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### THE JUBILEE METHOD: A MODERN DRESSING DESIGN WHICH REDUCES COMPLICATIONS FOLLOWING TOTAL HIP AND KNEE ARTHROPLASTY

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**Aim:** Modern dressings such as Molndal (2002) – which combines a highly absorbent hydrofibre with a semi-permeable polyurethane film - have been shown to be more effective than standard dressings. They reduce patient morbidity due to wound healing problems such as blistering, frequent and early dressing changes, and potentially avoid prolonged hospitalisation.

The Jubilee Method is a novel wound dressing based upon Molndal, consisting of a hydrofibre and hydrocolloid. It has been evaluated in this study by comparison to a standard adhesive dressing.

**Methods:** A prospective, randomised controlled trial was conducted involving 500 patients undergoing primary elective total hip (THR) or total knee (TKR) arthroplasty. Patients were randomised to receive one of the two dressings. The incidence of blistering, wear time, number of dressing changes, delayed discharge due to wound problems, and surgical-site infection (SSI) rate were noted. 428 forms were successfully completed.

**Results:** For TKR and THR, the incidence of blistering was 1.6% in the Jubilee group, and 18.3% in the Standard group ( $p=1.4 \times 10^{-22}$ ). Wear time was 3.7 days in the Jubilee group, and 2.3 days in Standard ( $p=3.4 \times 10^{-25}$ ). Total mean number of dressings was 1.5 for Jubilee, and 3.2 Standard ( $p=5 \times 10^{-15}$ ). Delayed discharge due to wound problems was 1.2% Jubilee, and 4.8% Standard ( $p=0.01$ ). SSI rates were 0.8% Jubilee, and 3.2% Standard ( $p=0.03$ ).

**Discussion:** The Jubilee method group demonstrated many advantages over the standard dressing, and should be considered as the dressing of choice following primary total knee and total hip arthroplasty.

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### WOUND TREATMENT OF A LARGE STOMACH WOUND WITH A LIPIDO-COLLOID CONTACT LAYER IMPREGNATED WITH SILVER SULPHADIAZINE AND AN ABSORBENT DRESSING

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**Aim:** This study aims at presenting a successful and short wound healing process by using a lipido-colloid interface in combination with an absorbent dressing in large wounds.

**Methods:** Choosing patients with large, slowly curing stomach wounds after extensive stomach surgery. This study includes 2 patients with comparable wounds.

Patient 1: 34 years old; suffering from Crohn's disease. Surgery: 09-10-2006. Start wound treatment: October 2006. Period of time: ten weeks.

Patient 2: 42 years old; suffering from ulcerative colitis. Surgery: 12-12-2006. Start wound treatment: January 2007. Period of time: ten weeks.

The wounds of both patients were cleaned every day and new wound dressings were used. It appeared that silver sulphadiazine interface acts upon the wound's surface, while the absorbent dressing absorbs the exsudate/moist.

**Results:** The results of both treatments are practically identical:

The first 24 hours the production of moist increases. Within 1 week the wound develops from fibrinous tissue into granulating tissue. The wound gets smaller, less deep and stays quite calm without reacting otherwise upon the treatment. The changing of the wound dressings and carrying the dressings on the wound aren't painful.

**Conclusion/Discussion:** This study shows that both wound dressings can be used for a successful and short healing process of large stomach wounds and leads to the question whether all large stomach wounds should be treated by means of dressings containing Silver Sulphadiazine.

