

**Biofilm and delayed healing** Despite the best care some wounds struggle to heal.

Closer to zero biofilm www.closertozero.com

Smith&nephew IODOSORB\* 0.9% Cadexomer Iodine

Supporting healthcare professionals



60-70% of patients have recurrent ulcers and most suffer from the condition for 15 or more years<sup>1</sup>



The patient care cost of a non-healing\* wound was a mean 135% more than that of a healed wound<sup>2</sup>



Biofilm is present in 78% of chronic wounds<sup>3</sup> and believed to play a significant role in non-healing



Wounds that contain biofilm may not be identified, resulting in ineffective treatment and delayed healing<sup>4-6</sup>



Most topical antimicrobials fail to disrupt biofilm7-8

\*non-healing wound defined as non-progression after 12 weeks



# Biofilm is thought to be present in up to 78% of all chronic wounds<sup>3</sup>

## The biofilm barrier

Biofilm is a cluster of attached bacteria embedded in a matrix of proteins and sugars which offers protection from host defences and antimicrobials.<sup>9</sup>



## **Biofilm formation**

Biofilm form with the initial attachment of single planktonic bacteria, creating a coherent cluster of cells within a protective matrix.<sup>10</sup>

## **EPS matrix**

This matrix, composed of protein, DNA and sugars, is known as Extracellular Polymeric Substance, or EPS.<sup>9-11</sup>

Biofilm is difficult to treat as it provides tolerance to antimicrobial treatments<sup>7,12,13</sup> and the host immune response.<sup>14-16</sup>



## Delayed healing

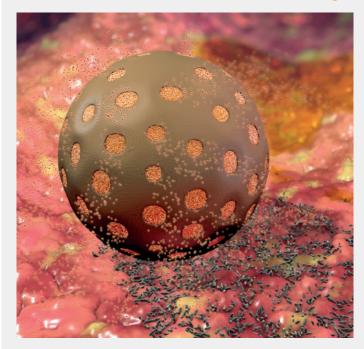
An impaired immune response leads to a vicious cycle of tissue damage and low level inflammation.<sup>17-18</sup>

To effectively disrupt biofilm and promote healing, an antimicrobial must penetrate the EPS and attack the bacteria within<sup>10</sup> with a sustained action that stops biofilm reformation.<sup>7,12</sup>



Biofilm is difficult to identify as it is invisible to the naked eye, non-uniformly distributed across the wound<sup>19</sup> and often present in deeper tissues.<sup>20-21</sup>

## **IODOSORB**<sup>\circ</sup>

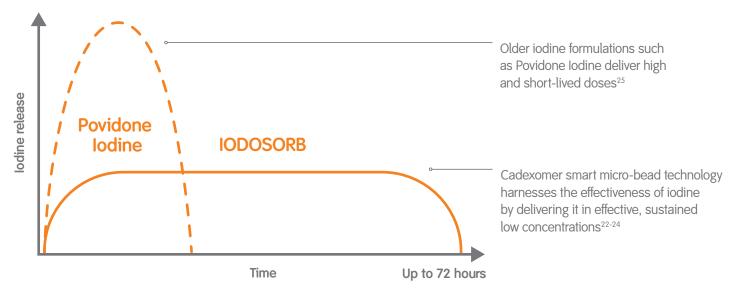


### Cadexomer smart micro-bead technology

IODOSORB is a novel antimicrobial dressing made of cadexomer smart micro-beads: spherical starch structures loaded with 0.9% elemental iodine.

The iodine is physically bound to the bead and is only released when the bead comes into contact with wound fluid.<sup>22-24</sup>

IODOSORB assists the healing and treatment of chronic wounds, reduces the bacterial count, facilitates desloughing, absorbs exudate and maintains a moist wound environment to promote healing.

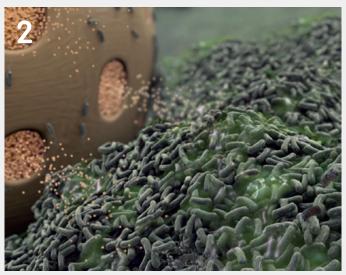


For illustration purposes, not based on actual data.

## Anti-biofilm mode of action Dual action to disrupt biofilm<sup>26,27</sup>



It is suggested that the cadexomer micro-beads are able to dehydrate and directly destroy the biofilm structure.<sup>26</sup>



Once the cadexomer beads are able to breach the biofilm-specific matrix, the iodine can subsequently kill the exposed bacteria within the biofilm community.<sup>26</sup>

The unique dual action of IODOSORB is particularly effective in the disruption of biofilm:<sup>26-28</sup>

1. High absorptive property

2. Antimicrobial 0.9% lodine

Dehydration of the biofilm matrix<sup>26</sup> Desloughing action<sup>29-30</sup> Promotes autolytic debridement<sup>31</sup>

Killing the exposed biofilm bacteria<sup>26</sup> Sustained gentle release of iodine<sup>22,24</sup> Broad spectrum antimicrobial efficacy<sup>32-34</sup>



#### Easy to use

Easy to apply and remove, a change in dressing colour signals when the dressing should be changed. IODOSORB can be used under compression or a secondary dressing of choice.

# Choosing the most effective anti-biofilm dressing

Ten global experts\* from both scientific and clinical disciplines compiled a consensus document, aimed at clarifying and improving the understanding, diagnosis and treatment of wound biofilm.

## 10 Experts 10 Recommendations 1 Consensus<sup>35</sup>

There is strong consensus that biofilm claims should be supported by relevant evidence with *in vivo* and *in vitro* tests against mature biofilm and across a variety of appropriate lab models.

Recommendations on selecting an effective anti-biofilm dressing included<sup>35</sup>

## Screening anti-biofilm agents

*In vitro* biofilm methods with clinically relevant test conditions are useful to screen treatments for their anti-biofilm efficacy.

# Topical antiseptics used to treat biofilm

Should have strong anti-biofilm effects in appropriate *in vitro* test models against mature biofilms.



### Why silver is not effective against biofilm

Charged ions, such as silver or chlorides are more easily neutralised by the EPS matrix.<sup>36</sup>

Moreover the concentration of silver required to eradicate biofilm is estimated to be 10 to 100 times higher than that used to eradicate planktonic bacteria.<sup>8</sup> Such concentrations are currently unavailable in any silver dressing.

### Effective silver dressings can prevent biofilm reformation

ACTICOAT° silver barrier dressings have been show to be effective at preventing biofilm reformation. The silver ions released are extremely effective at killing planktonic bacteria and ACTICOAT should be considered as part of your biofilm management strategy.<sup>37</sup>

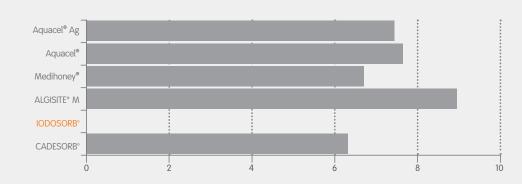
\*Prof. Gregory Schultz, Dr. Randy Wolcott, Prof. Thomas Bjarnsholt, Dr. Matthew Malone, Prof. Masahiro Tachi, Terry Swanson, Prof. David Leaper, Prof. Paul Stoodley, Dr Garth James, Dr. Andrew McBain.

# Superior efficacy against biofilm proven across laboratory models<sup>7, 38-40</sup>

IODOSORB° has a long history of effectiveness against biofilm with superior results compared to other topical antimicrobials such as PHMB, silver and povidone iodine.<sup>7</sup>

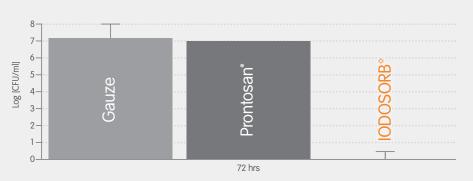
Bacterial load after 24hrs (Log CFU/ml)<sup>41</sup>

In line with the biofilm experts' recommendations on selecting an effective anti-biofilm dressing, IODOSORB has been tested and shown to be **more effective than Prontosan® and Aquacel® Ag** across challenging and clinically relevant biofilm models.<sup>38-40</sup>



A single exposure of Cadexomer lodine dressings showed complete biofilm knockdown after both 24 and 72 hours.<sup>41</sup>

## Bacterial biofilm detected after 72hrs41



There was no significant reduction of PAO1 bioburden following exposure to 0.1% PHMB gel (Prontosan) - saturated cotton gauze for either 24 or 72 hours.<sup>41</sup>

## Closer to zero biofilm

		IODOSORB° with cadexomer smart micro-bead technology is highly effective in the treatment of wounds with biofilm. <sup>38-39</sup>
	1 2	IODOSORB dual action can breach the biofilm's protective matrix and kill the bacteria within. <sup>26-28</sup>
		IODOSORB anti-biofilm efficacy has been verified by independent data. <sup>39</sup> Its efficacy, resulting in a faster rate of healing, is also supported by a positive Cochrane review. <sup>42</sup>

#### Ordering information

Product code	Size	Qty	
IODOSORB Ointment			
66051240	10g	4 Tubes	
66051230	20g*	2 Tubes	
IODOSORB Sheet Dressing			
66051330	5g (6cm x 4cm)	5 Sheets	
66051340	10g (8cm x 6cm)*	3 Sheets	
66051360	17g (10cm x 8cm)*	2 Sheets	
IODOSORB Powder			
66051070	3g*	7 Sachets	

\*Not available in New Zealand

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upporting healthcare professionals for over 150 years

The decision to use Smith & Nephew products should be made by a healthcare professional, in line with applicable local protocols. Smith & Nephew products should always be used for the indications set out in the applicable instructions for use.

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