

Wounds UK

December 2007 Vol 3 Issue 4

Editorials

The importance of a patient-centred approach
The fight is on to protect investment in tissue viability
Global gathering will give wound healers one voice

Research/Audit

A retrospective review linking diarrhoea to pressure ulcers
The effect of specialist footwear on the quality of life of patients with lower leg ulcers

Practice development

Recalcitrant leg ulcers and the risk of cancerous degeneration
How to diagnose and treat haemorrhagic skin necrosis
How measuring leg ulcers can empower and motivate

Review

Pressure ulcer risk during the perioperative period focusing on surgery duration and hypothermia
Skin adhesives and their role in wound dressings

Education

A reflection on the progress of wound care education
Care Home Support System: providing tissue viability advice in the independent sector
A review of leg ulcer modules at four UK universities

Product review

Exsudex™: another means of managing exudate
An evaluation of the efficacy of Cutimed® Sorbact® in different types of non-healing wounds
Interim report on a study to assess the effectiveness and improved fluid uptake of new Allevyn

Case report

Novel use of VAC therapy in a patient with lymphocele
Using a soft silicone dressing (Mepiform) to prevent scarring in an acute traumatic wound
Treating a non-healing diabetic foot ulcer using Acticoat Moisture Control and the Lean improvement technique

Debate

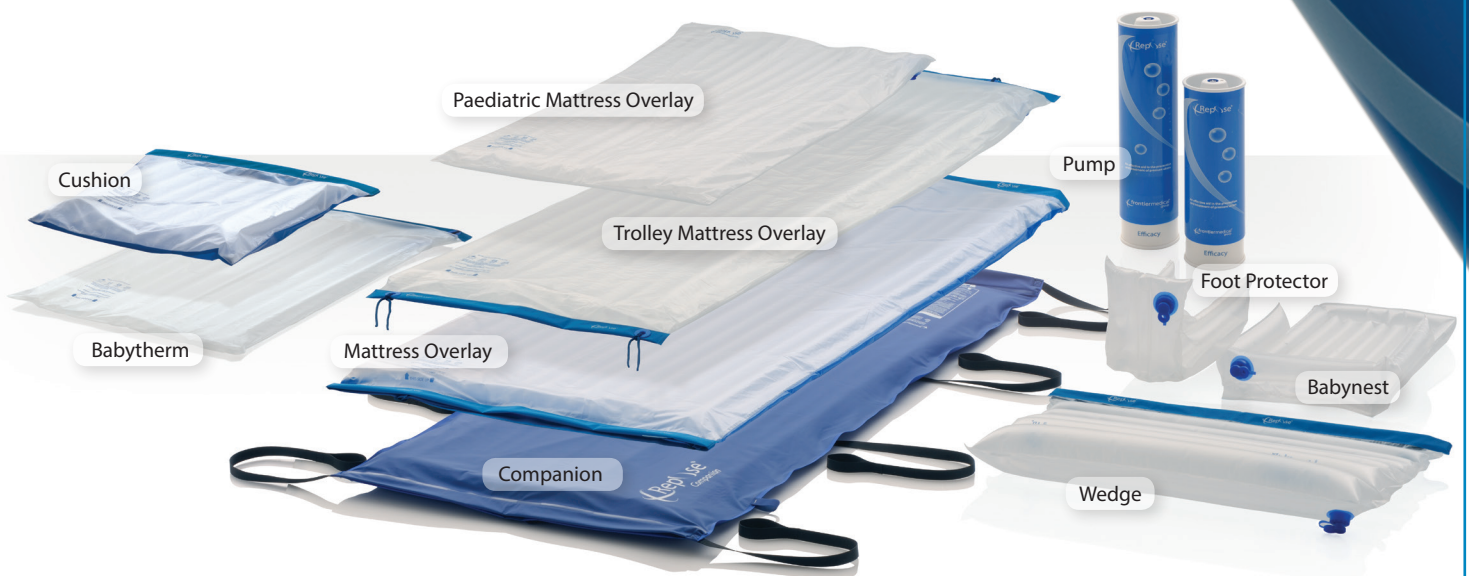
Accountability in the multidisciplinary team

Comment

Are we all properly qualified to prescribe wound care?
Why is pain management for chronic wounds so neglected?

Repose[®]

An effective aid in the prevention and treatment of pressure ulcers



Clinically effective^{1,2,3}

Cost effective^{4,5,6}

Easy to use

No maintenance

Portable

- Repose is a **reactive** mattress overlay. Pressure redistribution is achieved by **immersion**, maximising the skin surface area in contact with the support surface, thereby reducing the pressure exerted at the interface
- Repose has contributed to the successful treatment of more than **1 million patients**

- Repose “appears to offer a similar level of benefit in preventing pressure ulcers, with the potential for major cost reduction.”
Clinical trial; pressure ulcers; RCT; Repose v Nimbus™. ⁷
- More patients are currently treated on Repose than any other pressure redistribution mattress in the UK

References

(1) Price. P. et al. 1999. Challenging the pressure sore paradigm Journal of Wound Care, April, Vol 8, No 4. (2) Osterbrink J, et al. Clinical evaluation of the effectiveness of a multimodal static pressure relieving device. 8th European Pressure Ulcer Advisory Panel Open Meeting, Aberdeen. 2005. (3) Price P, et al. The use of a new overlay mattress in patients with chronic pain: impact on sleep and self-reported pain. Clin Rehabil 2003;17:488-92. (4) Wilson.A. Pressure Ulcer Prevalence Audit: What are the benefits of doing it? EPUAP, Berlin, Poster presentation, 1999. (5) Hampton, S. 2000. Repose: the cost-effective solution for prompt discharge of patients. British Journal of Nursing, Vol 9, No 21. (6) MacFarlane A, Sayer S. Two clinical evaluations of the Repose system. Wounds UK 2006;2:14-25. (7) Nimbus is a trademark of Huntleigh Technology PLC.

Repose: The new pressure ulcer management paradigm?

Lynne Watret

*Clinical Nurse Specialist, Tissue Viability
Primary Care NHS Greater Glasgow and Clyde*

This literature review focuses on an NHS development which appears to be challenging the use of traditional high-tech dynamic devices both in terms of clinical efficacy and cost effectiveness.

According to certain estimates, the NHS spends between £2.4 and £3.1 billion each year managing pressure ulcers and associated conditions.⁽¹⁾ Typically, a NHS trust may spend between £60,000 and £300,000 annually on the provision of pressure relieving systems.⁽²⁾ During the 1990's it was apparent to health care organisations that there was significant expenditure and growing usage of specialised pressure relieving systems. The challenge to clinicians was to demonstrate that cost effective outcomes were being achieved.

A paradigm shift

In 1995, occupational therapists at the University Hospital of Wales developed a static-air pressure redistribution mattress overlay with the purpose of replicating the performance of traditional dynamic mattress replacement systems, at a fraction of the cost. The development was then commercialised and marketed as the Repose mattress.

At the same time the Effective Healthcare Bulletin recommended the use of randomised controlled trials accompanied by economic analysis to provide reliable evidence on the relative cost-effectiveness of different intervention strategies.⁽³⁾

In a randomised controlled trial, Price et al (1999) compared the performance of the Repose favorably against the Nimbus Mattress in a study of patients at high-risk of developing pressure ulcers. The authors concluded "It is worth considering the use of alternatives with a lower unit cost. In this study no statistically significant difference was found between the low pressure overlay system (Repose) and the dynamic support system (Nimbus). The (Repose) appears to offer a similar level of benefit in preventing the development of pressure sores and merits further investigation due to the potential for major cost reduction".⁽⁴⁾

Subsequently a NICE commissioned report by the National Collaborating Centre for Nursing & Supportive Care (2003) stated "where appropriate, consideration should be given to selecting lower-cost devices".⁽⁵⁾

Further supporting evidence continues to be required to demonstrate significant results in comparisons between product as noted in the current EPUAP Pressure Ulcer Treatment Guidelines (2006) which states that "Information on the cost effectiveness of any of these devices is scarce".⁽⁶⁾

Use of Repose in a variety of health care settings

The Repose mattress is used in both primary and secondary care and can follow the patient throughout their journey of care. Hampton (2000) demonstrated the cost effectiveness of using Repose to facilitate discharge from hospital of patients at continued risk of pressure damage.⁽⁷⁾

Patient comfort

A silent and unobtrusive system located at home allows the patient to sleep with their partner and provides major positive benefits to the patient's quality of life.

Research by Price et al (2003) demonstrated that Repose aids patient comfort. "In this pilot study of a new mattress overlay, statistically significant improvements in sleep and pain were noted over a four-week period".⁽⁸⁾

Repose and clinical outcomes

In a randomised trial involving 50 patients, Osterbrink (2005) concluded "Repose provides a highly effective system that can be used ... for both preventative and therapeutic purposes. Evidence was presented that patients with wounds in the classically exposed body points at risk of pressure sores who were supported on the Repose system showed an improved tendency to heal".⁽⁹⁾

A study by MacFarlane and Sayer (2006) in an acute setting concluded "The use of the Repose mattress overlays resulted in a dramatic reduction in costs, while the prevalence of pressure ulcers and hospital-acquired pressure ulcers dropped by 4-5%".⁽¹⁰⁾

This finding was subsequently echoed and quantified in another acute setting where Ballard Wilson (2006) demonstrated substantial cost savings gained by the paradigm shift when she concluded "There has been a definite shift away from the use of dynamic systems. Due to the increased availability of Repose mattresses, patients are being 'upgraded' more quickly. ... Although cost impact has not been looked at, the Trust was spending in excess of £300,000 per year on dynamic systems. The budget for all pressure relieving equipment is now £62,000 per annum."⁽²⁾

Summary

Health care professionals have a responsibility to ensure best use of resources.

This review suggests that there are sound reasons to examine the opportunities that the Repose product presents to provide patient comfort whilst challenging the paradigm that high tech products are not necessarily the best solutions in pressure ulcer management.

References

1. The cost of skin breakdown & ulceration in the UK. Skin Breakdown – the silent epidemic. Posnet J & Franks PJ; The Smith & Nephew Foundation 2007.
2. Ballard Wilson, A. 2006. Pressure Ulcer Prevalence Audit: What are the benefits of doing it? Poster EPUAP, Berlin
3. NHS Centre for Reviews and Dissemination. The prevention and treatment of pressure sores. Effective Healthcare Bulletin 1995, 1(1), 1-16
4. Price, P et al. 1999. Challenging the pressure sore paradigm Journal of Wound Care, April, Vol 8, No 4
5. National Collaborating Centre for Nursing & Supportive Care. Guideline commissioned by the National Institute for Clinical Excellence. October 2003
6. EUROPEAN PRESSURE ULCER ADVISORY PANEL, Pressure Ulcer Treatment Guidelines, 2006
7. Hampton, S. 2000 Repose: the cost-effective solution for prompt discharge of patients. British Journal of Nursing, Vol 9, No 21
8. Price, P et al. 2003. The use of a new overlay mattress in patients with chronic pain: impact on sleep and self-reported pain. Clinical Rehabilitation 2003; 17
9. Osterbrink, J. et al; 2005. 'Clinical evaluation of the effectiveness of a multimodal static pressure relieving device' 8th European Pressure Ulcer Advisory Panel Open Meeting Aberdeen May 5-7th
10. MacFarlane, A and Sayer S. 2006. Two clinical evaluations of the Repose system. WoundsUK. 2006, Vol 2. No 3: 14-25

Repose:

The new pressure ulcer management paradigm?

Lynne Watret

*Clinical Nurse Specialist, Tissue Viability
Primary Care NHS Greater Glasgow and Clyde*

Advertorial published in Volume 3, Issue 4: December 2007 of **Wounds** UK



Frontier Medical Group
Newbridge Road Industrial Estate,
Blackwood, South Wales NP12 2YN
Tel +44 (0)1495 235800
Fax +44 (0)1495 235808
Email info@frontiermedical.eu
www.frontiermedical.eu