No-Sting Barrier Film and Barrier Cream

Skin Condition

Examples

Risk Factors

Primary

Treatment Focus

Secondary

Treatment Focus

Choice of Treatment

Frequency of Application

Normal intact skin

or mild incontinence associated dermatitis

Dry skin, elderly skin, oedema, faecal and/or urinary incontinence, peristomal and periwound care

Prevention (maintain moisture balance)

Protection from risk factors

Sorbaderm® Barrier Cream

Re-apply a pea sized amount every 3rd wash/incontinence episode

Erythema, moderate incontinence associated dermatitis with some broken skin

Dry skin, elderly skin, oedema, faecal and/or urinary incontinence, peristomal and periwound care

Protection from further damage

Prevention (maintain moisture balance)

Sorbaderm® Barrier Cream (when skin is dry)

Re-apply a pea sized amount every 3rd wash/incontinence episode

Sorbaderm® No Sting Barrier Film (when skin is broken)

Re-apply every 12 - 72 hours dependent on frequency of cleansing and bodily fluid involved. If using an adhesive dressing re-apply after dressing removal

Broken, severe incontinence associated dermatitis excoriated weeping skin, pressure ulcers (peri-wound care).

Dry skin, elderly skin, oedema, faecal and/or urinary incontinence, peristomal and periwound care

Protection from further damage

Prevention (maintain moisture balance)

Sorbaderm® No Sting Barrier Film

Re-apply every 12 - 72 hours dependent on frequency of cleansing and bodily fluid involved. If using an adhesive dressing re-apply after dressing removal

Enhancing outcomes for patients and their caregivers.
The Sorbaderm® Range

Because healthy skin always matters

Human skin is the largest organ of the body and has a number of very important physical and biological functions. Skin is significant in its role as a protective barrier to the external environment. The integrity of the skin is essential for protection against invasive micro-organisms, ultraviolet light, extremes of temperature and chemical toxins. However, the skin is subject to both intrinsic and extrinsic factors which may render it less able to perform many of its essential functions. A vital aspect of patient safety is the promotion and maintenance of skin integrity. This is one of the most important roles for clinicians in all care settings and must never be under prioritised.

Sorbaderm No-Sting Barrier Film

Sorbaderm is a film forming product for external use. Upon application to intact or damaged skin, the liquid quickly dries to form a long lasting waterproof barrier, which acts as a protective interface between the skin and bodily fluids, adhesive products and friction.

- Provides up to 72-hours skin protection
- Alcohol free (does not sting)
- Can be used on both intact and damaged skin
- Transparent to allow for continuous visualisation of skin area
- Waterproof
- High MVTR
- Non-cytotoxic – will not compromise healing
- Acrylate copolymer provides film flexibility
- Formulated without the use of plasticisers
- Does not impede dressing adhesion

Further Information

- Sorbaderm will dry in about 30 seconds (depending upon the environment).
- Sorbaderm is shiny when applied and it is possible to see areas of skin that may have been missed.
- Allow initial application to dry before applying to missed areas.
- Re-apply after removal of any adhesive product.
- When protecting areas with skin folds, part the folds and allow Sorbaderm to dry before releasing.
- Sorbaderm is effective for up to 72 hours dependent upon the level of fluid contact.

How to use Barrier Film

- Skin should be clean and dry prior to application.

Applicator

- Remove applicator from sachet and apply a thin even coat over the area to be protected with a light brushing action.

Sorbaderm Barrier Cream

Sorbaderm Barrier Cream is a white concentrated cream that provides the skin with an effective moisturiser and long-term protection from bodily fluids. It can be used in the areas of incontinence skin care, peri-stomal skin protection and peri-wound skin protection. It does not reduce the absorbency of pads or dressings and allows medical adhesives to stick to the skin.

- Forms a long-lasting protective barrier function (up to three incontinent episodes)
- Effective moisturiser
- Highly concentrated (apply sparingly)
- Does not impede dressing adhesion
- Reduces risk of incontinence dermatitis
- Does not clog absorbent pads or dressings
- Latex and fragrance free
- Stays in place and resists wash-off
- pH balanced
- High MVTR

Further Information

- For incontinent patients:
  - The cream should be reapplied after every third episode of incontinence
  - Correct application will not block incontinence pads.
  - The cream may be applied every day to help treat extremely dry skin.
  - If used under adhesives:
  - Re-apply after removal of any adhesive product.

How to use Barrier Cream

- The area to be treated should be clean and dry prior to application.
- Use very sparingly a small, pea-sized amount and spread over the entire affected area (if after application the area feels oily, too much cream has been applied).
- Repeat application if required (or as directed by healthcare professional).

*All product claims are supported by published clinical data and/or data on file Aspen Medical Europe 2009-2012.
Sorbaderm® is consistently proven to provide better results than current products used.

Nurse opinion of Sorbaderm compared to the usual treatment

Overall performance (based on 92 patients)

- Much better than usual treatment
- Better than
- Same
- Slightly worse

Ease of use (based on 92 patients)

- Much better than usual treatment
- Better than
- Same

Clinical evaluations prove Sorbaderm’s efficacy

Evaluation of Clinical and Financial Outcomes of a New No-Sting Barrier Film & Barrier Cream in a Large UK Primary Care Organisation

The primary objective of this extensive 120 subject (95 fully reported) controlled evaluation was to determine clinical outcomes and clinical acceptability of Sorbaderm No-Sting Barrier Film and Sorbaderm Barrier Cream within a UK Primary Care Organisation. This evaluation has encompassed a wide variety of clinical indications and anatomical locations providing a wide-ranging overview of clinical performance, prevention and management of skin breakdown.

“Our findings on performance, visible skin improvement and ease of use were consistently positive and are in line with further supporting the results obtained in the two previous evaluations conducted by Clark (2010) and Deakin et al (2010). Performance was rated in incontinence, peri wound, adhesive skin stripping and prevention, ease of use, conformability, quick drying, no-sting, absorption, compatibility with other devices.”

Preventing skin breakdown with barrier films and creams

This study followed 92 patients with vulnerable skin through a maximum of five days’ consecutive treatment with either a no-sting barrier film (n=74) or a barrier cream (n=18). The results demonstrated positive changes in the appearance of the protected areas of skin.

“Both the Sorbaderm No-Sting Barrier Film and the Sorbaderm Barrier Cream were considered to be either similar or better than alternative products when it came to ease of application, comfort and eventual clinical outcome.”

Evaluating a skin barrier film in faecal and urinary incontinence

Sorbaderm No-Sting Barrier Film (NSBF) was evaluated on 13 patients located on a specialist ward for isolating patients who have Norovirus (Norwalk) or Clostridium difficile infections.

These infections result in acute diarrhoea, and faecal incontinence. In addition, some of these patients had urine incontinence. Incontinence coupled with each patient’s compromised state of health puts these patients at high risk of skin breakdown.

For the patients in this extreme situation, it is important to protect damaged or at risk skin by applying a product to maintain an effective barrier, allowing already-broken skin to heal.

Method:
The currently used NSBF® was substituted for Sorbaderm NSBF 28ml spray and was applied once every 24 hours as per usual practice on this particular patient group.

Patients were involved in the evaluation over a 5 day period, the skin condition was nurse-assessed prior to and during use according to its condition.

At the end of evaluation an assessment was made to indicate how the product compared to the currently used NSBF.

Results:
No pain was reported on application of the product. In addition to this Sorbaderm performed well in the clinical evaluation.

“In this clinical environment, on patients considered to be very compromised, Sorbaderm NSBF provided the same or better protection and barrier function in all cases compared to the currently used NSBF product. Sorbaderm proved to be a cost effective alternative.”

Skin condition of patients before and after use of Sorbaderm

<table>
<thead>
<tr>
<th>Condition</th>
<th>Before Sorbaderm</th>
<th>After 5 days treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Red sore / Broken</td>
<td></td>
<td></td>
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<tr>
<td>Macerated</td>
<td></td>
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<tr>
<td>Inflamed</td>
<td></td>
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<tr>
<td>Healthy</td>
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* Cavilon
Clinical uses

To prevent moisture damage or aid recovery of damaged skin
- Incontinence-associated dermatitis (IAD)
- Moisture lesions
- Peri-wound protection e.g. in heavily exuding wounds
- Protection from adhesive skin stripping
- Radiotherapy skin reactions (RTOG Stages 0-2)
- Peri-stoma and Peri-tube site protection
- Excoriation
- Patients at risk of skin breakdown (e.g. due to incontinence, or in skin folds).

### Skin Condition

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### Erythema, moderate incontinence associated dermatitis with some broken skin

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### Broken, severe incontinence associated dermatitis excoriated weeping skin, pressure ulcers (peri-wound care)

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Sorbaderm® Product Range

### Ordering Information

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>PIP code</th>
<th>NHS code</th>
<th>Qty/pack</th>
<th>Packs per case</th>
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<tbody>
<tr>
<td>3020</td>
<td>No Sting Barrier Film 28ml Spray</td>
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<td>No Sting Barrier Film 1ml Applicator</td>
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<td>Barrier Cream 2g Cream Sachet</td>
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<td>Barrier Cream 28g Cream Tube</td>
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<td>Barrier Cream 92g Cream Tube</td>
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</tbody>
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References

Photographs with kind permission - Professor Linda Rafter, Honorary Professor in Nursing, De Montfort University, Leicester, Andrew Kingsley, Tissue Viability Dept, Northern Devon Healthcare NHS Trust.

This information is not medical advice. Clinician discretion is always required for treatment choice.

SORBADERM IS A REGISTERED TRADE MARK.

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www.aspenmedicaleurope.com