Askina® Transorbent®

Type	Improved Wound Healing	Patient's comfort	Page
RCT	●	●	56/58

Product presentation

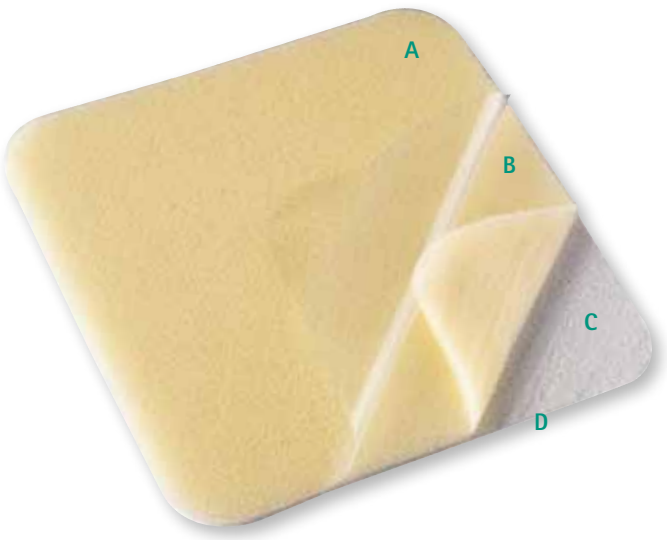
Description
The Transorbent® Technology features a patented design that provides a unique absorption process.

A Thin Polyurethane Layer
Impermeable to liquids and bacteria but vapour permeable.

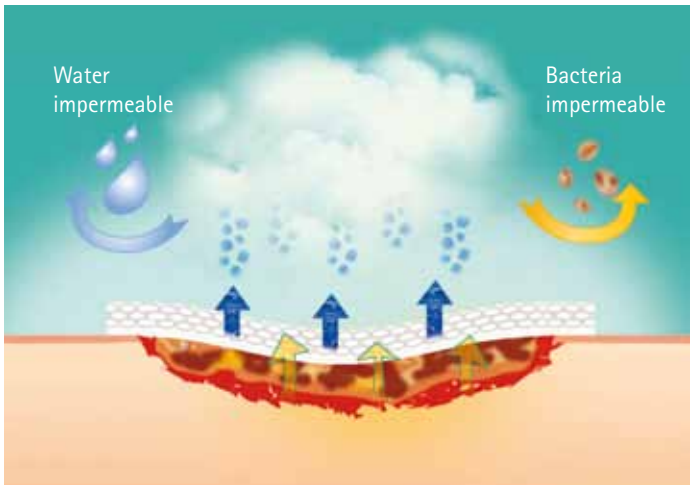
B Foam Layer
Provides a means for the escape of moisture vapour giving the dressing its comfortable smoothness and conformability.

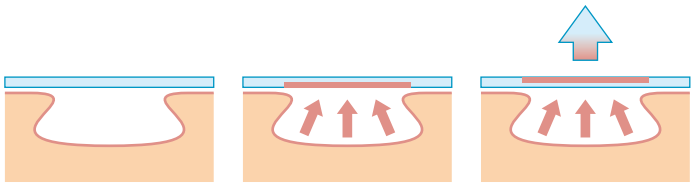
C Dry Hydrogel Layer
Absorbs wound exudate and preserves a moist healing environment. Excess exudate is evaporated through the foam and upper layers.

D Adhesive Layer
Sticks to the intact and dry surrounding skin but not to the wound surface.



How it works





The dry hydrogel ...

... is able to transfer fluid away from the wound, capture it ...

... and eliminate the excess moisture.

Askina® Transorbent®

Type	Improved Wound Healing	Patient's comfort	Page
RCT	●	●	56/58

Clinical evidence

Comparison and evaluation of the performance characteristics, usability and effectivenesson wound healing, of Askina® Transorbent® vs a hydrocolloid with foam backing.
Marie Brown-Etris, RN, CETN - President/Etris Associates, Inc. Philadeiphia, USA
Results presented at the 5th European Conference on Advances in Wound Management/Harrogate, 21 – 24 November 1995
This data summarizes the resuits of a 7 site, 10 week investigation, involving 140 patients, of which 121 remained in the study throughout the 10 week period.

Background and objective

The objective of the study was to evaluate and compare two widely used dressings, Askina® Transorbent® with a leading hydrocolloid with foam backing, for the management of Stage II, Stage III and Stage LV pressure ulcers.

Method

This 10 week, multi-center study was stratified, open label and prospective. Wounds were randomized according to surface area and stage so that final comparison could be made among similar wounds.

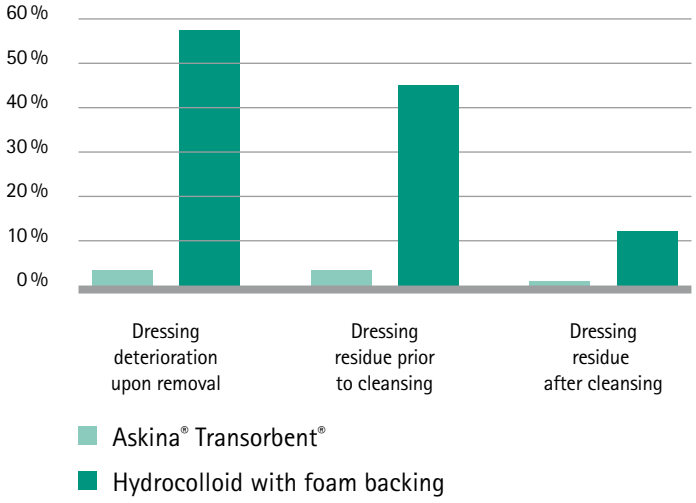
Once enrolled in the study, a baseline wound assessment and risk assessment using the Braden scale was performed on each participant and documented on the case report forms. The participant was visited weekly for evaluations.

The wound assessment included
- Metric measurement of wound dimensions.
- Tracing of wound on transparent film.
- Stage of wound.
- Wound location.
- Condition of margins and periwound area.
- Exudate level.
- Odour.

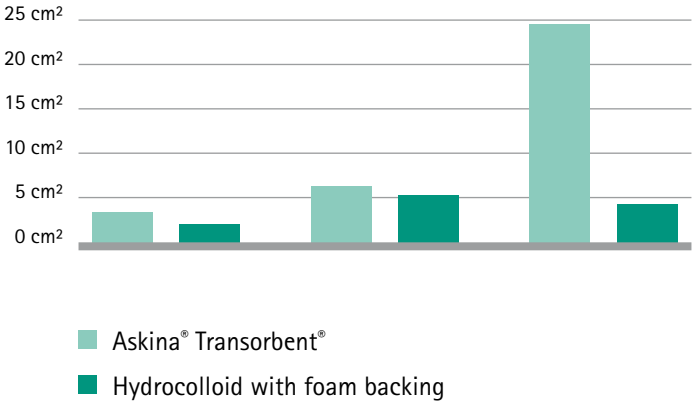
Additional data collected included
- Previous wound treatments.
- Form of pressure relief.
- Nutritional status
- Diagnostics and medical condition

Result

Dressing residue in periwound area



Surface area reduction over 10 Weeks



Askina® Transorbent®

	Type	Improved Wound Healing	Patient's comfort	Page
	RCT	●	●	56/58

Conclusion
Askina® Transorbent® performed best overall.

This is evidenced by its ability to reduce wound surface area in healing wounds to a greater extent than the hydrocolloid when pressure ulcers were followed closely for up to 10 weeks.

The largest sampling (Stage III, 2 cm – 30 cm^2) which produced data from 78 participants, demonstrated that there was a 21 % greater reduction in wound surface area in the Askina® Transorbent® group over the hydrocolloid group i.e., overall mean area reduction of 6.3 cm vs 5.2 cm. Stage 11 (2 cm – 30 cm) the overali mean reduction of 3.6 cm experienced by the subjects in the Askina® Transorbent® group was 57 % greater than the reduction of 2.3 cm observed with the subjects in the hydrocolloid group.

In addition, the results from the group treated with Askina Transorbent demonstrated statistically significant improvements over the group treated with the hydrocolloid dressing in the following areas:

- Dressing deterioration at the time of removal.
- Dressing residue prior to cleansing.
- Dressing residue after cleansing.

This confirms Askina® Transorbent® to be superior in its ability to maintain integrity and minimize the residue commonly associated with hydrocolloid deterioration.