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### PLATELET RICH FIBRIN AS A TOPICAL WOUND DRESSING FOR HARD-TO-HEAL WOUNDS

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**Aims:** Extracellular matrix replacement therapy and platelet derived growth factors have both been demonstrated to assist wound healing in a number of wound types. This abstract reports initial experience, currently of two patients, receiving autologous platelet rich fibrin therapy.

**Method:** Following approval from the hospital trust for product evaluation patients with documented slow or non-healing lower limb venous ulceration were offered therapy with Vivostat® System. This CE-marked medical device converts, in a fully automated closed sterile system, 120 mls of patient's own blood into 6 ml of Platelet Rich Fibrin (PRF®). This consists of autologous platelets, at 10 times blood concentration, with active growth factors in a fibrin sealant matrix. Using the Vivostat® Spraypen kit PRF was then sprayed onto wounds within an hour of blood donation. The wounds were then dressed with non-adherent dressings and the patient's usual compression therapy continued. Treatment was repeated weekly.

**Results:** Both patients found the treatment comfortable and reported a decrease in wound pain, exudate levels also fell. TELER® scores improved and in both cases there was a reduction in wound size 20cm<sup>2</sup> to 14.5cm<sup>2</sup> in 2 weeks in patients 1 (27.5%) and 321cm<sup>2</sup> to 270cm<sup>2</sup> in patient 2 (15%). Both wounds had been static with no signs of improvement during the preceding four weeks of treatment. Treatment is ongoing and further patients will be included and should be available for inclusion in the final report.

**Conclusion:** Application of autologous platelet rich fibrin may provide a useful adjuvant therapy for wounds that fail to respond adequately to conventional standard therapy.

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### A REVIEW OF THE LITERATURE SUPPORTING THE USE OF NON-ADHERENT WOUND CONTACT LAYERS IN A VARIETY OF CLINICAL INDICATIONS

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**Aim:** A literature review was undertaken to evaluate the published clinical literature relating to non-adherent primary wound contact dressings and their abilities to minimise trauma and pain in a variety of clinical applications.

**Methods:** Electronic searches of bibliographic databases (MEDLINE, National Library of Medicine, Bethesda, USA; EMBASE, Elsevier BV, Amsterdam, Netherlands; CINAHL, Cinahl Information Systems, Glendale USA) and Internet sites (Cochrane Library; World Wide Wounds) were supplemented with manual searches of conference proceedings and journal of relevance to wound management.

**Results:** The literature review highlighted a significant number of articles, presenting data generated from randomised controlled trial (RCT), non-randomised controlled trial (NRCT) and case study (CS) evaluations of primary wound contact dressings on a wide range of wound types

**Discussion:** The clinical evidence supporting the use of the soft silicone dressing Mepitel is extensive and outweighs that associated with the other primary wound contact dressings discussed in this paper.