Evidence in focus

Publication summary: Dowsett C, et al. Wounds International (2017)*

SmithNephew

PICO^o Single Use Negative Pressure Wound Therapy System (sNPWT) significantly improved the healing trajectory of hard-to-heal wounds compared with standard care, resulting in cost savings and released nursing time

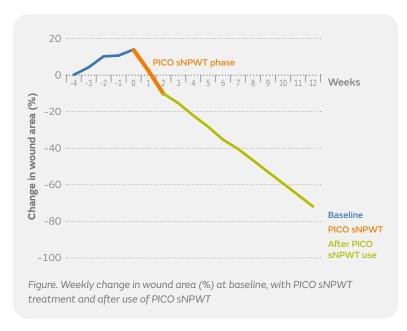


Overview

- A prospective cohort study of 52 hard-to-heal wounds of varied aetiology and duration from 10 sites across Canada, Denmark, Sweden and the UK
- Wounds were treated according to the PICO sNPWT pathway, developed to support clinical decision making, in which they
- were switched from standard care to treatment with PICO sNPWT at Week 0 for at least two weeks
- Patients were followed up for 12 weeks and then a model was used to predict outcomes at 26 weeks

Results

- PICO sNPWT improved the wound healing trajectory across all wound aetiologies (Figure):
 - During PICO sNPWT treatment, wound area reduced by 13.4% more per week than before its use (p=0.006)
 - After the PICO sNPWT phase, wound area reduced by 9.6% more per week than during the pre-PICO sNPWT phase (p=0.001)
- PICO sNPWT improved the trajectory of wounds of over 1 year, and healing rates were almost three times greater in wounds of <3 months duration (94.1 vs 33.3%)
- In total, 61.5% of wounds had healed (14 of 52) or were on a trajectory to heal within 26 weeks (18 of 52); only four wounds were predicted to heal with standard care
- Compared with predicted outcomes for standard care, implementing the PICO pathway was estimated to:
 - Reduce total costs by 33.1% (\$82,565)" over 26 weeks
 - Reduce nursing costs by 49.7%



**(£50,000) currency coverted to Canadian @ rate 1.6513. June 2020

Conclusions

PICO sNPWT helped to significantly improve the healing trajectory of hard-to-heal wounds, resulting in reduced estimated costs and nursing time compared with previous standard care.

Citation

*Dowsett C, Hampton J, Myers D, Styche T. Use of PICO^o to improve clinical and economic outcomes in hard-to-heal wounds. *Wounds International* 2017;8(2):52–58.

Available at: Wounds International

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