Indications
Superficial or deep, infected wounds or wounds at risk of infection, with light to moderate levels of exudate, including:

- **Chronic wounds** e.g. leg ulcers, pressure ulcers, diabetic ulcers
- **Acute wounds** e.g. partial thickness burns, postoperative wounds, skin donor and skin grafting sites

Cost effective
Mrs G presented in January 2010 with wound infection, severe pain and anxiety which prompted a review of her case. It was decided to swap the silver foam dressing used previously for Suprasorb® X+PHMB. The wound significantly improved by day 11 with much reduced pain levels, and the following cost savings:

<table>
<thead>
<tr>
<th>Product</th>
<th>Unit cost of each dressing</th>
<th>Number of dressings required cover wound</th>
<th>Dressing changes required per week</th>
<th>Cost of dressings used per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silver foam 20cm x 20cm</td>
<td>£17.96</td>
<td>2</td>
<td>7</td>
<td>£251.44</td>
</tr>
<tr>
<td>Suprasorb® X+PHMB 14cm x 20cm</td>
<td>£16.12</td>
<td>2</td>
<td>3</td>
<td>£96.72</td>
</tr>
</tbody>
</table>

**SAVING PER WEEK** £154.72

References
1. Managing the at-risk patient. BJN (Suppl) 2010

An estimated 60% - 90% of chronic wounds contain a biofilm. This can cause healing to become static, even when all and wound management issues have been addressed. Suprasorb® X+PHMB can be used in conjunction with Debrisoft® to manage biofilm - Ask for more details.

Ordering information
**Suprasorb® X+PHMB** Antimicrobial hydrobalance wound dressing
Individually sealed and sterile

<table>
<thead>
<tr>
<th>Size (cm)</th>
<th>PIP Code</th>
<th>Ref Code</th>
<th>NHS SC Code</th>
<th>Pack contains</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 x 5</td>
<td>344-0575</td>
<td>20540</td>
<td>ELY 243</td>
<td>5 singles</td>
</tr>
<tr>
<td>9 x 9</td>
<td>344-0583</td>
<td>20541</td>
<td>ELY 244</td>
<td>5 singles</td>
</tr>
<tr>
<td>14 x 20</td>
<td>344-0591</td>
<td>20542</td>
<td>ELY 245</td>
<td>5 singles</td>
</tr>
<tr>
<td>2 x 21 rope</td>
<td>344-0599</td>
<td>20543</td>
<td>ELY 246</td>
<td>5 singles</td>
</tr>
</tbody>
</table>

Also available: Suprasorb® X HydroBalance dressing. For continuity of care once the infection has been resolved.

Call our Customer Care line: 08450 606707
International enquiries: +44 1263 576800
or visit our website at: www.Lohmann-Rauscher.co.uk
Suprasorb® X+PHMB
The advantages at a glance

- Safe and effective alternative to silver
  - Polyhexanide Biguanide (PHMB) is a broad spectrum antimicrobial
    - effective against a wide range of bacteria, fungi and yeasts
    - selectively acts on bacteria without damaging healthy cells
  - no reports of resistance, systemic absorption or toxicity

- Rapid efficacy
  - Suprasorb® X+PHMB has a rapid speed of kill
    - PHMB is released killing bacteria at the wound bed not just in the dressing, fighting infection faster

- Regulates moisture levels
  - Adapts to the environment to either release or absorb moisture
    - facilitates autolytic debridement
    - promotes granulation
    - protects against maceration

- Provides pain relief
  - Perceived to have a cooling, soothing effect
    - addresses underlying causes of pain, reducing its effect

- Highly conformable
  - Maintains continued contact with the wound bed
    - available as a rope which is particularly useful to dress digits

How Suprasorb® X+PHMB works

- Surplus exudate is taken up from the wound into the dressing.
- Moisture is released from the dressing into the wound.
- Microorganisms are killed by the released PHMB.

Suprasorb® X+PHMB combines the beneficial properties of moist wound healing with the long lasting antimicrobial effectiveness of PHMB.

Clinically effective

The evidence: Infected leg ulcer

Presentation: On referral this sutured skin tear was infected with Klebsiella and had an exposed tendon. Pain was 8 out of 10 on the VAS scale.

Treatment: Suprasorb® X+PHMB was selected to address the infection, reduce pain and keep the tendon hydrated. The dressing was changed on alternate days and combined with an occlusive foam.

Outcome: After 6 days the wound was much cleaner with reduced bioburden and pain had reduced to 3 on the VAS scale. Infection was completely eradicated by day 12.

The evidence: Infected wound to the hand

Presentation: This wheelchair bound patient sustained a trauma injury which resulted in a proximal interphalangean joint amputation. The wound failed to progress over 7 months despite the use of different therapies including controlled negative pressure, surgical debridement and antimicrobial dressings.

Treatment: Suprasorb® X+PHMB was applied and initially held in place with a bandage, but after 3 days the clinician switched to a film to support better moisture balance. By day 7 the wound had reduced in size and all devitalised tissue appeared moist and loose – this improvement gave the patient great confidence.

Outcome: The patient was discharged back into community care where the wound continued to progress. The clinician commented that the conformability of the dressing was particularly useful in this case.