

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.

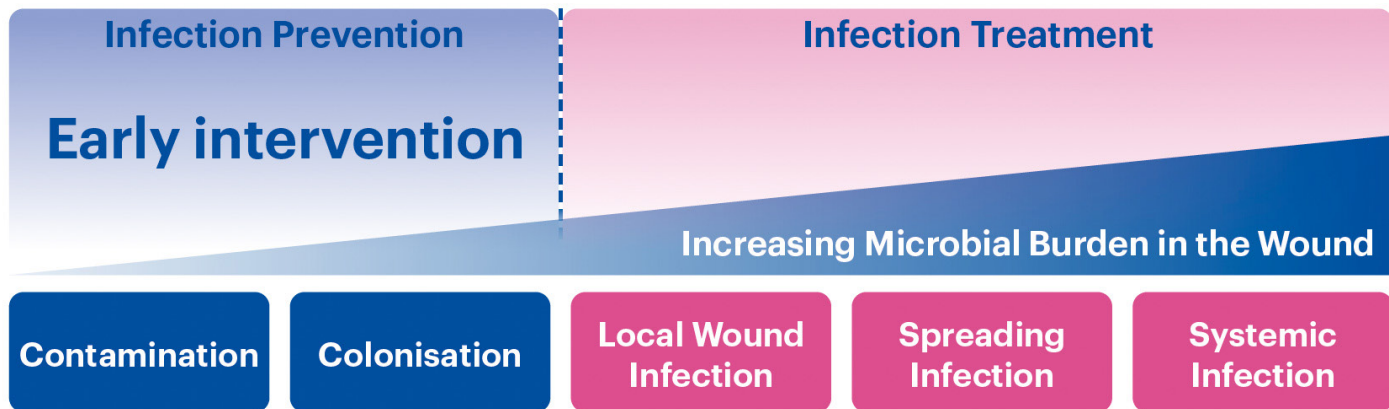
According to the latest Lancet report, antimicrobial drug-resistant infections could directly cause around 1.9 million deaths each year by 2050, with more than 39 million deaths projected globally between 2025 and 2050 if no action is taken.³

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.

In line with AMS principles, attention has turned to topical antimicrobials such as silver in wound care. While silver has well-established broad-spectrum activity, evidence suggests that inappropriate or prolonged use may contribute to silver resistance. A recent scoping review emphasised that silver-based dressings remain valuable for infection prevention and management, but their use should align with AMS objectives to minimise unnecessary exposure and resistance risk (Ousey et al, 2023)¹².

The Wound Infection Continuum²



Signs of local infection in chronic wounds might be subtle

Sorbact® Technology can be used for early intervention and to treat wound infection by reducing the wound bioburden

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

As highlighted in the Best Practice Statement on Antimicrobial Stewardship in Wound Care (Wounds UK, 2025), infection prevention is central to reducing antimicrobial use and combating the growing global threat of antimicrobial resistance (AMR)¹¹.

References

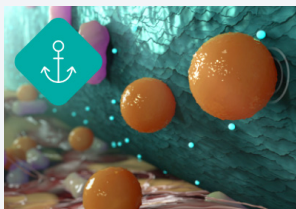
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- ²International Wound Infection Institute (2022) Wound Infection in Clinical Practice. *Wounds International*
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- ⁷Ljungh A, Yanagisawa N, Wadström T (2006) Using the principle of hydrophobic interaction 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) DACCC coated wound dressing and endotoxin: Investigation on binding ability and effect on endotoxin release from gram-negative bacteria. *EWMA*
- ¹⁰Fletcher J, Edwards-Jones V, Fumarola S et al (2020) Best Practice Statement: Antimicrobial stewardship strategies for wound management. *Wounds UK*
- ¹¹Fletcher J, Ashfield T, Donnelly J et al (2025) Antimicrobial stewardship strategies for wound management: Recommendations for the UK. London: Wounds UK. Available to download from: www.wounds-uk.com
- ¹²Ousey K, Rippon MG, Rogers AA, Totty JP (2023) Considerations for an ideal post-surgical wound dressing aligned with antimicrobial stewardship objectives: a scoping review. *J Wound Care*, 32: 334–347.

Physical mode of action dressings

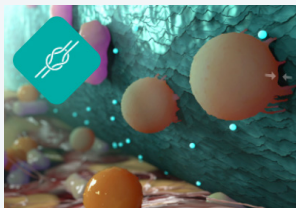
Dressings that manage bacterial bioburden in wounds with a physical mode of action (e.g. Sorbact® Technology) play an important role in an AMS-focused approach to wound care. These dressings can be used on any wound where infection control is needed — e.g. infected wounds or wounds at risk of infection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

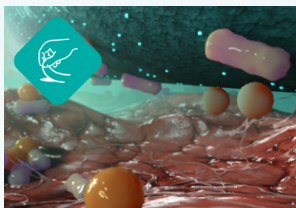
- No known contraindications and risk of allergies is low*
- Reduces bioburden in wounds^{5,6}
- Immediate onset of action⁷
- Development of bacterial or fungal resistance is not expected
- No release of active agents into the wound⁸
- Suitable for prolonged treatment**
- Does not promote the bacterial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



Bind



Inhibit



Remove

*For information regarding Cutimed Sorbact Hydro® gel, please follow the corresponding IFU

**As shown *in vitro*⁵

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®).

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

"The use of antimicrobial agents may contribute towards an increase of AMR. Consider antimicrobial dressings with a physical mode of action, which can provide a viable alternative to treat a variety of wounds."

From the Best Practice Statement on AMS¹¹

