Evaluation of Cutimed® Sorbact® gel

Introduction
Choosing the right dressing to meet the needs of the individual, especially when faced with patients who have complex comorbidities, is a challenge to all health care professionals. Flourishing microorganisms delay wound healing and have the potential for infection and critical colonisation, leading to reduced healing times.

Early intervention is essential and treatment of choice would be the application of an antimicrobial dressing to reduce bacterial bioburden. However, certain antimicrobial dressings either have restrictions of availability, are contra-indicated or reported to occasionally increase sensitivity; pain and discomfort. Wounds that exhibit polymicrobial activity can pose a challenge to clinicians when choosing the right antimicrobial dressing, especially in paediatric patients where there is limited published, evidence-based, clinical guidelines.

Cutimed® Sorbact® (BSN medical) is an alternative approach to silver, iodine, PHMB and other antimicrobial agents. It is a non-medicated dressing that does not contain any chemically or pharmacologically active substances. In the presence of moisture, Cutimed Sorbact safely reduces bioburden by irreversibly binding fungi and bacteria, due to its coating of DACC—a hydrophobic fatty acid. Wound pathogens are also hydrophobic in nature and as such, are attracted to the dressing. Cutimed Sorbact has been included on the United Lincolnshire Hospitals Trust (ULHT) wound care formulary since 2011 and has been used with success.

For wounds which have low levels of exudate, Cutimed Sorbact gel provides a solution for colonised or infected wounds. The hydrogel component of this presentation facilitates bacterial binding, along with ease of removal at dressing change; a concern with drier wound environments.

Method
This case study involves a 10 year old boy following a traumatic de-gloving injury who was treated with Cutimed Sorbact gel. The patient sustained distal tibia and fibula fractures to the right foot. The wound was initially debrided in theatre, a course of antibiotics prescribed and a non-adhesive silicone foam dressing (Mepilex Border, Molnlycke Health Care) used.

He was a very shy boy and often appeared to find it difficult to interact with strangers, making dressing changes problematic at times. The Tissue Viability team was asked for advice from the second week post-trauma, after the patient refused any plastic surgery input.

Swabbing showed heavy growth of Staphylococcus aureus. As such, Cutimed Sorbact gel was chosen to reduce colonisation and would be easily tolerated by the patient.

The wound presented with 40% slough and 60% granulation tissue on the wound bed with areas of dried exudate adhering to surrounding friable skin (Fig 1). There appeared to be an odour present and moderate exudate levels. Initially, the wound was tender to touch, consequently making dressing changes difficult.

An antimicrobial solution soak (Prontosan, B Braun) was applied for 15 minutes prior to dressing renewal in order to remove excess contaminants both on the wound bed and surrounding skin. A barrier film protection stick (Cavilon, 3M Health Care) was used to protect the friable surrounding skin. Cutimed Sorbact gel was applied to wound bed to reduce bacterial bioburden. Finally, a foam dressing (3M) was applied to secure the primary dressing and manage any exudate.

Dressing changes were undertaken three times per week; twice by the Community Childrens Nurse and once in the clinic overseen by the Tissue Viability team.

Results
The wound showed dramatic improvement following one week’s application (Fig 2). After a two week treatment period, the wound presented with areas of over-granulation (Fig 3) so a non-adherent silver dressing (Atrauman Ag, Hartmann) was applied for a two week period then reverting back to Cutimed Sorbact gel (Fig 4) until complete wound healing was achieved.

Conclusion
Cutimed Sorbact gel provides the clinician with an effective antimicrobial dressing that is safe to use on a variety of wounds and with patients who have complex comorbidities. This case study has demonstrated improved patient outcomes, providing an alternative yet effective antimicrobial dressing with low adherence and minimal discomfort at dressing change. The dressings also provided a cooling sensation on application and were easy to use. These factors assisted in improved patient concordance with the prescribed treatment plan. As a result, Cutimed Sorbact gel was included on the ULHT formulary.

References

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References

Figure 1 - One week following application of Cutimed Sorbact gel
Figure 2 - Following one weeks treatment with Cutimed Sorbact gel
Figure 3 - Over-granulation
Figure 4 - Wound following resolution of over-granulation and recommencement of Cutimed Sorbact gel