

## STUDY SHOWS:

### EPICITE HYDRO ADDRESS CHALLENGES, SIMPLIFY DRESSINGS AND REDUCE TIME AND COST ON FACIAL BURNS (n= 33)

The study shows an impact of epicite<sup>hydro</sup> (EH) on:

#### Optimizing wound management, provide pain relief and reduce risk of infection

- Ability to moisturize the skin while reducing level of exudate
- Relieves pain immediately after application due to cooling effect
- Fewer procedures and lower procedure related pain
- Protects against contamination - seems to prevent infection

#### Simplified procedure on a hard-to-dress area, reduce cost and time consumption and improve healing time

- Simplified procedure
- No need for cleaning the wound during wound care
- Reduces time consumption
- No change of EH in any cases
- Faster healing [av. day 8,8]

#### Improving comfort for the patient and provide better outcome

- Less exudation
- Improved mobilization
- Improved opportunities to achieve nutritional needs
- Early discharging
- Less invasive scaring
- Overall high satisfaction among the patients with EH
- Time and cost saving for both patient and the hospital

## CHALLENGES WITH FACIAL BURNS – FORMER TREATMENT

### 1. Time consuming and repetitive application, risk of complications and painful for the patients

Sterile vaseline and wound cleaning x2 per day

- Wound cleaning associated with pain
- Time consuming, depending on compliance
- Weak procedure in matter of avoiding and preventing infections

Can we optimize wound management, relief pain and reduce risk of complications/infection?

### 2. Hard-to-dress area, time consuming observation and assessment

A hard-to-dress area due to contours of the anatomy

- Intimacy
- Challenges according to movement
- Procedure related pain

Can we simplify procedure, reduce cost and time consumption and improve healing time?

### 3. Patients discomfort of former treatment

Very restrictive for the patient

- Massive exudation
- Isolation of the patient and mental impact
- Loss of appetite, loss of important nutrition factors
- Slow healing

Can we accommodate patient comfort and provide better outcome?

## INTERVENTIONS - CHANGE OF PRACTICE

Trial 2019/2020

### The objective: Can we with the use of epicite

- Improve healing time of facial burns
- Reduce time of hospitalization
- Save time for the nurses
- In addition: covering patient experience

### New Treatment Guideline spring 2020

- Implementation of epicite for facial burns, Denmark
- Continued collecting data for further 6 months
- 40 patients included, complete data in 33 cases

## NEW TREATMENT GUIDELINE

### Step by step:

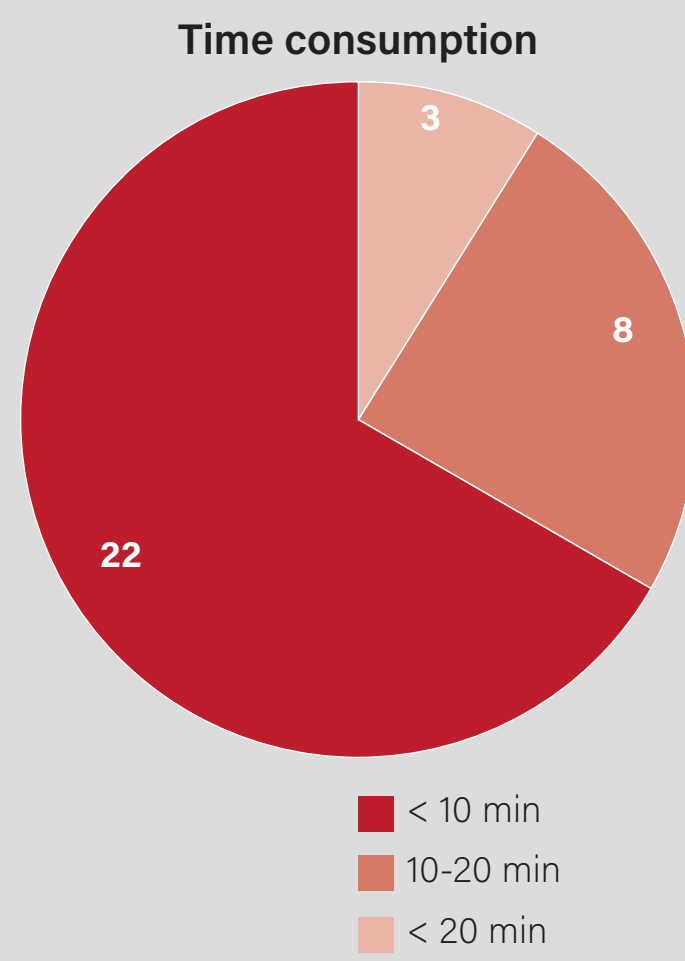
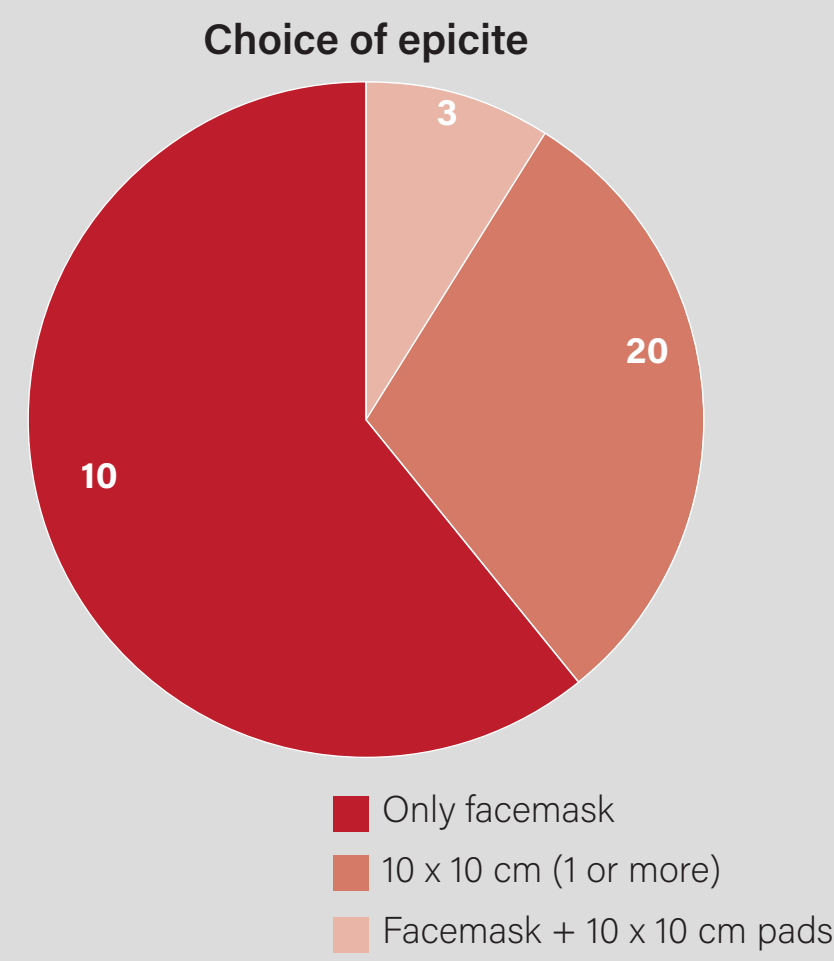
- Clean the wound, remove bullae and loose skin and perform wound inoculation
- Clinical photos before application
- Apply EH facemask or/and pads with an overlap of 2-3 cm on intact skin. Can be cut to size if needed
- Cover EH with a secondary dressing: 1-2 layers of Jelonet, 1-2 layers of sterile gauze and fixation
- Absorbent secondary dressing can be changed as needed or completely removed, when the wound does not exudate
- The following days EH will detach from the edges as the wound epithelializes. The edges of EH are cut continuously until EH is spontaneously removed due to healing
- Areas not covered with EH must be cleaned and applied with vaseline at least two times a day, e.g., lips

## APPLICATION OF EPICITE

within 48h of accident (n=33)

### Application and handling: 100% very easy

All nurses stated treatment with EH as 100% relevant as new procedure and 100% time saving compared to former treatments



# Easy to use hydro active dressing for hard-to-dress areas

## New treatment guideline 33 cases with facial burn

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RN: Nina Ravnborg, RN Camilla Nybo  
MD, PhD, Chief of Burns, Plastic Surgeon Rikke Holmgaard  
RN, Assistant Ward Nurse Kitt Lyngre  
RN, Clinical Research Nurse Amalie Mannov

This project is not funded.

## DATA

(n=33)

- Burns were superficial and deep 2nd degree burns as well as 3rd degree burns
- TBSA involvement of the facial burns, 33 cases, varied between 0,5-3,5%

Age (2-84)	Male: 30	Female: 3
2-9YO	n=5	
10-16YO	n=1	
17-29YO	n=6	
30-39YO	n=6	
40-49YO	n=5	
50-59YO	n=3	
60-69YO	n=4	
70-79YO	n=2	
>80YO	n=1	
Av. Age adults: 45Y		

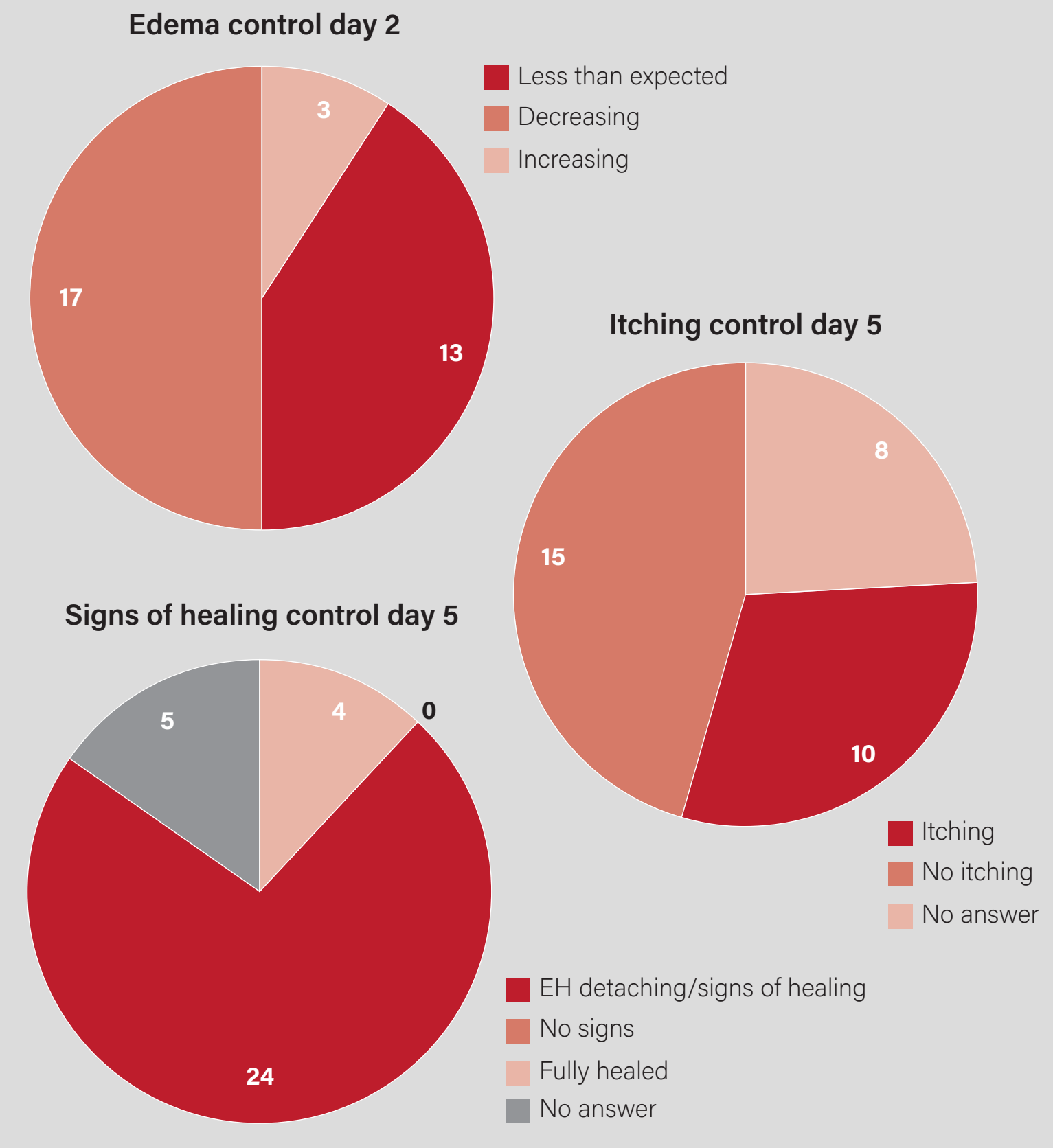
Cause of accident	n=25
Open fire flash burn/explosion (petrol, bioethanol, gas/ ignited pepper spray)	n=25
Scalding	n=5
Contact burn (fireworks)	n=1
Electrical burn	n=0
Chemical burn Etching (caustic soda, boiling zinc)	n=2

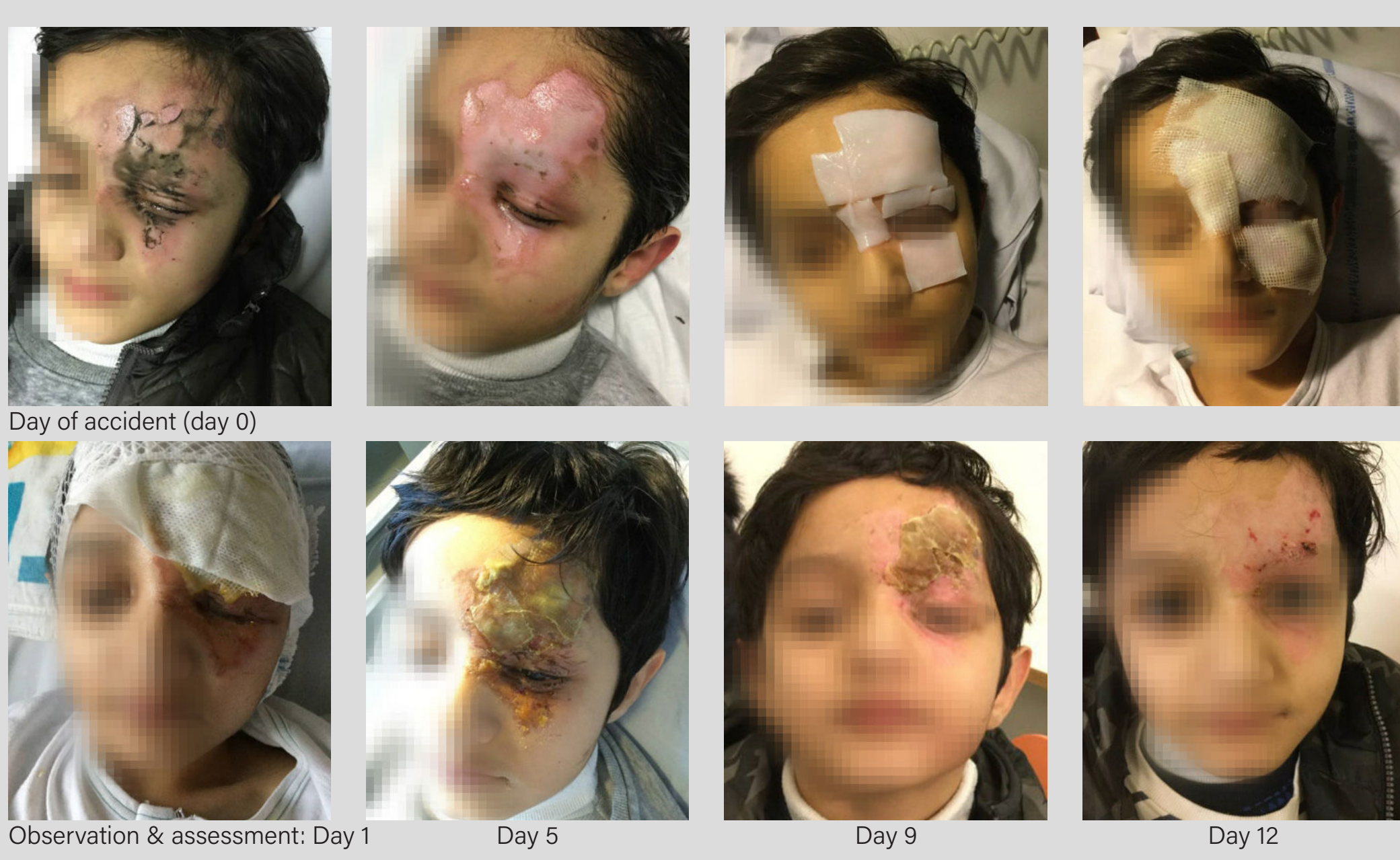
Application of epicite after accident	n=18
Day of accident	n=18
Within 24 hours	n=14
Within 48 hours	n=1

## OBSERVATION AND ASSESSMENT

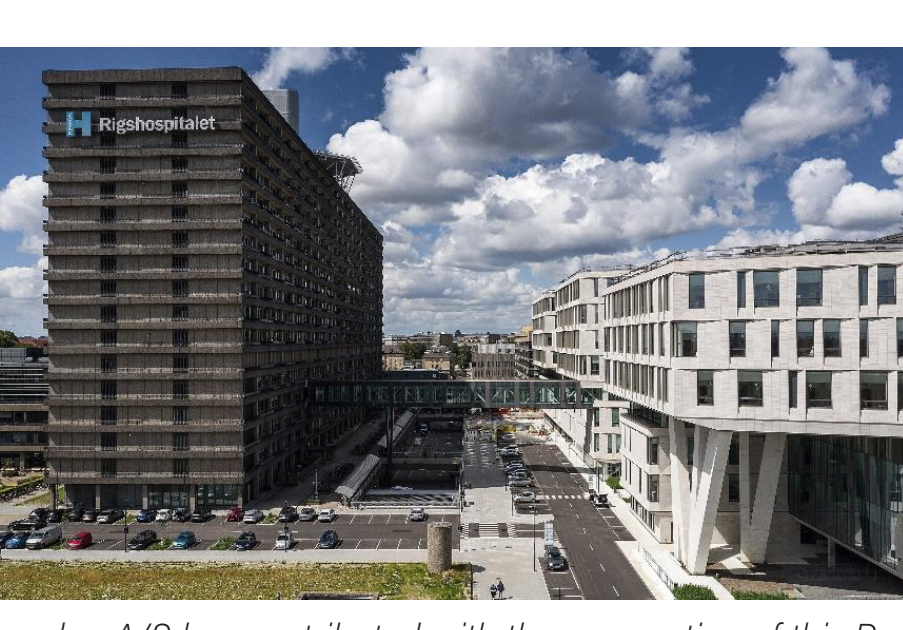
oedema, itching and signs of healing (n=33)



## CASE 1: 8YO BOY – 40 % OF THE FACE



## CASE 3: 33YO MAN – 29 % OF THE FACE



## DEPARTMENT OF PLASTIC SURGERY AND BURNS TREATMENT COPENHAGEN UNIVERSITY HOSPITAL, RIGSHOSPITALET

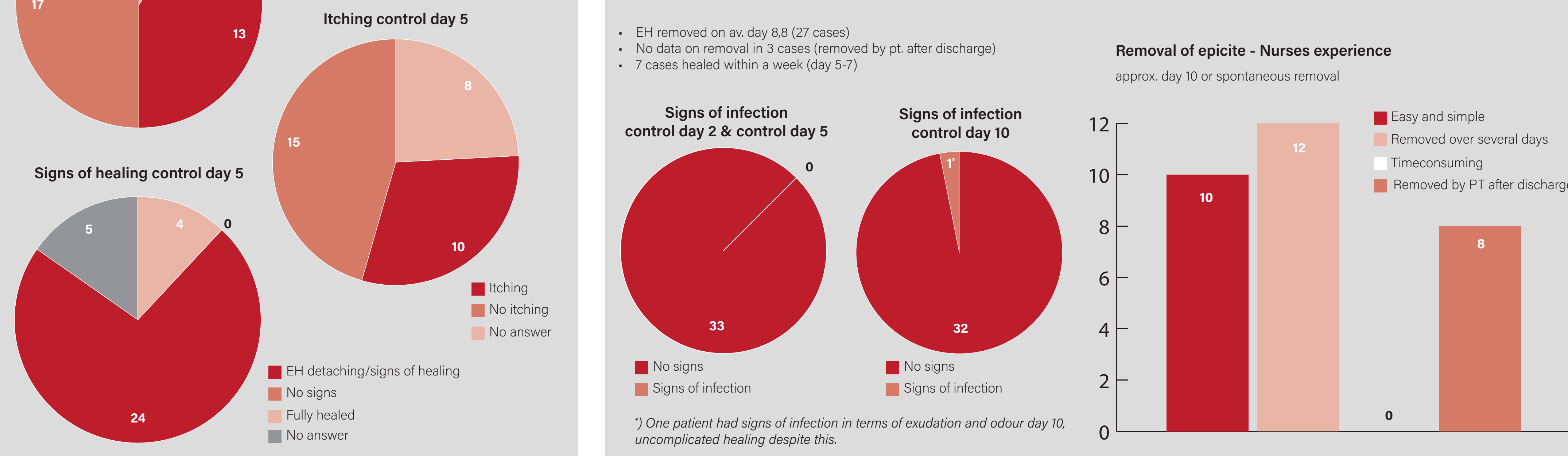
- The Burns Unit services Denmark, the Faroe Islands and Greenland
- Rigshospitalet is responsible for National Guidelines for treatment of burns in Denmark
- The department assesses approx. 10,000 patients annually and admits approx. 250 patients per year
- Highest number of patient references at the entire Rigshospitalet



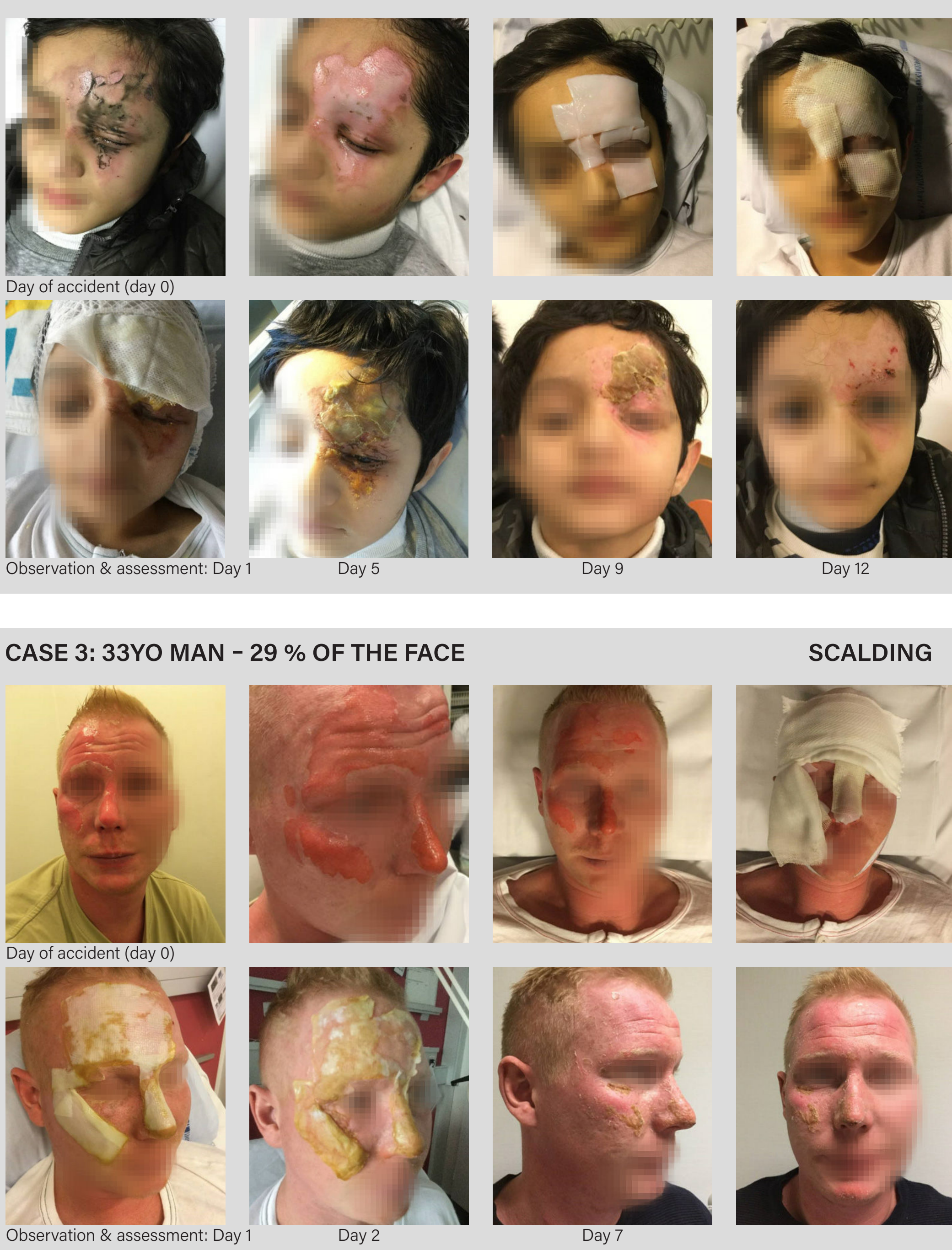
Apodan A/S has contributed with the preparation of this Poster

## OBSERVATION AND ASSESSMENT

signs of infection and removal of epicite (n=33)



## CASE 2: 22YO WOMAN – 100% OF THE FACE



## Hospitalization time depends on the total TBSA

- 12 patients had a total TBSA <5% - of those: 7 patients had a burn limited to the face
- The average hospitalization time of those 12 patients: 6,75 days [1-24]

Days of hospitalization	No. of patients	Av. total %TBSA	Av. %facial burn (reg.)	Av. %facial burn (<100)
1-9	12	2,8	2,0	54,5
10-19	12	10,8	2,6	58,3
20-29	4	9,8	3,0	82,5
30-40	4	22,9	2,3	64,3
130	1	69	3,5	100

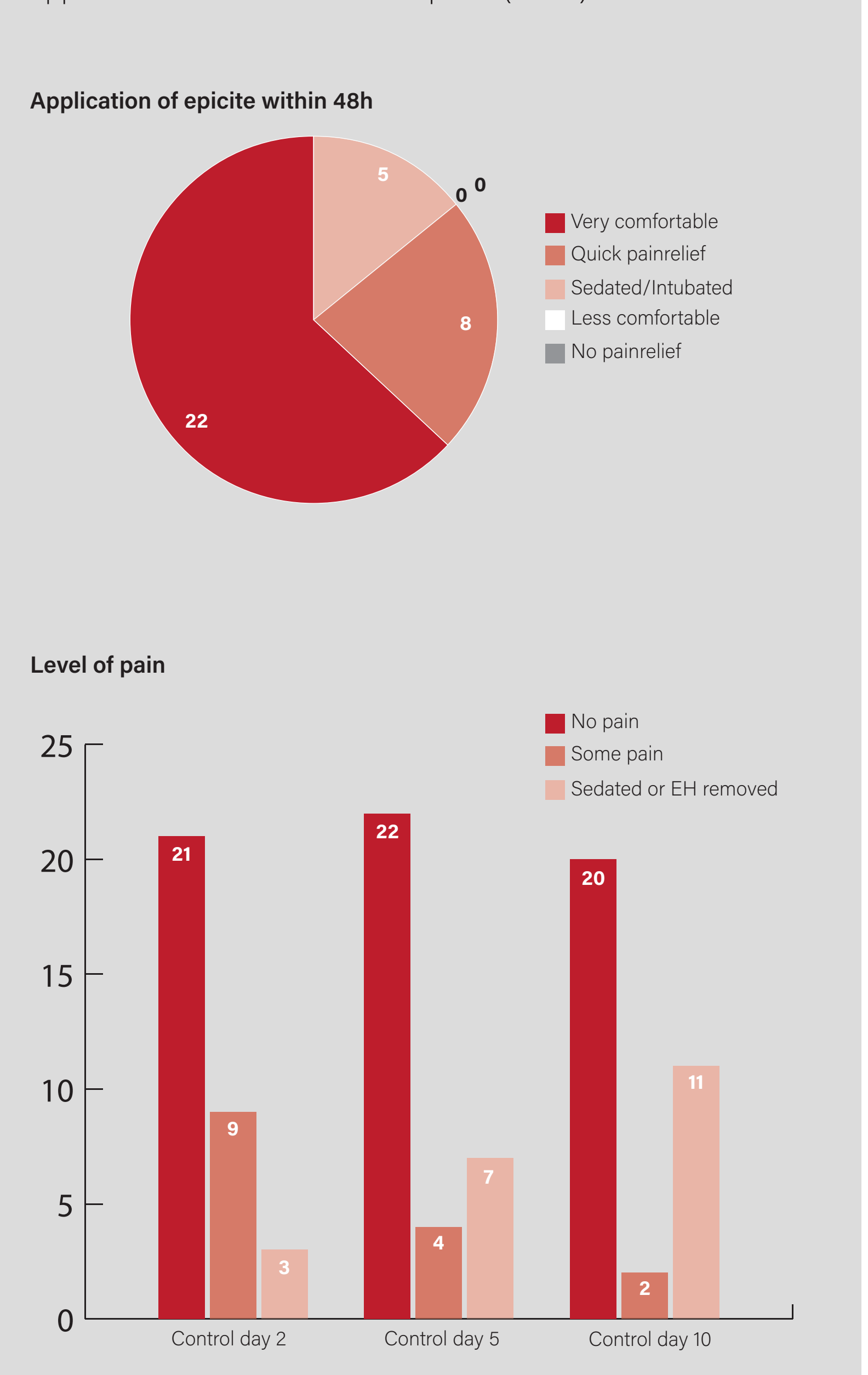
This project focuses on facial burns, why we calculate the whole face as 100%. A 100% burn is a full-face burn.

## CASE 2: 22YO WOMAN – 100% OF THE FACE



## PATIENT EXPERIENCE

application and treatment with epicite (n=33)



## epicite<sup>hydro</sup>

### PRODUCT FACTS

- Biotechnology derived cellulose
- Contains a minimum of 95% isotonic saline solution
- Immediate pain relief due to cooling effect
- Reduces edema
- Absorbs wound exudate
- Provides a protective barrier

### ADVANTAGES, EG.

- Very easy to apply and adapt to the shape of the face
- Ensures a continuous moisture to the wound
- Easy observation and assessment
- Fewer procedures

