Question and Answers: Taking Control of Wound Infection – a cost-effective approach to silver dressings

Question: Do you recommend the use of low-dose long-term systemic antibiotics in conjunction with topical antimicrobials for a chronic ulcer with identified heavy growth of Staphylococcus and Pseudomonas and signs of critical colonisation?
Answer: No. This will encourage resistance to develop. Only use systemic antibiotics when the wound is infected clinically and hit hard and at a sufficient dose to eradicate infection.
Name: Alison

Question: What is the role of povidone iodine on infected diabetic foot ulcers with good blood supply and how long can it be used?
Answer: Povidone iodine is suitable for use in patients with infected diabetic foot ulcers to treat local infection. Spreading infection should be treated with the appropriate antibiotic therapy. The wound should be monitored at each dressing change for response to treatment and consider changing to a different antimicrobial if the wound is not responding.
Name: Lawrence Location: Singapore

Question: Do you see a lot of hyper-granulation tissue when using Acticoat? How would you manage it?
Answer: This has not been our experience when using Acticoat. We only use it for two weeks at any one time and this is usually sufficient to treat the infection without wounds developing overgranulation.
Name: Jude Desjardines Location: Badu Island, Australia

Question: What dressing do you recommend for a wound that is infected with Pseudomonas?
Answer: Wounds may well heal with Pseudomonas present so I would want to assess the patient’s host response and wound healing. Where clinical signs and symptoms of local infection have been identified I would treat with Acticoat Silver for two weeks and monitor the response.
Name: Louise Location: Australia
**Question:** I am currently working in a wound clinic in a primary care setting. We have few silver dressings, but we are very cautious about using them due to the cost. Is there any role for silver dressings for critically colonised wounds?

**Answer:** Silver is effective when used correctly. The big challenge when treating wound infection is diagnosing when a wound is infected. There is a definite role for silver in this situation when using the standard definitions of critical colonisation.

**Name:** Dr Wan Zuraini  
**Location:** Selangor, Malaysia

**Question:** Can you expand further on what is meant by quality adjusted life years please?

**Answer:** It is a measure that is increasingly used to demonstrate cost-effectiveness. It provides a financial calculation to allow healthcare planners to allocate resources in an objective way.

**Name:** Heidi Sandoz  
**Location:** Hertfordshire UK

**Question:** How do I know when a wound has a biofilm?

**Answer:** It is difficult to diagnose a biofilm clinically. If you suspect a biofilm is present then it can be disrupted or removed by using chosen methods of debridement. There is some laboratory data that suggests cadexomer iodine is effective at disrupting biofilms.

**Name:** Andrea Lazzeri  
**Location:** Firenze

**Question:** Would you consider the use of silver dressings for a preventive measure on patients at high risk of obtaining a wound infection?

**Answer:** Silver dressings should not be used in the absence of localised spreading or systemic infection unless there are clear indicators that the wound is at high risk of infection or re-infection. When silver dressings are used for prophylaxis the rationale should be fully documented in the patient's health records and the use of the dressing should be reviewed regularly.

**Name:** Ella Thomas  
**Location:** Croudace Bay

**Question:** What is the rationale for choosing silver over other topical antimicrobials?

**Answer:** We have a number of topical antimicrobials on our wound care formulary and our choice will depend on patient assessment, wound assessment and previous responses to antimicrobials used.

**Question:** What is your opinion on using silver dressings for non-healing wounds (such as fungating wounds on the breast which are cancerous and proliferative)? If radiotherapy is required, should silver dressings be avoided? If needed, how many hours should they be used for?

**Answer:** Silver dressings have a role in this situation as they can influence bacterial growth and therefore reduce the smell of fungating wounds. Control of bacteria will also reduce exudate
production and both of these factors will result in better management of such patients. I am unable to comment on the use of silver dressings in combination with radiotherapy.

Name: Priscilla  Location: Singapore

Question: Clinically I find manuka honey and Iodosorb dressings are more superior for desloughing wounds rather than silver and we use the Acticoat range on devitalised granulation tissue with good effect. Do you use other antimicrobials for desloughing?

Answer: Our experience of using antimicrobials on sloughy wounds is similar. We have good results with Iodosorb so would use this for debridement.

Name: Mandy  Location: NZ

Question: What is the most appropriate indicator to measure host response to wound healing? I have had a few cases where wounds were clean, not infected, with proper offloading but still the wound failed to heal within the expected time.

Answer: Currently the measurement of host response is not routinely used. The clinical situation you outline is part of the challenge of diagnosing infection.

Name: Dr Wan Zuraini  Location: Selangor, Malaysia

Question: If the wound is improving but infection is still present, should silver dressings be discontinued or should I change to another antimicrobial?

Answer: If the wound is improving usually the infection will be subsiding and the patient will no longer require an antimicrobial dressing. However, if the wound is deteriorating with the use of an antimicrobial then I would switch to using a different antimicrobial dressing.

Question: What if we stop using silver dressings after two weeks to use other agents and it truncates the progress we have achieved with the silver?

Answer: If the wound has not responded to silver dressings after two weeks then I would change to a different antimicrobial dressing. If the wound fails to respond then I would reassess the patient, the wound and the management of underlying conditions and refer the patient for specialist advice.

Name: Helen Oladele  Location: Nigeria

Question: What secondary dressing would you use on top of Acticoat?

Answer: You can use a variety of secondary dressings with Acticoat. It can be used under compression bandages in patients with venous leg ulcers or with a foam dressing in other wound types.

Name: Iveta  Location: Saudi Arabia
Question: If the wound does not improve after the two-week challenge, do I need to stop using the silver dressing?
Answer: You can extend the use as in some patients it may take longer than two weeks. It is important to monitor the response and if it does not improve then reassess the patient and the wound and consider an alternative antimicrobial.

Name: Elena Location: Tarragona, Spain

Question: Do you ever use silver dressings for more than two weeks? If so, in what circumstances?
Answer: In my practice I occasionally do so in difficult cases but I would want to review the patient regularly to ensure the treatment was still indicated.

Name: Ingrid Location: Australia

Question: We have a patient with a non-diabetic leg ulcer but the wound is healing very slowly. Would a silver dressing help this patient?
Answer: It is difficult to provide advice on specific patients unless you have seen them. If the slow healing is due to bacteria then in my opinion silver may be indicated.

Name: Merrilyn Location: Adelaide, Australia

Question: Can silver be used on necrotic wounds that are also clinically infected?
Answer: It is difficult to answer accurately as this will depend on the amount of the wound that is covered with necrosis. If there is a portion of the wound that is not covered with necrosis or the necrotic tissue is loose then silver may well be effective on this part of the wound.

Name: Teena Location: Tasmania, Australia

Question: I have a colleague who is mad on using silver for hypergranulation. She will not take advice that there are cheaper products that the patient can buy which give the same result. Any advice?
Answer: Is she using silver nitrate sticks? If so then this is cheap and probably effective. Using modern silver dressings to reduce hypergranulation is probably not the best way to deal with this problem.

Name: Ann Location: Melbourne, Australia
Question: Are there any clinical clues to determine the presence of silver toxicity?
Answer: No. The best way is seeing a response to silver and if it continues then it is probably effective. Silver toxicity is a theoretical issue but I have not seen or recognised it in my practice.

Name: Dr Wan Zuraini Location: Selangor, Malaysia

Question: We have a patient with diabetes who has a small minimal exuding dorsum foot ulcer which is static. We were using Aquacel/Kaltostat dressing. A recent infection settled with oral antibiotics. Do you have any suggestions regarding dressing regimen? Would it be beneficial to use Allevyn Ag?
Answer: Unfortunately we are unable to provide detailed answers to questions about specific patient issues.

Name: Judy Location: Australia

Question: How would you manage a clean granulating wound with fibrosed scar tissues on the periwound area that seems slow to heal?
Answer: There are many reasons why wounds are slow to heal and if all of these have been addressed I would suggest debridement of the fibrosed tissue.

Name: Dr Wan Zuraini Location: Selangor, Malaysia

Question: Do you use Acticoat Absorbent in your studies and if so do you only recommend to use it for two weeks then reassess if the wound is still critically colonised?
Answer: We use Acticoat Absorbent in patients who have infected wounds with moderate to high exudate with good results. If the wound remains infected I would extend the use for a further two weeks then reassess and if it is not improving I would consider an alternative antimicrobial.

Name: Tonia Location: Australia

Question: I have used silver dressings on infected wounds with good results. However, on several occasions the infection returns when I stop using the silver. Should I restart the silver or use a different antimicrobial?
Answer: There are some patients who develop repeat infections so consider preventive measures to include wound cleansing and debridement and increase the frequency of dressing change. You may want to repeat the use of a silver dressing or change to an alternative antimicrobial.

Name: Anne Location: UK

Question: Where can we see the slides that we were told would be available?
Answer: Please click on the webcast link in the navigation and go back into the presentations. You will find the links to the slides at the bottom of the page.

Name: Lorna Location: Australia
Question: How does using a compression bandage address the underlying cause of a wound? Wouldn't it reduce the necessary healing blood supply to the wound and restrict venous return to assist clearing the infection?

Answer: Compression therapy is suitable for patients with underlying venous hypertension as it promotes venous return which facilitates healing. Patients with venous leg ulcers can develop infection and this can be treated with antimicrobial dressings under compression.

Name: Merian Richardson
Location: Orange, NSW, Australia

Question: How would you manage a diabetic dorsum foot ulcer with minimal exudate?

Answer: Management of the patient should include promoting a healthy lifestyle and good diabetic control as well as appropriate wound management. In the absence of infection I would use a foam dressing.

Name: Jude
Location: Australia

Question: Do you often see allergic reactions to silver dressings? How would you identify this?

Answer: In my experience it is rare to see allergic reactions to silver. More often you will see irritancy caused by exudate. If you remove the dressing and it gets better then it may suggest an allergy. The best way of confirming an allergy is formal patch testing usually undertaken by dermatologists.

Name: Alison
Location: Australia

Question: Why does a wound routinely require less frequent dressing changes when using a silver dressing?

Answer: One of the additional benefits of using silver is that not only does it control bacterial growth, it also reduces exudate levels. This will allow for less frequent dressing changes.

Name: Chrystal
Location: Australia

Question: I just tried to sign in for the two-week challenge. It requested samples which were not allowed.

Answer: Message from Smith & Nephew:
There are certain criteria which must be met for compliance reasons. Unfortunately if you have not met the criteria we are unable to supply you with the samples for legal reasons. Apologies that we are unable to include you in the challenge at this time.

Name: Judy
Location: Australia

Question: Where can I find more information about the two-week challenge?

Answer: Please visit the resources tab to see the link to the website after the webcast.

Name: Jane
Location: Edinburgh
Question: Is it realistic to have internationally agreed outcomes for cost-effectiveness when there are such huge differences in global resources and what are the next steps if this is to be achieved?

Answer: The interpretation of cost-effectiveness arguments will be highly influenced by local circumstances. The principles of cost-effectiveness are constant and international guidelines provide a basis for these arguments. Global challenges will need local interpretation for them to be credible and accepted.

Name: Location: Cambridge

Question: How do you choose the most appropriate silver dressing? What is the difference between different kinds of silver dressings?

Answer: Selecting the most appropriate dressing will depend on the patient assessment, wound assessment, patient choice and availability. There are several silver dressings available for use and a summary of evidence to support silver dressings in acute and chronic wounds can be found in the international consensus document on appropriate use of silver dressings in wounds (Wounds International, 2012).

Name: Moe Location: Toronto, Canada

Question: How do you judge when to stop using a silver dressing if the wound is improving?

Answer: If the wound is improving and clinical signs and symptoms of wound infection have been eradicated I would stop treating it with an antimicrobial dressing.

Name: Kirsty Location: Perth

Question: What is your opinion on primary silver dressings being left in place while the secondary dressing is changed, for example Acticoat that is being left in place in the wound bed over multiple dressing changes?

Answer: I would not leave an antimicrobial dressing in place and do multiple secondary dressing changes without observing the wound bed and the impact of the antimicrobial on the wound. Wound cleansing and debridement are essential for infection control and management so you would need to remove all the dressings to treat the wound.

Name: Cameron Location: Australia

Question: Is it ok to use a silver dressing even if we are not sure whether the wound is infected? How long can we leave it on the wound? 2–3 days?

Answer: You should not use silver dressings unless you are confident the wound is infected. Different variants of silver dressings are designed to be left in place for different times.

Name: Jainamma Kuruvilla Location: New Zealand
Question: Can I use a silver dressing to treat a biofilm? If yes, how can I recognise it?
Answer: Potentially yes, but at present we do not have an accurate and practical test to identify a biofilm. Many clinicians believe they can identify a biofilm when a wound does not progress to healing and there are features of critical colonisation or localised infection.

Name: Maria Location: Italy

Question: If a wound has heavy exudate is it ok to only change the outer dressings when necessary and how often do silver-impregnated dressings need to be changed?
Answer: If the wound has heavy exudate I would suggest using Acticoat Absorbent which will control the exudate and manage the wound infection. Please follow the manufacturer’s instructions for wear time.

Name: Kirsty Location: Perth

Question: What are the key advantages of using silver compared with other antimicrobials?
Answer: Silver is safe and effective against a wide range of organisms. Modern forms of silver dressings provide an effective means of controlling bacteria in wounds. It is recognised that other antimicrobial agents may be used.

Name: Carol Location: Cambridge

Question: What do the panel think about the use of medical grade honey such as manuka or buckwheat?
Answer: These products are used widely and provide some benefits when managing wound infection. Clinicians should review the literature and choose a suitable product based on the evidence.

Name: Philip Bell Location: Anglesey, Wales

Question: It is interesting that there is a reduced incidence of MRSA episodes associated with silver dressings. What is the quality of the evidence to support this?
Answer: The recent data published (Newton H [2010] Reducing bacteraemias associated with wounds. Wounds UK 6[1]: 56–65) shows that there is a good case for using silver in a professional and considered way to influence the rate of multi-resistant organisms presenting in a population of patients with wounds.

Name: FD Location: Cambridge
Question: Caroline Dowsett's work is inspirational and the reduction in silver spend is very impressive. What were the biggest challenges in achieving this and what is her advice to others who want to adopt this approach?

Answer: The biggest challenge is sustainability particularly with an ever-changing workforce. Keeping the patient at the centre of the project and staying close to clinical practice so you can lead by example is essential. Measuring and demonstrating quality improvement was essential to get the organisation to buy in to the changes. We were able to demonstrate improved patient outcomes through our wound survey and the data about the patients’ experience. I would also suggest close working with medicine management teams and with our partners in the wound care industry.

Name: Jane  
Location: Cambridge

Question: Regarding the two-week challenge: was any tension seen from the nurses regarding the reduction in the number of silver products from the formulary? I wonder if any problems arose from nurses preferring other products than the product that was chosen?

Answer: We work closely with our clinical teams and it took time to move across from three products to one but our staff had confidence in Acticoat and had seen some very good results. We do have an option to use non-formulary products if this is more suitable for the patient.

Name: Kate Hunter  
Location: Lancashire

Question: Why was the patient in case study 1 put on low compression first?

Answer: We were unable to check the patient’s ABPI due to his pain so compression was not applied until we had undertaken a Doppler assessment. We then gradually increased the compression as his infection was treated and his pain subsided. We individualise all our treatment plans in the leg ulcer clinic according to each patient.

Name: Carolina  
Location: Dumfries and Galloway

Question: You said there was a rise in other antimicrobials. What were they?

Answer: We have started to see an increase in the use of cadexomer iodine and honey dressings and we are monitoring our spending on these dressings as well as our spend on silver.

Name: Lesley  
Location: Cambridge

Question: You mentioned that there is an absence of high-level evidence for silver use. Could you direct me to the some of the high level resources that are available?

Answer: My suggestion is to look for the National and International consensus documents that exist. I would start on the Wounds UK and Wounds International website. They can be accessed on the resources file. EWMA have also produced a document on silver.

Name:  
Location: Manchester
Question: I work in A&E and we tend to have a range of products which are therefore not very cost-effective. Is it ok to use a silver dressing as a first-line approach?
Answer: Yes. I would suggest using silver dressings in wounds that show clinical signs and symptoms of wound infection. However, you need to ensure the patient is followed up either on the ward or the community to ensure continuity and a proper evaluation of the impact of the treatment.

Name: Cathy          Location: Australia

Question: What is the role of silver dressings in the management of traumatic wounds due to burns?
Answer: Burn management is usually influenced by local protocols. You should follow those. If included in that protocol it is usually clear when you should use silver.

Name: Cathy          Location: Australia

Question: What is your opinion on the sustained use of antimicrobial dressings past the point of wound improvement to continue the antimicrobial action (if the wound is improving but still shows multiple signs of clinical infection)?
Answer: In my practice the improvement in healing is usually the most important factor that leads me to stop silver products. I feel clinical success is best seen when the wound improves and this should be the point at which silver could be stopped.

Name: Cameron        Location: Australia

Question: What is the Doppler you referred to earlier and how does this help interpret what treatment is best and for how long it should be used? What clinical evidence supports this?
Answer: A Doppler assessment measures the patient’s ankle brachial pressure index (ABPI) and is recommended as part of a holistic leg ulcer assessment. There is a wealth of clinical evidence to support this. I would recommend reading the RCN (2006) Clinical Practice Guidelines for the management of patients with venous leg ulcers.

Name: Kim            Location: Queensland, Australia

Question: What is the maximum time that one can use a silver dressing on a patient? Should I consider an alternative after two weeks if there is no improvement?
Answer: Long-term use of silver dressings should be avoided. You should use it for two weeks in the first instance and if the wound is not improving then consider changing to an alternative antimicrobial.

Name: Sandra         Location: Australia
Question: When would you choose to use Acticoat 7 over Acticoat 3? Seven days seems a long time to leave a dressing on.

Answer: In my practice I would use products that are appropriate to the dressing change frequency that is most appropriate for a specific patient. There are circumstances where I would use a 7-day dressing and this is when I would recommend the use of this product.

Name: Robyn Location: Australia

Question: Is there any evidence about the prophylactic use of silver dressing?

Answer: I am not aware of any data that shows the value of prophylactic use. My main concern is the challenge of identifying bacteria in a wound and linking this to clinical improvement. I would be concerned that it may lead to clinicians not being professional in their approach and appreciating that we are dealing with a therapeutic intervention here.

Name: Marco Fraccalvieri Location: Turin, Italy

Question: What method of debridement did you use in case 1? Did you use mechanical or autolytic debridement?

Answer: In case study 1 the wound debrided autolytically with the use of Acticoat and compression therapy.

Name: Johan Reyes Quesada Location: Santa Cruz de Tenerife

Question: How did you control the exudate in case 2?

Answer: In case study 2 the exudate was controlled by treating the underlying infection with Acticoat and multi-layer compression.

Name: Johan Reyes Quesada Location: Santa Cruz de Tenerife

Question: My team need to produce evidence of appropriate use based on a referral from another agency when cases are referred to as long-term silver use without the two-week challenge policy in place. Is there any literature that we can refer to that could help us support a case for these patients outside of the two-week challenge policy?

Answer: Guidelines are only able to deal with the majority of cases. There will always be exceptions to the rule and this requires professional input into the development of local practices. The evidence here is limited, as we do not have clear means of identifying outliers.

Name: Location: Not stated
Question: Can I still use silver after doing the two-week challenge if the signs and symptoms of infection have improved but there is still slough in the wound bed indicating local infection?
Answer: If the infection has been eradicated you no longer need to use a silver dressing. If slough is present you need to debride the wound.
Name: Tien Oei
Location: Toronto

Question: Is there a particular reason that you chose Acticoat over other silver dressings such as Aquacel Ag? What is your opinion on Aquacel?
Answer: We choose Acticoat based on our clinical evaluation of the product, patient feedback and evidence of its effectiveness at two weeks (Gago et al [2008] Wounds 20[10]: 273–8). We do have Aquacel on the formulary but not the Ag version of the dressing.
Name: Cameron
Location: Australia

Question: What would be a good example of a cost-effectiveness study for wound care?
Answer: There are many studies published. At the risk of self promotion I would suggest the papers we have published! The cost effectiveness consensus document I refer to is a good start to explain principles.
Name: Lisa
Location: PA

Question: Can we use silver dressings for non-infected wounds just to prevent infection?
Answer: When a silver dressing is used for prophylaxis, the rationale should be fully documented in the patient’s notes and the use of the dressing should be reviewed regularly (every two weeks).
Name: Sarah Bagazi
Location: Saudi Arabia

Question: Is delayed healing the leading indicator of wound infection?
Answer: In my view you need to ensure you have the diagnosis of the cause of the wound identified first and that you have offered appropriate treatment. Then I would agree that infection is the most common cause of delayed healing. Clinicians in my opinion should always consider infection when treating patients with wound problems.
Name: Helen
Location: Toronto

Question: Can you explain why so many people who acquire wound infections at home?
Answer: Infection in patients who are at home may be common for many reasons. They may be related to facilities or that people have difficulty in considering infection as a cause of non-healing. A high level of suspicion of wound infection is required for clinicians treating patients with wounds in my experience.
Name: Américo Reis
Location: Porto, Portugal
**Question:** Is tracking the number of criteria a reliable method for monitoring wound infection over two weeks?

**Answer:** You need to monitor the patient and their wound response using the two-week challenge. A reduction in clinical signs and symptoms of infection indicates a good response to treatment.

Name: Jade  
Location: ON

**Question:** Would a scoring system for diagnosing infection be a useful tool?

**Answer:** Scoring systems are useful but need to be used within the context of a comprehensive patient assessment and use of clinical judgement to identify signs and symptoms of infection.

Name: Cindy  
Location: MN

**Question:** What was the treatment used for the examples shown after the silver was discontinued?

**Answer:** In both case studies a non-adherent dressing was used under compression bandaging after the silver dressing had effectively treated the wound infection.

Name:  
Location:

**Question:** Would you be able to speak about what is appropriate use of silver dressings when used prophylactically specifically for client populations identified in the international consensus?

**Answer:** The categories of patients who may be at high risk of infection are listed in the document and in my opinion this should be referred to regularly in such circumstances. It is important to review and consider a change in treatment plan which takes into consideration new and effective wound treatments to ensure that value is optimised.

Name: Jill  
Location: Canada

**Question:** Acticoat has a sustained release over seven days. If exudate is a problem is it advisable to change the secondary dressing or would you advocate using a primary dressing before the seven days?

**Answer:** If patients have wounds that are highly exudating we use Acticoat Absorbent and increase the dressing frequency in the short term.

Name: Amanda Hendy  
Location: UK

**Question:** Why did you not use compression in the first week to treat the patient with a leg ulcer in case study 1?

**Answer:** We were unable to do a Doppler assessment to confirm the patient’s ABPI due to pain. As the pain subsided with the eradication of infection we were able to undertake the Doppler and commence compression bandaging.

Name: Livia  
Location: Spain
Question: We see a large number of diabetic foot ulcers and we have a podiatry team who prescribe silver to be used for several months. Is this in line with best practice guidelines?

Answer: The long-term use of silver is not normally considered good practice. Patients should be regularly reviewed to ensure that the correct underlying diagnosis is made and infection is not the cause for delayed healing. I personally feel the consensus document can help clinicians use this technology appropriately.

Name: Robyn McClymont
Location: New Zealand

Question: How do you determine if there is a true silver sensitivity and what do you recommend as an alternative antimicrobial? Are there any indications for long-term use? What about for faecal fistula? Some of our clients have reported a burning sensation when using Acticoat.

Answer: The most accurate way of determining silver sensitivity is patch testing. This is best done by the dermatology department.

Name: Delfina
Location: NS

Question: How often do you change Acticoat on infected wounds?

Answer: This will depend on the patient and the wound type but usually between 3–7 days.

Name: Cindy
Location: US

Question: What is your recommended protocol for cleansing/flushing the wound before and during treatment?

Answer: Cleansing with liberal quantities of fluid and potentially using a gauze dressing to ensure some physical removal of debris is helpful in my practice.

Name: Carol Mocniak
Location: Buffalo, NY

Question: Is slough an indication of wound infection or biofilm?

Answer: Not all sloughy wounds are infected but slough in a wound predisposes the wound to developing infection and it should be debrided. Persistent slough in the wound can be a sign of biofilm formation.

Name: Dave
Location: UK

Question: I wonder if there are allergies to silver that can be reversed?

Answer: Potentially, yes, but I have never seen this.

Name: Livia
Location: Spain
Question: Are there expected complications for prolonged use of silver dressings?
Answer: You would not normally use silver for more than a month. The risk of resistant organisms and toxicity is low but it is not good practice to use silver over a long period unless clinically indicated.

Name: Suzan Tawfik  Location: United Emirates

Question: Do you use a helpful enabler to help novices in wound care to identify a potential wound infection?
Answer: There is a consensus document published in 2008 on wound infection. It is referred to in Caroline Dowsett’s presentation and available on the resources page.

Name: Simone  Location: Toronto

Question: Would it be more cost-effective to start with cheaper antimicrobials, such as manuka honey and polyhexamethylene biguanide, before silver as they can work well.
Answer: Potentially yes, but unit cost is not to be confused with cost-effectiveness. The antimicrobial needs to be both effective and cost-effective and evidence of both should be considered.

Name: Yvonne  Location: Ireland

Question: After the two-week silver dressing challenge there are still signs and symptoms of infection. Would you recommend continuation with the same silver dressing, using a different type of silver dressing or changing the type of dressing completely e.g. to cadexomer? Or would you at this stage be considering oral antibiotics?
Answer: If you do not see a response in two weeks of treatment, the consensus document suggests you can change to an alternative antimicrobial agent or continue with the silver for another two weeks and then re-evaluate.

Name: Gina  Location: Bristol

Question: When a wound shows progress with the two weeks of silver, is it appropriate to keep it on for two more weeks or change to use a non-silver dressing? I have heard comments like ‘We’ll keep it on just a little longer just in case’?
Answer: If the wound infection has been eradicated after two weeks then the silver dressing should be discontinued.

Name: Helen R  Location: Mississauga

Question: Do you prefer silver dressings or cadexomer iodine?
Answer: Both have a role to play in managing patients with infection. Acticoat is our first-line treatment but I find cadexomer particularly useful in sloughy infected wounds.

Name: Carmen Elena Ruiz Henao  Location: Spain
Question: **What about using silver alginate?**

Answer: **Silver alginites are also used in practice. See Meaume et al (2005) Evaluation of a silver-releasing hydroalginate dressing in chronic wounds with signs of local infection. J Wound Care 14(9): 411–19.**

Name: Alice
Location: Valley Presbyterian Hospital, Van Nuys California

Question: **Is the key to treating biofilms debridement plus silver dressings?**

Answer: **Biofilm management needs to be addressed within the context of the holistic care of the patient, including treatment of the underlying cause and wound bed preparation which includes cleansing, debridement and use of topical antimicrobials including silver dressings.**

Name: Carmen Elena Ruiz Henao
Location: Spain

Question: **Is it cost effective to use combined therapy such as targeted oral antibiotics along with the silver dressings?**

Answer: **It may be the case in patients with complicated wounds. The best way of helping here is to be confident the product/drug is used in the most effective way and is stopped as soon as indicated.**

Name: Anita
Location: London

Question: **If a patient is being treated with systemic antibiotic therapy should they keep their silver dressing on for the recommended two weeks?**

Answer: **The international consensus recommends that we treat patients with systemic and topical antimicrobials if systemic infection is present and yes you should use silver dressings for two weeks in the first instance and then re-evaluate the patient and the wound.**

Name: Isabel Costa
Location: Portugal