The meeting report 'Topical Negative Pressure and the Rise of Superabsorbent Polymers' by Richard White (2013) raises some interesting points about the relationship between disposable dressings and durable medical devices (DMD). The fact that a hi-tech DMD could even be considered replaceable by a mere dressing is quite startling.

However, this is almost 'old news' as the concept has previously been explored when the relationship between one hi-tech dressing (sorbion sachet S) and generic Negative-pressure Wound Therapy (NPWT) was investigated (Cutting et al, 2013). This expert panel met in September 2010 in Anaheim, California and comprised of four eminent physician key opinion leaders all of whom had experience of both modalities. Of particular interest were the clinical recommendations in terms of preferred indications for NPWT:

- Large open wounds that required stabilisation of the wound edges
- Large, deep wounds that have an irregular geometry
- Reduction in interstitial pressure (and subsequent increased capillary perfusion) is required.

These practical points are all-important, bearing in mind the high cost of NPWT and the constant drive to contain expenditure.

Corroboration of these clinical recommendations is found in a Delphi study (Cutting, 2013) that also examined the advantages and disadvantages of both NPWT and a highly absorbent dressing containing hydrokinectic fibres. These advantages and disadvantages were generated as a result of clinician practical experience and refined through the Delphi consensus process.

White (2013) has made an important observation that not all superabsorbent polymer dressings are the same. This statement is supported by Panca et al (2013), who estimated the clinical and cost effectiveness of four superabsorbent dressings, found that sorbion sachet S afforded the NHS a cost-effective treatment for managing highly exuding chronic venous leg ulcers. What needs to be explored in the laboratory and, indeed, clinically are the ancillary performance attributes of these dressings and their impact on the patient, together with comparative cost-effectiveness data. It is only when we have a comprehensive overview of this group of dressings that we will be able to identify which delivers the greatest benefits to the patient, the clinician and the healthcare facility. WUK

JOHN DILLON
Clinical Fellow in Orthopaedics, Dumfries & Galloway Royal Infirmary, Dumfries, Scotland

REFERENCES

Cutting K (2013) *Replacing NPWT with an advanced wound dressing – a Delphi inquiry report.* Satellite symposium: EWMA, Copenhagen, Denmark

Cutting K, Hermans M, Kwon Lee S et al (2013) Key considerations in choice of wound management therapeutics between an advanced wound care dressing utilising Hydration Response Technology and a durable medical device (NPWT) – a USA perspective. *Wounds UK* 9(Suppl2): 2–13

White R (2013) Topical negative pressure and the rise of superabsorbent polymers. *Wounds UK* 9(4): 135–8

Panca M, Cutting KF, Guest JF (2013) Clinical and cost-effectiveness of absorbent dressings in the treatment of highly exuding VLUs. *J Wound Care* 22(3): 109–10

I thank Mr Dillon for his letter, and for raising a number of valuable points regarding wound dressings containing superabsorbent polymers (SAPs) and topical negative pressure (TNP) therapy as expounded in my report in *Wounds UK* (White, 2013). This topic is deserving of wider discussion among all involved in wound care as it has implications for patients, clinicians and for healthcare costs.

Perhaps the single most important issue is the 'interchangeability' of SAPs and TNP in certain wounds, and in a given wound at different time points. The expert tissue viability group which I have assembled began discussions with the premise that there is an area of overlap, where either technology can be safely and effectively employed — including the switch from TNP to SAP, according to the needs of both wound and patient. This being the case, what defines this area, and what are the pros and cons of each technology? The initial report of the round table discussion, together with a literature review, outlines current thinking on the relative merits of TNP and SAPs, and summarises evidence on clinical applications (Ousey et al, 2013; White, 2013). A fuller, detailed report is in preparation and will be published later this year. The other related work now in press is a valuable contribution to the debate, addressing TNP versus SAPs for the benefit of patients and for possible economic benefits.

We are aware of unnecessary and inappropriate clinical use of TNP, the technology having become part of ritualistic practice in some centres. It is without doubt, a very valuable device when used correctly (Vig et al, 2011), this being as defined by the expert panel report (Cutting et al, 2013) and by local guidelines.

However, we are not aware of any guidelines that highlight the possible use of SAPs *in lieu* of TNP; this should be a consideration for all clinicians contemplating TNP use.

Evidence for SAPs is growing and it worth emphasising agreement with Mr Dillon and others insofar as not all SAPs are equivalent. At present, I am investigating the use of an SAP over honey products on exuding wounds, and exploring the 'drawing' effect of the polymer on exudate and cells. This latter function can be problematic in wound care if not attuned to the exudate generation rate. By comparing SAPs used on exuding wounds with the action of SAP in blood separation technology, we aim to elucidate the effect on plasma, blood cell populations and platelets. WUK

RICHARD WHITE
Professor of Tissue Viability, University of Worcester: tissueviability@gmail.com

REFERENCES

Cutting K, Hermans M, Kwon Lee S et al (2013) Key considerations in choice of wound management therapeutics between an advanced wound care dressing utilising Hydration Response Technology and a durable medical device (NPWT) - a USA perspective. *Wounds UK* 9(Suppl2): 2–13

Ousey K, Atkin L, White RJ (2013) Superabsorbent wound dressings: a literature review. *Wounds UK* 9(3): 52-60

Vig S, Dowsett C, Berg L et al (2010). Evidence-based recommendations for the use of negative pressure wound therapy in chronic wounds: steps towards an international consensus. *J Tissue Viability* 20 (Suppl 1): S1–18