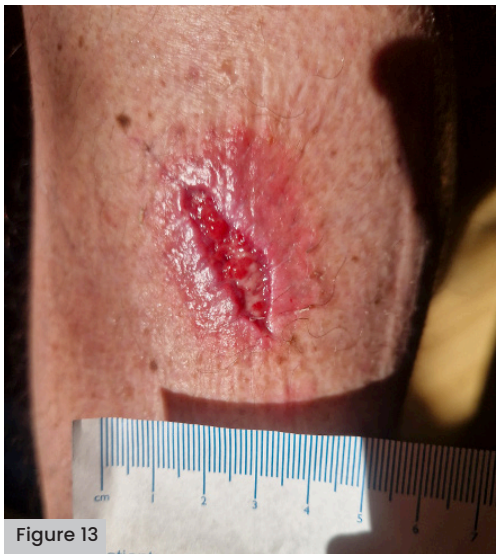

Figure 13

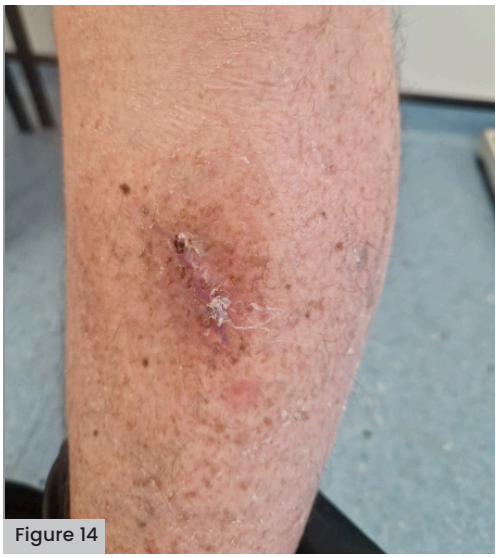

Figure 14

Figure 13. Second review (+10 days)

Figure 14. Fourth review (+24 days)

consisted of 99% granulation tissue and 1% slough and had reduced in size to 3cm (length) x 0.8cm (width). The condition of the surrounding skin was described as normal; however, a slight odour was noted and the patient was experiencing some wound pain (2 out 10), potentially due to the wound responding to the appropriate dressing and beginning the healing process.

After 10 days, 100% granulation tissue was observed in the wound bed. The wound now measured 2.9cm (length) x 0.7cm (width), see **Figure 13**; the condition of the surrounding skin was described as dry. The patient was no longer experiencing any wound pain.

After 17 days, the wound had reduced further in size to 2.5cm (length) x 0.4cm (width). The condition of the surrounding skin was described as normal.

After 24 days, the wound had healed **[Figure 14]**. The patient was discharged from care with instructions to return to the clinician should any concerns arise.

Final comments

The clinician was happy to continue using this dressing due to the dressing's excellent management of exudate; the patient was really pleased with the results.

Wound Balance Framework

Quality of Life (QoL) tool

Scan the QR code below to see the QoL tool

Wound Balance is a framework that aims to integrate various critical parameters by offering continuity, individualised care and supported clinical decision-making while placing the patient at the centre of all care (WUWHS, 2025).

Figure 15 shows how wound healing can become impeded and Figure 16 shows clinical decision-making and practice continuity.

Wound Balance can be achieved through interventions such as:

- Wound bed preparation – management of a wound to accelerate healing or to facilitate the effectiveness of other therapeutic measures
- Debridement – removal of necrotic, devitalised or infected tissue to help balance the wound environment and promote healing
- Exudate management – optimise the wound bed moisture level as appropriate for the patient, protect the surrounding skin, manage symptoms and improve the patient's QoL
- Dressing selection – address the wound healing environment and promote healing.

Importantly, Wound Balance requires an understanding of both the science of wound healing and the individual patient's needs, particularly as patient engagement and addressing QoL factors has been proven to improve patient experience and outcomes (Wounds International, 2023).

Wound-QoL questionnaire

The Wound-QoL tool (Blome et al, 2014) measures the disease-specific, health-related QoL of patients with chronic wounds. It can be used in clinical and observational studies, as well as in daily practice. The tool was developed based on three established disease-specific instruments: the Freiburg Life Quality Assessment for wounds, the Cardiff Wound Impact Schedule and the Würzburg Wound Score.

The questionnaire includes 17 items (Wound-QoL-17) that can be attributed to three subscales on everyday life, body and psyche (Blome et al, 2014). The questionnaire focuses on the patient's experience within the past seven days and is available in a revised and shortened version (Wound-QoL-14).

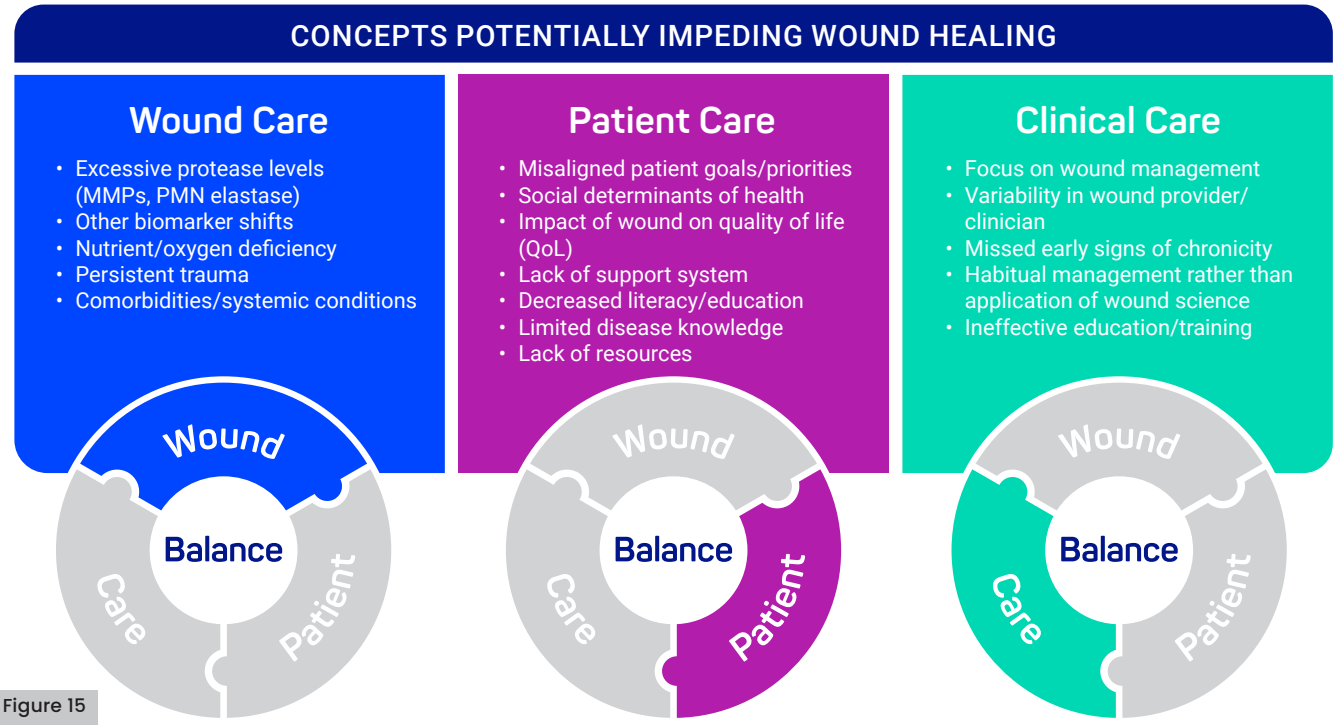

Figure 15. Factors impeding wound healing. *Abbreviations: MMP, matrix metalloproteinases; PMN, polymorphonuclear.*

Figure 15

CLINICAL DECISION-MAKING AND PRACTICE CONTINUITY

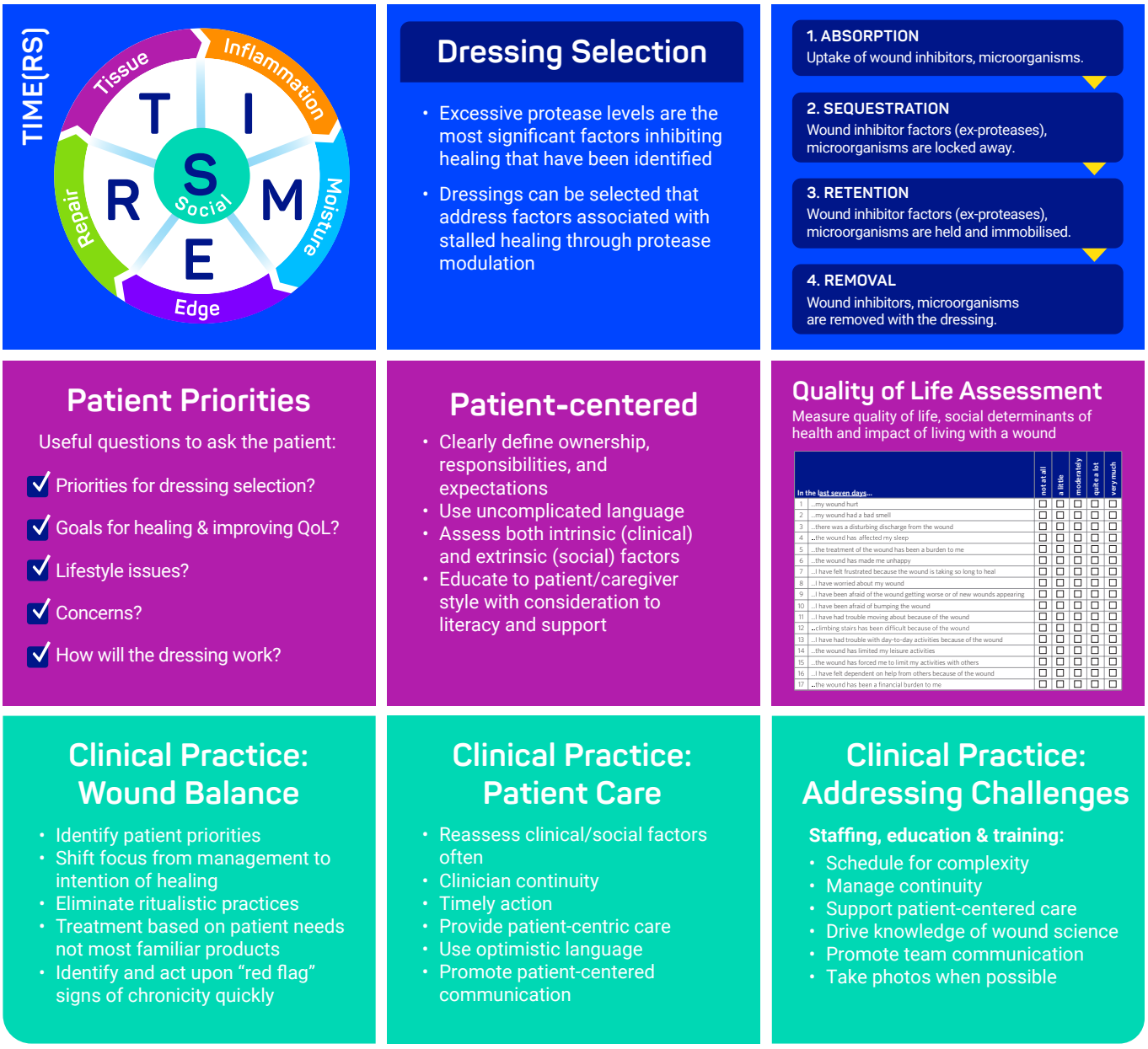

Figure 16

The aim is for the Wound-QoL to be filled in by the patients themselves, as the questionnaire is self-explanatory. Patients can be supported if they are not able to fill it in by themselves (the support should be documented).

Conclusion

Controlling excessive exudate, preventing infections, managing non-healing wounds, and selecting the most effective dressing are various challenges faced in wound care. RespoSorb® Silicone and RespoSorb® Silicone Border are a newly launched brand of SSAP dressings offering a selection of 17 sizes to address a wider variety of wound care needs.

These dressings work by binding and containing high abnormal levels of MMPs and bacteria that are often found in hard-to-heal wounds and that inhibit wound healing (Mikosiński et al, 2022), and are suitable for use on all exuding (low to highly exuding) wounds.

As shown in the multicentre observational case series and featured case studies, use of RespoSorb® Silicone Border reduced daily

Figure 16. Clinical decision-making and practice continuity

dressing changes and improved the condition of the surrounding skin, leading to reduced costs in wound care (i.e. nursing time and resources saved) and potentially reduced travel costs for patients, thus helping to improve quality of life.

The dressing also received positive feedback regarding its ease of application, ability to conform to the wound, patient comfort, and effectiveness in managing exudate.

Alongside suitable dressing selection, the wound balance approach aims to provide clinicians with the information to understand the science of wound healing, in addition to the skills in how to communicate this effectively with patients to help them to get the best out of their treatments and, ultimately, achieve good clinical outcomes.

Use of the Wound-QoL tool (Blome et al, 2014) should also be encouraged to help assess the overall impact of a wound on a patient's QoL, specifically for individuals with a chronic wound, throughout the patient journey.

HARTMANN

Helps. Cares. Protects.

Designed to be **YOUR first choice.**

RespoSorb®

A new name in wound care

RespoSorb® Silicone and Silicone Border

- Improves healing outcomes
- Reduces inhibitors to wound healing
- Binds and retains MMPs more effectively than comparable foam dressings

Scan the QR code to request your sample of **RespoSorb® Silicone** or **RespoSorb® Silicone Border**

HARTMANN UK & Ireland +44 (0) 1706 363200 | Email: info@uk.hartmann.info | www.hartmann.co.uk

References

Ball C, Taylor C, Salgado B et al (2025) *In vitro* evaluation of the capability of a silicone superabsorbent polymer (SAP) dressing to modulate pro-inflammatory cytokines. *Wounds International* 16(2): 12-23

Blome C, Baade K, Debus ES et al (2014) The 'Wound-QoL': a short questionnaire measuring quality of life in patients with chronic wounds based on three established disease-specific instruments. *Wound Repair Regen* 22(4): 504-14

Britto EJ, Nezwek TA, Popowicz P, Robins M (2024) Wound Dressings. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan–. PMID: 29261956

Data on file (2024) Perfectus Q-87373-3-V1 2024

Department of Health & Social Care (2024) Independent Investigation of the National Health Service in England (accessible version). Available at: https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england

Kandhwal M, Behl T, Singh S et al (2022) Role of matrix metalloproteinase in wound healing. *Am J Transl Res* 14(7): 4391-4405

Mikosiński J, Kalogeropoulos K, Bundgaard L et al (2022) Longitudinal Evaluation of Biomarkers in Wound Fluids from Venous Leg Ulcers and Split-thickness Skin Graft Donor Site Wounds Treated with a Protease-modulating Wound Dressing. *Acta Derm Venereol* 102: adv00834

Nuutila K, Eriksson E (2021) Moist Wound Healing with Commonly Available Dressings. *Adv Wound Care (New Rochelle)* 10(12): 685-98

Schultz G, Cullen B (2017) Proteases Made Easy. *Wounds International*

Stephen-Haynes J, Callaghan R, Rippon MG, Simm S (2018) A retrospective audit of the treatment of wounds with moderate to high exudate levels. *Wounds UK* 14(5): 124-133

Trouth S (2024) Introducing Wound Balance: placing the patient at the heart of wound healing. *Wounds UK* 20(1): 32-37

Veličković VM, Lembelembe JP, Cegri F et al (2023) Superabsorbent Wound Dressing for Management of Patients With Moderate-to-Highly Exuding Chronic Leg Ulcers: An Early-Stage Model-Based Benefit-Harm Assessment. *Int J Low Extrem Wounds* 22(2): 345-52

Velickovic VM, Prieto PA, Krga M, Jorge AM (2022) Superabsorbent wound dressings versus foam dressings for the management of moderate-to-highly exuding venous leg ulcers in French settings: An early-stage model-based economic evaluation. *J Tissue Viability* 31(3): 523-530

von Stülpnagel CC, da Silva N, Augustin M et al (2021) Assessing the quality of life of people with chronic wounds by using the cross-culturally valid and revised Wound-QoL questionnaire. *Wound Repair Regen* 29(3): 452-9

World Union of Wound Healing Societies (2025) Implementing Wound Balance: Outcomes and future recommendations. *Wounds International*

Wounds International (2023) Wound balance: achieving wound healing with confidence. *Wounds International*