

A comparison study of two soft silicone wound contact layers

This short study was to see the comparison between two similar products, Silflex (Advancis Medical) and Mepitel (Molnlycke). The aim was to identify if the patients noted any differences between the two products and to see if either dressing was the preferred one of choice or not and to compare the cost of the two dressings.

The Patients

This was a comparatively small study due to the fragility of the patients skin. Both patients have the condition Epidermolysis Bullosa. This is a genetic blistering condition in which minimal trauma or friction can cause the skin to blister (Pillay 2008). There are four main types of EB Simplex, Dystrophic, Junctional and Kindler Syndrome.

Both patients chosen have the Dystrophic type of EB. This type of EB can be dominantly or Recessively inherited with the more severe type of the two generally being Recessive (Horn & Tidman 2002).



Dystrophic EB wound

As the skin can be extremely fragile, even non-adhered products still have the potential to damage fragile skin therefore only one area of skin was tested during the trial period.

Case No. 1

This patient has dominant dystrophic EB. The patient was using the wound contact layer Mepitel, Molnlycke dressing as a protective Primary dressing and Mepore. These were the patients own preference for dressings and he was very happy with them.

The patient was intrigued to try out Silflex to see if it was any different from the dressing he was already using. We decided to try Silflex for one week and the patient applied it to one knee.

Due to contractures in his hands and living alone he found it a bit difficult to open dressing packaging.

He found the Silflex packaging easier to open than the Mepitel and immediately liked the dressing before it was put on. He found Silflex:

1. Easier to open packaging
2. He liked the fact that the dressing was thicker.
3. He liked the fact that the dressing seemed to stay in place more easily without falling off while he put a secondary dressing over it.

Dressings were soaked off in the shower so the patient changed his dressing every other day.

The cost comparison was as follows: Drug Tariff prices (All prices taken from Drug Tariff November 2009 - correct at date printed).

Mepitel (Molnlycke)	Silflex (Advancis Medical)
Size: 12cm x 15cm	Size: 12cm x 15cm
Cost per dressing: £6.29	Cost per dressing: £5.15

In one week:	
£6.29 x 4 = £25.16	£5.15 x 4 = £20.60

However, the cost of the dressings should not concern the patient. What is important is that whichever dressing is applied is the correct and appropriate one for his skin.

As mentioned the patient was already happy with Mepitel as a product. It was used as a primary dressing to help prevent further trauma to the skin from dressing removal.

The patient decided that he preferred Silflex as it was easier for him to open the packaging in the first place. He also liked the fact that it was slightly more 'sticky' which helped to keep it in place while he sorted out his secondary dressing.

Case No.2



Silflex in situ

This patient has Mild Recessive Dystrophic EB. She very much likes the dressings that she is using at the moment and is very loathe to change as most of our EB patients are. Due to the extreme fragility of the skin Mepitel and Silflex are used as primary dressings.

Silflex is used on the right lower leg as a primary dressing and Polymem (Unomedical) is used as a secondary dressing, secured with a retention bandage and tubifast.

The patient changes dressings on alternate days when she has a shower.

Cost comparison:

(All prices taken from Drug Tariff November 2009 - correct at date printed).

Mepitel (Molnlycke)	Silflex (Advancis Medical)
Size: 12cm x 15cm	Size: 12cm x 15cm
Cost per dressing: £6.29	Cost per dressing: £5.15

As shown above one piece of Silflex in situ however patient can use at least 2-3 pieces of a wound contact layer on skin depending upon the area to be covered. The comparison would be:

$£6.29 \times 3 = £18.87$	$£5.15 \times 3 = £15.45$
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As stated above the cost of dressings should not be a factor influencing dressing choice.

This patient did not notice any negative differences between the two products. There was no trauma to the fragile skin on removal. The patient however still chose to remain using Mepitel as her preferred choice of product as she said that she preferred the 'feel' of it. Through lifelong experience patients do have an awareness of what works for them and can be reluctant and fearful to change (Abercrombie et al 2008).

Although there were no apparent differences in using the two products the patient here felt more secure using what she was already familiar with.

This short study was not a study on the effectiveness of wound healing but a comparison between two similar products. The outcome was determined by 'patient choice' and although both products appeared to provide a protective wound contact layer and both patients reported no real differences between the dressings, it was interesting to see that each patient had their own preference with dressing choice.