Askina® Calgitrol®
CASE STUDIES
Since the launch of Askina® Calgitrol® Ag, Askina® Calgitrol® THIN and recently Askina® Calgitrol® Paste, we have received reports of treatment successes. We would like to share these with you today in the form of a short photo storyboard.

The prevention and treatment of wound infection is of the utmost importance in order to remove barriers to healing. Wound bed preparation and infection prevention are a prerequisite but treatment of local infection is essential for the healing process.

We would like to take this opportunity to thank all the doctors, nursing staff and B. Braun employees for forwarding the material and helping us put this picture book together.

B. Braun Medical
Center of Excellence Wound Management
INTRODUCTION

Askina® Calgitrol® Paste $^{(2,3)}$

Askina® Calgitrol® Paste is indicated for the management of partial to full thickness wounds, stage I -IV pressure ulcers, venous, arterial and neuropathic ulcers, second degree burns and donor sites.

Askina® Calgitrol® Paste is a highly conformable paste composed of the same ionic silver alginate matrix used in the Askina® Calgitrol® Ag flat dressings. The high conformability allows a closer contact between the active ionic silver alginate matrix and the wound bed, which is particularly valuable in difficult to manage wounds such as tunnels and sinuses, seen in patients with burns and diabetic foot ulcers.

For the absorption of wound exudate and the security of the wound this must be covered with an appropriate secondary dressing.

Askina® Calgitrol® Paste exists in different presentations

Tubes: 15g or 100g
Askina® Calgitrol® Ag is indicated for the management of exuding partial/full thickness wounds, stage I-IV pressure ulcers, venous ulcers, second degree burns and donor sites.

Askina® Calgitrol® Ag is a sterile dressing consisting of two layers:

- an absorbent polyurethane foam layer which provides for the absorption of wound exudate
- an ionic silver alginate matrix which provides for broad antimicrobial effectiveness and helps reduce the bacterial load
- for better absorption of wound exudate and secureness of dressing select an appropriate secondary dressing.

**Broad antimicrobial effectiveness**

**Immediate availability of silver ions**

**Sustained controlled release to the wound bed during use of the dressing**

**Tolerable and antimicrobially efficient**

**Easy to use & conformable**

**No activation needed: ready to use**

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In contact with wound exudate, the Calgitrol® ionic silver alginate matrix forms a soft gel allowing the liberation of silver ions.

Dressings size available (10 Pieces / Pack):
10 cm x10 cm, 15 cm x15 cm, 20 cm x 20 cm.

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(1) Instruction for use: Askina® Calgitrol® Ag, Askina® Calgitrol® THIN, Askina® Calgitrol® Paste
INTRODUCTION

Askina® Calgitrol® THIN

Askina® Calgitrol® THIN is indicated for the management of partial to full thickness wounds: Stage I-IV pressure ulcers, venous ulcers, second degree burns and donor sites.

Askina® Calgitrol® THIN is a thin layer of ionic silver alginate matrix. Soft and conformable, it is well adapted for deep and difficult-to-dress wounds. It is required to cover the dressing to keep it in place and to absorb exudate with an appropriate secondary dressing like Askina® Foam.

- Broad antimicrobial effectiveness
- Sustainable antimicrobial effectiveness for up to 7 days
- Deliver ionic silver to a wound from both sides
- Can be used to pack deep wounds, cavities or sinuses
- Conform to irregularly shaped wounds or to wounds in awkward anatomical sites (e.g. on the heel, elbow or shoulder)
- Non-adhesive
- Can be cut

Dressings size available:

**10 Pieces / Pack:** 5 cm x 5 cm, 10 cm x 10 cm, 10 cm x 20 cm, 20 cm x 20 cm

**3 Pieces / Pack:** 20 cm x 40 cm

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(1) Instruction for use: Askinal® Calgitrol l’Ag, Askinal® Calgitrol l’THIN, Askinal® Calgitroll® Paste
Askina® Calgitrol® Case Studies by wound type

8-13 DIABETIC FOOT ULCERS
14-19 LEG ULCERS
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26-31 BURNS
32-37 ACUTE WOUNDS
## DIABETIC FOOT ULCERS

### ASKINA® CALGITROL® PASTE

<table>
<thead>
<tr>
<th><strong>Responsible practitioner</strong></th>
<th>Liezl Naude, RN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre</strong></td>
<td>South Africa</td>
</tr>
<tr>
<td><strong>Gender, age (years)</strong></td>
<td>Male, 62 years</td>
</tr>
</tbody>
</table>

### Past medical history
- Diabetes Type II (insulin-dependent)
- Severe neuropathy with history of previous amputations
- Chronic diabetes foot ulceration for the last four years

### Wound diagnosis
- Abscess drained by an orthopaedic surgeon in January
- Plantar wound on the left foot

### Wound profile
- Wound size: L=62 mm, W=50 mm, D=12 mm,
- 50% granulation, 50% epithelial tissue
- Clinical signs of localised infection
- High levels of exudate and maceration of the surrounding callous

### Previous wound management
Negative Wound Pressure Therapy (NWPT) for two weeks then removal by the patient (mid March)

### Reason(s) for switch to Askina® Calgitrol® Paste
To treat the local infection and manage exudate

### Treatment regimen
- Prontosan® Gel used to soak the wound during 15/20 minutes, then wound was cleaned with saline
- Application of Askina® Calgitrol® Paste (for four weeks)
- Secondary dressings depending on the exudate level, such as non adhesive foam
- Dressings changed 2 or 3 times per week

### Other treatment(s) used
Offloading

### Clinical outcomes
- Wound improvement, less maceration one week after treatment
- By Week 2, wound size reduction, cleaned wound bed with 100% granulation tissue
- By Week 4, eradication of all signs of infection, treatment with Askina® Calgitrol® discontinued

### Treatment benefits
- Improvement of the wound healing process
- Decrease in pain and improvement in quality of life
- The paste is easy to apply and remove

### Conclusion
Askina® Calgitrol® Paste permitted eradication of the local infection in this patient with high risk of amputation
**DIABETIC FOOT ULCERS**

**ASKINA® CALGITROL® PASTE**

<table>
<thead>
<tr>
<th>Responsible practitioner</th>
<th>Anne Kataja, Foot therapist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre</td>
<td>Diabetes Clinic, Tampere, Finland</td>
</tr>
<tr>
<td>Gender, age (years)</td>
<td>Male, 72 years</td>
</tr>
</tbody>
</table>

**Past medical history**

- Patient with Type II diabetes
- Diabetic polyneuropathy and angiopathy in both lower limbs
- As a result both of his feet were numb
- Previous wounds treated with growth factors
- Left foot was revascularised

**Wound diagnosis**

- Recurrent ulceration on the ball of left foot

**Wound profile**

- Wound size: L=9 mm, W=5 mm, D=3 mm,
- No slough, but thick callous surrounded wound
- Moderate exudate
- No signs of infection

**Previous wound management**

- Wound care was initiated with a gelling dressing
- Use of offloading with a felt and footwear to accommodate pressure
- Wound size reduction (L=5 mm, D=3 mm, W=3 mm) a month later
- Cleaned wound bed.
- Low level of exudates but callus surrounding the wound.
- Local wound care was changed to resin salve

**Reason(s) for switch to Askina® Calgitrol® Paste**

- Short-term use of normal shoes causes the wound to enlarge: L=7 mm, D=5 mm, W=5 mm
- A haematoma developed next to the wound, which had burst with leakage
- Ball of left foot slightly warmer than right foot

**Treatment regimen**

- Askina® Calgitrol® Paste

**Other treatment(s) used**

- None

**Clinical outcomes**

- After 24h, significant improvement of the wound bed
- By Day 11, reduction of the wound size L=2 mm, W=1 mm, D=2 mm
- There was good epithelialization
- Low level of exudates, no maceration
- Wound completely healed after 4 weeks of treatment

**Treatment benefits**

- Fast wound healing of the diabetic foot ulcer in this patient with recurrent ulcers and history of constant ulceration

**Conclusion**

- The use of Askina® Calgitrol® Paste in this patient resulted in complete healing of his chronic diabetic foot ulcer
Wound prior inclusion

Day 0 – Application of Askina® Calgitrol® Paste

Day 2 – Wound at 24 hours following application of Askina® Calgitrol® Paste

Day 11 – Wound healing in process
## Responsible practitioner
Samantha Haycocks, Dr Paul Chadwick

## Centre
Podiatry department, Salford Royal Hospital, UK

## Gender, age (years)
Female, 69 years

## Past medical history
- Diabetes Type II (insulin-dependent)
- Peripheral arterial disease

## Wound diagnosis
- Osteomyelitis
- Amputation of left 5th toe and distal third of metatarsal

## Wound profile
- Wound size: \( L=63 \text{ mm, } W=27 \text{ mm} \)
- Surface area: \(1734 \text{ mm}^2\)
- Clinical signs of localised infection
- Granulation tissue and slough
- High levels of exudate

## Previous wound management
- 

## Reason(s) for switch to Askina\textsuperscript{®} Calgitrol\textsuperscript{®} Paste
To reduce the signs and symptoms of infection

## Treatment regimen
Application of Askina\textsuperscript{®} Calgitrol\textsuperscript{®} Paste during four weeks

## Other treatment(s) used
Offloading

## Clinical outcomes
- By Week 1, good evolution
- By Week 6, very good wound improvement, wound size reduction (\( L=30 \text{ mm, } W=15 \text{ mm} \)) with area decrease of 45%

## Treatment benefits
- Askina\textsuperscript{®}Calgitrol\textsuperscript{®} paste shows:
  - Improvement of the wound healing process
  - Ideal use on difficult to manage wound shapes, and tunnels
  - Ease of application

## Conclusion
Askina\textsuperscript{®} Calgitrol\textsuperscript{®} Paste permitted to reduce the local infection in this patient with amputation
Wound at inclusion

Wound one week after

Wound 6 weeks after
**LEG ULCERS**

**ASKINA® CALGITROL® AG**

<table>
<thead>
<tr>
<th><strong>Responsible practitioner</strong></th>
<th>Simon Barrett</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre</strong></td>
<td>Humber NHS Foundation Trust, East Yorkshire, United Kingdom</td>
</tr>
<tr>
<td><strong>Gender, age (years)</strong></td>
<td>Male, 74 years</td>
</tr>
</tbody>
</table>
| **Past medical history**    | • Rhumatoid arthritis  
• Recent malignant lesions to scalp  
• Post traumatic wound to left inner ankle at age 40 |
| **Wound diagnosis**         | Ulcer, which failed to heal during the previous 34 years despite most up to date intervention |
| **Wound profile**           | • Wound size: L=12 cm, W=8 cm  
• Superficial depth, 100 % liver red, critically colonized, high volume of exudate, low viscosity |
| **Previous wound management** | • Skin grafting, bed rest and elevation, compression therapy and electrical stimulation  
• Use of several antimicrobial dressings e.g. iodine, silver and Prontosan®  
• Dressings changed three times per week to manage exudate and due to maceration |
| **Reason(s) for switch to Askina® Calgitrol® Ag** | The skin breakdown did not respond to any conventional or advanced therapies for a period of approximately two years |
| **Treatment regimen**       | Two dressings per week |
| **Other treatment(s) used** | Multi layer compression therapy |
| **Clinical outcomes**       | • Significant wound size reduction to L=3 cm, W=2 cm  
• Decreased level of exudate  
• Wound bed is 100 % healthy red, very superficial wound |
| **Treatment benefits**      | • Very good exudate management, no further maceration dressing change twice a week  
• The dressing is conformable to apply  
• Dressings are comfortable for the patient |
| **Conclusion**              | • Having lived with it for 34 years, the leg ulcer has now healed, which has dramatically changed the patient’s life  
• Askina® Calgitrol® Ag is cost effective: reduction of the dressing changes (from 3 to 2 per week) resulting in reduced nursing time |
## LEG ULCERS

**ASKINA® CALGITROL® PASTE**

<table>
<thead>
<tr>
<th>Responsible practitioner</th>
<th>Katharine Speak, Clinical Lead Podiatrist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre</td>
<td>Centre For Diabetes and Endocrinology, York Hospital, York, United Kingdom</td>
</tr>
<tr>
<td>Gender, age (years)</td>
<td>Female, 93 years</td>
</tr>
</tbody>
</table>
| Past medical history     | • Peripheral arterial disease: Superior femoral angioplasty deemed successful, resulting in in-line flow  
• Cardiac disease (heart failure, atrial fibrillation..)  
• No diabetes  
• The patient was living independently with help from the family and her level of self-care was good |
| Wound diagnosis          | • Ischaemic great toe with subungual ulceration  
• Symptoms started approximately one month earlier |
| Wound profile            | • Wound was covered 100% in slough, was difficult to sharp debride  
• Wound was malodorous  
• Erythema on the peri-wound skin  
• Nail had avulsed |
| Previous wound management| • Iodine dressing causing irritation making it uncomfortable especially at night  
• Previous dressing applied too tightly causing a secondary ulcer at the base of the toe |
| Reason(s) for switch to Askina® Calgitrol® Paste | Irritation and traumatism with iodine dressing |
| Treatment regimen        | • Cleansing with saline solution  
• Application of Askina® Calgitrol® Paste  
• Dressing changes done every three days at home  
• Askina® Calgitrol® Paste was applied for a further week after which it was stopped  
• A silicon foam dressing was applied thereafter |
| Other treatment(s) used  | - |
| Clinical outcomes        | • Marked improvement of the toe after one week  
• The slough had lifted with granulation tissue showing in small areas of the wound  
• Two weeks following treatment the nail bed was clean and granulating well |
| Treatment benefits       | • Some erythema was still evident but the patient was really pleased, reporting greater comfort and undisturbed sleep  
• Due to the antimicrobial effectiveness of Askina® Calgitrol® Paste no antibiotic therapy was required resulting in lower treatment costs |
| Conclusion               | Askina® Calgitrol® Paste treatment resulted in rapid healing of the leg ulcer, improved quality of life for the patient and lower treatment costs |
Day 1 – Pre-treatment

Week 1 – Following treatment with Askina® Calgitrol® Paste

Week 2 – Clean nail bed and wound granulating
| **LEG ULCERS**  
ASKINA® CALGITROL® PASTE |
|---|

| **Responsible practitioner** | Mazizi Njokweni, Podiatry Dpt |
| **Centre** | Leratong Hospital, Gauteng, South Africa |
| **Gender, age (years)** | Female, 54 years old |

<table>
<thead>
<tr>
<th><strong>Past medical history</strong></th>
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<tbody>
<tr>
<td>• Hypertension</td>
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<tr>
<td>• Recurrent chronic Venous Leg Ulcer present for 18 years</td>
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<table>
<thead>
<tr>
<th><strong>Wound diagnosis</strong></th>
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<tr>
<td>Recurrence of venous leg ulcers present for 18 years</td>
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<tr>
<th><strong>Wound profile</strong></th>
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<tbody>
<tr>
<td>• The methodology of the case study was a random selection of subjects with chronic venous leg ulcers that have been present for more than 1 year.</td>
</tr>
<tr>
<td>• The period of the trial was 8 weeks with chronic venous leg ulcers consultations once a week.</td>
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<tr>
<td>• At 1st consultation chronic leg ulcer presented with raised and inflamed wound edges, macerated peri-wound areas, fibrin with slough, moderate to high exuding wounds and pain grade above 3</td>
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<thead>
<tr>
<th><strong>Previous wound management</strong></th>
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<tr>
<th><strong>Reason(s) for switch to Askina® Calgitrol Paste</strong></th>
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<tr>
<td>• Bacterial infections, if not treated properly, can lead to a delay in wound healing and induce severe systemic complications</td>
</tr>
<tr>
<td>• The primary objective was to examine the use of Prontosan® solution to control the bioburden of the wound bed and askina calgitrol paste to properly treat the Bacterial infection</td>
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<table>
<thead>
<tr>
<th><strong>Treatment regimen</strong></th>
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<tbody>
<tr>
<td>Askina® Calgitrol Paste dressing was changed once a week on a period of 8 weeks</td>
</tr>
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<table>
<thead>
<tr>
<th><strong>Other treatment(s) used</strong></th>
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<table>
<thead>
<tr>
<th><strong>Clinical outcomes</strong></th>
</tr>
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<tbody>
<tr>
<td>• At last consultation chronic wound ulcer showed significant improvement.</td>
</tr>
<tr>
<td>• Reduction of the level of exudate</td>
</tr>
<tr>
<td>• Significant pain reduction</td>
</tr>
<tr>
<td>• Promotion of granulation tissue</td>
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<table>
<thead>
<tr>
<th><strong>Treatment benefits</strong></th>
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<tbody>
<tr>
<td>• Real improvement in stagnant ulceration</td>
</tr>
<tr>
<td>• Accelerated closure of the ulcerreduction in pain</td>
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<tr>
<th><strong>Conclusion</strong></th>
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<tr>
<td>The combination of Prontosan® solution and Askina® Calgitrol Paste in chronic venous leg ulcer is appropriate and relevant to reduce local infection and promote tissue viability when other treatments had failed.</td>
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</table>
Day 1: wound at inclusion

Week 8: good wound improvement
### PRESSURE ULCERS

**ASKINA® CALGITROL® Ag**

<table>
<thead>
<tr>
<th><strong>Responsible practitioner</strong></th>
<th>Lindsey Bullough, Tissue Viability Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre</strong></td>
<td>Wrightington, Wigan and Leigh NHS Foundation Trust, United Kingdom</td>
</tr>
<tr>
<td><strong>Gender, age (years)</strong></td>
<td>Male, 49 years</td>
</tr>
</tbody>
</table>
| **Past medical history**    | • The patient has a history of spina bifida  
                              • He is immobile and confined to a wheelchair but is independent with activities of daily living |
| **Wound diagnosis**         | Category 4 pressure ulcer -> admission to the hospital |
| **Wound profile**           | • Size: L=15 cm, W=20 cm  
                              • Necrotic tissue covering the whole wound  
                              • Infected wound: A swab identified MRSA |
| **Previous wound management** | • The necrosis was sharply debrided  
                                • After sharp debridement, Prontosan® irrigation solution and gel were used to remove any biofilm and complete the debridement process |
| **Reason(s) for switch to Askina® Calgitrol® Ag** | Provide an active concentration of silver ions on wound bed to reduce local infection, to support the debridement process and control the exudates |
| **Step 1:**                 |  
| ・A layer of gauze soaked in Prontosan® irrigation solution was placed onto the necrotic tissue for 15 minutes prior to applying Prontosan® gel  
| ・Askina® Calgitrol® Ag was applied with an adhesive film to secure in place  
| ・The dressing was replaced every alternate day until the necrosis was softened, revealing soft yellow slough  
| ・Debridement of the wound was then carried out |
| **Step 2:**                 |  
| ・After necrosis debridement, dressing changes were undertaken on a daily basis to manage the high level of exudate |
| **Other treatment(s) used** | - |
| **Clinical outcomes**       | **Day 20**  
                              • Wound size reduction (L=11 cm, W=15 cm)  
                              • Decrease of slough by 90 %  
                              • Reduction of dressing changes to twice weekly due to a decrease of the exudate  
| **Day 26**                  | • Good progression of the wound healing with a wound size reduction (L=10.5 cm, W=14.75 cm)  
                              • Minimal slough |
| **Treatment benefits**      | Dressing changes decreased with the level of exudates from daily to twice weekly saving on nursing time and reducing discomfort for the patient |
| **Conclusion**              | Askina® Calgitrol® Ag  
                              • Contributed to the rapid clearing of infection leading to wound progression in this stage 4 pressure ulcer  
                              • Controlled exudate from which no maceration was seen to the surrounding skin |
### PRESSURE ULCERS

**ASKINA® CALGITROL® AG**

<table>
<thead>
<tr>
<th><strong>Responsible practitioner</strong></th>
<th>Sue Johnson, Lead Nurse</th>
</tr>
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<tbody>
<tr>
<td><strong>Centre</strong></td>
<td>Wound Care, Doncaster and Bassetlaw Hospitals NHS Foundation Trust, Doncaster, United Kingdom</td>
</tr>
<tr>
<td><strong>Gender, age (years)</strong></td>
<td>Male, 54 years</td>
</tr>
</tbody>
</table>
| **Past medical history**    | • Paraplegic following accident  
• Recurring right heel pressure ulcers over a six year period |
| **Wound diagnosis**         | Presented with self-inflicted traumatic wounds to left leg |
| **Wound profile**           | • The wound was clinically critically colonized with surrounding erythema, odour and increased exudate  
• 100 % of necrotic tissue on the wound bed |
| **Previous wound management** | - |
| **Reason(s) for switch to Askina® Calgitrol® Ag** | The pressure ulcer was critically colonized and it's recognized that ionic silver is safe and effective in complex wounds |
| **Treatment regimen**       | • Askina® Calgitrol® Ag was used in conjunction with Viscopaste sofban and a Klite bandage  
• The dressing was changed weekly |
| **Other treatment(s) used** | • Viscopaste sofban  
• Klite pressure bandage toe to knee to reduce oedema |
| **Clinical outcomes**       | • The necrotic tissue was largely removed within one week of initiating treatment with Askina® Calgitrol® Ag  
• Important decrease of the exudate level compared to pre-treatment levels  
• Infection resolved in two weeks  
• Important size reduction within two weeks |
<p>| <strong>Treatment benefits</strong>      | Askina® Calgitrol® Ag was clinically effective and rapidly reduced necrosis, infection and exudate in this patient with complex wounds |
| <strong>Conclusion</strong>              | Askina® Calgitrol® Ag is a cost-effective alternative to other silver products and also reduces secondary dressing costs without increasing nursing time |</p>
<table>
<thead>
<tr>
<th><strong>Responsible practitioner</strong></th>
<th>Ponghatai Pumraya, MSN, RN</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre</strong></td>
<td>Wound Care Clinic, Nopparat Rajathanee Hospital, Bangkok, Thailand</td>
</tr>
<tr>
<td><strong>Gender, age (years)</strong></td>
<td>Female, 71 years</td>
</tr>
</tbody>
</table>
| **Past medical history**    | • Cerebrovascular accident (CVA)  
• Sepsis  
• Patient requires assistance with daily living |
| **Wound diagnosis**         | Two unstageable pressure ulcers, left buttock |
| **Wound profile**           | • Size: L=2.0 cm, W=6 cm and L=1 cm, W=3 cm  
• The wound beds were covered with black and brown eschars and slough |
| **Previous wound management** | - |
| **Reason(s) for switch to Askina® Calgitrol® Paste** | Alternative treatment for an elderly patient who could not tolerate the removal of necrosis by surgical procedure |
| **Treatment regimen**       | • Wound cleansing with saline solution  
• Application of Askina® Calgitrol® Paste on the wound bed  
• A foam dressing was used as the secondary dressing  
• Dressing changes every 3–4 days until the dark necrosis was removed |
| **Other treatment(s) used** | - |
| **Clinical outcomes**       | Marked wound bed improvement: The eschars from the two unstageable pressure ulcers were removed within 18 days after Askina® Calgitrol® Paste application |
| **Treatment benefits**      | • The paste is comfortable to apply for the patient  
• Both the patient and caregiver were pleased with the outcome of the treatment |
| **Conclusion**              | • Askina® Calgitrol® Paste is an effective alternative to remove eschars in patients at risk from surgical debridement  
• Askina® Calgitrol® Paste supports wound healing and is considered safe for the patient |
Day 1 – At inclusion
Day 1 – Application of Askina® Calgitrol® Paste
Day 1 – Dressings in place on both wounds

Day 3 – Wound evolution
Day 10 – Wound evolution
Day 18 – Wounds demonstrating removal of necrosis tissue
### Responsible practitioner
Evgeny Zinovyev, PR

### Centre
Burns Unit, Leningrad Regional Hospital, St. Petersburg, Russia

### Gender, age (years)
Male, 24 years

### Past medical history
The patient was admitted to hospital as an emergency case three hours after injury

### Wound diagnosis
Partial thickness flame burn

### Wound profile
The burn affected 12% of the total surface area of the trunk and extremities

### Previous wound management
Not applicable

### Reason(s) for switch to Askina® Calgitrol® Paste
Evaluation of a new dressing, Askina® Calgitrol® Paste

### Treatment regimen
- Askina® Calgitrol® Paste alone was initially applied on a daily basis to the burns
- Dressing changes were based on an evaluation of the condition of the wound, adhesion of the dressing, level of suppuration, bleeding

### Other treatment(s) used
- 

### Clinical outcomes
- Askina® Calgitrol® Paste was 'rejected' on Day 6. The wound surface was covered with mucous exudate and fibrin, under which could be seen numerous areas of regional and focal epithelialisation
- Askina® Calgitrol® was re-applied, this time with a gauze bandage to hold it close to the skin surface for a further six days
- Complete wound epithelialisation on both the trunk and extremities after 12 days

### Treatment benefits
- Askina® Calgitrol® Paste improved the treatment of dermal burns in this patient by reducing:
  - Time to wound healing
  - Duration of individual stages of the wound healing process (reducing time of rejection of the burn eschar)
  - Frequency of suppuration

### Conclusion
Askina® Calgitrol® Paste is very cost effective as it reduces both the time of wound healing and the overall cost of treatment
Day 1 – Burn at inclusion

Day 1 – Application of Askina® Calgitrol® Paste

Day 6 – Good evolution

Day 12 – Complete epithelisation
<table>
<thead>
<tr>
<th><strong>Responsible practitioner</strong></th>
<th>Jinghua Zang</th>
</tr>
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<tbody>
<tr>
<td><strong>Centre</strong></td>
<td>Burn Unit, Heilongjiang Province Hospital, Harbin, China</td>
</tr>
<tr>
<td><strong>Gender, age (years)</strong></td>
<td>Female, 23 years</td>
</tr>
<tr>
<td><strong>Past medical history</strong></td>
<td>The patient suffered burns when a pot of boiling water spilt over her right leg</td>
</tr>
<tr>
<td><strong>Wound diagnosis</strong></td>
<td>Right leg dermal burns</td>
</tr>
<tr>
<td><strong>Wound profile</strong></td>
<td>Partial thickness burns involving 4 % of the body surface area</td>
</tr>
<tr>
<td><strong>Previous wound management</strong></td>
<td>1 % silver sulfadiazine (1 % AgSD) was used once (Day 1)</td>
</tr>
<tr>
<td><strong>Reason(s) for switch to Askina® Calgitrol® Ag</strong></td>
<td>Evaluation of a new dressing, Askina® Calgitrol® Ag</td>
</tr>
<tr>
<td><strong>Treatment regimen</strong></td>
<td>Application of Askina® Calgitrol® Ag on Day 2 post-injury</td>
</tr>
<tr>
<td><strong>Other treatment(s) used</strong></td>
<td>-</td>
</tr>
</tbody>
</table>

**Clinical outcomes**
- Partial epithelialisation by Day 12
- Partial wound healing on Day 16 → patient discharge

**Treatment benefits**
- Compared with 1% AgSD cream (traditional treatment), Askina® Calgitrol® Ag was:
  - Much easier to apply and remove, making it more comfortable for the patient
  - Easier use for the nurse
  - Left on the wound for up to seven days and therefore both the frequency of dressing changes and pain control medication was significantly reduced

**Conclusion**
- Askina® Calgitrol® Ag dressing is a safe treatment for partial thickness burns as it exerts a highly antimicrobial effect and provides an optimal moisture-balanced healing environment.
Day 1 - Post-burn

Day 2 – Application of Askina® Calgitrol® Ag

Day 12 – Partial epithelialisation of the wound

Day 16 – Almost healed wound
<table>
<thead>
<tr>
<th><strong>Responsible practitioner</strong></th>
<th>Carlos Segovia and Magaly Yarza, Intensive care Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre</strong></td>
<td>Burn ICU Hospital Clínico Mutual de Seguridad, Santiago, Chile</td>
</tr>
<tr>
<td><strong>Gender, age (years)</strong></td>
<td>Male, 31 years</td>
</tr>
<tr>
<td><strong>Past medical history</strong></td>
<td>Deep partial thickness burn (hot water) occurred at age of 2. Back and Lower limbs are currently covered with a keloid</td>
</tr>
<tr>
<td><strong>Wound diagnosis</strong></td>
<td>Severe burns caused by fire from gas explosion</td>
</tr>
</tbody>
</table>
| **Wound profile**           | • TBSA: 39%  
• Superficial Partial thickness Burn: Facial 6%  
• Superficial Partial thickness Burn: Cervical 1.5%  
• Superficial Partial thickness Burn: Back 18%  
• Superficial Partial thickness Burn: Upper limbs 13.5% |
| **Previous wound management** | - |
| **Reason(s) for use of Askina® Calgitrol Paste** | • Impossible to perform an early excision due to medical record  
• It was decided to prepare the wound bed for further dermoeidermal graft with Askina® Calgitrol Paste |
| **Treatment regimen**       | • Wound bed preparation with Prontosan® solution  
• Application of Askina® Calgitrol® Paste (primary dressing)  
• Secondary dressing with Gauze with petrolatum  
• Traditional dressings on the top  
• Treatment of 12 days in total with daily dressings changes |
| **Other treatment(s) used** | Hydrotherapy on daily basis |
| **Clinical outcomes**       | • Askina® Calgitrol Paste demonstrated to be an excellent alternative for wound bed preparation before grafts  
• Successful dermoeidermal graft |
| **Treatment benefits**      | • Excellent synergy between Prontosan® solution (for biofilm and inflammatory parameters) and Askina® Calgitrol Paste (for bacterial bioburden and exudates)  
• Decreased antibiotics consumption  
• Less pain |
| **Conclusion**              | • Decreased nursing workload  
• Early discharge of the patient from ICU  
• Decreased total cost of patient treatment |
1. Burn on the back
2. Application of Askina® Calgitrol® Paste
3. Sterile petrolatum gauze used as secondary dressing
4. Successful dermoeipidermal graft
<table>
<thead>
<tr>
<th><strong>Responsible practitioner</strong></th>
<th>Danielle Frassi Bastos</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre</strong></td>
<td>B Braun, Brazil</td>
</tr>
<tr>
<td><strong>Gender, age (years)</strong></td>
<td>Male, 68 years</td>
</tr>
<tr>
<td><strong>Past medical history</strong></td>
<td>-</td>
</tr>
</tbody>
</table>
| **Wound diagnosis**         | • Wisdom tooth extraction  
• Application of dry ice after the procedure for one hour to reduce the swelling -> created a burn to the neck |
| **Wound profile**           | • Wound Size: L=5.5 cm, W=5.0 cm  
• Purulent wound |
| **Previous wound management** | Not applicable |
| **Reason(s) for switch to Askina® Calgitrol® Paste** | Abscess wound with pus |
| **Treatment regimen**       | • Cavity wound is cleaned with Prontosan® solution  
• Application of Askina® Calgitrol® Paste in conjunction with a secondary gauze dressing  
• Dressing changes every third day |
| **Other treatment(s) used** | Prontosan® solution for wound bed cleansing |
| **Clinical outcomes**       | • Wound size reduction to L=5 cm, W=3 cm at Day 4  
• Size reduction over time  
• By Day 15 it measured L=1.5 cm, W=1.0 cm  
• Complete wound healing at day 23 |
| **Treatment benefits**      | Very rapid wound healing for this large and cosmetically obvious wound |
| **Conclusion**              | Use of Askina® Calgitrol® Paste in the early stages post-injury resulted in prevention of infection together with rapid and complete healing of an acute chemical burn |
Day 1 – Wound with pus before debridement

Day 4 – Wound size reduction: L=5.0 cm, W=3.0 cm

Day 7 – Wound size L=1.5 cm, W=1.5 cm

Day 10 – Wound size L=1.2 cm, W=1.5 cm

Day 23 – Wound completely healed
<table>
<thead>
<tr>
<th>Responsible practitioner</th>
<th>Liezl Naude, RN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre</td>
<td>South Africa</td>
</tr>
<tr>
<td>Gender, age (years)</td>
<td>Male, 74 years</td>
</tr>
<tr>
<td>Past medical history</td>
<td>-</td>
</tr>
</tbody>
</table>
| Wound diagnosis          | • Skin puncture with rusty iron wire  
                          | • Developed severe cellulitis and abscess formation |
| Wound profile            | • Admitted to hospital on the 6th March  
                          | • Wound measurement: L=37 mm, W=10 mm, D=10 mm  
                          | • Wound bed is composed of 80 % slough, 10 % granulation, tissue and 10 % epithelial tissue  
                          | • Treatment with IV antibiotics in hospital  
                          | • After 8 weeks of treatment the wound measured L=37 mm, W=10 mm, D=10 mm |
| Previous wound management| Negative Pressure Wound Therapy (NWPT) for 21 days started in March |
| Reason(s) for switch to Askina® Calgitrol® Paste | Infected wound |
| Treatment regimen        | Askina® Calgitrol® Paste |
| Other treatment(s) used  | - |
| Clinical outcomes        | Complete wound healing less than two weeks following initiation of treatment with Askina® Calgitrol® Paste |
| Treatment benefits       | Paste very easy to apply to this sinus wound |
| Conclusion               | Askina® Calgitrol® Paste in conjunction with IV antibiotics encourages rapid healing of an abscess wound with severe cellulitis |
Day 1: Wound at inclusion
Wound size: L=37 mm, W=10 mm, D=10 mm

Day 13 – Wound completely healed
## Responsible practitioner
Frans Meulenière, RN

## Centre
AZ St Elisabeth Zottegem, Belgium

## Gender, age (years)
-

## Past medical history
-

## Wound diagnosis
Skin abrasion following fall off from a motorbike

## Wound profile
- Dirty wound on the right arm
- High level of exudate

## Previous wound management
Standard antiseptic treatment

## Reason(s) for switch to Askina® Calgitrol® Ag
- Wound with high risk of infection
- No improvement after preceding antiseptic treatment

## Treatment regimen
- Wound cleansing with Prontosan® solution
- Application of Askina® Calgitrol® Ag dressing
- Dressing changes on average every two days

## Other treatment(s) used
-

## Clinical outcomes
- After two days, first dressing removed, appearance of red granulation tissue
- On Day 20, good evolution in moist wound environment
- Marked wound improvement by Day 31

## Treatment benefits
- The dressing is easy to use and can be cut to fit the wound size
- Less frequent dressing changes save nursing time and product cost

## Conclusion
Askina Calgitrol® Ag® is a cost effective dressing for the treatment of infected acute wounds
Day 1 – Abrasion prior to treatment

Day 2 – First dressing change following treatment with Askina® Calgitrol® Ag

Day 7 – Wound appearance after seven days

Day 20 – Good wound healing process in moist wound environment

Day 31 – Marked wound improvement
Prontosan® Wound Irrigation Solution  
is indicated for cleansing irrigation and moistening of superficial acute and superficial chronic wounds. Prevents:  
• Wound infection  
• Biofilm formation  
• MDRO contamination  
It moisten wound dressings and dissolves encrusted bandages or wound dressings during dressing changes.

Prontosan® Gel X  
proper wound cleansing is essential. The use of Prontosan® Wound Gel X provides long-lasting cleansing and decontamination of the wound bed between dressing changes.

Prontosan® Debridement Pad  
has been designed to support the Wound Bed Preparation with Prontosan® Wound Irrigation Solution.

Askina® Calgitrol® range  
is a sterile dressing, consisting of an ionic silver alginate matrix, provided for broad antimicrobial effectiveness; helps prevent contamination from external bacteria.

Askina® Foam range  
is a polyurethane foam wound contact surface with a high absorption capacity and a vapour permeable, water and bacteria resistant polyurethane film outer layer.

Askina® Carbosorb  
is a conformable dressing composed of an activated charcoal cloth as a middle layer and two layers of non-wove viscose-rayon and polyester for top layer.