

## Press Release February 2021

### **New NICE Medical Technologies Guidance announced for the use of Leukomed® Sorbact® in caesarean section and vascular surgery.**

New medical technologies guidance from the UK National Institute for Health and Care Excellence (NICE) recommends that Leukomed Sorbact should be considered as an option for preventing surgical site infection (SSI) in closed surgical wounds with low to moderate exudate after caesarean section and vascular surgery.

Cost modelling shows that the reduced rate of SSI with Leukomed Sorbact compared with standard surgical dressings leads to savings of £107 per patient after caesarean section and £18 per person after vascular surgery. Adopting Leukomed Sorbact technology could save the NHS up to £6.5 million per year (up to £5.3 million per year for caesarean section and up to £1.2 million per year for vascular surgery). These cost savings are generated by an expected reduction in the number of people needing to stay in hospital for treatment of SSI.

5 clinical studies, including 3 randomised trials, were reviewed as part of the NICE guidance assessment process, which concluded that the evidence suggests that Leukomed Sorbact reduces SSI in caesarean section and vascular surgery, may reduce antibiotic use, may reduce readmissions from wound complications and is cost-saving for caesarean section and vascular surgery.

Leukomed Sorbact is a sterile post-operative film dressing. The innovative Sorbact® dialkylcarbamoyl chloride (DACC) technology naturally and irreversibly binds bacteria to its surface through hydrophobic interaction, helping to reduce colonisation of the wound.

SSIs account for up to 20% of all hospital-acquired infections in Europe (European Centre for Disease Prevention and Control, 2013) and can have a physiological, psychosocial and financial impact on patients. Mothers who develop an SSI after a caesarean section have talked about the pain, impact on their sleep and mobility, and significant challenges lifting and feeding their new baby (Taylor et al, 2020).

Julie Cummings, Essity HMS Marketing Manager, UK and Ireland, said: “Surgical site infections have a significant impact on patient welfare as well as presenting a heavy financial burden for the NHS. We are delighted that NICE has recognised the proven role that Leukomed Sorbact can play in reducing SSI occurrence. We welcome the opportunity to support more trusts with adopting Leukomed Sorbact in their surgical pathways for caesarean section and vascular surgery and playing our part in improving clinical outcomes, supporting patient wellbeing and reducing costs in the NHS.”



To find out more about the NICE recommendations, please review the guideline “Leukomed Sorbact for preventing surgical site infection” on the NICE website : <https://www.nice.org.uk/guidance/mtg55/>

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**Notes for editors:**

Leukomed Sorbact (Essity), is a sterile, single-use, bacteria-binding, adhesive-bordered post-operative wound dressing. It is used to prevent surgical site infection (SSI) in closed surgical wounds. The dressing comprises an absorbent non-woven wound contact pad and an outer transparent adhesive polyurethane film. The pad is made of an absorbent viscose polypropylene and polyester mesh that is coated with the proprietary compound dialkylcarbamoyl chloride (DACC), marketed in the UK as Sorbact Technology. DACC is hydrophobic, meaning that it does not mix with water and tends to bind to itself or other hydrophobic materials if water is present. In a moist wound environment, DACC binds to hydrophobic bacteria and fungi that can be a cause of SSIs. These bound microorganisms are then removed from the wound site when the dressing is changed. The DACC binding does not cause bacteria to be lysed (broken open), which avoids causing inflammation at the wound site. The bacteria- and water-proof polyurethane film is designed to maintain a moist environment and protect the wound from external contamination. The dressing is available in various sizes.

NICE considers the case for adoption based on the "claimed advantages of introducing the specific technology compared with current management of the condition". After examining the evidence and in accordance with expert opinion, the guidance for adopting the technology is then granted.

**Cost of SSI:**

- SSI in patients undergoing vascular surgery results in an average hospital stay of 9.72 days, costing an additional £3776 per patient (including a mean antibiotic cost of £532 per patient). (Totty et al 2020)
- SSI episode cost for caesarean section patients is estimated at £3967 (Jenks et al 2014, cited in Stanirowski 2019)

**References:**

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**For more information:**

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