

Silverlon Dressing Found More Effective, but Costly

BY PATRICE WENDLING
Chicago Bureau

CHICAGO — Skin graft donor site wounds treated with Silverlon dressing healed significantly faster than those treated with standard Xeroform gauze, albeit at a greater cost to the pocketbook.

Silverlon (Argentum Medical, LLC), a silver-impregnated wound dressing widely used in the treatment of partial thickness burns, also provided better initial

postoperative and overall pain relief at the donor site than Xeroform (Tyco Healthcare Group), according to results of a small, prospective randomized trial.

However, Silverlon was associated with significantly greater daily wound care time by nurses than Xeroform (6 minutes vs. 2 minutes) and significantly higher cost per donor site (\$22.99 vs. \$0.47), Dr. Michael C. Albrecht and colleagues reported in a poster at the annual meeting of the American Burn Association.

“Because of the frequency of serial excision and grafting procedures in large burns and the necessity of rapid donor site healing while minimizing discomfort to the patient, Silverlon appears to be a superior dressing compared to Xeroform in achieving these goals,” Dr. Albrecht and colleagues concluded.

The study included 18 men, mean age 26.6 years, with burns covering an average 8.5% (range 2%-20%) of total body surface area who were admitted to the U.S. Army

Institute of Surgical Research (USAISR) burn unit from December 2005 to March 2007. Patients had symmetrically paired donor sites harvested by the same physician, and received both the Xeroform and Silverlon dressings, randomized to each donor site. The average time to wound healing was 10.2 days with Silverlon versus 11.4 days with Xeroform.

Although a single day improvement in wound healing does not sound dramatically different, it is clinically important to patients who require frequent reharvesting of donor sites to achieve complete wound coverage, Dr. Albrecht, a burn surgeon and principal investigator for dressing studies at the USAISR, said in an interview.

Over the previous 3 years at the USAISR, an average of 17% of all excision and grafting procedures required reharvesting of the donor sites.

Pain scores on a 10-point verbal scale were significantly lower with Silverlon than Xeroform on postoperative days 1-3; and were significantly lower overall with Silverlon (2.04 vs. 2.66).

There were no differences with inflammation indices or infection rates between the two dressings. At a mean of 48 days post surgery, scar quality was similar with Silverlon versus Xeroform, as determined by a modified Vancouver Burn Scar Assessment Scale (2.63 vs. 2.31) and by an independent and blinded reviewer using a 14-point scale (6.05 vs. 6.94), said Dr. Albrecht, who reported no conflicts of interest.

Significantly more patients preferred the Silverlon dressing than the Xeroform gauze (64% vs. 23%), while 13% had no preference. Xeroform gauze remains the standard dressing in the USAISR burn unit, said Dr. Albrecht, who suggested that resistance to change, rather than the higher cost of Silverlon, has kept Xeroform on the shelves. ■

Research is vital to the advancement of patient care

That's why we exist.

We are the leading private funding source for skin disease research and career development of physicians and scientists.

To date, we have invested **\$50 million** in the specialty, and are second only to the federal government in supporting dermatologic research.

We provide research funding that helps develop and retain tomorrow's teachers and researchers in dermatology, and enables advancements in patient care.

Our support allows the best and brightest to stay on the academic and research career path, and realize improvements that all dermatologists can bring to their patients.

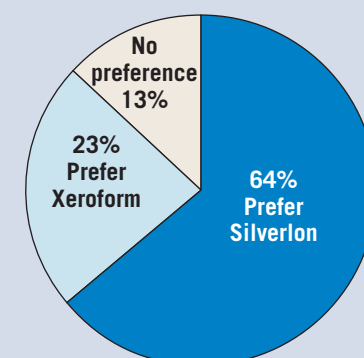
DF Dermatology
Foundation

SHAPING THE FUTURE OF DERMATOLOGY

www.dermatologyfoundation.org

Underwritten through an educational grant from Galderma Laboratories

Majority of Burn Patients Prefer Silverlon Dressing



Note: Based on a study of 18 men with burns covering an average 8.5% of total body surface area.

Source: Dr. Albrecht