

The Importance of pain reduction through dressing selection in routine wound management: the MAPP study

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Message:

It is rare to find large studies on the patient pain experience during dressing removal in outpatient settings. Choice of dressings is one of the most impactful factors in the determination of the patient pain experience. A lipido-colloid dressing, UrgoTul™ offers remarkable reduction in pain during dressing removal as well as optimal wound healing in both acute and chronic wounds. We prove this by a large clinical study involving many thousands of patients.

Methods:

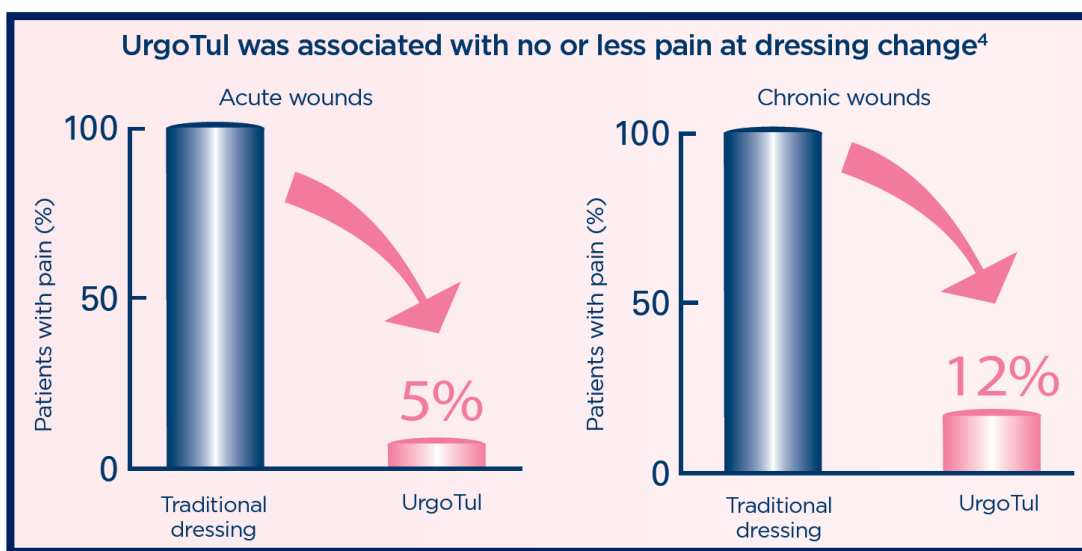
Acute and Chronic wounds in outpatient settings were studied by 656 physicians, with 5850 patients studied in total, almost evenly split between chronic and acute wounds. Traumatic and burn wounds dominated the acute wounds, while the chronic wounds were largely a combination of leg ulcers, pressure ulcers, and diabetic ulcers. Patient pain levels associated with dressing removal were noted at a screening visit, and also subsequently at a first dressing removal event where traditional dressings that were applied were removed, thereafter all patients were transitioned over to the UrgoTul lipido-colloid dressing. Chronic wound patients were followed up for a median of 23 days, acute wound patients for 10 days while on UrgoTul. Pain experiences at dressing changes were again gathered, now with the new UrgoTul dressing regime.

Results:

Approximately 80% patients for both acute and chronic wounds described their past dressing change pain to be “moderate to severe” during the initial screening visit. Those reporting moderate to severe pain were asked to fill a home based questionnaire where some reported “very severe” pain during dressing removal from past experience. During the first dressing removal at the clinic, when the dressings removed tended to be traditional products such as gauze, greasy gauze, foams, or hydrocolloids that tended to adhere to wounds, severe pain was reported by as much as 85% acute wound patients and 92% chronic wound patients. In contrast, upon changing over to the UrgoTul dressing, 95% of acute wound patients and 88% of chronic wound patients reported low pain levels during UrgoTul removal. Based on this experience 80% in the acute group and 71% in the chronic wound group agreed to change over to the UrgoTul dressing for future use. A total of 99% of acute wounds and 85% of chronic wounds improved in the study period from the use of the UrgoTul.

Conclusion:

Acute and chronic wound patients have similar pain perceptions, which are in a very high range (approx. 80%) when traditional dressings, which tend to stick to the wound, are removed post use. This has been prospectively confirmed by measuring pain at dressing changes where even higher pain scores were obtained from dressing changes with traditional dressings. However, newer technologies based on a gel forming lipido-colloid composition overwhelmingly leads to a reduction in pain levels at dressing change, in the same patient group, with only 5% (acute) and 12% (chronic) patients reporting any pain upon dressing removal. These observations are based on a large study involving 626 clinicians studying 5850 patients quite evenly split between acute and chronic wounds. Additionally, these dressings also promote wound healing. Patient experience can lead to higher compliance, higher quality of life as well as high rates of wound healing if the dressing chosen is optimally composed. Pain reduction and wound healing can simultaneously be achieved with the right dressing.



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