

QUICKGUIDE



3M + **KCI**
United by purpose.

Pathway to support wound
healing using the
PROMOGRAN™
Matrix Family¹

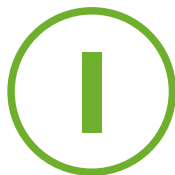


What is TIME?

Following a standard framework for assessment can ensure good practice, for example TIME: Tissue, Infection/Inflammation, Moisture balance, Edge advancement². Within the TIME acronym, 'I' stands for infection or inflammation²; however, it is important to consider inflammation and its causes, and to differentiate this from infection, as signs can often overlap.



Tissue



Infection/Inflammation



Moisture balance



Edge advancement

What is Wound Inflammation?

Inflammation is the second phase of wound healing, which begins once the injured blood vessels have leaked transudate (fluid pushed through the capillary as a result of high pressure). It can be recognised from the presence of heat, redness, pain and swelling.

Local signs of inflammation and infection³

Inflammation	Infection
Local swelling that decreases over time	Persistent swelling
Redness that decreases over time	Redness around the wound that continues to expand or worsen
Pain worsens with stimuli (e.g. touching or dressing change) and decreases over time; may increase and become continual in stalled/hard-to-heal wounds	Increasing or continual wound pain
Increased skin temperature near the wound	Increased skin temperature near the wound and possibly spreading from the wound
Loss of function and movement in the wounded area	Loss of function and movement in the wounded area
Exudate more likely to be: <ul style="list-style-type: none"> ■ Thin, watery or slightly thicker than water ■ Clear ■ Amber, straw-coloured or pink 	Exudate more likely to be: <ul style="list-style-type: none"> ■ Thick ■ Cloudy, milky or opaque ■ Green, yellow, tan, brown or red ■ Malodourous Friable granulation tissue that bleeds easily Pocketing/bridging at the base of the wound Wound breakdown/enlargement Cellulitis/redness

Pathway for use of PROMOGRAN™ Matrix and PROMOGRAN PRISMA™ Matrix in practice

(adapted from¹)

Early adoption of PROMOGRAN™ Matrix and PROMOGRANPRISMA™ Matrix is recommended at 4 weeks

Deliver Best Practice Care for 4 weeks as per national guidelines*, such as offloading, pressure redistribution/relief, compression

How is the wound progressing against best practice guidelines and the original objectives?

Progressing

Continue treatment

Not progressing

Was this to be expected

Yes

e.g. end-of-life patient
Continue treatment

No

Have the first principles of care been adhered to?

- First principles of care**
- Assessment and referral
 - Good patient-clinician relationship
 - Dressing selection/ suitability
 - Framework for practice

Are there signs of inflammation?
Consider referral

Review and apply first principles of care! Consider referral

Yes

What is the risk of infection?

High

PROMOGRAN PRISMA™ Matrix

Low

PROMOGRAN™ Matrix

No

What is the risk of infection?

High

PROMOGRAN PRISMA™ Matrix

Low

Re-assess the diagnosis, has anything changed?

Review after 4 weeks, is the wound progressing?

Yes

Continue treatment

No

Re-assess and review the diagnosis, has anything changed?

*e.g. NICE (2014) Pressure ulcers: prevention and management; NICE (2015) Diabetic foot problems: prevention and management; NICE (2017) Clinical Knowledge Summaries: Leg Ulcer - Venous; SIGN (2010) Management of chronic venous leg ulcers.

Stimulating the healing process

Wounds that do not progress beyond the inflammatory phase often demonstrate¹:

- Increased activity of proteases such as MMPs and elastase
- Persistence of inflammatory cells
- Down regulation of TIMP activity.

It is well established that healing can only be achieved when the right amount of proteases are in the right place and for the right duration, in order to promote granulation tissue formation and stimulate wound healing.

Once holistic assessment and best practice have been carried out and infection has been excluded, it is important for clinicians to consider why the wound is still failing to progress to healing and whether excess host proteases, such as MMPs and elastase, are the underlying cause.

PROMOGRAN™ Matrix and PROMOGRAN PRISMA™ Matrix

Use of PROMOGRAN™ Matrix and PROMOGRAN PRISMA™ Matrix is beneficial in managing the underlying biochemistry of chronic wounds. Educational support should be provided to healthcare professionals before the introduction of these dressings and for their use to be monitored in practice and outcomes of care measured.

PROMOGRAN™ Matrix and PROMOGRAN PRISMA™ Matrix should be considered when no progression is seen after 4 weeks of delivering best practice care, in order to kick-start healing in chronic wounds.

The new proposed pathway for use in practice will help clinicians to identify a clear stop point of when these dressings should no longer be used, when to consider referral and when to re-assess and review the diagnosis, patient objectives and expectations.

Properties of PROMOGRAN™ Matrix and PROMOGRAN

PRISMA™ Matrix

	PROMOGRAN™ Matrix	PROMOGRAN PRISMA™ Matrix
Composition	A sterile, freeze-dried composite of 55% collagen and 45% oxidised regenerated cellulose (ORC), which transforms into a soft and conformable biodegradable gel on contact with fluid	A sterile, freeze-dried composite of 55% collagen, 44% oxidised regenerated cellulose (ORC) and 1% silver-ORC. It contains silver - a broad spectrum antimicrobial, shown to be effective against wound pathogens
Indications	<ul style="list-style-type: none"> ■ Non-infected wounds ■ Healing by secondary intent which are clear of necrotic tissue, including diabetic ulcers, venous ulcers, pressure ulcers, ulcers caused by mixed vascular aetiologies and traumatic and surgical wounds 	<ul style="list-style-type: none"> ■ All wounds ■ Healing by secondary intent which are clear of necrotic tissue, including diabetic ulcers, venous ulcers, pressure ulcers, ulcers caused by mixed vascular aetiologies and traumatic and surgical wounds. Systemic antimicrobial therapy should be considered when wound infection is evident

- Fletcher J, Luxmi D, Chadwick P, Checkley C, Dowsett C, Acton C, Stang D. Use of oxidised regenerated cellulose (ORC) and collagen dressings (PROMOGRAN™ Protease Modulating Matrix and PROMOGRAN PRISMA™ Wound Balancing Matrix) to kick-start the treatment of chronic wounds. Wounds UK 2020;1(16)
- Schultz GS, Sibbald RG, Falanga V, Ayello EA, Dowsett C, Harding K, Romaneli M, Stacey M, Teot L, Vanscheidt W. Wound bed preparation: a systematic approach to wound management. 2003 Wound Rep Regen 11(2): S1-S8
- Fletcher J, Chadwick P 2019 Identifying and managing inflammation Wounds UK Made Easy. London.

NOTE: Specific indications, contraindications, warnings, precautions and safety information exist for these products and therapies. Please consult a clinician and product instructions for use prior to application. This material is intended for healthcare professionals.



3M and the other marks shown are marks and/or registered marks. Unauthorized use prohibited. PRA-PM-EU-00366 (08/20).

United by purpose.

© Wounds International 2020. A division of OmniaMed Communications.