

# An evaluation of Biatain® Silicone dressing in 5 District Nurse bases in Norfolk Primary Care Trust

## Introduction

Prior to introducing Biatain Silicone dressing (Colplast Ltd, UK), to their formulary, Norfolk primary care trust (PCT) decided to compare it to an existing formulary product (Mepilex Border, Mölnylcke Health Care, UK), and evaluate it for cost-effectiveness and reduction of wastage. This poster presents the study outcomes.

## Method

Over a 6-week period from 14th February to 20th March 2012, five district nurse bases took part in the evaluation. While no inclusion or exclusion criteria were formally set, patients had to give consent to participate. When a practitioner determined that a silicone foam dressing was required, the Biatain Silicone dressing was used. In total, 34 patients from district nurse care, nursing homes and practice nurse care were included.

Practitioners were asked to complete an evaluation form using a numerical scale (10= excellent, 1= poor), or yes/no answers which contained the following domains:

- Ease of application
- Ease of removal
- Patient comfort levels during wear time
- Exudate absorption and retention
- Wound improvement (improving, static, deteriorating)
- Meeting expectations (yes, no answer)
- Performance (did the dressing reduce the number of visits required and the number of dressings required?)
- Sensitivity to product or adverse reactions

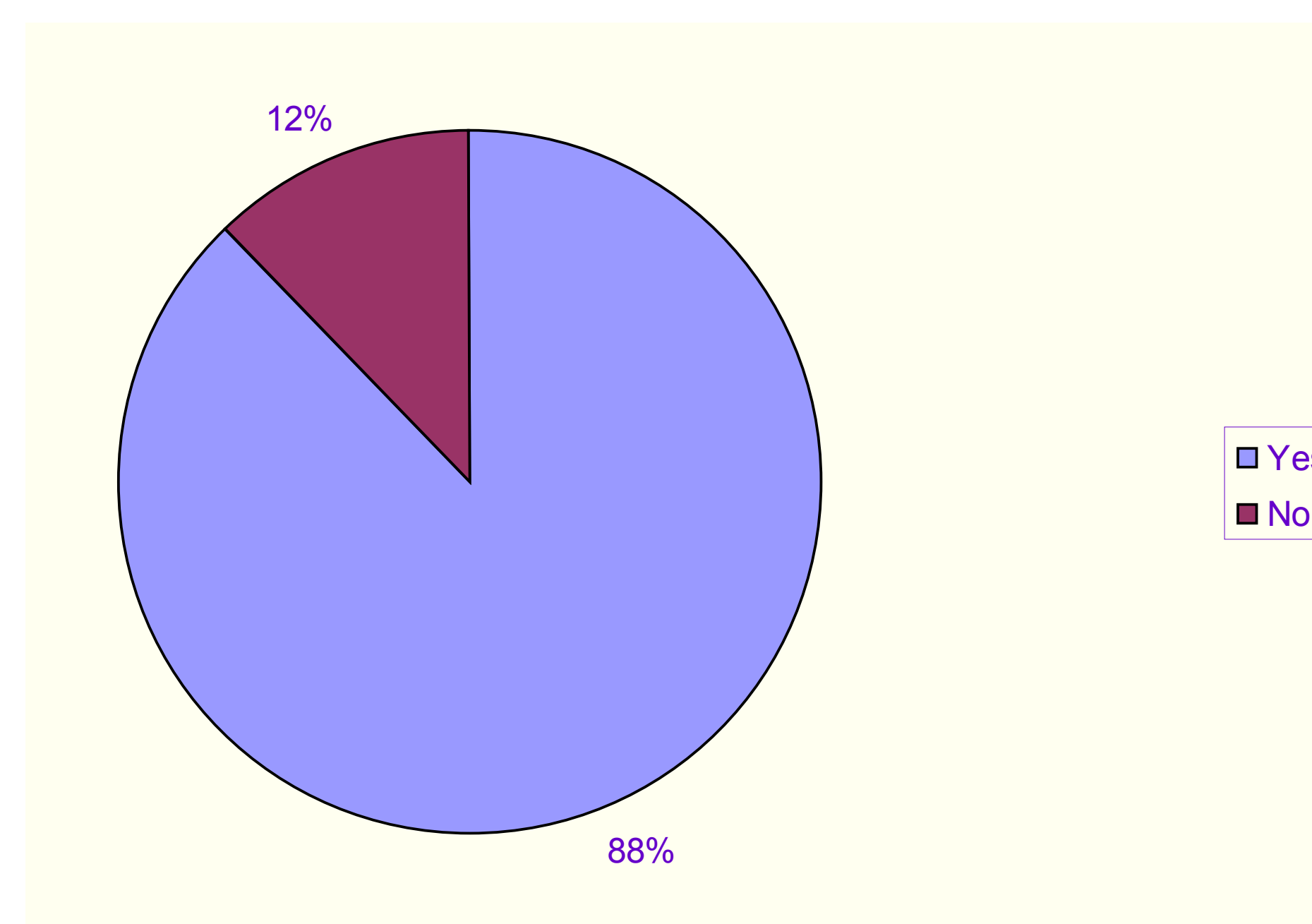
Upon final dressing removal, the practitioner had to state whether or not it should be included on the formulary

## Results

The results were unequivocal. All nurses who responded (n=33) would support Biatain Silicone being on the formulary. A further 88% stated that it reduced dressing usage (*Figure 1*), and 60% stated that its use reduced the number of visits to the patient. In addition:

- Ease of application was reported as 'good to excellent' (94% of those who responded)
- Ease of removal was reported as 'good to excellent' (97% of those who responded)
- Exudate absorption and retention was reported as 'good to excellent' (82% of respondents)
- 85% felt that the use of the product improved wound healing

**Figure 1: Percentage of respondents who felt that Biatain Silicone dressing reduced overall dressing usage**



In addition, 88% of respondents stated that the wound was improving with this dressing, 12% stated the wound was static and no wounds deteriorated. Only one adverse reaction was reported; the patient developed dry, itchy skin after a few applications, so treatment was discontinued.

One hundred per cent of respondents stated that the dressing had fulfilled its expected performance.

## Discussion

The results clearly indicate that Biatain Silicone was clinically effective and that patient comfort during wear time was good to excellent. These results reflect those of other studies<sup>1,2</sup>. If a dressing is more effective in comparison to another, it may raise the quality of life for patients and at the same time, allow organisations to provide more care for the same budget. If we consider the parameters involved in calculating cost effectiveness; the cost of dressings and appliances used when changing dressings; the number of dressing changes; time spent by clinicians on dressing changes and length of treatment before the wound has healed, we can see that cost effectiveness was demonstrated in this review. Because the dressing provided better exudate absorption and retention, wear time increased, reducing the number of dressing changes required. Consequently, 60% of practitioners were able to reduce the number of visits for dressing change purposes and 87% used fewer dressings.

Considering that the cost of a district nurse visit is £75 and a health care assistant visit £26, this represents significant cost savings to an organisation<sup>3</sup>.

## Conclusion

This small evaluation provided some rich data which facilitated the addition of Biatain Silicone to the Norfolk PCT wound management formulary. While cost effectiveness and clinical effectiveness were demonstrated, we believe that further savings can be made as the unit cost of the dressing is considerably lower than similar products.

## References

1. Raizman R, Bajaj N, Kappe S. (2012) evaluation of a new foam dressing with Silicone border for the treatment of exuding wounds. Poster presented at the European Wound Management Association Conference, Vienna, May 2012
2. Bech-Thomsen N, Jensen N (2008) Four weeks treatment of a low exuding venous leg ulcer with Biatain non-adhesive foam dressing. [www.coloplast.co.uk/Products/WoundCare/Documents/Biatain/BiatainNACaseStudy.pdf](http://www.coloplast.co.uk/Products/WoundCare/Documents/Biatain/BiatainNACaseStudy.pdf)
3. Curtis L, *et al.* (2009) Unit costs of health and social care 2009. Personal Social Services Research Unit. University of Kent, UK.