

Change to Moisture Management Border Foam Dressing Reduces Complication Rates and Costs

Jodi Boory BSN RN CRRN CHRN CWCA OMS ; Susan Rolniak St John MSN CRNP
UPMC Wound Healing Services at UPMC Passavant

UPMC | Wound
Healing
Services

2030 Mackenzie Way
Cranberry Twp PA 16066
T 724-720-5959
F 724-772-8276

THE PROBLEM

Management of wound drainage can prove to be challenging for both the clinicians and the patients.¹⁻² Bordered foam dressings are a solution commonly used to manage wounds with moderate to heavy drainage. These dressings are typically left in place for 3-5 days due to insurance coverage but can be left in place for up to a week based on the clinician's judgement.

Several patients in this outpatient wound care center developed complications with contact dermatitis around the current border foam dressing's adhesive or at the wound-dressing interface due to the saturated foam sitting on the patient's skin between dressing changes. These complications caused:

- Increased cost of care due to more frequent dressing changes and purchase of topical hydrocortisone steroids.
- Patient discomfort caused by the contact dermatitis.
- Decreased patient satisfaction with wound progression and complications.

INTERVENTION

A new moisture management border foam dressing* was utilized on a series of patients (N=5) with moderate to highly exudative wounds (2 surgical, 2 venous stasis, and 1 hidradenitis suppurativa) showing sensitivity with the previous border foam dressing. This border foam dressing was chosen because of the dressing's design to improve exudate containment and prevent drainage from seeping out of the foam dressing due to the bordered adhesive construction.

COURSE OF TREATMENT

Bordered foam dressings typically have silicone borders which are designed to be self-adherent while protecting the skin. These dressings maintain a moist wound environment, but can lead to contact dermatitis in the periwound environment due to drainage seeping out of the foam onto the patient.

To prevent this from occurring, increased dressing changes are required, resulting in out of pocket cost for the patient. When the patient exhibits skin issues from drainage seeping out of the dressing, often a topical hydrocortisone steroid is ordered and applied to the skin. This cost with the increase in dressing changes (time to change dressings, supplies) increases care time and monetary costs.

Bordered foam dressings are covered by insurance every 3-5 days for moderate to heavy drainage. A typical 4" x 4" border foam averages \$2.34 per dressing.

A new moisture management border foam dressing* has been developed to manage the wound exudate/drainage and contain it within the dressing without seeping back onto the patient. This dressing is also covered by insurance for 3-5 days and is priced at \$2.50 per dressing.

Patient satisfaction was noted for all 5 patients related to skin issues (e.g. itchiness) and comfort during dressing changes.

RESULTS

The decision to change dressings, although slightly higher in cost (\$2.50 per new moisture management border foam dressing vs. \$2.34 per previous border foam dressing), resulted in overall treatment cost reduction due to decreased frequency of dressing changes and no longer the need for topical hydrocortisone steroid.

The patients in this study were able to maintain the dressing on average for 4 days without any signs or symptoms of skin integrity problems. All 5 patients expressed increased satisfaction with the new moisture management border foam dressing.

For patients who had developed complications with the previous border foam dressing adhesive, switching to the new moisture management border foam dressing resolved all symptoms related to contact dermatitis.

CONCLUSION

The new moisture management border foam dressing:

- Effectively managed the exudate.
- Eliminated complications with contact dermatitis.
- Increased overall patient satisfaction.

Further research is needed to examine how this dressing impacts healing times.

REFERENCES

1. Adderley U. Managing wound exudate and promoting healing. *British Journal of Community Nursing*. 2010 Mar;15(3):S15-6, 18, 20.
2. Bianchi J, Gray D, Timmons J, Meaume S. Do all foam dressings have the same efficacy in the treatment of chronic wounds? *WOUNDS UK*. 2011(7)1:62-67

FOOTNOTES

*ULTRA Border Foam Dressing, Milliken Healthcare Products, LLC, Spartanburg, SC

CASE #1 – Venous Stasis



CASE #2 – Surgical Wound



CASE #3 – Surgical Wound



CASE #4 – Hidradenitis Suppurativa



CASE #5 – Venous Stasis

