CASE SERIES

Applying The 3 Step Approach by Coloplast in practice



WOUNDS | UK

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Introduction

Non-healing wounds place a real and growing demand on healthcare services and on the people living with them (Stephen-Haynes and Toner, 2025; Mitchell, 2025). Much of this care falls to generalist clinicians, who deliver the majority of wound care in everyday practice, often with varying levels of wound care experience and limited opportunities for specialist training. Without consistent and confident clinical decision-making, wounds are more likely to be managed rather than healed. Progress stalls, recurrence becomes more likely, and infection or biofilm can take hold, making these wounds among the most challenging to care for in everyday clinical practice. Supporting the generalist workforce with clinical decision-making is therefore not a secondary concern, but key to improving healing outcomes at scale.

Non-healing wounds can include venous leg ulcers (VLUs), diabetic foot ulcers, pressure ulcers (PUs) and surgical wounds. Although VLUs account for a large proportion of these wounds and frequently require prolonged care (Oo et al, 2025), the principles of effective care remain consistent across all wound types, including simple and acute wounds. Thorough assessment, effective wound preparation and appropriate dressing selection are fundamental to optimising healing, yet in busy clinical practice these essential steps can be easy to rush or overlook (Ousey et al, 2025).

Compounding these challenges is the growing concern of antimicrobial resistance (AMR), with biofilm contributing to persistent infection, delayed healing and suboptimal clinical outcomes. AMR is a global crisis and a growing challenge in wound care, particularly in non-healing wounds, given the complex microbial communities involved. To support antimicrobial stewardship, antimicrobials should be used only where clinically indicated following thorough assessment, and their use should be reviewed regularly, so that managing wound infection does not add to this wider health crisis (Lipsky et al, 2020; World Health Organization, 2020; International Wound Infection Institute, 2026).

Together, increasing workload and financial pressures, varying levels of wound care experience and the ongoing threat of AMR highlight the need for standardised, practical approaches to wound care. These pressures can contribute to the continued use of non-evidence-based or habitual practices, reinforcing the value of standardised clinical frameworks and simplified product portfolios that support confident decision-making. As Probst et al (2025) argue, “Improving generalist performance in wound care does not require transformation into specialists. Instead, it requires creating conditions in which they can take timely, confident and appropriate action using simplified tools and clear pathways.” By reducing unnecessary complexity and standardising decision-making, simplified wound care tools and product portfolios can also support the wider adoption of supported self-management models, improving patient autonomy while helping to optimise workforce capacity, reflecting the direction of travel set out in the NHS 10 Year Health Plan (Hallas-Hoyes et al, 2021; NHS England, 2025).

The 3 Step Approach by Coloplast

The 3 Step Approach by Coloplast Wound and Tissue Repair **[Figure 1]** is a simplified and repeatable framework built around three steps: Assess, Prepare and Treat. Its aim is to ensure that nothing important is overlooked, from identifying barriers to healing such as slough, biofilm or non-viable tissue, through to choosing the right product for the wound at that point in time (Atkinson and Orig, 2026). Because it is broken into three clear steps, the framework is accessible to all healthcare professionals and supports consistent assessment, preparation and treatment across care settings.

Step 1: Assess

Carry out a holistic patient and wound assessment to define clear preparation and treatment objectives. Assessment extends beyond the wound itself to include patient-related factors, as well as educational and organisational considerations that may influence healing and continuity of care. Standardised tools such as the Triangle of Wound Assessment support a holistic, systematic assessment of both the patient and the wound. This approach focusses on the wound bed, wound edge and periwound skin, to inform management goals and identify barriers to healing such as non-viable tissue, slough or suspected biofilm (Dowsett and von Hallern, 2017). The Triangle of Wound Assessment provides a standardised method for assessing these three components of the wound and supports the Assess step of The 3 Step Approach by Coloplast. Its use at initial assessment and during regular reassessment helps identify early signs of change, such as increased exudate, maceration, inflammation or changes to the wound margin, which may otherwise be overlooked (Dowsett, Swanson and Karlsmark, 2019). Comprehensive assessment tools, such as the Triangle of Wound Assessment, guide appropriate wound preparation and dressing selection.

Step 2: Prepare

Within The 3 Step Approach by Coloplast, wound preparation focusses on removing barriers to healing and creating an optimal wound environment. This includes cleansing and debridement to remove slough, debris and biofilm. Wound preparation focusses on what is removed from the wound rather than what is applied to it. Regular and effective preparation improves visibility of the wound bed, supports accurate reassessment and reduces the risk of delayed healing or infection. As part of this step, the Alprep® Pad by Coloplast is used to support gentle*, effective mechanical cleansing and debridement (Atkinson, Orig and Vernon, 2024).



Figure 1. The 3 Step Approach by Coloplast: Assess, Prepare and Treat.

Step 3: Treat

Treatment is guided by findings from the assessment and should address the underlying aetiology while supporting ongoing healing. Dressings should manage exudate, maintain moisture balance and protect the wound edge and periwound skin. Selecting dressings that conform closely to the wound bed helps minimise dead space, commonly defined as the gap between the wound bed and the dressing. Effective management of this gap supports exudate control and reduces the risk of infection and delayed healing (Keast et al, 2020). Consensus guidance recognises that the majority of chronic wounds are relatively shallow, with evidence indicating that nearly 80% are less than 2cm in depth (Braunwarth et al, 2017). In line with this, international consensus reports that 83% of wound experts agree that for wounds up to 2cm deep, the optimal dressing choice is one that conforms closely to the wound bed (Keast et al, 2020). Dressings with 3DFit Technology, such as Biatain® Silicone and Biatain® Silicone Ag, are examples of products that support this approach through different stages of healing.

About this case series

Where it started: The specialist-led pilot

The 3 Step Approach was first tested in a pilot study of 60 patients. Care was delivered predominantly by tissue viability nurse specialists, with some supported self-management and support from practice nurses (Atkinson, Orig and Vernon, 2024). Following implementation, 85% of patients healed, with an average healing time of 6.6 weeks. These results were encouraging. However, because specialists delivered most of the care, the pilot could not show how the framework works in the hands of generalist clinicians, who deliver most wound care in practice.

This case series looks at how The 3 Step Approach works in everyday NHS community practice. It has two parts:

30-patient real-world evidence (page 6): Care delivered by generalist nurses at two NHS Trusts. It shows whether generalists can apply the framework with confidence, using a simplified framework and a Coloplast product portfolio, and achieve encouraging outcomes.

Case series (pages 7–14): Eight supported self-care cases led by specialists. They cover a range of wound types and show how the framework can support simplified care.

Products used in this case series

The 3 Step Approach is supported by a simplified portfolio of Coloplast wound care products. They are designed to help clinicians apply each stage of the framework in line with best practice recommendations and to support clinical decision-making. Products used in the case series include:

- **Alprep® Pad** supports the Prepare step, enabling wound cleansing and mechanical debridement to remove slough and devitalised tissue from the wound bed, edge and periwound skin.
- **Biatain® Silicone** is used in the Treat step. It conforms to the wound bed up to 2cm in depth** to fill the gap and manage exudate (Colboc et al, 2024).
- **Biatain® Silicone Ag** is also used in the Treat step. It manages local infection in exuding wounds, prevents biofilm formation and kills mature biofilms (as shown in vitro).

Treatment can be stepped up or down between Biatain® Silicone and Biatain® Silicone Ag, depending on the stage of healing.

30-patient real-world evidence

The 3 Step Approach by Coloplast was evaluated in 30 patients across two NHS Trusts, with care delivered by generalist nurses. At the point of implementation, patients presented with an average wound duration of 27.2 weeks (190.7 days).

Outcome	Number of patients	Detail
Healed	16 (53.3%)	Average time to complete wound healing: 3.3 weeks (23 days; n=14)
On a healing trajectory	11 (36.7%)	Clinical indicators included reduced wound size, improved tissue type and reduced infection markers
No change in wound size	2 (6.7%)	One patient saw a reduction in infection markers; the other a reduction in slough within the wound bed
Increased wound size	1 (3.3%)	Tissue type improved despite the increase in wound size, progressing from 100% slough to 100% granulation tissue. This wound was a VLU, and it is not documented whether the patient was receiving compression therapy at the time

Overall, 90% of patients' wounds (27 of 30) were either healed or actively progressing towards healing at the end of the evaluation period, which ranged from 4 to 6.5 weeks.

Antibiotic use

Antibiotic use fell sharply over the course of the evaluation. While ten patients (33.3%) had been prescribed antibiotics in the six months prior to implementation, only one patient was prescribed a course of antibiotics during the evaluation itself, despite the wound improving in size, slough and infection markers. In this case, Biatain® Silicone Ag had been stepped down to Biatain® Silicone the week before, and the clinician did not step back up to Biatain® Silicone Ag when needed. This fell outside best practice, given the wound's trajectory.

Staff experience

In one of the two NHS Trusts, teams reported (Houlton et al, 2026):

- Increased confidence in applying the Assess, Prepare and Treat framework.
- Greater clarity around delegated wound care tasks.
- Improved consistency in clinical reasoning.
- Reduced unwarranted variation following the use of the structured approach.

Interpreting these results

All 30 patients were cared for by generalist nurses, whereas the Atkinson, Orig and Vernon (2024) pilot was delivered predominantly by tissue viability nurse specialists. Taken together, these outcomes are encouraging and suggest that generalist nurses can achieve positive results when applying The 3 Step Approach by Coloplast. The pilot reported the proportion of patients healed (85%), whereas this evaluation reports healed patients and those on a healing trajectory separately, so the two sets of results are not directly comparable.

The low requirement for antibiotics during the evaluation further supports the framework's potential role in promoting antimicrobial stewardship, and aligns with the ambitions of the NHS 10 Year Health Plan (NHS England, 2025), which recognises the need for practical approaches that enable care to be delivered confidently by a broader workforce, while supporting patients to play a more active role in managing their own health.

Direct comparisons with the pilot should be interpreted with caution due to differences in patient populations, wound aetiologies, comorbidities and care settings. These findings nonetheless support the premise of this case series: that a standardised, simplified framework can help consistent, evidence-based wound care to be delivered confidently by generalist nurses, not only by specialist services.

Case study 1: Non-healing VLU with suspected biofilm and recurrent infection



Patient presentation

- A 67-year-old male presented with a non-healing VLU on the left lower limb that had been present for 18 months. He worked as a mechanic, requiring prolonged periods on his feet and regular exposure to a dirty working environment. The wound exhibited clinical signs of local infection, with a high bioburden and biofilm suspected.
- Medical history: Type 2 diabetes mellitus and recurrent wound infections requiring multiple courses of systemic antibiotics.

Implementation of The 3 Step Approach

The 3 Step Approach was implemented using Alprep® Pad for wound cleansing and mechanical debridement, and Biatain® Silicone Ag to address local infection and reduce bioburden. Compression therapy was reassessed and reintroduced concurrently to manage underlying venous insufficiency.

A supported self-management approach enabled dressing changes twice a week with fortnightly clinical review. The patient reported high satisfaction with Alprep® Pad, noting visible removal of devitalised tissue and an improved wound bed appearance.

By week three, clinical signs of biofilm and local infection had resolved and treatment was stepped down to Biatain® Silicone. Continued improvement was observed and the wound achieved complete closure by week seven.

Outcomes

- Rapid resolution of infection (week three) and complete wound closure (week seven).
- Patient engaged well with supported self-management.
- Positive patient-reported experience, particularly regarding ease of product use and visible wound improvement.



Initial presentation pre-debridement with Alprep® Pad.



Initial presentation post-debridement with Alprep® Pad.



3 weeks post-implementation.



Wounds healed 7 weeks post-implementation.

Case study 2: Mixed-aetiology lower limb ulcers with significant slough and pain



Patient presentation

- An 83-year-old female presented with two static lower limb ulcers of seven weeks' duration, both containing significant slough and debris, with moderate-to-heavy exudate and increasing pain that was markedly impacting quality of life. The wounds were of mixed aetiology, arising from minor trauma (dog scratches) against a background of venous insufficiency and arterial disease. The persistent wounds and associated pain were causing considerable anxiety and stress, further affecting the patient's quality of life.
- Medical history: Type 2 diabetes mellitus, peripheral vascular disease, hypertension and chronic obstructive pulmonary disease. The patient was fully independent but expressed concern regarding frequent clinic attendance due to travel burden.

Implementation of The 3 Step Approach

The 3 Step Approach was implemented using Alprep® Pad for wound cleansing and mechanical debridement, and Biatain® Silicone for exudate management and wound progression support. Reduced compression liners were introduced to address venous insufficiency in the context of concurrent arterial disease.

A supported self-management approach enabled dressing changes twice a week with fortnightly clinical review. The patient reported rapid improvement in wound progression following initiation of a care plan, alongside a significant reduction in reported pain that allowed her to maintain normal daily and social activities with minimal disruption.

Outcomes

- Complete wound healing achieved at 3.5 weeks.
- Rapid improvement in wound progression following initiation of The 3 Step Approach.
- Significant reduction in reported pain and associated anxiety.
- Successful supported self-management with reduced treatment regimen burden and minimal impact on daily life.



Initial presentation pre-debridement with Alprep® Pad.



Initial presentation post-debridement with Alprep® Pad.



Wounds healed 3.5 weeks post-implementation.

Case study 3: Non-healing lower limb wound with suspected biofilm and hypergranulation



Patient presentation

- A 49-year-old male presented with a non-healing right lower limb wound of eight weeks' duration, characterised by mixed tenacious slough, friable hypergranulation tissue and significant pain. The wound had originated from an infected insect bite and delayed healing was suspected to be associated with biofilm colonisation.
- Medical history: No significant past medical history; generally fit and well. The patient was a full-time teacher with a demanding work and family schedule, limiting his ability to attend clinic; he therefore managed dressing changes himself once or twice a week.

Implementation of The 3 Step Approach

The 3 Step Approach was implemented using Alprep® Pad for wound cleansing and mechanical debridement, and Biatain® Silicone Ag to manage local infection and bioburden.

Although no vascular pathology was identified, full compression hosiery was applied in line with best practice. A supported self-management approach was adopted to accommodate the patient's work commitments and minimise disruption to daily activities. Twice a week wound care was undertaken by the patient himself, with a scheduled clinical review at 3 weeks.

The patient reported early improvement within days of initiating a wound care plan, including reduced reported pain, decreased slough burden and resolution of hypergranulation. By week three, the wound demonstrated clear progression towards healing and treatment was stepped down to Biatain® Silicone. A further two and a half weeks of continued improvement resulted in complete wound closure.

Outcomes

- Complete wound healing achieved at 5.5 weeks.
- Rapid reduction in reported pain, slough and hypergranulation within days of initiation of a wound care plan.
- Progression towards healing confirmed at three weeks, enabling step-down in therapy.
- High patient engagement with supported self-management, enabling minimal disruption to work and family life.



Initial presentation pre-debridement with Alprep® Pad.



Initial presentation post-debridement with Alprep® Pad.



3 weeks post-implementation.



Wound healed 5.5 weeks post-implementation.

Case study 4: Non-healing VLU with local infection



Patient presentation

- A 73-year-old female presented with a non-healing lower limb wound of approximately nine weeks' duration. The wound had originated from lower limb trauma sustained when catching her leg on a car door and subsequently evolved into a VLU with clinical signs of local infection.
- Medical history: Asthma, chronic obstructive pulmonary disease, hypertension and a previous VLU.

Implementation of The 3 Step Approach

The 3 Step Approach was implemented using Alprep® Pad for wound cleansing and mechanical debridement, alongside Biatain® Silicone Ag for a two-week period to address local infection and reduce bioburden. Following reassessment and confirmation of adequate arterial supply, full compression therapy was initiated in line with best practice for venous disease management.

A supported self-management approach was introduced, incorporating education on compression therapy, dressing care and the importance of wound care plan engagement.

After two weeks, Biatain® Silicone Ag was stepped down to Biatain® Silicone. The wound progressed and achieved complete healing within 3.4 weeks.

Outcomes

- Complete wound healing achieved at 3.4 weeks.
- Resolution of local infection following a short course of antimicrobial dressing therapy.
- Rapid progression following initiation of full compression therapy.
- High patient engagement throughout wound care plan.
- Transition to maintenance flat-knit compression hosiery for recurrence prevention.



Initial presentation pre-debridement with Alprep® Pad.



Wound healed 3.4 weeks post-implementation.

Case study 5: Category 2 PUs with suspected biofilm on compromised periwound skin



Patient presentation

- An 81-year-old male presented with bilateral Category 2 PUs on the left and right buttocks of two years' duration. At presentation, both wounds exhibited 100% dark granulation tissue with moderate exudate and suspected biofilm-related infection, causing significant pain and discomfort that prevented the patient from sitting, lying or resting comfortably and substantially limited participation in daily activities.
- Medical history: Extensive burn scarring from childhood, resulting in fragile periwound skin that complicated wound healing.

Implementation of The 3 Step Approach

The 3 Step Approach was implemented using Alprep® Pad for wound cleansing and mechanical debridement to remove unhealthy tissue, debris and biofilm, and Biatain® Silicone for exudate management and protection of the surrounding fragile skin.

At the patient's request, dressing changes were scheduled three times weekly to align with personal hygiene needs and to maximise comfort. A supported self-management approach was introduced with assistance from the patient's wife, enabling consistent wound care and continuity between clinic and home management.

Rapid improvement was observed following initiation of therapy, with reduced exudate levels and increasing patient comfort. The patient reported a marked improvement in quality of life, including the ability to resume comfortable sitting and lying positions and return to regular activities.

Outcomes

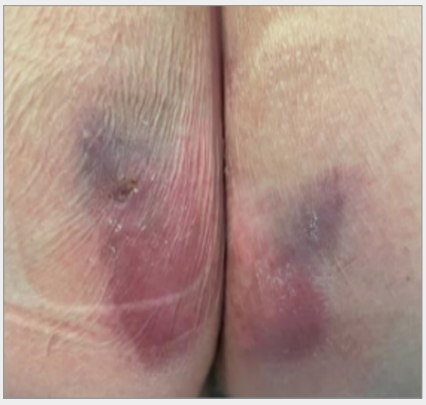
- Complete wound healing achieved at 4.5 weeks with no complications.
- Rapid reduction in exudate and improvement in reported comfort following initiation of therapy.
- Significant improvement in quality of life and return to usual activities, including regular ballroom dancing.
- Successful supported self-management with involvement from the patients wife.



Initial presentation.



3 weeks post-implementation.



Wounds healed 4.5 weeks post-implementation.

Case study 6: Multiple non-healing lower limb wounds with heavy bioburden



Patient presentation

- A 65-year-old female presented with multiple lower limb wounds characterised by heavy bioburden and clinical signs of infection, having failed to respond to six courses of oral antibiotics and multiple wound care regimens. The wounds were associated with marked deterioration in quality of life, including persistent pain, sleep disturbance, reduced mobility and social isolation; the patient was unable to leave her home due to pain and discomfort, resulting in significant loss of functional independence and emotional distress.
- Medical history: Hypertension, hyperlipidaemia, coronary artery atheroma, hyperuricaemia and coronary artery bypass grafting approximately 18 months prior to presentation.

Implementation of The 3 Step Approach

The 3 Step Approach was implemented using Alprep® Pad for wound cleansing and mechanical debridement, and Biatain® Silicone Ag for management of local infection and bioburden reduction.

Once infection and bioburden were brought under control, a supported self-management approach was introduced, with provision of Alprep® Pad and Biatain® Silicone alongside structured patient education to enable ongoing wound care at home. The patient demonstrated strong engagement with the regimen and reported that the products were straightforward to use, supporting adherence and confidence in self-care.

Following implementation of The 3 Step Approach, the patient experienced a marked improvement in wound condition. Resolution of infection was achieved without further systemic antibiotic therapy and the wounds subsequently progressed to complete healing.

Outcomes

- Complete wound healing achieved following implementation of The 3 Step Approach.
- Resolution of infection without further systemic antibiotic therapy.
- Significant reduction in reported pain, with improved sleep quality and mobility.
- Restoration of functional independence, including return to work and social activities.
- High patient engagement with supported self-management and sustained improvement in quality of life.



Initial presentation.



4.4 weeks post-implementation.



5 weeks post-implementation.



Wounds healed 16 weeks post-implementation.

Case study 7: Post-surgical abdominal wound healing by secondary intention with delayed progression



Patient presentation

- A 67-year-old female presented with a post-surgical abdominal wound healing by secondary intention, approximately three weeks after initial primary care management had yielded minimal progress. The wound had been managed with a filler and adhesive island dressing; a wound infection had been identified and treated with a course of clarithromycin during this period. At specialist review, the wound showed evidence of bioburden contributing to delayed progression, though no clinical signs of active local infection were present. The patient reported ongoing pain and discomfort associated with wound filler use, inability to shower and a strong desire to reduce clinic visits and simplify her care regimen.
- Medical history: Prediabetes, background of complicated diverticular disease requiring emergency Hartmann's procedure with colostomy formation, followed by successful surgical reversal.

Implementation of The 3 Step Approach

The 3 Step Approach was implemented using Alprep® Pad for wound cleansing and mechanical debridement, and Biatain® Silicone for exudate management and to enable a shower-compatible dressing approach.

A clear clinical need to simplify care and reduce treatment burden was identified. Dressing changes were rationalised to twice a week and a supported self-management approach was introduced through structured education, coaching and practical training. Patient-initiated follow-up guidance was also provided to facilitate timely escalation if concerns arose.

The patient became actively engaged in self-management and successfully transitioned to performing wound care independently. At clinical review three weeks after initiation of the revised framework, the wound was fully healed.

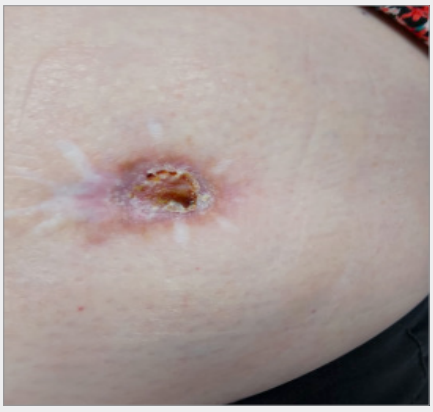
The patient initially found mechanical debridement challenging to use but adapted with growing confidence, reporting an improved understanding of wound cleansing principles. She also noted that Biatain® Silicone significantly improved the ease and acceptability of self-management compared with previous filler and secondary dressing regimens.

Outcomes

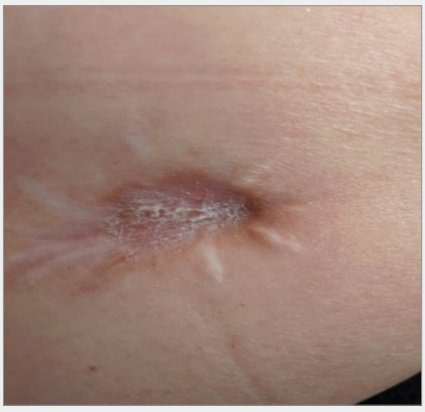
- Complete wound healing achieved within three weeks of specialist-led intervention.
- Improved wound cleansing and progression following introduction of Alprep® Pad.
- High patient engagement with supported self-management and successful transition away from reported painful filler use.
- Increased confidence in self-management and reduced treatment burden.



Initial presentation.



2.4 weeks post-implementation.



Wound healed 3 weeks post-implementation.

Case study 8: Locally infected acute traumatic head wound with risk of dehiscence



Patient presentation

- A 69-year-old male presented with an acute traumatic head wound sustained following a fall, with clinical signs of local infection and an identified risk of wound dehiscence. A precautionary course of antibiotics had been prescribed by the treating practice nurse prior to specialist review.
- Medical history: Progressive supranuclear palsy (PSP) and hypertension.

Implementation of The 3 Step Approach

The 3 Step Approach was implemented using Alprep® Pad for wound cleansing and mechanical debridement, and Biatain® Silicone Ag for management of local infection and bioburden. A twice a week wound care regimen was initiated. Given the simplicity of the approach, the patient and his wife were able to participate in supported self-management, delivering wound care at home with confidence. The patient reported that wound preparation with Alprep® Pad was painless and well tolerated.

Within one week of initiating the wound care plan, the wound had fully healed, and the precautionary antibiotic course was not required.

Outcomes

- Complete wound healing achieved within one week.
- Resolution of local infection without use of prescribed antibiotics.
- Effective supported self-management with involvement of wife.
- Excellent tolerability of wound cleansing with Alprep® Pad.
- Rapid clinical resolution following implementation of The 3 Step Approach.



Initial presentation.



3 days post-implementation.



Wound healed 6 days post-implementation.

Patient and carer experience

To complement the clinical outcomes, patients and carers from cases 1–8 were invited to share their experience of The 3 Step Approach by Coloplast. Their reflections, together with clinician observations, highlight the real-world impact of the intervention beyond healing metrics alone.

Ease of use and treatment engagement

- Patients found the products easy to use, which supported adherence to the management plan. High levels of engagement were observed throughout treatment.
- One patient expressed the ease with which wound preparation and treatment was able to be carried out, allowing her to go about her normal life with minimal impact.
- Another patient was extremely happy with the outcome as he was able to easily perform wound preparation and dressing changes at a time that suited him, so his work life was not interrupted.

> *"When I was previously asked to dress my own wound, I said no because I couldn't stomach the thought of poking and stuffing my wound with the ribbon. Using Biatain® Silicone meant I didn't need to do that, and it is simple to apply."*

> *"After being shown, it's so simple. So simple to do and so simple to use. I was absolutely fine. I would recommend if anyone was asked to do a little bit of self-care management around their wounds with the 3 Step Approach, then absolutely. Don't lack confidence, just go for it and use it. It works."*

Wound preparation and comfort

- One patient found Alprep® Pad easy to use and was astonished by how much devitalised tissue was removed and how clean the wound appeared.
- Another patient was very pleased with how quickly the wound became clean as well as with the reduction in pain.

> *"Alprep® Pad was painless and Biatain® Silicone Ag didn't cause any further pain or trauma to me or my wound."*

> *"As a retired nurse I was amazed by the rapid healing process following using Biatain® Silicone Ag and Alprep® Pad."*

Wellbeing and return to normal life

- In addition to clinical improvement, one patient reported substantial gains in overall wellbeing. Her pain levels reduced, sleep quality improved and she was able to resume social activities. She also successfully returned to work, indicating restoration of functional capacity and independence.

> *"The 3 Step Approach by Coloplast brought my quality of life back. It got me back into work much sooner and avoided more medication."*

Conclusion

Scan the QR code to access The 3 Step Approach landing page on Coloplast Professional, where you'll find clinical pathways and product selection resources to support implementation in clinical practice.

The 3 Step Approach by Coloplast provides a simplified and standardised framework that supports wound healing across a range of wound types and care settings. By simplifying assessment, wound preparation and treatment selection, the framework helps clinicians optimise care, supports antimicrobial stewardship through the appropriate use of antimicrobial dressings and antibiotics, and facilitates supported self-management where clinically appropriate. The ability to reduce unnecessary complexity is particularly relevant in the context of increasing pressures on primary and community care services, where wound care is frequently delivered by generalist healthcare professionals.

These principles align closely with the ambitions of the NHS England (2025) 10 Year Health Plan, which emphasises patient empowerment, self-management, care closer to home and equipping the wider workforce with practical tools to deliver high-quality care. Importantly, the real-world evidence presented in this case series demonstrate that positive clinical outcomes can be achieved by generalist clinicians using The 3 Step Approach, supporting the view that improving wound care outcomes is not dependent on increasing specialist provision but on providing accessible, evidence-based frameworks that promote consistent decision-making and best practice (Houlton et al, 2026). As such, The 3 Step Approach by Coloplast has the potential to improve patient outcomes while helping to optimise workforce capacity and support more sustainable wound care delivery.

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* Evaluated by healthcare professionals

**Biatain® Silicone and Biatain® Silicone Ag with 3DFit Technology conform up to 2cm in depth. Conformability may vary across product design.

Notes

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