

Consensus and Guidelines

This document describes the key points of selected global consensus guidelines published between 2016 and 2020 and their support in use of Sorbact Dressings and benefit of Sorbact technology

Birth-related wounds: Risk, prevention and management of complications after vaginal and caesarean section birth



Focus	Risk and prevention and management of complications after vaginal and caesarean section birth
Reference	Childs C, Sandy-Hodgetts K, et al. 2020. Risk, prevention and management of complications after vaginal and caesarean section birth. <i>J Wound Care</i> . 29(Sup11a).
Scope	EWMA Consensus Document
Recommendation for Sorbact Technology	<p>Sorbact is recommended for preventing and managing surgical site infection across health care sector. Phase of management table 4 (page 24)</p> <ul style="list-style-type: none">• Intraoperative (In theatre as primary dressing)• Postoperative• In community/home care settings <p>Sorbact is indicated for prevention as well as for treating already-infected surgical wounds</p> <ul style="list-style-type: none">• "Stanirowski et al. revealed a reduction in SSI rates following caesarean section when using a dialkylcarbomyl chloride (DACC) impregnated dressing compared with controls. A two-arm, parallel-group, pilot feasibility randomised controlled trial in a vascular cohort, yielded similar findings in the prevention of SSI using DACC impregnated dressings compared to controls." (page 20)• Note the text regarding limitation for other antimicrobials.

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- Sorbact Surgical is in this EWMA Consensus Document as the only dressing that is indicated for preventing as well as treating already-infected surgical wounds
 - Bacteria and fungi binding dressings have an own category
 - Antimicrobial dressings, e.g. silver dressings, are recommended not to be used routinely for prophylaxis (i.e. to prevent infection).
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Surgical Site Infections: preventing and managing surgical site infection across health care sectors



Focus	Surgical Site Infections: preventing and managing surgical site infection across health care sectors.
Reference	Stryja J, Sandy-Hodgetts K, et al. 2020. Surgical site infection: preventing and managing surgical site infection across health care sectors. <i>J Wound Care</i> . 29(Sup2b):1-72.
Scope	EWMA Position Document
Recommendation for Sorbact Technology	<p>Sorbact is recommended for preventing and managing surgical site infection across health care sector.</p> <p>Phase of management (page 33).</p> <ul style="list-style-type: none"> • Intraoperative (In theatre as primary dressing) • Postoperative • In community/home care settings <p>Can be used for infection prevention as well as for treating already infected surgical wounds. No known mechanism of resistance development. Suitable for prolonged duration of treatment.</p> <p>The document refer to the RCT done by Stanirowski at al. (page 36). "RCT of dialkylcarbamoyl chloride (DACC)- impregnated dressings compared with a control dressing, yielded evidence to suggest the use of DACC-dressings may assist in the prevention of SSI in caesarian-sections."</p> <p>Sorbact is recommended as an interactive dressing, see table for wound dressings for the management of surgical wounds. (page 33)</p> <p>Note the text regarding limitation for other antimicrobials.</p>

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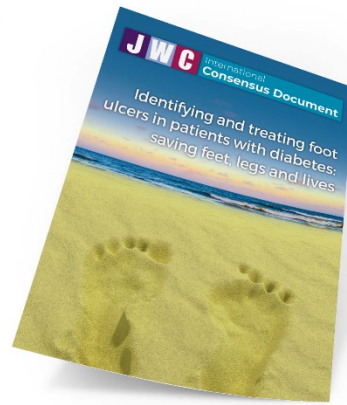
Implementing TIMERS: the race against hard-to-heal wounds



Focus	Hard-to-heal wounds: diabetic foot ulcers, venous leg ulcers and pressure ulcers
Reference	Atkin L, Bučko Z, et al. 2019. Implementing Timers: the race against hard-to-heal wounds. <i>J Wound Care</i> . 28(3):1-49.
Scope	International JWC Consensus Document
Recommendation for Sorbact Technology	<p>Sorbact is an alternative for infection management for hard to heal wounds.</p> <p>Under section: Treat underlying cause and risk factors and inflammation and infection is Sorbact mention as a treatment option (bacterial binding dressing) (fig 6, page 26)</p> <p>Under section: Advanced therapy options for controlling inflammation and bioburden (page 31):</p> <ul style="list-style-type: none">• Sorbact as alternatives for the control of bioburden• The bacterial-binding dressing has been used successfully to manage DFU and surgical site infection• “These offer infection management and prevention due to their purely physical mode of action”.

Sorbact is recommended in an International Consensus Document for treatment strategies on hard-to-heal wounds as alternative for infection management regarding inflammation, infection, and biofilm control.

Identifying and treating foot ulcers in patients with diabetes: saving feet, legs and lives



Focus	Diabetic foot ulcers and Pressure ulcers
Reference	Ousey K, Chadwick P, et al. 2018. Identifying and treating foot ulcers in patients with diabetes: saving feet, legs and lives. <i>J Wound Care</i> . 27(Sup5):1-52.
Scope	International JWC Consensus Document
Recommendation for Sorbact Technology	<p>Prevention and treatment of infection and bioburden. Advantages of Sorbact therapy includes lack of bacterial resistance and the ability to attract antibiotic resistance bacteria.</p> <ul style="list-style-type: none"> • Prevention, management and treatment strategies: Table 5. Consideration for standard pressure ulcer care (page 32) • Prevention, management and treatment strategies: Table 6. Consideration for standard DFU care (page 33) • Prevention and treatment of bioburden (infection and biofilm) and inflammation: DACC-coated dressings, bacterial binding, and inactivation (Sorbact) (page 41) • Technologies and therapies to consider: Table 7. Potential therapies to consider if not part of local standard care (page 40) • Technologies and therapies to consider: Bioburden and biofilm (page 40 both tables and text) • “An alternative to the microbicidal activity of iodine is physical removal of organisms. An example is DACC-binding dressings (Sorbact) that facilitate the passive hydrophobic binding of organisms, which become trapped in the dressing and are removed at dressing change.” (page 41) • “Advantages of this sort of therapy include lack of bacterial resistance, its ability to attract antibiotic resistant bacteria, non-allergenicity and no cytotoxicity. In addition, as organism are removed rather than killed, endotoxins are not released into the wound.” (page 41)

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- Sorbact is recommended in an International Consensus document on Diabetic foot ulcers and Pressure ulcers for prevention and treatment of bioburden and infection.
 - Sorbact is considered to have effect on Biofilm
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Non-antibiotic antimicrobial interventions and antimicrobial stewardship in wound care

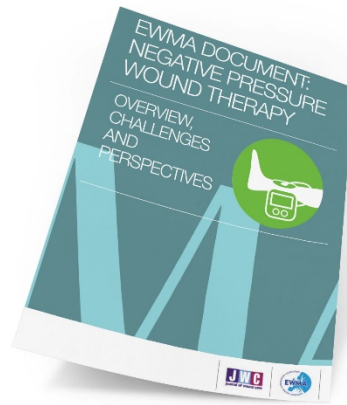


Focus	In this narrative review, current and emerging non-antibiotic antimicrobial strategies are considered and the need for antimicrobial stewardship in wound care are explained
Reference	Cooper R and Kirketerp-Møller K. 2018. Non-antibiotic antimicrobial interventions and antimicrobial stewardship in wound care. <i>J Wound Care</i> . 27(6):355-377.
Scope	International position paper
Recommendation for Sorbact Technology	<p>DACC is presented as a non-antibiotic antimicrobial agent used in wound care products.</p> <p>In the table for Non-antibiotic antimicrobial agents used in wound care products. Bacteriostatic activity. Binds and inactivates bacteria (Table 1, page 356)</p> <p>Under the heading; Additional non-antibiotic antimicrobial interventions used in wound care; Physical removal of microbial cells from wounds “In laboratory studies, DACC bind a range of planktonic microbial cells, and enhance binding of methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) biofilm”. (page 360)</p>

- In this International position paper, the negative aspects on antimicrobials with an active component is raised, also lack of evidence as well as concern on resistance to non-antibiotic antimicrobial agents, e.g. silver and risk of cross-resistance to antibiotics.
- DACC dressing is positioned as an alternative, having no active agent, but bind and inactivate the bacteria. Sorbact fits also well into the requested features of the ideal antimicrobial dressing.

“The ideal characteristics of an antimicrobial dressing suitable for treating chronic wounds include: broad spectrum antimicrobial activity, rapid bactericidal activity, reduction of malodour, activity in the presence of the proteins found in body fluids and wound exudate, residual or sustained activity on the skin (to avoid frequent application), localised skin absorption without systemic absorption, low cytotoxicity and low allergenicity, relatively ease of application to the wound, low potential to select for resistant microbial strain and ease of application to the wound.” (page 358)

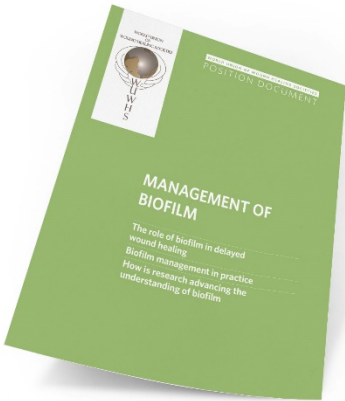
Negative pressure wound therapy Overview, challenges and perspectives



Focus	Extensive coverage of specific factors and guidance in terms of treatment of wounds with different aetiologies and within different specialities. Inclusion of all three types of NPWT. Health economic aspects of the use of NPWT technology and Overview of evidence
Reference	Apelqvist J, Willy C, et al. 2017. EWMA Document: Negative pressure wound therapy overview, challenges and perspectives. <i>J Wound Care</i> . 26(3):1-113.
Scope	EWMA Guidance Document
Recommendation for Sorbact Technology	<p>“Bacteria and fungus binding mesh is an alternative wound filler in NPWT which produces a significant amount of granulation tissue in the wound bed, more than with gauze and without the problems of ingrowth, as with foam” (page 32)</p> <p>Bacteria and fungus binding mesh is an alternative wound filler for infected wounds (page 32)</p> <p>Can be used as a liner when foam is used as a filler to avoid pain and trauma at dressing change. (page 32)</p> <p>Efficient in wound fluid removal and easy to apply “Like gauze, bacteria- and fungus-binding mesh has the advantage of being easy to apply to irregular and deep pocket wounds. Efficient wound fluid removal in combination with its pathogen binding properties makes hydrophobic mesh an interesting alternative wound filler in NPWT.” (page 90)</p>

- Sorbact Compress is recommended in an International Guidance Document on NPWT as an alternative wound filler and is considered to produce a significant amount of granulation tissue in the wound bed, more than with gauze, and without the problems of ingrowth, as with foam.
- Sorbact Compress is recommended to be applied as a wound contact layer/liner under foam, also for causing less pain and trauma at dressing change if needed

BIOFILM: Management of biofilm



Focus	The role of biofilm in delayed wound healing Biofilm management in practice How is research advancing the understanding of biofilm
Reference	World union of Wound Healing Societies (WUWHS), Florence Congress, Position Document. 2016. Management of biofilm. <i>Wounds international</i> .
Scope	WUWHS Position document
Recommendation for Sorbact Technology	Sorbact is mentioned under the section Using antimicrobials following debridement to prevent reformation of biofilm (page 14) “In addition, other products without an active antimicrobial agent have demonstrated antibiofilm activity, such as products that work by irreversibly binding the bacteria to dialkyl carbamoyl chloride (DACC)-coated dressings; the microorganisms are removed along with the dressing and there is no cell debris remaining in the wound.”

Sorbact is indicated in an International positions document as a product to be used following debridement to prevent biofilm reformation.
