

Don't risk wound infection.
Take control.

Helping you get closer to zero wound infections www.closertozero.com



# Act with certainty

Chronic wounds that get infected such as diabetic related foot ulcers, venous ulcers or pressure injuries, can be hard to treat and the infection could become serious.

An infected wound can have a serious impact not just on the patient's health but also their quality of life.1

#### Left untreated, it can cause:1

- Unnecessary pain
- Added discomfort
- Loss of confidence and freedom
- Issues around work and relationships
- Depression
- · Loss of appetite

## Infected wounds can be a burden to healthcare systems

Estimated cost \$2.85 billion<sup>2</sup>

#### **Economic burden**

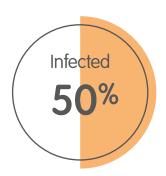
Estimated annual cost of managing chronic wounds in Australia<sup>2</sup>



Population impact

Every year, there are approximately 400,000 chronic wounds in Australia.3





#### Infection

It's estimated that around 50% of chronic wounds can be infected at any one time.<sup>4</sup>



#### **Nursing Time**

Nurses spend an estimated 45% of direct care time on wound management.<sup>5</sup>



#### Managing a wound

The cost of managing an infected wound in a community setting is double that of a non-infected wound and impacts significantly on the time to heal.<sup>6</sup>

# Use the right antimicrobial dressing at the right time

## An infected wound has to be treated fast before it gets serious.

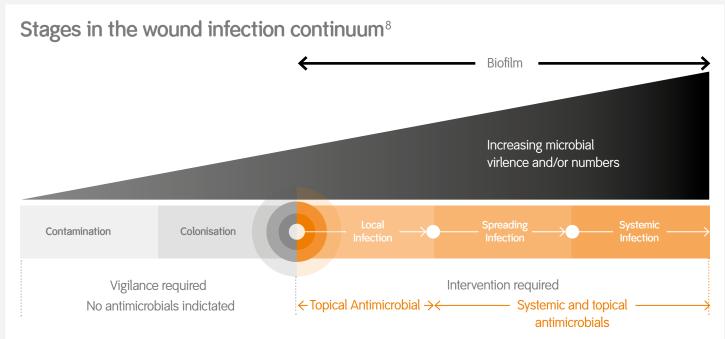
Act with certainty when a wound shows signs of localised infection.

#### What's the risk of localised infection?

Seriously infected wounds can prolong patient suffering – and can be life-threatening if not treated quickly.<sup>7</sup>

Without the appropriate treatment the cost of woundcare can rise very fast – particularly if the patient is admitted to hospital.<sup>7</sup>







#### The Two Week Challenge

Expert international consensus recommends using a powerful silver dressing for two weeks to combat localised infection.<sup>9</sup>

- Use antimicrobial dressings for two weeks initially
- Discontinue the antimicrobial dressing if there are no longer clinical signs of infection and the wound is healing or no improvement is seen within two weeks
- Continue with the antimicrobial dressing if there is improvement in the wound but continuing signs of infection

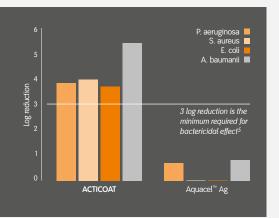
# Use a fast, effective bactericidal antimicrobial

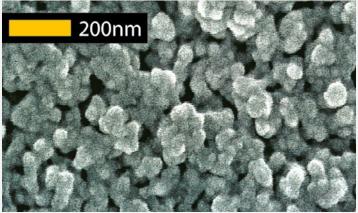
#### The power of nanocrystalline silver

ACTICOAT° has a unique nanocrystalline structure<sup>10</sup> with a high surface area of silver – enabling more bactericidal silver<sup>11</sup> to come into contact with wound fluid.

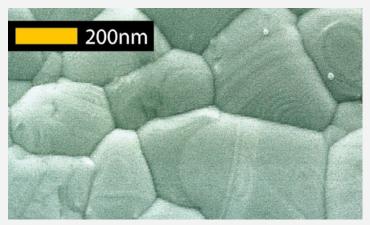
ACTICOAT delivers enough silver, quickly, to sustain the concentration of Ag+ needed to be bactericidal.<sup>12</sup>

Low dose silver dressings run the risk of becoming inactive as the silver binds to other wound fluid components, leaving little to no available Ag+ to kill bacteria Increasing the risk of wound infection.<sup>13</sup>





ACTICOAT's continuous coating of Nanocrystalline silver – 140 x magnification. 19



Less dense coating of normal silver – 140 x magnification  $^{\rm 19}$ 



#### Fast acting

Kills bacteria within as little as 30 minutes (in vitro). 10,14,15,16

Bacteria have little time to multiply allowing you to take rapid control and reduce the opportunity for bacteria to develop antimicrobial resistance<sup>17</sup>



#### **Effective**

broad spectrum

Bactericidal against 150+ pathogens:

Including gram positive bacteria, gram negative bacteria, yeasts and fungal wound pathogens MRSA, VRE CRE. (*in vitro*). 10,14,18,19,20,21,22



#### Sustained

release of silver

ACTICOAT continues to work effectively for up to 3 or 7 days.

From a patient perspective, fewer dressing changes reduces stress and trauma. Limiting disturbance to the wound can also lead to faster healing.<sup>23</sup>



#### **Bactericidal or Bacteriostatic?**

Products that act on bacteria are usually classified as bactericidal or bacteriostatic.

Bactericidal: Agents that kill bacteria through single or multiple

cellular processes<sup>8</sup> at a log reduction of >3 (ie >99.9% of bacteria are killed).<sup>9</sup> ACTICOAT is bactericidal within 30 min.

Bacteriostatic: Refers to bacterial multiplication/growth that has been prevented or inhibited, but may resume if the inhibitory agent is removed.<sup>8</sup>

# Proven antimicrobial protection ACTICOAT barrier dressing for reliable efficacy

Available in variants with 3 or 7 days of antimicrobial protection. ACTICOAT is suitable for treating or preventing infection in chronic wounds.



#### **ACTICOAT Flex 3 and Flex 7**



Nanocrystalline silver-coated polyester open-weave mesh – with one way stretch to improve patient mobility.<sup>25</sup>



Open weave design – allows easy fluid migration and exudate passage making it an ideal primary wound contact layer under Negative Pressure Wound Therapy.



Low adherent – to help minimise wound trauma at dressing change.



Highly conformable and flexible<sup>25</sup>

to maintain contact with the wound surface.
 Ideal around difficult areas such as hands, neck, axilla regions.



#### **ACTICOAT and ACTICOAT 7**



Nanocrystalline silver-coated, low adherent mesh – provides broad spectrum antimicrobial protection.<sup>22</sup>



Rayon/polyester core

– helps maintain a moist wound environment for optimal healing.



Ultrasonic welds – bond the layers together combining antimicrobial protection and absorbency.



ACTICOAT 7 consists of five layers.

Two layers of absorbent rayon/polyester between three layers of nanocrystalline silver coated mesh.

#### ACTICOAT barrier dressing makes a difference to your patient's wounds

- Less bacterial burden in the wound<sup>26</sup>
- Minimises progression of wound invasion<sup>27</sup>
- Faster reduction of clinical signs of infection<sup>28</sup>
- Less risk of resistance than other silver dressings<sup>29</sup>
- Proven to provide an efficient barrier against MRSA (in vitro)<sup>30</sup>



More challenging wounds may require Negative Pressure Wound Therapy (NPWT). The ACTICOAT Flex range may be used in combination with PICO° 7 and RENASYS° for up to 3 days.<sup>24</sup>





PICO

**RENASYS** 

# **ACTICOAT**\* barrier dressing can save on costs and nursing time<sup>31</sup>

50% Less

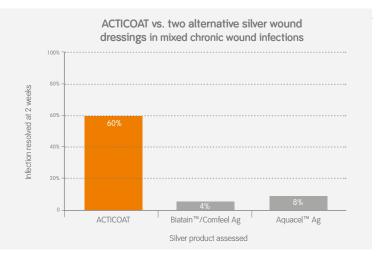


The expected cost per healed wound was 50% less with the ACTICOAT barrier dressing than with Comfeel™/Biatain™Ag or Aquacel™Ag.<sup>28,31</sup>



#### Faster resolution of infection

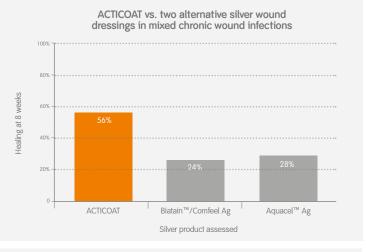
 In a comparative clinical study in mixed chronic wounds (n=75), clinical signs of infection were nearly twice as likely to resolve during the first 4 weeks of treatment with ACTICOAT than with other silver-based dressing<sup>28</sup>





### Faster healing rates

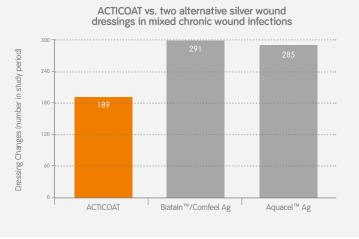
 In a comparative clinical study in mixed chronic wounds (n=75), patients using ACTICOAT were nearly 3 times more likely to heal at any time during the study than patients using other silver-based dressing<sup>28</sup>





### Fewer dressing changes

 In a comparative clinical study in mixed chronic wounds (n=75), patients using ACTICOAT required one third fewer dressing changes than with other silver-based dressing<sup>28</sup>



#### **ACTICOAT**

### Antimicrobial silver barrier dressing range

Dressing	Ordering code	Size	Items per carton
ACTICOAT			
	66000808	5cm x 5cm	5
	66000789	10cm x 10cm	5
	66000791	10cm x 10cm	12
	66000792	10cm x 20cm	12
	66000793	20cm x 40cm	6
	66000794	40cm x 40cm	6
	66000795	10cm x 120cm roll	6
ACTICOAT 7			
	66000809	5cm x 5cm	5
	66000796	10cm x 12.5cm	5
	66000797	15cm x 15cm	5
ACTICOAT Flex 3			
	66800396	5cm x 5cm	5
	66800398	10cm x 10cm	5
	66800399	10cm x 10cm	12
	66800409	10cm x 20cm	12
	66800419	20cm x 40cm	6
	66800432	40cm x 40cm	6
	66800435	10cm x 120cm	6
ACTICOAT Flex 7			
	66800395	5cm x 5cm	5
	66800397	10cm x 12.5cm	5
	66800420	15cm x 15cm	5
	66800400	20cm x 40cm	6
	66800401	40cm x 40cm	6
	66800545	2.5cm x 60cm	5

References: 1. Posnett J Franks P. The burden of chronic wounds in the UK. Nursing Times 2008;104(3):44-45 2. Graves N, Zheng H. Modelling the direct health care costs of chronic wounds in Australia. Wound Proclice & Research: Journal of the Australian Wound Management Association 2014;22(1):20-4, 6-33. 3. Pacella R, et al. Solutions to the Chronic Wounds Problem in Australia: A Call To Action On behalf of the Chronic Wounds Solutions Collaborating Group 2017. http://www.aushsi.org.au/wp-content/uploads/2018/03/2018-Recommendations-Paper\_Chronic-Wounds-Solutions.pdf 4. Dowsett C. Adopting the 2-week challenge in practice: making the case for silver dressings. Wounds 2014;10(2): 80-85. 5. Carville K & Lewin G. Carring in the community: a wound prevalence survey. Primary Intention 1998; 6(2):54-62. 6. Sandy-Hodgetts K, Leslie GD, Lewin G, Hendrie D, Carville K. Surgical wound dehiscence in an Australian community nursing service: time and cost to healing. J Wound Care 2016; 25: 377-383. 7. Lindholm community nursing service: time and cost to healing. J Wound Care 2016; 25: 377-383. 7. Lindholm community nursing service: time and cost to healing. J Wound Care 2016; 25: 377-383. 7. Lindholm community nursing service: time and cost to healing. J Wound Care 2016; 25: 377-383. 7. Lindholm community nursing service: time and cost to healing. J Wound Care 2016; 25: 377-383. 7. Lindholm community nursing service: time and cost to healing. J Wound Care 2016; 25: 377-383. 7. Lindholm community nursing service: time and cost to healing. J Wound Care 2016; 25: 377-383. 7. Lindholm community nursing service: time and cost to healing. J Wound Care 2016; 25: 377-383. 7. Lindholm community nursing service: time and cost to healing. J Wound Care 2016; 25: 377-383. 7. Lindholm community nursing service: time and cost to healing. J Wound Lindice Intention in childing least time and cost to healing. J Wound Lindholm community nursing service: time and cost to healing. J Wound Lindholm community nursing service: time and cost to heal

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