

## **New meta-analysis demonstrates the effectiveness of PICO<sup>o</sup> NPWT in helping to prevent surgical site complications versus standard care**

**25 April 2018**

Smith & Nephew (LSE: SN, NYSE: SNN), the global medical technology business, announces the publication of a new meta-analysis of 16 studies that demonstrated the prophylactic application of PICO on surgical site incisions significantly reduced surgical site infections ('SSIs'), wound dehiscence and length of stay when compared to standard care.

According to the meta-analysis, using PICO with AIRLOCK™ Technology significantly reduced the rate of surgical site complications by 58% and the rate of dehiscence (wound rupturing along a surgical incision) by 26%. PICO treated patients spent half a day less in hospital on average<sup>\*1</sup>.

"This is the first comprehensive meta-analysis that has assessed the benefit of a specific negative pressure wound therapy (NPWT) device on surgical site complications." said Paolo Di Vincenzo, Senior Vice President Global Marketing, Smith & Nephew.

"It is a significant addition to the growing body of literature supporting PICO as an effective prophylactic treatment option for SSIs and helps provide important insights into optimising clinical management strategies for preventing SSIs, which are an increasing concern for healthcare providers and their patients around the world."

The meta-analysis evaluated results from 16 peer reviewed publications (including 10 RCTs) involving 1863 patients and 2202 incisions to assess the average effect of PICO Single Use Negative Pressure Wound Therapy System application across a wide variety of surgical indications, on surgical site infection (SSI), dehiscence or length of hospital stay in comparison to standard of care.

The overall number needed to treat (NNT) to prevent one costly and potentially dangerous and painful SSI was just 14, and this was further reduced to an NNT of 5 for patients, treated with PICO, undergoing colorectal surgery.

Dr Risal Djohan, Department of Plastic Surgery, Cleveland Clinic, USA, a PICO user, added: "This meta-analysis confirms the benefits and significant role of the PICO system. With the current available and published data, it underlines the importance of adapting the use of this advanced and novel innovation in helping to treat our patients with confidence to lower the potential incidence for surgical complications."

The PICO Single Use NPWT system is being investigated in a number of further clinical trials worldwide. For more information about this study please see <http://www.smith-nephew.com/strugala/>.

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### Reference:

1. Strugala, V. and Martin, R. Meta-analysis of comparative trials evaluating a prophylactic single-use negative pressure wound therapy system for the prevention of surgical site complications. *Surgical Infections* (2017). DOI 10.1089/sur.2017.156 \* Meta-analysis included 10 RCT & 6 observational studies. Reduction in SSI (16 studies included): 1839 patients (2154 incisions): PICO 5.2%; control group 12.5%; p<0.0001. Mean reduction in hospital length of stay 0.47 days (8 studies included): p<0.0001

### Forward-looking Statements

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## **Smith & Nephew presents a fresh approach to challenging wounds by combining holistic patient assessment with T.I.M.E. and pioneering solutions at the 2018 EWMA Conference**

**08 May 2018**

Smith & Nephew (NYSE:SNN; LSE:SN), the global medical technology business, is proud to announce several recent launches to be showcased at the European Wound Management Association (EWMA) conference to be held in Krakow, Poland 9 – 11 May 2018.

“Wound care costs billions of pounds each year, and it is estimated that the prevalence of chronic wounds is growing at 12% per annum.<sup>1</sup> When wounds don’t heal, costs spiral.” said Paolo Di Vincenzo, Smith & Nephew’s SVP of Advanced Wound Management. “This is why we are proud to showcase a number of new products and programmes at this year’s EWMA, adding to our already established portfolio designed to help healthcare professionals further reduce the human and economic cost of wounds. Among these new introductions, we have worked in partnership with expert and experienced specialist wound care nurses and clinicians to develop a new unique and easy to implement plan-on-a-page (POP) support tool – based on T.I.M.E.<sup>2,3</sup> The new POP tool is designed to aid clinicians in their routine decision-making around chronic wounds to help them improve daily practice consistently.”

Within the newly introduced POP tool, T.I.M.E. is part of a systematic and holistic evaluation of each patient at every wound assessment. T.I.M.E. was first developed by an international group of wound healing experts and provides a framework for a structured approach to wound bed preparation.<sup>2,3</sup> The T stands for tissue non-viable, I for infection and/or inflammation, M for moisture imbalance and E for edge of wound non-advancing. The launch of the POP tool is supported by a symposium, A fresh approach to challenging wounds by combining T.I.M.E. with pioneering solutions, which takes place at 13.15 on Thursday 10<sup>th</sup> May.

Dr Caroline Dowsett, Clinical Nurse Specialist Tissue Viability East London NHS Foundation Trust London and Independent Nurse Consultant in Wound Care is presenting “T.I.M.E. to improve patient outcomes” at the conference: “This symposium offers us an opportunity to gain new insights into how to improve patient outcomes by using a structured approach to wound assessment and management – also known as T.I.M.E. Delegates at the conference should attend in order to update their knowledge and understanding of new treatment modalities that can benefit patients and the wider health economy.”

Delegates will additionally have the opportunity to discover Smith and Nephew’s latest pioneering new technologies, such as the MolecuLight i:X™ Wound Intelligence Device, PICO◇ 7 Single Use Negative Pressure Wound Therapy, ALLEVYN◇ LIFE Non-Bordered and ALLEVYN◇ Gentle Border.

The full Smith & Nephew conference programme can be found at [smith-nephew.com/ewma2018](http://smith-nephew.com/ewma2018).

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## Enquiries

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## References

1. Guest JF, Vowden K, Vowden P. The health economic burden that acute and chronic wounds impose on an average clinical commissioning group/health board in the UK. *JWC*. 2017;26(6):292-303.
2. Schultz GS, Sibbald RG, Falanga V et al. Wound bed preparation: a systematic approach to wound management. *Wound Rep Reg*. 2003;11(Suppl. 1):S1-28.
3. Leaper DJ, Schultz G, Carville K, Fletcher J, Swanson T, Drake R. Extending the T.I.M.E. concept: what have we learned in the past 10 years? *Int Wound J*. 2012;9(Suppl. 2):1-19.

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## **Study concludes that a burn wound management strategy including nanocrystalline silver dressings\* may reduce costs and optimise treatment of infections**

17 April 2018

Smith & Nephew plc (LSE:SN, NYSE:SNN), the global medical technology business, welcomes the conclusions of an independent study that increased use of antiseptics and nanocrystalline silver dressings in a burn management strategy may reduce costs, optimise treatment of infections and reduce antibiotic use.<sup>1</sup>

“A 2000 patient retrospective assessment of a new strategy for burn wound management in view of infection prevention and treatment” further concludes that such a strategy can help to reduce the incidence of sepsis; including sepsis caused by *Pseudomonas aeruginosa*, and can be cost effective when treating in hospitalised burn patients. The study utilised Smith & Nephew’s ACTICOAT® and ACTICOAT Flex 3 antimicrobial silver dressings as part of the overall strategy.

The centre included in the study saw a total cost reduction of 23% from 2014 to 2016. The reported increase in expenditure for antiseptic solutions and dressings (34,554 USD) was more than offset by the USD 106,055 decrease in expenditure for antibiotics and antimycotics, resulting in a total reduction in cost of USD 71,501.

“We know how healthcare professionals are under pressure to reduce antibiotic usage and infection rates,” said Dr Andy Weymann, Chief Medical Officer, Smith & Nephew. “This evidence highlights how a burn wound management strategy can be made more cost effective and help to optimise the treatment of infections. It is encouraging to see that such a strategy can decrease the use of antibiotics.”

The new burn wound management strategy included a reduction in use of systemic antibiotics and an increase the use of topical antimicrobial products, such as silver-containing dressings and antiseptics. The methodology examined the infection prevention and treatment in hospitalised burn patients before and after the strategy introduction

The new strategy was implemented in response to a substantial increase in antibiotic resistance. 2,000 patients with an 18.4% mean body surface area affected by burn who were treated between 2014 and 2016 at a single centre in Poland were analysed.

A reduction of 19.8% in total costs of antibiotics and antimycotics was reported; antibiotic expenditure decreased whereas expenditure for antimicrobial dressings and antiseptics increased. The new strategy also helped to reduce the development of drug resistance in *P. aeruginosa*. In addition to the antiseptic solutions, ACTICOAT and ACTICOAT Flex 3, local burn wound management strategies in the study may have included other interventions, such as debridement and enteral/parenteral nutrition.

“We welcome this study that adds to the evidence around nanocrystalline silver dressings and their role in preventing and managing infection,” said Paolo Di Vincenzo, Smith & Nephew’s SVP of Advanced Wound Management. “A previous study has also shown that ACTICOAT decreases need for antibiotics from 57% to 5.2%<sup>2\*\*</sup> helping to reduce the human economic cost of wounds.”

\* With other interventions

\*\* Baseline :Patients showers in 4 % CHG soap then treatment with Silvazine (SSD and CHG cream)  
New protocol: Patients showers in 4 % CHG soap then treatment then treatment with ACTICOAT

- ends -

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## References

1. Glik, J, et al. A 2000 patient retrospective assessment of a new strategy for burn wound management in view of infection prevention and treatment. *Int Wound J*. 2017 Dec 15. [Epub ahead of print]
2. Fong J, Wood F, Fowler B. A silver coated dressing reduces the incidence of early burn wound cellulitis and associated costs of inpatient treatment: comparative patient care audits. *Burns*. 2005;31:562-567.

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