

RENASYS[◇]-F/P Foam or RENASYS-G Gauze: Choosing a NPWT wound filler

General considerations

- Smith & Nephew offers the clinician flexibility in choosing a wound filler for use with NPWT
- The factors to consider when choosing an interface are based on the patient and wound characteristics and clinical judgment of the HCP
- Clinical studies have demonstrated that the overall healing rates, defined as percent reduction in wound volume/surface area per week, are similar with both gauze and foam^{1,2}. This validates that the HCP can expect similar efficacy
- The following guidelines have been developed based on feedback and insights from HCPs who have used both foam and gauze

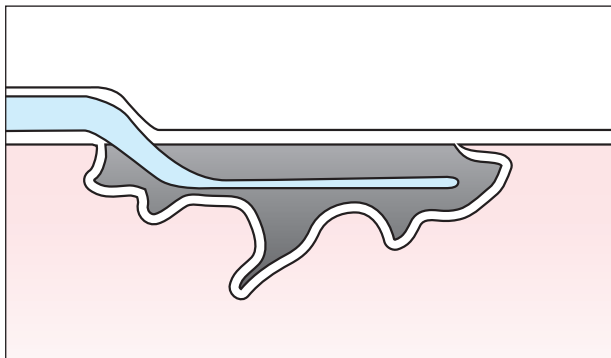
Factors to consider include:

- Wound size and volume
- Contour of wound bed
- Amount and type of exudate
- Patient comfort and preference
- Characteristics of granulation tissue
- Caregiver skills

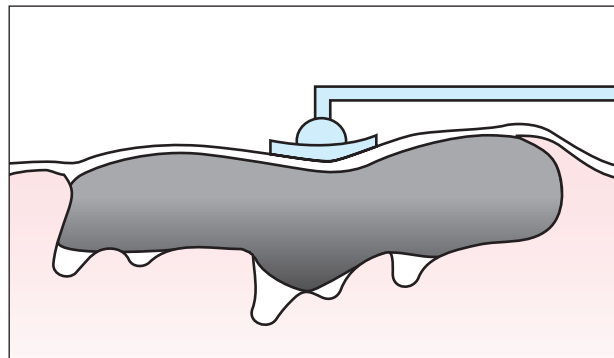
Wound size

- Small to moderate size wounds with shallow to deep depth: both foam and gauze may be used with similar ease of application
- Moderate to large surface area wounds with shallow depth: gauze is generally considered easier to apply
- Moderate to large surface area wounds with deep depth: foam may be considered easier to use

Wound bed contour³

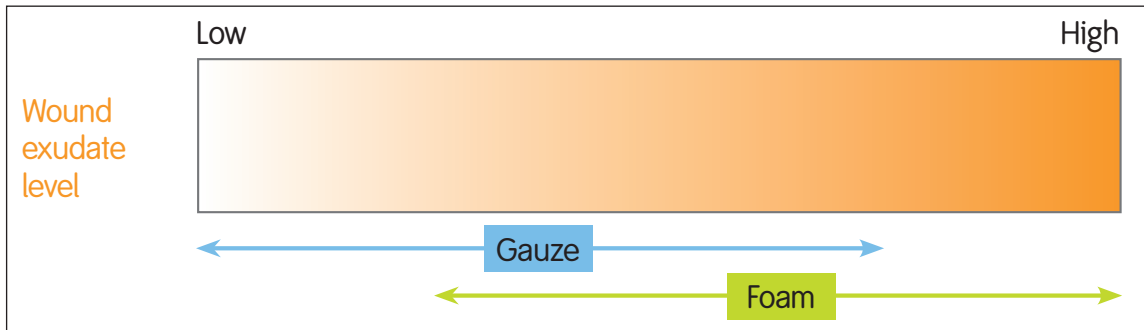


Gauze wound filler easily maintains contact with irregular surface



Foam wound filler may not intimately contact irregular shape spaces in wound bed

The choice of wound filler will be influenced by the amount and consistency of wound exudate

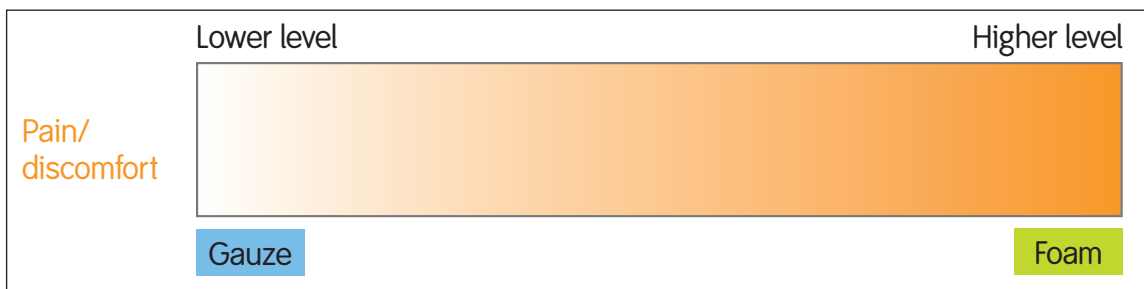


Note:

- In wounds with large amounts of exudate a wound interface (non-adherent layer) is generally not recommended
- If using gauze with larger amounts of exudate, the drain should be placed close to the wound bed over a single layer of gauze

Patient comfort²

- The RENASYS G Dressing Kit should be changed 48 hours after initiating therapy to assess the patient's response to the therapy. If the patient is comfortable and the wound is responding positively to the therapy, the subsequent dressing change frequency is 2-3 times per week.
- Pain is a very subjective experience and will vary with each patient. Research has validated that patients report less pain with gauze.



Granulation tissue

- NPWT with foam wound filler has historically been used to prepare wounds for grafting. More recently gauze has been used by plastic surgeons and feedback suggests that the granulation tissue is smoother, less inflamed and an excellent bed for receiving a STSG⁴

Skin grafts

- NPWT with gauze has been found to give excellent results on irregular and mobile surfaces⁵

References

1. Campbell PE, Smith GS, Smith JM. Retrospective clinical evaluation of gauze-based negative pressure wound therapy. *Int. Wound J.* 2008 Jun;5(2):280-6.
2. Dorafshar AH, Franczyk M, Lohman R, Gottlieb LJ. 2009. Prospective Randomized Study Comparing Gauze Suction Negative Pressure Wound Therapy with Standard Vacuum Assisted Closure Device. Abstract presented at AMERICAN ASSOCIATION OF PLASTIC SURGEONS, 88th Annual Meeting and Symposium March 21-25, 2009
3. Jeffery LC. Advanced wound therapies in the management of severe military lower limb trauma: a new perspective. *Eplasty.* 2009 Jul 21;9e28.
4. Malmjö M, Borgquist O. NPWT Settings and Dressing Choices Made Easy. *Wounds International* 2010; 1(3).
5. Negative Pressure Wound Therapy as a Dressing for Split-Thickness Skin Grafts: Our Experience. O'Brien, et al. Presented at CSAWC San Antonio Oct 2009.

Smith & Nephew 24/7 NPWT Clinical Support Hotline: 1-866-998-NPWT (6798)

Wound Management

Smith & Nephew, Inc.
970 Lake Carillon Drive
Suite 110
St. Petersburg, FL 33716
USA

Customer Care Center
1-800-876-1261
T 727-392-1261
F 727-392-6914

www.smith-nephew.com
www.myrenasys.com