



Biatain Ag Non-Adhesive

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CASE STUDY

Four and a half weeks treatment of a critically colonised exuding venous leg ulcer with **Biatain Ag Non-Adhesive Foam Dressing**



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CASE STUDY

Four and a half weeks treatment of a critically colonised exuding venous leg ulcer with Biatain Ag Non-Adhesive Foam Dressing

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INTRODUCTION

This study describes a patient suffering from a critically colonised venous leg ulcer during a four weeks treatment with **Biatain Ag** non-adhesive in combination with compression therapy.

Leg ulcers are commonly a long-term disease, with significant costs to the patient as well as the healthcare system. Leg ulcers often have a negative impact on the patient's quality of life¹. The prevalence of leg ulcers rises with increasing age, and 3-5% of elderly people suffer from chronic leg ulcerations^{2,3}.

Foam dressings with silver have become popular in treatment of critically colonised or locally infected exuding wounds. The combination of silver release and high absorption capacity provides antibacterial effect and better exudate handling, less maceration and minimal leakage^{4,5}.



Biatain Ag foam dressings are sterile single-use, soft, highly absorbent and conformable antibacterial polyurethane foam dressings that provide an optimal moist wound healing environment and effective exudate management.

Biatain Ag combines moist wound healing with controlled and continuous silver release. An antibacterial ionic silver complex is homogeneously dispersed within the foam and silver ions are released to the wound bed when wound exudate is absorbed into the dressing. **Biatain Ag** foam dressings are protected with semi-permeable top films that are waterproof and provide bacterial barriers.

Biatain Ag non-adhesive foam dressings are suitable for use on fragile skin due to the absence of adhesive.

Biatain Ag provides effective management of local wound infection through continuous release of silver. An antibacterial ionic silver complex is homogeneously dispersed within the foam and silver ions are released to the wound bed when wound exudate is absorbed into the dressing. The top film functions as a semi permeable membrane, allowing for transmission of gases, including oxygen and water vapour, whilst providing a barrier to fluids and particle contaminants, including bacteria.

MEDICAL HISTORY

The patient is a 78 years old woman with a moderately exuding venous leg ulcer on the outer side of her left leg, which was due to trauma. It had persisted for six months at inclusion and a bacteriological test revealed massive bacterial growth in the ulcer. The patient had been treated with long stretch compression and foam dressings for more than four weeks prior to inclusion.

Treatment with **Biatain Ag** non-adhesive was initiated on November the 13th. Due to oedema long stretch compression therapy was applied during the entire treatment period. At inclusion the ulcer consisted of 40% fibrin coverings, 40% unhealthy granulation tissue and 20% healthy granulation tissue, and the ulcer area was determined to 9.0 cm² (Figure 1).

WOUND PROGRESS

After one week of treatment, the tissue composition had improved to 20% fibrin coverings and 80% healthy granulation tissue, and the wound was reduced by 30%, from 9.0 cm² to 6.3 cm² (Figure 2). Tissue composition was 100% healthy granulation tissue after two weeks and the ulcer area was reduced by 69% to 2.8 cm². The reduction continued to a relative reduction of 96% and an ulcer size of 0.4 cm² after three weeks (Figure 3), and was reduced by 99% to 0.04 cm² after four weeks and reached complete healing after four and a half weeks of treatment with **Biatain Ag** non-adhesive (Figure 4).

DRESSING PERFORMANCE

Biatain Ag non-adhesive demonstrated fast improvements of the wound bed composition and complete healing was obtained within the four and a half weeks treatment period. Odour was reduced and exudate level decreased continuously. Absorption capacity of the dressing was rated good and excellent throughout the study period with no incidents of leakage. Pressure marks with the new, soft and conformable foam dressing was rated as 'none or very vague imprints' in 75% of dressing change and the dressing was rated as soft and very flexible. No adverse events were recorded.

CONCLUSION

During the four and a half weeks treatment period:

- **Biatain Ag** non-adhesive demonstrated excellent exudate management and wound bed preparation properties.
- **Biatain Ag** non-adhesive supported wound healing until complete closure.
- **Biatain Ag** non-adhesive caused 'no or very vague' pressure marks in 75% of dressing changes.
- **Biatain Ag** non-adhesive was perceived as soft and very flexible.

In conclusion, the **Biatain Ag** non-adhesive was found to be an effective dressing choice in the treatment of this critical colonised venous leg ulcer.

REFERENCES

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Figure 1 The ulcer bed consisted of 40% fibrin coverings, 40% unhealthy granulation tissue and 20% healthy granulation tissue at inclusion.



Figure 2 After ten days of treatment there was a markedly improvement in the wound bed.

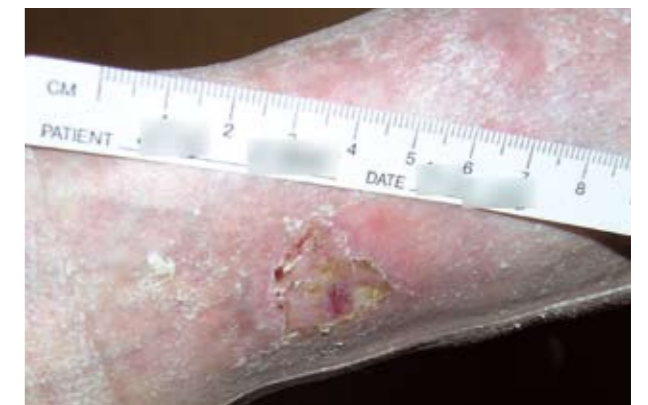


Figure 3 After three and a half weeks of treatment the relative ulcer size reduction was 98%.

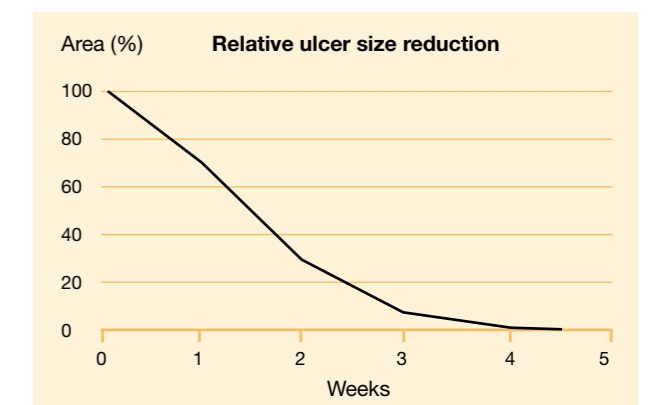


Figure 4 Treatment with **Biatain Ag** non-adhesive supported complete healing of this critical colonised leg ulcer.