

## CATEGORY: THIN HYDROCOLLOID

## BENEHOLD® TASA®

## MAKING THE CASE

## INDICATIONS

BeneHold Thin Absorbent Skin Adhesive (TASA) is a new class of thin absorbent adhesive that combines the moisture management characteristics of a hydrocolloid and the format of a thin conformable film. It is indicated for the management of lightly to moderately exuding wounds, including pressure ulcers, partial-thickness wounds, minor wounds, protection of clean surgical incisions, skin graft donor sites, superficial skin wounds and as a secondary dressing on full-thickness wounds (IFU, 2013).

## CONTRAINDICATIONS

Do not use BeneHold TASA on third-degree burns, on individuals who are sensitive or have had an allergic reaction to the dressing or its components (IFU, 2013).

## PRODUCT DESIGN

BeneHold TASA is designed to help maintain a moist wound environment, minimise skin maceration and encourage autolysis, granulation and epithelialisation. It consists of a thin acrylic adhesive contact layer and a conformable, smooth, transparent polyurethane top film. The dressing is waterproof and impermeable to external contaminants (Fig 1).



Figure 1: BeneHold TASA is thin (0.12mm), flexible and transparent

## HOW DOES BENEHOLD TASA WORK?

This technology combines the properties of a semi-permeable film dressing (thin, transparent, breathable and conformable) with the functions of a hydrocolloid (absorbs and retains wound exudate). The modified acrylic adhesive layer allows the dressing to absorb and wick away wound exudate. This, along with the polyurethane top film, provides a high moisture vapour transmission rate, while maintaining a moist wound environment. These combined modes of action contribute to the dressing's high fluid-handling capacity while allowing it to remain thin, flexible and transparent (Fig 2).

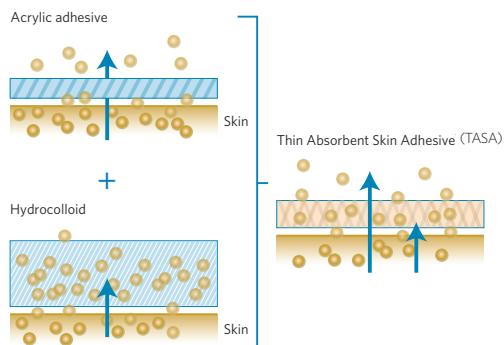


Figure 2: BeneHold TASA combines the properties of a thin, conformable film (breathability, transparency) with those of a hydrocolloid (absorbency and retention of exudate) to create a breathable, absorbent dressing (Data on file, 2014).

Throughout wear time, the dressing remains intact and transparent, allowing visibility of the wound. The adhesive technology keeps the dressing securely in place yet is easy to remove; it does not cause trauma to the wound bed or periwound skin and does not leave behind any adhesive residue in the wound (Stephen-Haynes et al, 2014).

In addition, the smooth polyurethane film layer reduces frictional forces on the wound surface, while its low profile and rounded corners reduce the risk of the edges lifting during wear. This design may help to prevent patient interference with the dressing, improving wear time (Stephen-Haynes et al, 2014).

## Can BeneHold TASA overcome common dressing challenges?

- ✓ Able to achieve good adhesion in a moist environment
- ✓ Allows for monitoring of the wound for signs of deterioration
- ✓ Conforms to the body's anatomy
- ✓ Is gentle to fragile tissue in the wound bed and periwound skin

## CLINICAL EVIDENCE FOR USE

A single-centre, non-comparative 15-patient clinical evaluation was conducted in a large primary care organisation (Stephen-Haynes et al, 2014). The aim of the study was to determine the performance of BeneHold TASA. At the end of a 4-week period, results showed:

- Wound bed condition improved in 12 out of 14 cases. None deteriorated
- Marked progression toward autolytic debridement
- Improvement in the periwound skin condition in 7 out of 10 cases
- Dressing was conformable with good adherence, even in patients with difficult-to-dress wounds
- 12 patients had no pain on dressing removal
- Dressing was easy to use
- No evidence of trauma to the wound or periwound skin on removal and no adhesive residue in the wound
- Significant improvement in wear time compared to previous dressings used
- Transparency contributed to longer wear times and increased confidence in treatment.

A further primary care case study evaluation in 6 patients (5 patients with Category II pressure ulcers and 1 patient with Category I pressure ulcer) (Data on file, 2014) found:

- No deterioration in the wound bed and periwound skin over the 4-week study period
- 5 out of 6 patients wore the dressing for 7 days between dressing changes
- Dressing was easy to apply and remove
- Dressing remained intact and did not leave any adhesive residue in the wound after removal
- Dressing rated as very comfortable to wear by patients and did not cause pain on removal
- Transparency of dressing contributed to longer wear times in 5 out of 6 cases.

## COST

BeneHold TASA is available on Drug Tariff in a range of sizes: 5x5cm, £0.45; 10x10cm, £1.30; 15x15cm, £2.81; 20x20cm, £3.34.

**Explanation of how to use this guide:** This document can be used to make the case for implementing effective prevention and management measures and may be supported by data from your own care setting. As well as economic impact, it is important to know the impact of interventions on patient quality of life and outcomes.

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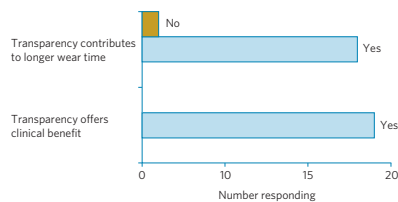
## IMPORTANCE OF APPROPRIATE DRESSING SELECTION

The primary driver when selecting a dressing is to achieve an environment that promotes wound healing. This includes protecting and covering the wound, reducing the risk of infection, maintaining an optimal level of moisture and preventing further harm to the wound on removal. Patient considerations should also be taken into account for improved compliance.

Dressings that help to contribute to fewer dressing changes while promoting an optimal environment for wound healing have the potential to reduce nursing time and are likely to be cost-effective (Wounds International, 2013).

## CLINICAL BENEFITS OF USING BENEHOLD TASA

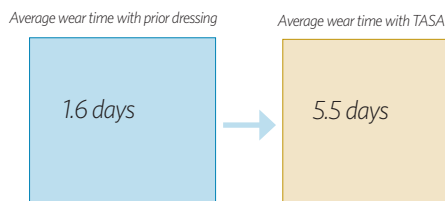
- Transparent — remains clear, allowing clinicians to monitor the wound without removing the dressing, reducing frequency of dressing changes and avoiding unnecessary disturbance to the wound (Fig 3)
- Thinner than comparative dressings (0.12mm) and conformable, with ability to adapt to complex body contours
- Absorbent and breathable for effective moisture management
- Comfortable to wear and painless to remove (Stephen-Haynes et al, 2014).



**Figure 3:** The transparency of the dressing enabled nurses to monitor the wound and make dressing changes only when necessary (Stephen-Haynes et al, 2014)

## ECONOMIC BENEFITS OF USING BENEHOLD TASA

- Patients with BeneHold TASA wore their dressings 3.9 days longer than previous dressings (Fig 4)
- Longer wear times resulted in an estimated 70% cost savings



**Figure 4:** Patients who switched to BeneHold TASA from adhesive foams and other dressings had significantly longer wear times (Stephen-Haynes et al, 2014)

## Q WHAT CLINICAL AND ECONOMIC BENEFITS HAVE YOU SEEN IN YOUR PRACTICE?

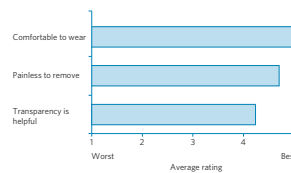
In your experience, has BeneHold TASA reduced dressing frequency? What gave you the confidence to leave it in place?

- Q: Did the increased visibility allow for greater observation of the wound bed?
- Q: Would exudate management have prompted an earlier dressing change?
- Q: Would damage to periwound skin have prompted an earlier dressing change?

## IMPACT ON PATIENT QUALITY OF LIFE

Using clinical evaluation feedback, patients have reported improvements in quality of life. Key benefits include:

- Its ability to be unobtrusive like a 'second skin' (less than 25% the thickness of absorbent acrylics and far thinner than foams)
- Offered greater reassurance — transparency allows clinicians and patients to see the wound and monitor progress, including early signs of infection (Fig 5).



**Figure 5:** Patients found that BeneHold TASA offers peace of mind (Stephen-Haynes et al, 2014)

## Q WHAT EXAMPLES CAN YOU PROVIDE OF HOW BENEHOLD TASA HAS BENEFITED PATIENTS

If you were to explain to a colleague why you have chosen the TASA product, what would you give as the main benefits? For example:

- ✓ Patient is able to bathe and shower
- ✓ Has confidence to participate in social activities
- ✓ Dressing is comfortable and stays in place
- ✓ Able to monitor the wound to check progress

## CASE STUDY

## Background

- 81-year-old female patient with pressure ulcer on right thigh due to the patient tucking objects down the side of her wheelchair
- Wound presented with 100% necrotic tissue and measured 8cm x 4cm (Fig 6)
- Wound was critically colonised and the surrounding skin was red and inflamed
- There was slight malodour and exudate level was low
- Dressing changes were 3 x weekly and the patient reported no pain on removal
- After discussion with the patient, it was decided to start BeneHold TASA to encourage autolysis.

## Outcome

- At 1 week, the wound bed had improved (70% necrotic tissue/30% slough). Dressing was changed at 5 days
- At 2 weeks there was 50% necrotic tissue/50% slough (Fig 7). Dressing changed at 7 days (longer than expected)
- Removal was atraumatic and there was no residue left.

**Figure 6 (top); Figure 7 (bottom)**



*Acknowledgement: Jackie Stephen-Haynes, Professor in Tissue Viability, Professional Development Unit, Birmingham City University & Consultant Nurse, Worcestershire Health and Care NHS Trust*

## References

- Data on file (2014). TASA for the management of Category I and II pressure ulcers. Case report. Available at: <http://bit.ly/1yYsFlc>
- Instructions for Use (IFU) (2013) BeneHold TASA
- Stephen-Haynes J, Callaghan R, Wilbaux A (2014). Clinical evaluation of a thin absorbent skin adhesive dressing for wound management. *J Wound Care* 23; 11
- Wounds International (2013). *Making the case for cost-effective wound management. A consensus document.* Wounds International. Available from: <http://bit.ly/19pg6MB>