A wound dressing shows its value: clinical and economic effects of a dressing regime change for primary and home care chronic wound management[1]

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Problem

How to do more with less in primary care without sacrificing patient outcomes.

Study aim

To investigate potential benefits of a change in dressing regime for chronic wound management in primary and home care settings.

Background

As part of an initiative to optimise dressing usage in primary care facilities in Seville (Spain), a literature review identified Mepilex® Border Flex as best meeting published requirements for bordered foam dressings[2]. A variety of formulary-listed bordered foam dressings were in use at participating centres prior to switch to Mepilex Border Flex.

Methods

37 patients with chronic wounds (mostly category 2 pressure injuries and venous leg ulcers) that had not reduced in size by more than >40% to 50% in previous month.

- Structured educational programme for study clinicians.
- Baseline formulary dressings used for 4 weeks prior to baseline visit, with historical data collected during 7 days preceding baseline visit.
- Baseline formulary dressings switched to Mepilex Border Flex (in conjunction with standard of care) and used for 4 weeks, with evaluation of usage during 7 days preceding final visit.

Key results

Primary outcome

Number of dressing changes decreased by

↓66%

from 3 to 1 per week*

Median number of dressing changes in the 7 days before the baseline visit compared to the 7 days before the final visit.

*Differences between baseline and final visit are statistically significant: Wilcoxon signed rank test 0.0000; sign test: 0.0000

Costs

↓44% reduction in weekly dressing costs (a saving of 5.38 Euros/week per patient)

Healing

↓50% reduction in wound area in 4 weeks in 75% of patients

↓68.7% reduction in wound area from baseline to final visit

32% wounds healed by final visit

Pain

Reduction in pain severity scores before and during dressing change, from baseline to final visit

Before dressing change **3.1 → 1.1**

During dressing change **3.3 → 0.5**

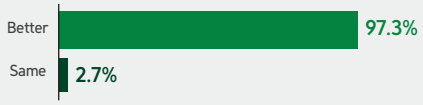
Assessment scores on a scale ranging from 0 (no pain) to 10 (worst pain imaginable)

Safety data:

No dressing-related adverse events observed.

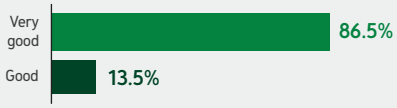
100% of HCPs would recommend Mepilex Border Flex

Overall performance rating of Mepilex Border Flex vs previously used formulary dressings



100% of patients would recommend Mepilex Border Flex

Overall satisfaction, final visit



Conclusions

Introduction of a high-quality bordered foam dressing, supported by an educational programme for clinical staff, resulted in a **prolonged interval between dressing changes and an overall reduction in dressing-related costs.**

Clinical performance data suggest that this approach can also **positively impact wound outcomes.**

These findings highlight the potential benefit of dressing regime improvements in delivering **value-based wound care.**

References:
1. Roldan Valenzuela, A. et al. A wound dressing shows its value: clinical and economic effects of a dressing regime change for primary and home care chronic wound management. E-poster presentation at the European Wound Management Association EWMA) Conference, Barcelona, Spain, 26-28 March 2025. E-poster ID: ENG843. 2. Raepsaet C. et al. Clinical research on the use of bordered foam dressings in the treatment of complex wounds: a systematic review of reported outcomes and applied measurement instruments. J Tissue Viability.2022;31(3):514-522.

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