

# HOW TLC DERIVED DRESSINGS ARE ACCEPTED BY PATIENTS ? POOLING OF DATA ISSUED FROM 10 FIELD COHORT SURVEYS.

## AUTHORS

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## INTRODUCTION

In deciding to use a dressing for the treatment of an acute or chronic wound, three persons will be involved: two healthcare professionals (the physician and the nurse) and the patient himself. These deciders have more or less an equal weight to select wound dressings. Whereas health professional selection criteria are often based on the efficacy, patients will rely more on pain/discomfort and acceptability criteria. Therefore patients' acceptability is an important item to evaluate in various practical situations. To evaluate this parameter, we conducted a pooling analysis of 10 field studies carried out in France between 2003 and 2007. This evaluation is particularly necessary when a new class of dressings, such as the lipido-colloid dressings, is introduced on the market.

## MATERIALS AND METHODS

All these observational studies included outpatients seen during a usual medical visit for treatment of a chronic or acute wound (Table 1). All patients were provided with an auto-questionnaire, including a similar evaluation of their satisfaction with dressings. All questionnaires included at least the two same questions:

- How have you been satisfied with the dressing you used ? (4 level scale)
- If the same dressing is prescribed by a health professional, will you be ready to use it again ? (4 level scale)

These questionnaires were completed at home within 15 to 30 days after the visit and directly returned by patients to a coordinating center.

## RESULTS

6704 investigators included 31,245 patients. A questionnaire has been returned by 14,703 subjects (response rate ranging from 36% to 75% according to the studies) (Table 2). 53% of subjects were females and patients' age was >75 years in 25% of cases and 7% were children. 47% of wounds were acute (burns 36% and traumatic wounds 53% of acute wounds) and 53% were chronic (80% of venous leg ulcers) (Figure 1). 63.2% of patients received a lipido-colloid (TLC) dressing\* and 30% a TLC/foam dressing\*\*. These dressings were silver-releasing in 18% of cases (Figure 2). 46.8% of patients performed at least more than 50% of their dressing changes without the help of a healthcare professional. 95% of the population stated they were satisfied or very satisfied with their dressing and the same percentage answered they were certain to continue with the same device (Figure 3, 4). These results were independent of patients' gender and were influenced by their age (higher in youngest patients,  $p=0.011$ ), wounds' nature (higher in less complex wounds,  $p<0.001$ ) and patient/family participation (higher in patients strongly involved in local cares,  $p<0.001$ ).

## CONCLUSION

"Modern" dressings such as TLC derived dressings are well accepted by patients. This high level of satisfaction might participate to a better adherence of subjects to their local cares.

Table 1 : Presentation of cohort surveys

Study	Year	Main objective	Wounds
MAPP	2003	Pain at dressing change	Acute and chronic
Cello	2004	Peri-wound irritation and adherence to compression	Chronic
Patient	2005	Conduct of local cares by patients	Chronic
PEPPS	2005	When a TLC dressing with silver is used	Acute and chronic
Imag	2006	Detection of wound infection	Chronic
Protege	2006	Prevalence of wounds requiring special protection from external stress	Acute and chronic
Usage	2006	Prevalence of silver dressing use in clinical practice	Acute and chronic
Futur	2007	Quality of healing	Acute and chronic
Coach	2007	Depressive symptoms	Chronic
Trajectoire	2007	Quality of life	Chronic

Table 2 : Included patients and response rate

Study	Year	Investigators	Included patients	Response patients	Response rate
MAPP	2003	656	4453	2263	50.8%
Cello	2004	572	2842	1397	49.2%
Patient	2005	565	2365	1786	75.5%
PEPPS	2005	1218	4803	2215	46.1%
Imag	2006	559	2820	1205	42.7%
Protege	2006	917	4463	1677	37.6%
Usage	2006	770	3745	1465	39.1%
Futur	2007	776	3802	1365	35.9%
Coach	2007	325	947	622	65.7%
Trajectoire	2007	346	1005	708	70.4%
<b>Total</b>		<b>6 704</b>	<b>31 245</b>	<b>14 703</b>	<b>47.1 %</b>

Figure 1 : Nature of the treated wounds

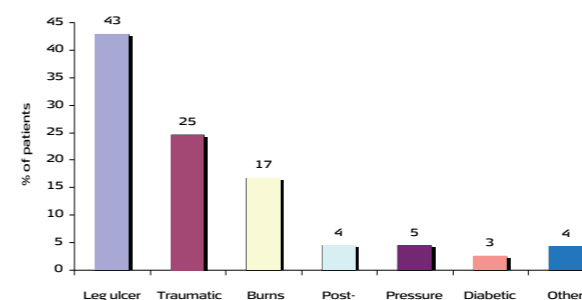


Figure 2 : Primary used dressings

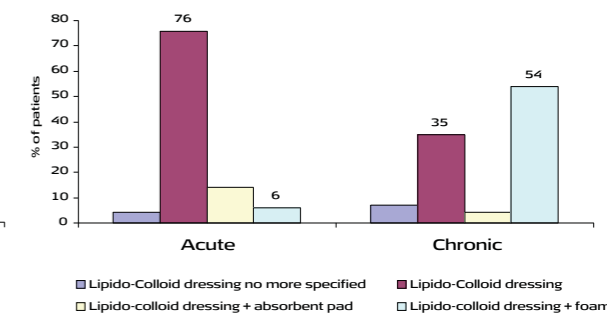


Figure 3 : Patients' overall satisfaction with dressing

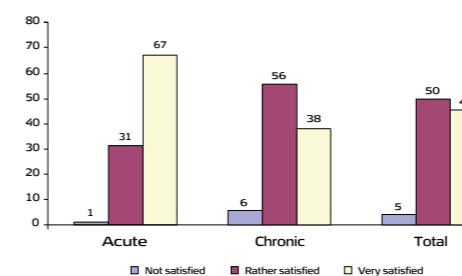
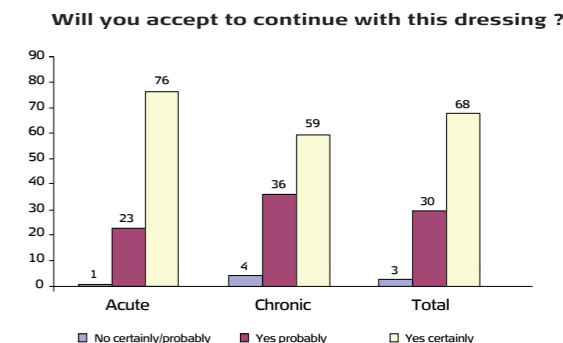


Figure 4 : Future use of dressing



\* Urgotul® trademark by the Laboratoires URGO (France), in Europe / Restore® Contact Layer (with TRIACT Technology) trademark by Hollister Wound Care LLC in the Northern America. A lipido-colloid dressing with absorbent pad is Urgotul® Duo trademark by the Laboratoires URGO (France), in Europe.  
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