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### USE OF AN EVALUATION SCALE FOR RISK OF INFECTION – RESULTS OF A BINATIONAL OBSERVATIONAL STUDY (IMAG) INCLUDING 4960 PATIENTS

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**Aim:** The use of an evaluation scale for the risk of infection of chronic wounds in ambulant patients was examined by the physician. The wounds were treated with one of three lipidcolloid-dressings with silver and the evaluation of the wound was assessed.

**Methods:** In 2006, the efficacy of lipidcolloid-dressings with silvers in the treatment of almost 5000 patients with mainly chronic wounds (such as venous leg ulcers, arterial leg ulcers, pressure ulcers, diabetic feet) was tested in a prospective binational trial (IMAg-study). At the same time, the use of an evaluation scale for the risk of infection was examined. This evaluation scale was developed from a EWMA (European Wound Management Association) position document and included 16 items, which were evaluated up to 5 times per patient. The patients were treated with a silver-containing dressing in France and Germany for up to 8 weeks. Each observation included the status of the wound (size, granulation tissue) and the existence of one or more of the 16 items for infection.

**Results:** 4960 patients were treated, 2820 in France and 2140 in Germany. The characteristics of the population and the wounds did not differ among the countries. 56,1% of the patients were women, mean age was 66,8 years, 32,5% showed a concomitant diabetes. The most common wounds were venous leg ulcers (43,9%), followed by traumatic/Post-op wounds (32,6%) and pressure ulcers (7,1%).

The median of the duration of the wounds was 45 days. Granulation tissue was stated as normal in 62% (if present). The physicians estimated 56,1% of the wounds to be certainly or probably infected. The greater axe of the wounds was  $6,3 \pm 5,1$  cm at the beginning of the treatment.

The analysis of the evaluation scale for the risk of infection developed according to the EWMA-document showed that spontaneous pain or pain during dressing changes, erythema and increase of exudate where the mainly reported items which give helpful hints to estimate the degree of wound-infection.

71,5% of the physicians estimated the scale to be very useful or useful, 75,9% to be easy or very eas to apply.

The patients were treated for 38,7 days with one of three different lipidcolloid-dressings with silver.

Besides a good healing rate of nearly 30% in less than six weeks treatment and the evolution of a steady granulation tissue, the considerable improvement of signs of infection needs to be pointed out. The greatest wound axis was reduced by more than 50% during the trial.

The outstanding wearing comfort and the rather pain-free dressing changes which were reported by the patients demonstrate that the tested lipidcolloid-dressings with silver do not only satisfy because of there good efficacy but also by means of secondary criteria.

**Conclusion:** The use of an evaluation scale for risk of infection in chronic wounds in ambulant treatment is possible. This scale could be a diagnostic instrument which was estimated to be helpful in daily use to decide whether a silver-containing dressing should be used or not. Under the treatment with the evaluated lipidcolloid-dressings with silver, a strong decrease of signs of infection and a reduction of the wound surface area was achieved, which showed there impotence for use in wounds with risk of infection.