

Press release

**Lohmann & Rauscher symposium at EWMA Conference 2018**

**The biofilm challenge: effective removal with a monofilament fibre pad Debrisoft Pad**

***Rengsdorf/Vienna, 9 May 2018 – Biofilm is present in approx. 78% of cases of chronic wounds. <sup>1</sup> Biofilm prevents the wound from healing and should therefore be removed and treated appropriately. Biofilm in chronic wounds, current research results and treatment options were therefore the subject of discussion at the Lohmann & Rauscher symposium “New Biofilm Science, Clinical Evidence on Pain and Self-Care: From Bench to Bedside”, which took place as part of the 28th Conference of the European Wound Management Association (EWMA) in Krakow.***

The symposium was introduced by Dr Georgina Gethin, Head of the School of Nursing and Midwifery at NUI Galway in Ireland. She presented a summary of the current state of research and knowledge in the field of treatment for chronic wounds, together with an overview of the burden of wounds on health systems and on the individual. The science of biofilm formation and counteracting treatment options are currently highly valued areas of research, as collections of microorganisms can delay or even prevent wound healing. It is therefore important not only to effectively prevent biofilm formation, but also to remove any biofilm organisms.

**Global and local challenges - Clinical Practice in Poland focusing on debridement**

Professor Tomasz Banasiewicz, a surgeon from Poznań in Poland, provided specific insights into clinical experience with debridement in Poland. Using multiple case studies, he explained how the resources available and the costs of treatment are harmonised with each other, as well as the approach and materials used. Banasiewicz stated that treatment for chronic wounds in Poland is primarily the remit of GPs or outpatient surgery departments. Treatment of chronic wounds in hospitals is a rare occurrence, as it is not profitable. He placed particular focus on experience with debridement using Debrisoft monofilament fibre pads (wound debridement pad = WDP) and the Debrisoft Lolly made by Lohmann & Rauscher (L&R), which he said are advantageous for hospitals and patients

alike, as they are both easy to use and cost-effective in addition to enjoying high acceptance by patients.

### **Linking biofilm science to practice and the impact of anticipatory pain on wound healing**

Dr Kevin Woo, from Queen's University, School of Nursing in Kingston, Ontario in Canada, also focused on the effective debridement of chronic wounds in his talk. He presented a device that uses fluorescence measuring to detect the presence of bacteria in wounds and is therefore an incredibly helpful tool in the diagnosis and examination of the biofilm in wounds. A time-consuming biopsy and microscopic examination are therefore no longer necessary. For subsequent treatment, he referred to studies and clinical case studies that demonstrate the efficacy of the Debrisoft Monofilament Fibre Pad for debridement.

Through experiments on pig skin (Schulz, Woo et al 2018) it was shown that the use of WDP means that less pressure has to be applied to the wound and peri wound area in comparison with gauze compresses. This has a direct effect on the pain experienced by patients. Case studies were also able to demonstrate that the WDP effectively frees the wound from coatings and biofilm without causing pain, and so is well-received by patients. "During wound treatment, the patient's entire quality of life is affected in a negative way. Pain and anxiety are the main causes of concern for patients and should be reduced at all costs. The Debrisoft Monofilament Fibre Pad has proven to be highly effective in this area. It is also cost-effective and is well-tolerated by patients", explains Woo in his summary of the results. The factor of pain alleviation plays a particularly important role in the treatment of chronic wounds and has a demonstrably large impact on the success of treatment, as previously demonstrated by Woo in case studies.

Since biofilm generally comes back within 24 hours after debridement, treatment with antimicrobial wound dressings that contain polyhexanide (PHMB) is particularly important. These include Suprasorb X + PHMB or Suprasorb P + PHMB. The use of medical products that contain silver ions, such as Suprasorb A + Ag, also help to prevent infections and the formation of biofilm in wounds at risk.

## **What about the patient? Self-care, effects of debridement on the action of compression**

This was followed by a presentation by wound expert Justine Whitaker, who established a connection with patient wellbeing, which should be an area of focus in wound treatment. Removal of devitalised tissue is essential prior to the application of compression products to prevent pressure damage to vulnerable skin. She broached the topic of patient involvement in their treatment to share control and aid resource management. Using case studies, she demonstrated the importance of treatment choice in compression therapy for the success of wound healing and self-treatment by the patient.

### **References:**

1. Malone et al. (2017) JWC

## **Lohmann & Rauscher**

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