

Prontosan®

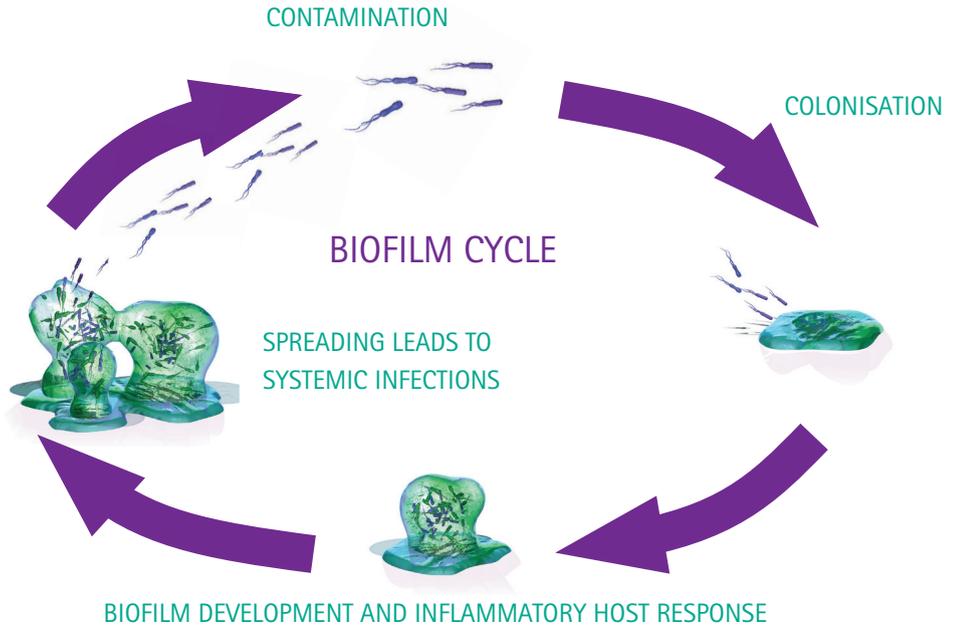
BREAKS THE BIOFILM CYCLE

THE PROBLEM

Traditional wound cleansing with saline and water is ineffective at removing coatings and debris in many wounds, especially complex biofilms.

FACT: Over 90% of chronic wounds have a biofilm present which is a major barrier to wound healing¹.

OVER
90%
OF WOUNDS HAVE
A BIOFILM¹



SOLUTION

Prontosan® with its unique combination of Betaine surfactant and Polyhexanide antimicrobial is proven to disturb biofilms in wounds.^{1,2}

Over 10 years of clinical practice demonstrate that by routinely introducing a Prontosan® regime as part of your patient pathway you will achieve better results, incl.:

- Improved patient outcomes, including time to heal³
- Prevention of complications⁴



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1) Cutting K, (2010), Addressing the challenge of wound cleansing in the modern era, British Journal of Nursing, 2010 (Tissue Viability Supplement), Vol 19, No 11.
 2) Davis SC, Harding A, Gil J, Parajon F, Valdes J, Solis M Et Higa A "Effectiveness of a polyhexanide irrigation solution on MRSA biofilms in a porcine wound model" IWJ 1742-4801, 2017, 1-8.
 3) Bellingeri, A. et al. "Effect Of A Wound Cleansing Solution On Wound Bed Preparation And Inflammation In Chronic Wounds: A Single-Blind RCT". Journal of Wound Care 25.3 (2016): 160-168. Web.
 4) Moore, M 0.1% Polyhexanide-Betaine Solution as an Adjuvant in a Case-Series of Chronic Wounds, Surg Technology International, 2016.

Effective wound-bed preparation

Correct wound bed preparation in chronic wounds accelerates healing and enhances the effectiveness of advanced wound care products. Katie Bennett – an NHS nurse with special interest in tissue viability, who runs a leg ulcer clinic, and treats complex and challenging wounds – explains why **B Braun's** Prontosan Irrigation Solution, Wound Gel X and Debridement Pad provide the best foundation for wound healing.

What are your main objectives in leg ulcer care and why would you recommend wound cleansing?

Katie Bennett: A thorough, holistic assessment of a patient with a leg ulcer needs to be undertaken to determine an accurate diagnosis and plan of care. My main objectives in leg ulcer care are to free wounds from infection or biofilm, manage exudate and debride any slough or necrotic tissue from the wound bed. In particular, leg ulcers and the area around them need to be cleansed of debris and devitalised tissue to allow an accurate picture of the state of the wound. This helps to prevent cross infection from contamination, and I have found that the Prontosan Irrigation Solution leads to a reduction in reoccurring infections.

Can you explain a bit about wound-bed preparation and why it's important to your clinical practice?

Wound bed tissue type needs to be identified, but it is difficult to assess the true extent of a wound that has slough or necrotic tissue. The same factors also slow down the healing process, which means it's important that this type of tissue is removed.

Equally, infection causes pain to the patient and can delay or deteriorate a wound. It can also increase moisture levels, which in turn can cause maceration and excoriation to the peri-wound. The edge of a wound bed will not epithelise unless it is well prepared, so care of the surrounding skin is equally important for promoting comfort and skin health.

Several methods of wound debridement are available to you as a specialist – how does mechanical debridement suit leg ulcer care?

As with all chronic wounds, leg ulcers can get stuck in a particular (usually



A leg ulcer before treatment.

the inflammatory) phase of healing. It's essential to remove any dead tissue or biofilm to enable a wound to move to the proliferation phase of healing. Mechanical debridement physically removes devitalised tissue from the wound bed without damaging any healthy tissue.

What has been your experience of the Prontosan Debridement Pad? Do you have any tips on how to use it?

The Prontosan Debridement Pad is my go-to for mechanical debridement. It is very quick and easy to use, gives instant results, and requires no specialist training. For patients that have wound debris or a possible biofilm present, I will cleanse the ulcer with a moistened pad using a circular motion. I have found patients find it comfortable and they also like to see the immediate results of the removal of dead tissue. It can also be used on the whole leg to remove dry skin plaques (hyperkeratosis), while the tapered end is great for harder to reach areas such as in between toes or a wound with some depth to it. I can use the Pad with an emollient, which does not alter the effectiveness. I feel it allows the emollient to penetrate the patient's skin and wound better. Patients have a positive experience of their leg having 'a good wash' – it gives them a greater sense of well-being.



After Prontosan Solution and Debridement Pad.

Why do you use Prontosan Gel X and what benefits have you seen using it between dressing changes?

I use Prontosan Gel X on acute and chronic wounds. It is easy to use, applied directly on to the wound and great for cavities or wounds that are undermining. Patients find dressing changes comfortable as the gel keeps the wound bed moist, which means the dressing doesn't adhere to it. Another consideration is how distressing patients can find the odour emitted from leg ulcers due to the presence of bacteria and devitalised tissue. I have found that Prontosan Gel X helps to reduce this smell, thereby improving patient care.

Have you found any extra benefits from using the Prontosan products as a wound-bed preparation system?

I have found that using all three products in combination works particularly well on patients with chronic leg ulcers that may have the presence of a biofilm. The Debridement Pad removes debris, slough and biofilm; the Irrigation Solution continues to reduce the bacterial burden; and the Gel X will continue to debride while offering an antimicrobial effect and a moist environment that helps the ulcer to heal. Together, all three stop biofilm reforming, reduce healing time and help to prevent wound infection. ●

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