

## Wound care: Silver dressings

Over £5.4 million is spent annually on silver dressings across the PrescQIPP membership (20.3 million patients, December 2013). QIPP projects in this area focus on reducing inappropriate prescribing of silver dressings, whilst still maintaining high standards of wound care in line with national guidance.

Antimicrobial dressings account for about a quarter of the dressings prescribed in primary care in England. Silver dressings in particular have grown in popularity without an evidence-base to support this increasing use. A MeReC bulletin found that more than £25 million was spent on silver dressings alone in 2010.<sup>1</sup> Recent prescribing data shows that the national spend on silver dressings via FP10 prescribing has reduced to £17.4 million annually (ePACT December 2013). Some of this reduction may be due to silver dressings being purchased directly and not on FP10 supply.

### Recommendations

- Review the prescribing and nurse prescription requests of silver dressings and ensure they are being used appropriately.
- Consider involving a Tissue Viability Nurse (TVN) (if capacity allows locally) when considering initiating silver dressings.
- CCGs should consider selecting a preferred formulary choice for silver dressings. There should be community nurse involvement and TVN involvement when selecting formulary choices. This will support whole system compliance to formulary choices.
- The formulary choice should take into account cost as well as other required characteristics such as size, adhesion, conformability and fluid handling properties. Options should be available that are appropriate for the type of wound and its stage of healing. Unless the use of a specific dressing can be adequately justified on clinical grounds it would seem appropriate for healthcare professionals to routinely choose the least costly dressing when initiating prescribing.<sup>1</sup>
- The cost of community nurse time in changing dressings should also be a factor considered for patients having their dressings changed by a healthcare professional.
- Add directions to all prescriptions to avoid overuse.
- Silver dressings should only be prescribed as acute prescriptions and not added to a repeat prescription.
- A prescription for 5 dressings should be sufficient for the recommended maximum of 2 weeks treatment, allowing changing of dressings every 3 days.<sup>2</sup> For dressings designed to stay in situ over a longer period, fewer dressings will be required.
- Stop silver dressings if the wound does not respond or once the infection is controlled.<sup>3</sup> Refer to a TVN for wound assessment if there is no response within 2 weeks. An alternative (standard) dressing may be more appropriate.
- Do not use silver dressings when daily dressing changes are required. Use a standard dressing and consider an oral antibiotic, or leave the inner silver dressing intact and change the soiled outer dressing.<sup>2</sup>
- Do not use larger sizes of dressings unless necessary as these sizes are significantly more costly.
- Avoid dressings containing silver sulfadiazine – if applied to large areas or for a prolonged time, they can cause blood disorders or skin discolouration.<sup>4</sup>

## National guidance

The National Institute for Health and Care Excellence (NICE)<sup>5</sup> states that there is no robust clinical, or cost-effectiveness evidence for the use of antimicrobial dressings over non-medicated dressings for treating chronic wounds. Avoid overuse due to concerns with bacterial resistance and toxicity.

Silver dressings are not recommended by the Scottish Intercollegiate Guidelines Network (SIGN)<sup>6</sup> for routine treatment of venous leg ulcers; use simple non-adherent dressings instead. Clinical Knowledge Summaries (CKS)<sup>7</sup> advise not to use antimicrobial dressings on infected ulcers.

The British National Formulary (BNF)<sup>4</sup> states silver dressings should only be used when clinical signs and symptoms indicate a localised infection. Consider systemic antibacterials if appropriate. Silver ions have an antimicrobial effect when there is wound exudate. Consider how much exudate each silver dressing can handle when selecting products. Silver dressings should not be used routinely for uncomplicated ulcers, or on acute wounds.

Silver dressings may delay wound healing according to some evidence. Silver sulfadiazine-impregnated dressings have broad antimicrobial activity but if applied to large areas or used for a long time there is a risk of blood disorders and skin discolouration.<sup>4</sup> Check with the patient whether they have silver sensitivity.

The use of silver sulfadiazine-impregnated dressings is contra-indicated in neonates, in pregnancy, and in patients with significant renal or hepatic impairment, sensitivity to sulfonamides, or G6PD deficiency. Large amounts of silver sulfadiazine applied topically may interact with other drugs.<sup>4</sup> Avoid using any sulfadiazine-containing silver dressings in these patient groups or over large areas or for prolonged treatments.

## Clinical effectiveness

Due to the lack of high quality trials to establish advantages over other, cheaper alternatives, a Drugs and Therapeutics Bulletin from 2010 concluded that the routine use of silver dressings is not justified on clinical or cost-effectiveness grounds as treatment for uncomplicated leg ulcers when simple dressings and compression bandaging are more appropriate.<sup>3</sup>

Silver dressings should not be used on acute wounds as there is some evidence to suggest that they delay wound healing.<sup>3,4</sup> Hydrofibre and foam dressings are more effective for acute wounds, when compared to traditional or silver coated dressings.<sup>8</sup>

There is a better case for using silver dressings for patients with infected burns, but even here, the evidence base is weak. Overall, the amount currently spent in the NHS on silver dressings appears difficult to justify in the light of existing data.<sup>3</sup>

A Health Improvement Scotland Technologies Scoping Report found insufficient evidence to determine whether or not silver dressings are more effective than any other types of dressing for the healing of infected wounds or the prevention of wound infection. Silver dressings are more expensive than most other types of dressing. No studies were found which used complete wound healing as the end point. Follow-up periods were too short to observe complete wound healing in the majority of study participants. There is also an absence of direct evidence considering costs and benefits together.<sup>9</sup>

As well as the cost implications and lack of robust evidence for their benefit, indiscriminate use of topical antimicrobial dressings should also be discouraged because of concerns over bacterial resistance and toxicity. Long-term use should be avoided and they should be discontinued when signs of infection resolve or if the patient experiences adverse effects from the antimicrobial.<sup>5</sup>

**Table 1: Silver dressing subtype choice based on extent of exudate<sup>4</sup> (adapted from “Wound contact material for different types of wounds” table in BNF 66 section A5)**

<b>Wounds with signs of infection</b>		
Consider systemic antibacterials if appropriate; also consider odour-absorbent dressings (section A5.2.8)		
For malodourous wounds with slough or necrotic tissue, consider mechanical or autolytic debridement		
<b>Low exudate</b>	<b>Moderate exudate</b>	<b>Heavy exudate</b>
<ul style="list-style-type: none"> <li>• Low adherence with honey</li> <li>• Low adherence with iodine</li> <li>• Low adherence with silver</li> <li>• Hydrocolloid with silver</li> <li>• Honey—topical</li> </ul>	<ul style="list-style-type: none"> <li>• Hydrocolloid-fibrous with silver</li> <li>• Foam with silver</li> <li>• Alginate with silver</li> <li>• Honey—topical</li> <li>• Cadexomer-iodine</li> </ul>	<ul style="list-style-type: none"> <li>• Hydrocolloid-fibrous with silver</li> <li>• Foam, extra absorbent, with silver</li> <li>• Alginate with honey</li> <li>• Alginate with silver</li> </ul>

**Note:** In each section of the above table the dressings are listed in order of increasing absorbency. Some wound contact (primary) dressings require a secondary dressing.

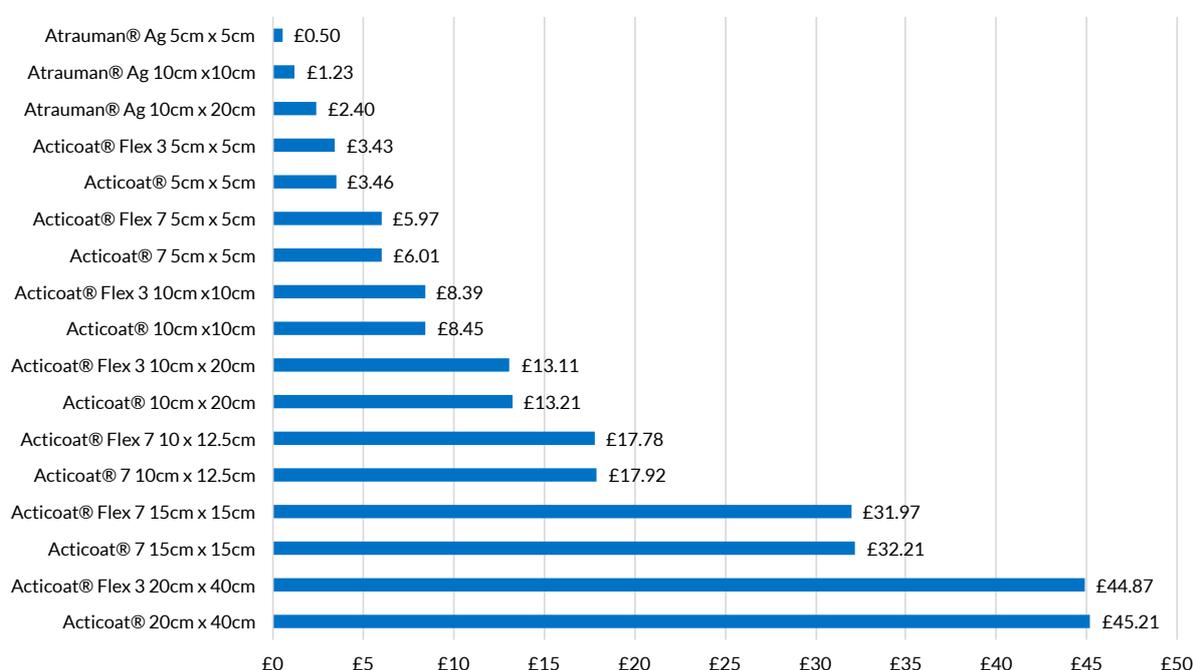
If there are no signs of infection in the wound then the dressings in table 1 would be inappropriate to use and alternative dressings should be considered instead.

Charts 1 to 5 and table 2 show the costs for different dressing sizes listed in the Drug Tariff for all categories of dressing included in the BNF. Dressings are listed by their primary sub-type of silver dressings but some also have multiple properties. Dressings not listed in the Drug Tariff have not been included as they cannot be prescribed on the NHS. It may be possible to obtain these dressings through direct procurement routes. There may also be additional costs to woundcare such as the time for district nurses to visit a patient and change dressings (approximately £70 per hour) and this should be borne in mind when assessing the cost effectiveness of dressings.

The Centre for Evidence Based Purchasing produced a buyers' guide to advanced wound dressings in October 2008.<sup>8</sup> The market review section on silver dressings from this guide is attached in appendix 1 (page 11) and highlights the properties of all silver dressings, when they should be used in respect to levels of exudate and where they should be used as a primary or secondary dressing. It also informs which dressings are available on FP10 and which are available through direct procurement routes. As this document was produced in 2008, some information in it may be dated. The Drug Tariff is the most up to date resource to use to identify which dressings are available to prescribe on an FP10.

**Chart 1: Silver dressings – Low adherence<sup>4,10,11</sup>**

Cost per dressing: Low adherence dressings (Drug Tariff January 2014)

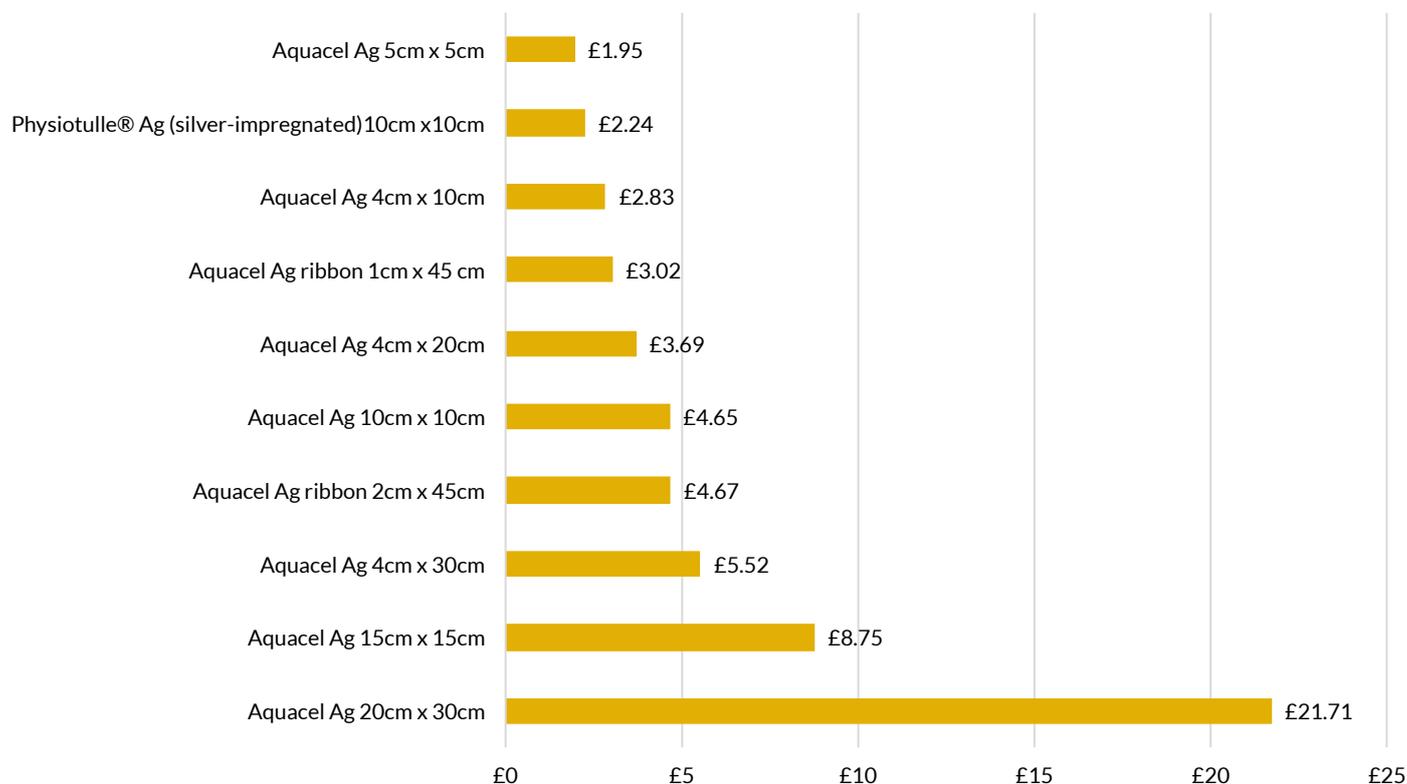


## Prescribing notes - Low adherence dressings

- Low adherence dressings are designed to be used in wounds with low exudate levels. They should be avoided in heavily exudating wounds, as maceration of surrounding skin will occur.<sup>12</sup>
- Atrauman® Ag is a low adherence silver coated dressing, not intended to replace antibiotic therapy.<sup>13</sup> It has the lowest acquisition cost of all the silver dressings<sup>10</sup> and should be the preferred low adherence dressing choice.
- The Acticoat® range is more costly than the Atrauman® range.<sup>11</sup> Acticoat® Flex 3 need to be changed every every 3 days. Acticoat® 7, Acticoat® Absorbent and Acticoat® Flex 7 need to be changed every 7 days.<sup>14</sup> The Acticoat® range of dressings are also only silver-coated not silver-impregnated.<sup>11</sup>

**Chart 2: Silver dressings – Hydrocolloid**<sup>4,10,11</sup>

Cost per dressing: Hydrocolloid dressings (Drug Tariff January 2014)



## Prescribing notes - Hydrocolloid dressings

- Hydrocolloid dressings interact with wound exudate to produce a gel. They absorb exudate and prevent the wound from drying, they also create a hypoxic environment, stimulating angiogenesis.<sup>12</sup>
- Aquacel® Ag (smaller sizes) and ribbon are the least costly hydrocolloid silver dressings.<sup>10</sup> Aquacel Ag is also indicated for moderate to heavily exudating wounds.<sup>15</sup>
- Physiotulle Ag is a less costly hydrocolloid dressing.<sup>10</sup> It is a non-adherent contact dressing which can be used in combination with a broad range of absorbent secondary dressings.<sup>16</sup> It also contains silver sulfadiazine which is associated with a risk of blood disorders or skin discoloration if used on large areas or for long periods.<sup>4,11</sup>

Chart 3: Silver dressings – Soft polymer<sup>4,10,11</sup>

Cost per dressing: Soft polymer dressings (Drug Tariff January 2014)

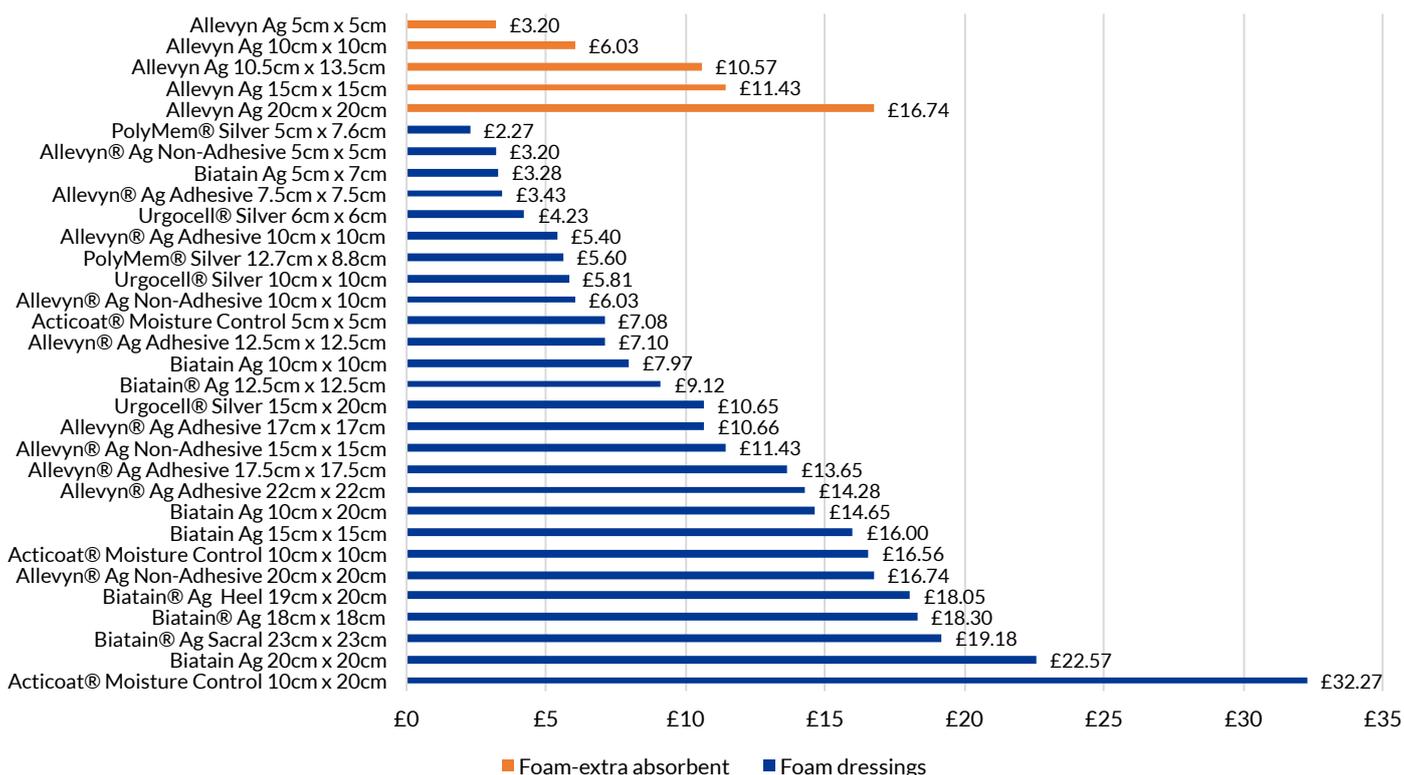


### Prescribing notes - Soft polymer dressings

- Soft polymer dressings are not suitable for heavily bleeding wounds as blood clots can cause dressing to adhere to wound surface.<sup>4</sup>
- Urgosorb® Silver and Urgotul SSD are the lowest acquisition cost soft polymer silver dressings for wounds<sup>11</sup> with low exudate levels.<sup>4</sup>
- Urgotul® Silver and Urgotul® SSD are indicated for non to low exuding wounds. Both can be used on cavity wounds. Urgotul SSD can also be left in place for up to 7 days.<sup>17</sup>
- Urgotul Duo Silver prevents maceration and can be used on difficult to treat areas (e.g. fingers, toes) and left in place for up to 7 days.<sup>17</sup>
- A secondary dressing should be used on top of some of the soft polymer silver dressings for lightly to moderately exuding wounds.<sup>4</sup>
- Allevyn® Ag Gentle stays in place for up to 7 days, but is incompatible with oxidising agents (e.g. hydrogen peroxide and EUSOL, as these breakdown the absorbent polyurethane component of the dressing), and oil-based products. It is not suitable for use alone on cavity wounds.<sup>14</sup> It also contains silver sulfadiazine which is associated with a risk of blood disorders or skin discolouration if used on large areas or for long periods.<sup>4</sup>
- Mepilex Ag can remain in place for several days depending on the condition of the wound, but do not use with oxidising agents.<sup>18</sup> Allevyn® Ag and Mepilex Ag are not intended to provide “treatment” for infected wounds.<sup>2</sup>

Chart 4: Silver dressings – Foam<sup>4,10,11</sup>

Cost per dressing: Foam dressings (Drug Tariff January 2014)



### Prescribing notes - Foam dressings

- Foam dressings are designed for low to moderate exuding<sup>4</sup> sloughy or granulating wounds.<sup>12</sup> There is little value or poor rationale for prescribing silver foam dressings as they need to be in direct contact with skin to be effective.<sup>2</sup>
- There is no need for a secondary dressing with PolyMem® silver,<sup>19</sup> which is the least costly foam dressing.<sup>10</sup>
- Acticoat® Moisture Control (silver-coated layer not impregnated)<sup>11</sup> and Allevyn® Ag are not intended to treat infected wounds, antibiotics should be added to treatment if required - therefore there is little value in their use.<sup>2</sup> Allevyn® Ag is also silver sulfadiazine impregnated so there is a risk of blood disorders and skin discolouration.<sup>4</sup>
- Acticoat® Moisture Control and Allevyn® Ag are also incompatible with oxidising agents e.g. EUSOL breaks down the foam layer. Acticoat® Ag incompatible with saline (the chloride ions inactivate the silver ions) and oil-based products such as petroleum. The Allevyn® Ag range is also unsuitable for use alone on cavity wounds.<sup>14</sup>
- Biatain Ag is indicated for a wide range of wounds and is available in sacral and heel dressing shapes.<sup>16</sup>

Chart 5: Silver dressings – Alginate<sup>4,8,10,11</sup>

Cost per dressing: Alginate Dressings (Drug Tariff January 2014)



### Prescribing notes - Alginate dressings

- Alginate dressings are indicated for the treatment of sloughy or clean wounds. They are high absorbency dressings for moderate to heavily exuding wounds and are not suitable for wounds that are very dry or contain necrotic tissue as they will allow the wound to dry out.<sup>12</sup> Alginate dressings should not be used on patients with known allergy to alginates.<sup>14,20</sup>
- Acticoat® Absorbent is indicated for moderately exuding wounds, its absorbency allows dressing to remain on wound for up to 3 days and it is suitable for cavity wounds.<sup>14</sup>
- Tegaderm® Aliginat Ag<sup>21</sup> is the least costly alginate dressing across a range of sizes.<sup>10</sup>
- Algicell® Ag can be used in a range of wounds.<sup>20</sup> It is a silver-impregnated alginate dressing.<sup>11</sup> It is the lowest acquisition cost dressing<sup>10</sup> but involve a TVN when making a local decision to ensure the best dressing choice is made.
- Silvercel® Non-Adherent is indicated for a range of partial and full thickness wounds. It can be combined with an absorbent secondary dressing such as TIELLE®.<sup>22</sup>
- Sorbsan is a brand of dressings that is easy to step down to a non-silver equivalent when silver is no longer required.<sup>23</sup>
- Algisite® Ag must not be used on patients undergoing Magnetic Resonance Imaging (MRI).<sup>14</sup>
- Suprasorb® A+Ag may be used for heavily exuding wounds.<sup>24</sup>
- Actisorb®<sup>22</sup> is the only silver dressing available with charcoal.<sup>4</sup> Costs are shown in table 2 on the following page.

Table 2: Silver dressings - Odour absorbent<sup>4,8,10,11</sup>

Silver dressing subtype	Product name	Sizes	Costs
Dressings with charcoal for medium to high exudate levels.	Actisorb® Silver 220	6.5cm x 9.5cm	£1.64
		10.5cm x 10.5cm	£2.58
		10.5cm x 19cm	£4.70

### Prescribing notes - Activated charcoal dressings

- Activated charcoal dressings are designed for moderate to highly exudating, malodorous wounds. Activated charcoal reduces offensive odour but loses its odour-adsorbing properties once it becomes wet, so frequent changes are often necessary. If the shape of the wound is awkward, it may be difficult to apply charcoal dressings as many must be applied as a sealed unit.<sup>25</sup>
- Actisorb Silver 220 should be used in direct contact with the wound (primary dressing) and must not be cut to size or will shed fibres. It contains 220mg silver per 100g charcoal cloth.<sup>22</sup>

## Savings available

Over £5.4 million is spent annually across the PrescQIPP membership (20.3 million patients, December 2013) on silver dressings (ePACT December 2013). Significant savings can be made by reviewing prescribing. Ensure silver dressings are only prescribed appropriately and stop any dressings no longer needed.

The CCG cost per 1000 patients for silver dressings (supplied through the FP10 route only) across the PrescQIPP membership ranges from approximately £13 to £213. The average cost per 1000 patients is £70. Data on spend for dressings supplied through direct procurement is not readily available and has not been included as part of the savings calculations. Therefore savings may vary from those quoted.

Table 3 shows the total annual savings available for nil prescribing, reaching the lowest cost per 1000 patients and the average cost per 1000 patients across the PrescQIPP membership.

Table 3: Cost savings available across PrescQIPP total membership (ePACT November 2013)

Average percentage prescriptions for more than 5 silver dressings	78%
Average percentage prescriptions for more than 10 silver dressings	31%
Annual savings if average cost per 1,000 patients (£70) reached	£779,086
Annual savings if lowest cost per 1,000 patients (£13) reached	£4,387,428
Annual savings for nil prescribing	£5,437,356

If there was no prescribing of silver dressings across the PrescQIPP membership, **then this would release £26,764 per 100,000 patients**. It is unlikely that prescribing of these dressings would reduce to nil prescribing.

If CCGs reached the same levels as the average prescribed (£70 per 1000 patients), **then this would release savings of £3,933 per 100,000 patients**.

If CCGs reduced spend to the current lowest price achieved (£13 per 1000 patients), **then this would release savings of £21,596 per 100,000 patients**. This may not be achievable as some of the lowest prescribers may have low FP10 prescribing as they have moved dressings to the direct supply route.

The number of prescriptions for 5 or more silver dressings varies from 44% to 94% (average 78%). The number of prescriptions for 10 or more silver dressings also varies from 7.5% to 51% (average 31%).

The maximum quantity of silver dressings that should be prescribed is 5 dressings. After this period the dressings should be switched to standard non-medicated dressings, with a review by a TVN if there are wound-healing complications. Reviewing and reducing the number of dressings prescribed and ensuring they are not put on repeat prescription will also release considerable savings and reduce wastage.

## Summary

- Careful consideration should be given before prescribing silver dressings, which are very expensive and only suitable for wounds where there are signs of infection.
- Silver dressings should only be prescribed for a short duration and not on repeat prescription. Ideally prescriptions should be for up to 5 (not more than 10) dressings. The wound should be assessed regularly and the dressing changed to an appropriate non-silver containing dressing as soon as possible.
- The choice of dressings should be cost-effective and based on the type of wound, including exudate levels, healing stage, type and size of wound. Larger dressings should not be prescribed inappropriately.
- A TVN should be involved in the assessment of a wound wherever possible, before a silver dressing is prescribed.

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## Additional PrescQIPP resources



Briefing



Data pack



Implementation resources

Available for download here:

<http://www.prescqipp.info/silver-dressings/viewcategory/212>

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# Appendix 1

Taken from Centre for Evidence-Based Purchasing, 2008. Buyer's guide: advanced wound dressings. Table 27a- silver dressings

Main dressing category & products*	Supplier**	Other constituents include:								Exudate levels	Primary dressings						Secondary dressings						Adhesive				Available on prescription (P) or from NHS Supply Chain (SC)			
		Alginate	Capillary action	Charcoal	Film	Foam	Hydrocolloid	Hydrocolloid fibrous	Low/non adherent wound contact layer		Silicone	Necrotic	Sloughy	Granulating	Epithelialising	Infected	Fungating malodorous	Necrotic	Sloughy	Granulating	Epithelialising	Infected						Fungating malodorous	Border (B)	Dressing (D)
SILVER	S&N - Smith & Nephew Healthcare Ltd J&J - Johnson & Johnson Medical Ltd CT - ConvaTec UK Ltd PH - Paul Hartman Ltd M - Molnlycke Health Care Ltd Co - Coloplast Ltd									1 = dry 2 = low 3 = low - medium 4 = medium 5 = medium - high 6 = high																				
Acticoat	S&N							✓		3 to 5	✓	✓	✓	✓	✓	✓									✓	✓	✓	✓	✓	
Acticoat 7	S&N							✓		3 to 5	✓	✓	✓	✓	✓	✓									✓	✓	✓	✓	✓	
Acticoat Moisture Control (inc. ribbon)	S&N	✓			✓	✓		✓		3 to 5	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	
Actisorb Silver 200	J&J			✓						4 to 6		✓			✓	✓									✓	✓		✓	✓	
Algisite Ag	S&N	✓								5,6		✓	✓	✓	✓	✓									✓	✓		✓	✓	
Allevyn Ag	S&N			✓	✓			✓		1 to 6	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	B & D		✓	✓	✓	✓	✓	
Allevyn Ag Non-adhesive	S&N			✓	✓			✓		1 to 6	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	
Atrauman Ag	CT						✓			5		✓			✓	✓									✓	✓		✓	✓	
Aquacel Ag (inc. ribbon)	PH							✓			✓	✓	✓	✓	✓										✓	✓		✓	✓	
Avance	M			✓	✓					3					✓	✓									✓	✓		✓	✓	
Avance Ag	M			✓	✓					3					✓	✓							B		✓	✓	✓	✓	✓	
^Biatain Ag Adhesive (formerly Contreet Foam)	Co			✓	✓					5					✓							✓	B		✓	✓	✓	✓	✓	
^Biatain Ag Non-adhesive (formerly Contreet Foam)	Co			✓	✓					5					✓							✓			✓	✓	✓	✓	✓	
^Biatain Ag Non-adhesive (formerly Contreet Foam)	Co			✓	✓					5					✓							✓	D		✓	✓	✓	✓	✓	
Contreet Hydrocolloid	Co			✓		✓				3					✓							✓			✓	✓	✓	✓	✓	

\* Always consult manufacturer guidelines for all products; details provided here are for guidance only \*\* Supplier details are provided in appendix 1 (original document) ^ Biatain Ag product name as of 1<sup>st</sup> September 2008

# Appendix 1

Taken from Centre for Evidence-Based Purchasing, 2008. Buyer's guide: advanced wound dressings. Table 27b- silver dressings

Main dressing category & products*	Supplier**	Other constituents include:								Exudate levels	Primary dressings					Secondary dressings					Adhesive	Free from latex	Free from animal products	Shower or bathe	Available on prescription (P) or from NHS Supply Chain (SC)		
		Alginate	Capillary action	Charcoal	Film	Foam	Hydrocolloid	Hydrocolloid fibrous	Low/non adherent wound contact layer		Silicone	Necrotic	Sloughy	Granulating	Epithelialising	Infected	Fungating malodorous	Necrotic	Sloughy	Granulating						Epithelialising	Infected
SILVER	J&J - Johnson & Johnson Medical Ltd M - Molnlycke Health Care Ltd Co - Coloplast Ltd Un - Unomedical Ltd SH - Synergy Health (UK) Ltd Ur - Urgo Ltd									1 = dry 2 = low 3 = low - medium 4 = medium 5 = medium - high 6 = high												Border (B) Dressing (D)					
Mepilex Ag	M			✓	✓			✓		4					✓	✓							✓	✓		✓	✓
Polymem Shapes Silver	Un			✓	✓		✓			1 to 4	✓	✓	✓	✓	✓	✓						B	✓	✓	✓	✓	✓
Polymem Silver	Un			✓	✓		✓			1 to 4	✓	✓	✓	✓	✓	✓							✓	✓		✓	✓
Physiotulle Ag	Co					✓				2 to 6					✓					✓			✓	✓		✓	✓
Silvercel	J&J	✓					✓			5,6		✓			✓	✓							✓	✓		✓	✓
Sorbsan Silver Packing (probe)	Un	✓					✓			4 to 6		✓	✓		✓	✓							✓	✓		✓	✓
Sorbsan Silver Ribbon (probe)	Un	✓					✓			4 to 6		✓	✓		✓	✓							✓	✓		✓	✓
Sorbsan Silver Flat	Un	✓					✓			4,5		✓	✓		✓	✓							✓	✓		✓	✓
Sorbsan Silver Plus	Un	✓					✓			4 to 6		✓	✓		✓	✓	✓	✓		✓	✓		✓	✓		✓	✓
Sorbsan Silver Plus SA	Un	✓					✓			4 to 6		✓	✓		✓	✓	✓	✓		✓	✓	B	✓	✓	✓	✓	✓
Suprasorb A = Ag (inc. rope)	SH	✓								5	✓	✓	✓		✓								✓	✓		✓	✓
UrgoCell Silver	Ur				✓	✓	✓			4,5		✓	✓	✓	✓	✓							✓	✓		✓	✓
Urgosorb Silver (inc. rope)	Ur	✓					✓			5,6		✓	✓		✓	✓							✓	✓		✓	✓
Urgotul Silver	Ur				✓		✓			2,3		✓	✓	✓	✓	✓							✓	✓		✓	✓
Urgotul SSD	Ur				✓		✓			2,3		✓	✓	✓	✓	✓							✓	✓		✓	✓
Urgotul Duo Silver	Ur				✓		✓			2,3		✓	✓	✓	✓	✓							✓	✓		✓	✓
Vliwaktiv Ag	SH		✓							6		✓			✓	✓	✓			✓	✓		✓	✓			

\* Always consult manufacturer guidelines for all products; details provided here are for guidance only

\*\* Supplier details are provided in appendix 1 (original document)