

Compared to standard dressings, the use of Leukomed® Sorbact® resulted in a decreased rate of surgical site infections in caesarean sections

Summarized throughout

Study: Randomized controlled trial evaluating Dialkylcarbomyl chloride-impregnated dressing for the prevention of surgical site infection in women undergoing cesarean section.

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*Note: Sorbact DACC Surgical dressing is branded as Leukomed® Sorbact® by Essity in specified countries.



Key take-outs

- The study confirmed the efficacy and cost-effectiveness of Dialkylcarbomyl chloride (DACC) impregnated dressings in surgical site infection (SSI) prevention among women undergoing caesarean sections (CS).
- Total estimated cost of SSI prophylaxis and treatment was greater in the standard dressing group mainly due to costs associated with prolonged hospitalisation and additional nursing care.
- Use of a DACC surgical dressing resulted in a decreased rate of SSI with no need for systemic antibiotic therapy and hospital readmissions.



Objective

The aim of this study was to compare the effect of a DACC impregnated surgical dressing vs a standard surgical dressing in the prevention of postoperative surgical site infection in adult women, following caesarean sections.

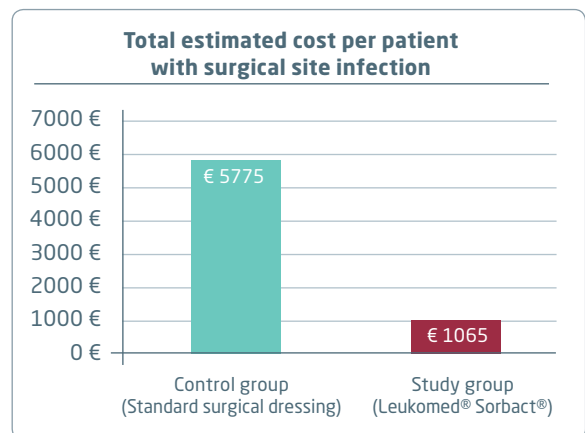
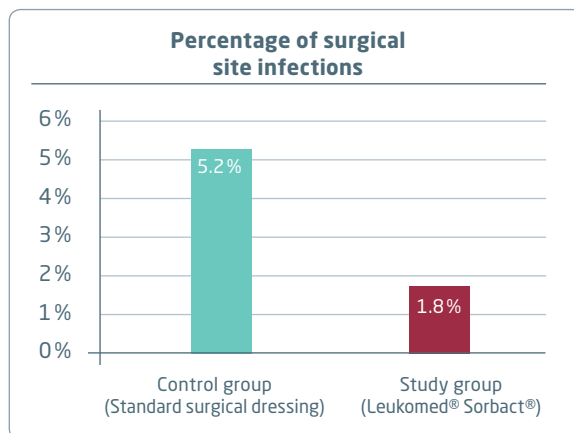


Method

A single-blinded randomised, controlled study trial (RCT) was conducted in Warsaw, Poland. 543 women undergoing elective or an emergency CS were randomly allocated to receive either a DACC impregnated dressing (Study group) or a standard surgical dressing (Control group) following skin closure.



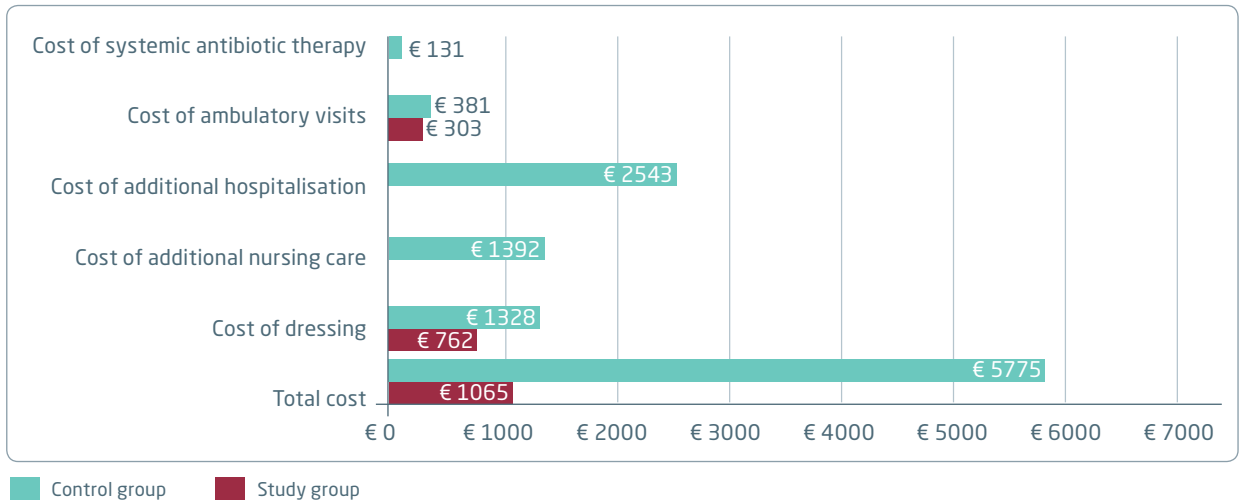
Results





Results

	Control Group		Study Group		p Value
No. of patients with SSI	14	5.2%	5	1.8%	0.04
No. of patients who required hospital readmission	3	1.1%	0	0.0%	0.24
No. of patients who required systemic antibiotic	4	1.5%	0	0.0%	0.13



Conclusion

The results confirm effectiveness of the DACC dressings in SSI prevention after CS. Application of the DACC impregnated surgical dressing resulted in a decreased rate of SSI from 5.2% to 1.8%, with no need for systemic antibiotic therapy and hospital readmissions. In addition, the total cost of SSI treatment was considerably lower when patients in the study group were treated with Leukomed® Sorbact®. Despite the fact that the total number of the ambulatory visits was substantially higher in the study group, the dominant element in the total treatment cost was the length of additional hospitalisation and additional nursing care. The use of a DACC-coated dressing decreased the SSI rates among patients after CS and proved its cost-efficacy.

1

Leukomed® Sorbact® significantly **decreases the risk of SSI** after caesarean section

2

Leukomed® Sorbact® significantly **decreased the cost** for treatment of SSI

3

None of patients with SSI in the Leukomed® Sorbact® group **required hospital readmission**