

## **KerraContact Ag FAQ's**

### **What is KerraContact Ag?**

KerraContact Ag is a ground-breaking, patented silver wound dressing that's fast and powerful at killing bacteria<sup>1</sup>, superior at destroying biofilms and prevents reformation<sup>2</sup> through its unique mode of action.

KerraContact Ag is made up of three layers, two non-adherent polyethylene mesh wound contact layers and one polyester core. All three layers are coated with Ag Oxysalts.

### **What variations is it available in?**

KerraContact Ag is available on FP10 via your local wholesaler and on NHS Supply Chain in the following sizes:

<b>Size</b>	<b>Dressings per box</b>	<b>PIP Code</b>	<b>NHS Supply Chain Code</b>
5x5cm	5	398-0588	TBC
10x12.5cm	5	398-0596	TBC
15x15cm	5	398-0604	TBC
20x40cm	5	398-0612	TBC
40x40	5	NA	TBC

### **What type of silver is used within KerraContact Ag?**

There are currently 6 different types of silver compounds available:

- Metallic silver
- Silver sulfadiazine
- Silver chloride
- Silver sulfate
- Silver oxide
- Silver oxysalts – patented and can only be used in KerraContact Ag.

KerraContact Ag uses Silver Oxysalts that have a higher oxidation state (more active) Ag<sup>3+</sup>, making it clinically effective when treating an infected wound, killing wound biofilms<sup>2</sup> and reducing the signs and symptoms of wound infection experienced by the patient<sup>4</sup>.

### **What wounds can I use KerraContact Ag on?**

KerraContact Ag is indicated as an antimicrobial dressing for the management of partial and full thickness wounds, such as:

- Pressure Ulcers
- Venous Leg Ulcers
- Diabetic Ulcers

- Burns
- Grafts and Donor Sites

The dressing can be used on wounds that have been identified as infected or in cases where there is a high risk of becoming infected.

### **What are the contraindications?**

KerraContact Ag wound dressing should not be used on individuals who are sensitive to or who have had an allergic reaction to the dressing or its components.

### **Cautions**

- Should not be used on patients with a known sensitivity to silver
- Not compatible with oil-based products, such as petrolatum
- Not compatible with Magnetic Resonance Imaging (MRI) procedures
- Avoid contact with electrode and conductive gels during electronic measurements (e.g. EEG and ECG)
- Permanent skin discoloration may occur after cumulative use of the product at the site of use, where the dressing contacts the skin

### **Can KerraContact Ag be used on radiotherapy wounds?**

KerraContact Ag can be used once the radiotherapy treatment has been completed and local clinical protocols should be followed.

### **Should KerraContact Ag be pre-moistened before its use?**

KerraContact Ag should be used according to your local clinical protocols. The dressing can be pre-moistened if the wound is extremely dry, however the dressing does not need to be pre-moistened like other silver dressings when exudate is present.

### **Can KerraContact Ag be cut to size?**

Yes, KerraContact Ag can be cut to the size and shape of the wound as necessary.

### **Can there be an overlap around the edge of the wound?**

Yes, you can overlap to ensure the dressing is effective across the whole of the wound.

### **Can KerraContact Ag be used on children and neonates?**

KerraContact Ag can be used on children, however there is no current clinical data within this age range. We recommend that clinicians use KerraContact Ag in the same way as other silver dressings in keeping within their current local clinical guidelines.

### How long can KerraContact Ag be used for?

There is clinical evidence that proves that KerraContact Ag will reduce the signs and symptoms of wound infection within 7 days<sup>4</sup>, if there remains no change after 1 week then a re-assessment will be required to assess whether other comorbidities are in play.

The industry standard is to use silver for 2 weeks then re-assess to achieve the optimum treatment regime<sup>5</sup>.

### How often should the dressing be changed?

KerraContact Ag is effective for up to 7 days, although depending on the levels of exudate and the condition of the secondary dressing, more frequent dressing changes may be required. You may want to change more frequently in order to monitor the wound infection.

### What secondary dressing can I use to keep the dressing in place?

KerraContact Ag is a primary wound contact layer dressing and will require a secondary dressing to remain in place. An absorbent dressing maybe required such as foam or superabsorbent. Alternatively compression bandaging during the treatment of venous leg ulcer is suitable to be used with KerraContact Ag.

Select a suitable secondary dressing depending on the level of exudate from the wound for example a KerraFoam Gentle Border can be used if the exudate levels are moderate otherwise KerraMax Care can be used if the exudate levels are high.

### Does KerraContact Ag sting?

For patients with extreme sensitivity in the wound area, a slow and low pH shift will prevent or minimize burning and stinging on initial application of a silver dressing. KerraContact Ag has shown to have a low pH shift<sup>6</sup> when compared to other silver dressings reducing the risk of stinging.

### How long does the silver remain active?

The silver within the dressing can remain active for 7 days<sup>1</sup>.

### How much silver is in the KerraContact Ag dressing and how does this compare with other silver dressings?

Dressing	Ag Content (mg/100cm <sup>2</sup> )	Silver Oxidation States Present
Acticoat <sup>®</sup>	161	Ag <sup>0</sup> + Ag <sup>1+</sup>
Mepilex Ag <sup>®</sup>	120	Ag <sup>1</sup>
<b>KerraContact Ag</b>	<b>40</b>	Ag <sup>1+</sup> + Ag <sup>2+</sup> + Ag <sup>3+</sup>
Aquacel Ag <sup>®</sup>	8.3	Ag <sup>1+</sup>

## **What is Ag Oxysalt™ technology and how is this different when compared against other silver dressings?**

There's ordinary silver and then there's KerraContact Ag with Ag Oxysalt™ technology. Silver Oxysalt technology quickly kills 99.99% of bacteria in 30 minutes, and unlike ordinary silver kills biofilms within 24 hours<sup>2</sup>.

Ag Oxysalt™ technology uses the Silver Oxynitrate compound which has an oxidation state of  $\text{Ag}^{2+}$  and  $\text{Ag}^{3+}$ . All silvers kill bacteria by a means of a chemical reaction. Ordinary  $\text{Ag}^+$  atoms have only one missing electron, whereas Ag atoms in the Ag Oxysalt™ have three missing electrons. Upon contact with exudate silver ions are released, they penetrate the bacteria cell and pull electrons away from the micro-organisms' cellular components. When silver ions interact with the cell they can disrupt both protein and DNA synthesis of the micro-organism.

Ordinary silver dressings have 0 or 1 ( $\text{Ag}^0 + \text{Ag}^{1+}$ ) electrons missing making them less interactive with the harmful micro-organisms within the wound.

Silver dressings with higher oxidation states ( $\text{Ag}^{2+}$ ,  $\text{Ag}^{3+}$ ) have only recently been incorporated into wound care products. Ag Oxysalts™ have a higher reactivity and oxidation state, allowing the dressing to have a lower silver content and still have an excellent antimicrobial effect.

This <https://www.youtube.com/watch?v=npagCygvk9E&feature=youtu.be> video illustrates how Ag Oxysalts™ has a superior mode of action when compared with other silver dressings.

## **What makes KerraContact Ag different when compared with ordinary silver dressings?**

KerraContact Ag with Ag Oxysalt™ technology is the only wound dressing to contain silver in its most active state – making it fast and more effective at killing bacteria than the leading competitor. Its unique mode of action kills 99.99% of bacteria in just 30 minutes<sup>1</sup>, reducing the signs and symptoms of infection in just 7 days<sup>4</sup>. KerraContact Ag also has superior anti-biofilm action, quickly destroying biofilms and preventing reformation in just 24 hours<sup>2</sup>.

## **Why is the disruption of Biofilms important?**

Biofilms are complex microbial communities, containing bacteria and sometimes also fungi, which are embedded in a protective polysaccharide matrix. The matrix attaches the biofilm to a surface, such as a wound bed, and protects the microorganisms from the host's immune system and from antimicrobial agents such as antiseptics and antibiotics. Biofilms are commonly present in chronic wounds, and are thought to contribute to, and perpetuate, a chronic inflammatory state that prevents healing<sup>5</sup>.

KerraContact Ag will disrupt the biofilm and kill the bacteria within them whilst also preventing the biofilm from reattaching itself<sup>2</sup>. This dual action will kill the infection and create an ideal environment for a wound to progress through to healing.

## **What microbes is KerraContact Ag effective against?**

KerraContact Ag has been proven to be effective at killing a broad spectrum of bacteria and fungi including<sup>6</sup>:

## Gram Negative

- *Acinetobacter baumannii*
- *Escherichia coli*
- *Pseudomonas aeruginosa*
- *Klebsiella pneumoniae*

## Gram Positive

- *Corynebacterium striatum*
- *Enterococcus faecalis*
- *Enterococcus faecalis VRE*
- *Staphylococcus epidermidis*
- *Staphylococcus aureus*

## Yeast/fungi

- *Candida albicans*
- *Aspergillus niger*

## Why should I use KerraContact Ag?

Wound infection is a painful and debilitating experience for any patient, it can lead to increase morbidity and can cause death.

Patients with decreased immune functions, such as diabetes or the elderly are at an increased risk of wound infection. Treating the infection quickly and effectively is important to reduce the risk of serious complications. KerraContact Ag is fast and powerful at killing bacteria<sup>1</sup>, superior at destroying biofilms and prevents their reformation<sup>2</sup>, ensuring that the infection is killed effectively as quickly as possible.

## References

1. Data on file
2. Data on file
3. Motta, G *et al.* (2012) A Multi-Center Prospective Clinical Evaluation and Cost Comparison of a New Silver Oxysalts Dressing Posters Presentation SAWC 2012.
4. Data on file
5. International consensus. *Appropriate use of silver dressings in wounds. An expert working group consensus.* London: Wounds International, 2012.
6. Data on File