BURNS 33 (2007) 679–680

available at www.sciencedirect.com

ScienceDirect

journal homepage: www.elsevier.com/locate/burns

Letter to the Editor

The use of aquacel Ag® in the treatment of partial thickness burns: A national study

Dear Dr. Wolf,

Aquacel Ag® is a versatile wound dressing which at present is our treatment of choice for partial thickness burns in both paediatric and adult patients. We obtained excellent results in the majority of patients in terms of pain control and rapid wound healing, supporting recent published literature [1,2].

The success of the use of Aquacel Ag® in the management of superficial and moderate depth partial thickness burns in our unit gave us the impetus to investigate the extent of use of Aquacel Ag® and current practice in other burn units in United Kingdom. To our knowledge there has been no study published concerning the extent of use of Aquacel Ag® and current practices in the UK. We investigated such practices using a simple telephone questionnaire between May and June 2006. The names, addresses and phone numbers of the units were obtained from the National Burns Bed bureau and data was collected from 32 units. Adult and paediatric burns units were considered separate units, even if they were on the same site.

We found that only eight (25%) burn units use or have used Aquacel Ag® in the treatment of partial thickness burns (only one has a protocol). Three of the 32 units use it routinely and the other five have used it occasionally. The three units routinely using Aquacel Ag® would use it on patients of any age. Four units use it for infected or potentially infected burns. Two units use it for facial burns with good results. Two units use it for donor site dressing. Six out of eight units used normal saline to prepare partial thickness burns before application of Aquacel Ag® and two units used chlorhexidine.

The Aquacel was placed on the ward, with appropriate oral analgesia. A general anaesthetic was not used unless it was a large burn which required debridement and assessment under anaesthesia. The average length of inpatient stay was dependent on general condition of the patient, social situation and size of burn, but in general the majority of units sent patients home within 24 h in well, uncomplicated patients. The first dressing was reviewed at 48 h in all the three units. The outer absorbent dressings were stripped to the Aquacel Ag® and adherence was assessed. If Aquacel Ag® was adherent, it was left intact after inspection of surrounding skin for any sign of infection. If the Aquacel Ag® dressing was loose, the dressing was removed and traditional dressings such as jelonet placed. Dressing checks continued until the Aquacel Ag® had separated completely from the wound. One unit anecdotally reported increased pain at the time of first application of Aquacel Ag®. The other units reported reduction in pain and lower analgesic requirements with subsequent dressings. Conformability, general ease of use and other functional dressing properties were rated very positively.

In spite of very good results with the use of Aquacel Ag® in our unit, we were surprised by its patchy use throughout the UK. We feel it is an excellent option, particularly in paediatric patients as it allows placement without an anaesthetic, and a reduction in dressing changes until the burn wound is healed. We have been delighted with its use so far, and it remains our dressing of choice in partial thickness burns in all patients. We have also used it effectively to dress infected donor sites. We believe that Aquacel Ag® is a versatile dressing which should be considered by all reconstructive and burn surgeons, and further randomised controlled trials assessing its use in a variety of conditions is warranted.

REFERENCES

[1] Caruso DM, Foster KN, Blome-Eberwein SA, Twomey JA, Herndon DN, Luterman A, et al. Randomized clinical study of Hydrofiber dressing with silver or silver sulfadiazine in the management of partial-thickness burns. J Burn Care Res 2006;27(3):298–309.

[2] Caruso DM, Foster KN, Hermans MH, Rick C. Aquacel Ag in the management of partial-thickness burns: results of a clinical trial. J Burn Care Rehabil 2004;25(1):89–97.

Anuj Mishra
Iain S. Whitaker*
The Welsh Centre for Burns and Plastic Surgery, The Morriston Hospital, Swansea, United Kingdom

T.S. Potokar
W.A. Dickson
The Morriston Hospital, Swansea, United Kingdom

*Corresponding author.
8 Avonlea Road, Sale, Cheshire, M33 4HZ, United Kingdom.
Tel.: +44 161 9627563
E-mail address: iainwhitaker@fastmail.fm (I.S. Whitaker)

0305-4179/$32.00

doi:10.1016/j.burns.2006.10.400