

An Evaluation of KerraMax Care® in the Management of Moderate to Heavily Exuding Wounds

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Introduction

KerraMax Care® (Crawford Healthcare) is a superabsorbent dressing capable of the control and removal of excess exudate, one of the key challenges for health care professionals (HCPs) managing chronic wounds. Highly exuding wounds are common and can result in malodour, pain, maceration, infection and unsightly soiled dressings. This can have a negative impact on an individual's quality of life triggering feelings of self-loathing, disgust and low self-esteem (Jones *et al*, 2008).

Evaluation of KerraMax Care®

KerraMax Care® is a new and improved version of KerraMax® superabsorbent dressing. It has an improved contact layer together with a horizontal wicking layer to ensure even distribution of exudate plus the heat-sealed borders to prevent leakage are new. KerraMax Care® like KerraMax® can be used as a primary or secondary absorbent layer, for example, over a cavity or where an antimicrobial is utilised as the primary dressing (Hampton *et al*, 2011).

The primary objective of the evaluation was to understand the experiences of HCPs regarding the clinical effectiveness and safety of KerraMax Care® and the patient experience of KerraMax Care® in the management of moderate to highly exuding wounds.

Method

HCPs who previously had utilised KerraMax® were asked to complete one short evaluation form per patient/wound treated about their experiences of managing wounds with KerraMax Care®. Two of the 11 questions necessitated the HCPs asking the patient their views on the new superabsorbent. The design of the evaluation form reflected the key drivers in treating and documenting nurse interventions in wound management:

- Patient safety
- Patient experience
- Effectiveness of care

Results

A total of 55 evaluations were completed with 33 patients being treated for between 7 and 28 days with KerraMax Care®, only 5 patients required treatment for more than 42 days. Whilst 17 patients required daily dressings, 15 patients had their dressing changed three times a week with a further 15 only necessitating a visit twice a week.

The majority of exuding wounds treated during the evaluation period were due to ulceration (Table 1). In 25 of the wounds treated, the exudate was classed as serous, whilst in 17 cases it was defined as purulent. It was noted that all the wounds treated in this evaluation were moderate to heavily exuding wounds.

Mixed ulcers	5
Venous ulcers	11
Arterial ulcers	1
Ulcer (aetiology unknown)	7
Cellulitis	1
Blisters	1
Other	3
Not stated	26
Total	55

Table 1.
Aetiology of the wounds

HCPs were asked how they rated KerraMax Care® in terms of managing the exudate from the ulcer (from 0-10, with 0 reflecting poor exudate management and 10 good management), compared to previous dressing choices. There were 43 nurses who scored the KerraMax Care® between 7 and 10 for exudate management with a mean score of 7.5 and a median score of 8 (Figure 1).

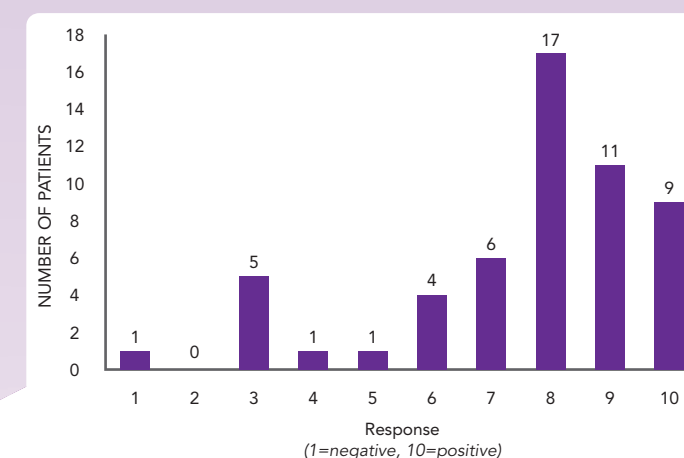


Figure 1.
Effectiveness of care: exudate control (n=55)

When asked by HCPs, patients rated KerraMax Care® highly in terms of comfort and convenience; with a mean score of 7.2 (median, 7.5) for the former and a mean score of 7.5 (median, 8.0) for the latter (Figures 2 and 3 respectively). Any change in the condition of the surrounding skin was recorded by the clinician during treatment using a scale of 0 to 10, with 0 denoting that there was increased maceration with KerraMax Care® and 10 that the maceration reduced. A mean score of 6.8, median of 7, was recorded (Figure 4).

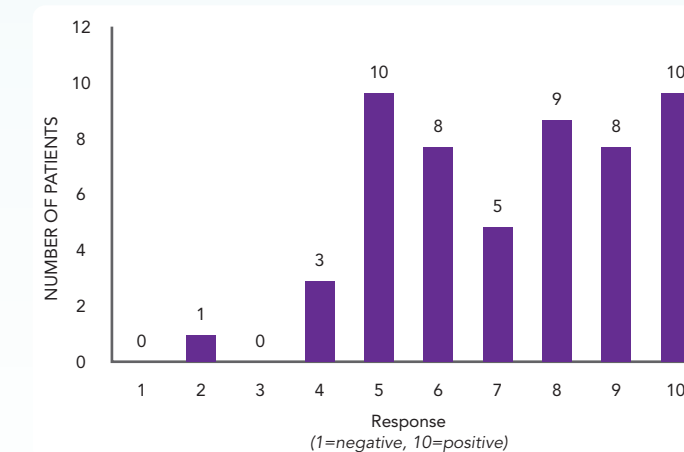


Figure 2.
Patient experience: patient comfort (n=54)

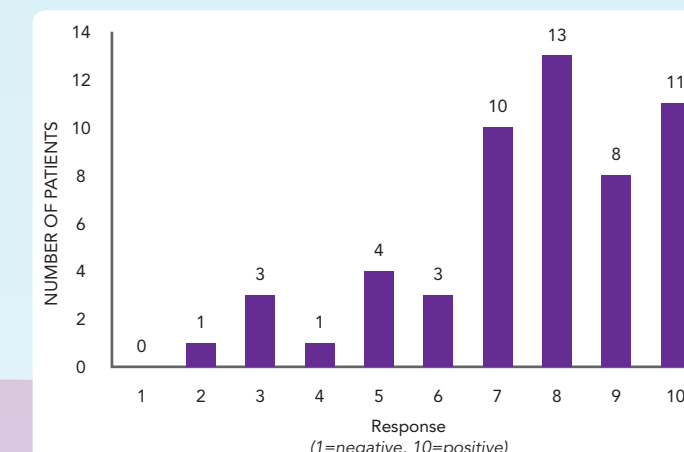


Figure 3.
Patient experience: patient convenience (n=54)

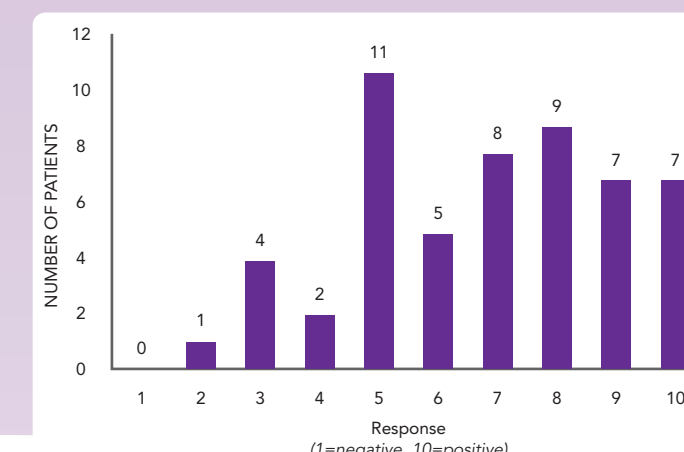


Figure 4.
Patient safety: surrounding skin (n=54)

HCPs commented on reduced maceration (16), exudate managed (16) and improved wound appearance (13) as the main benefits seen clinically with KerraMax Care®. Other changes observed in wound appearance were visible granulation tissue (5) and reduced pain (2).

Thirty five respondents felt that KerraMax Care® met their expectations and 15 felt it exceeded them. The majority of HCPs (94%) would be happy to continue utilising KerraMax Care® as their superabsorbent of choice.

Reasons cited included patient comfort, high absorption, ease of use, reduced maceration, conformable, softer and more flexible than original KerraMax® so easier to mould around legs. Only two respondents would not be happy to continue utilising KerraMax Care® but were unable to provide a reason, whilst one respondent remained undecided.

Discussion

Uncontrolled exudate with its concomitant malodour, excoriated and macerated skin is acknowledged by HCPs as increasing the burden for patients living day to day with a wound. Importantly as well is the need for fewer dressing changes which means less wound disturbance and decreased pain for the patient as well as a reduction in cost of consumables and nursing time (Romanelli *et al*, 2010).

KerraMax Care® initially wicks horizontally which slows the absorption of fluid compared with superabsorbents that wick vertically. The main advantage of this is there is no risk of gel-blocking where superabsorbent material remains unused as it is surrounded by hydrated gel. In dressings that wick vertically, often not all the dressing is used. More viscous exudate is sometimes poorly absorbed. In this evaluation there were 17 wounds where the exudate was described as purulent and therefore more viscous but KerraMax Care® was able to absorb and lock away this exudate.

Conclusion

New products require robust evaluation, with an emphasis on the key drivers in wound management. Such an evaluation enables nurses to justify dressing selection and assist in their documentation of treatment plans. HCPs and patients provided positive feedback on the ability of KerraMax Care® to improve comfort, control exudate and prevent maceration and surrounding skin problems. This evaluation of KerraMax Care®, an improved superabsorbent dressing, has demonstrated the positive impact that good dressing selection can make to the lives of patients, improving their wound care experience and outcome.

References

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- Hampton S, Coulborn A, Tadej M, Bree-Aslan C (2011) Using a superabsorbent dressing and antimicrobial for a venous ulcer *British Journal of Nursing (Suppl)* Vol 20 (15):S38-43.
- Romanelli M, Vowden K, Weir D (2010) Exudate management made easy. *Wounds International* <http://tinycc/0h6pu> (Accessed 30 July 2013).