

EVALUATION OF ASKINA® GEL - PRODUCT CHARACTERISTICS AND THE PATIENT EXPERIENCE

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INTRODUCTION:

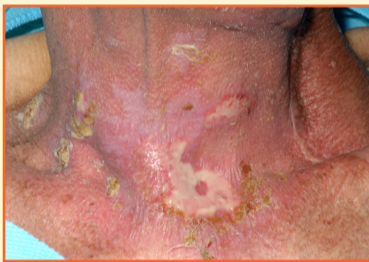
Radiotherapy is one of the major treatment modalities used in the management of cancer (SEHD, 2001). Almost all patients receiving radiotherapy are at risk of a degree of skin damage (NHSQIS, 2004) and the increasing use of chemoradiotherapy also affects the severity of skin reactions experienced (Wells et al, 2003). This therefore presents a significant challenge for the healthcare system to ensure optimum quality of care. When a moist desquamation skin reaction arises the integrity of the skin is compromised and the principles of moist wound healing apply (NHSQIS, 2004). A hydrogel is recommended as an option for the treatment of moist desquamation (NHSQIS, 2004) and have been explored for this use in other radiotherapy treatment centres (Macmillan et al, 2007). Following a change to the wound care formulary and product availability in NHS Greater Glasgow & Clyde, an evaluation of Askina® Gel was undertaken to assess product characteristics and patient experience. To ensure product selection is based on evidence where possible, obtain patient feedback and promote healing and symptom relief (NHSQIS 2004), it is essential for product evaluations to take place.

METHOD:

Over a four week period, thirty six patients identified to have moist desquamation (RTOG 2b and RTOG 3), dry desquamation (RTOG 2a) where the skin was on the verge of breaking down, or a combination of both, were evaluated when using Askina® Gel as the skin care intervention.

Table 1: RTOG Skin Assessment Tool

Score	Description
RTOG 0	No visible change to skin
RTOG 1	Faint or dull erythema
RTOG 2A	Tender or bright erythema
RTOG 2B	Patchy moist desquamation, moist oedema
RTOG 3	Confluent moist desquamation



The product was evaluated in the Out Patient Department of the cancer centre using a tool designed to assess the following product characteristics:

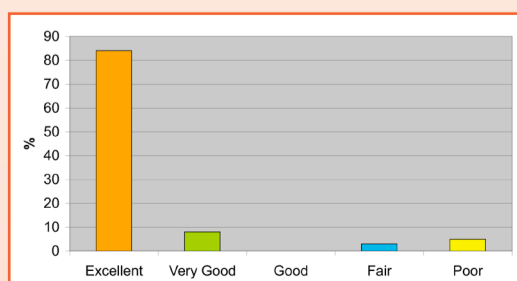
- use of the delivery system;
- product application;
- ability to spread the product over the wound;
- ability of the product to stay on the wound;
- ability to rehydrate the wound;
- removal of the product and removal of any residue left on the wound prior to further application.

In addition patients were asked to comment on their experience of using the product and if they experienced additional pain or irritation when the product was applied. A five point rating scale which varied from 'excellent' to 'poor' was used to record responses.

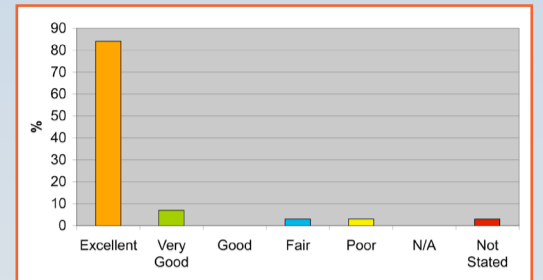
RESULTS:

Use of the Askina® Gel delivery system was evaluated to be excellent (30/36, 83%), or very good (3/36, 8%); product application was found to be excellent (29/36, 81%), or very good (3/36, 8%); ability to spread the product over the skin reaction site was excellent (29/36, 81%), or very good (6/36, 17%); ability to stay insitu was excellent (29/36, 81%), or very good (5/36, 14%). The ability of the product to rehydrate the wound and ease of removal of the product was poorly completed on the evaluation form and therefore not formally evaluated. However, anecdotally nursing staff reported experience of minimal residue at the skin reaction site requiring removal prior to reapplication, suggesting that absorption of the product had occurred and a degree of rehydration may have been achieved. A combination of pain and irritation was experienced by 19% (6/32) of patients; 9% (3/32) experienced pain only and 3% (1/32) experienced only irritation. This resulted in 19% (7/36) having Askina® Gel discontinued from use.

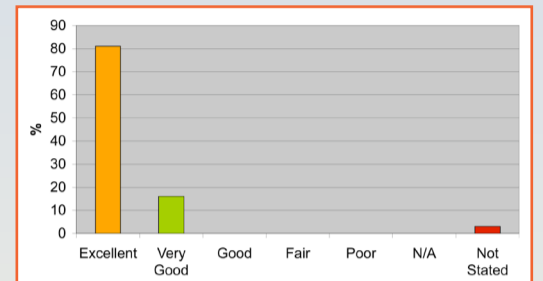
Graph 1: Ease of Using the Askina Delivery System



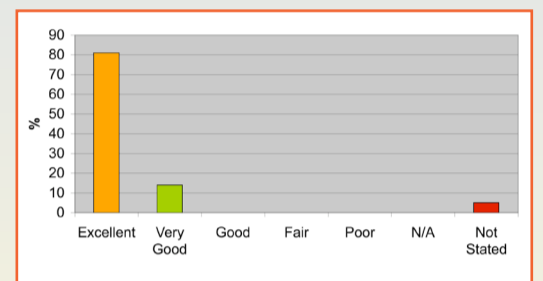
Graph 2: Ease of Product Application



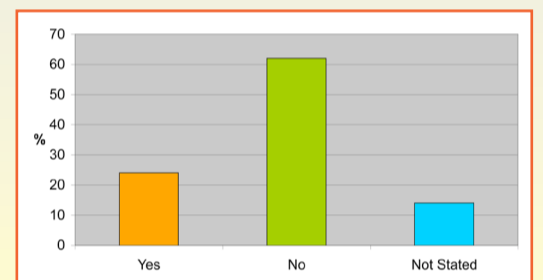
Graph 3: Ease of Spread over the Wound



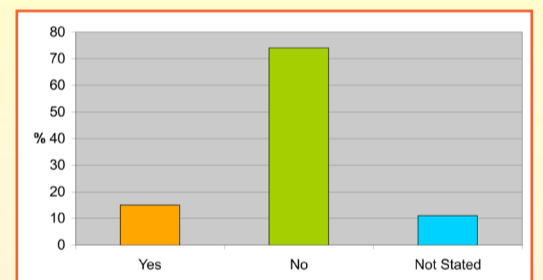
Graph 4: Ability to Stay on the Wound on Initial Application



Graph 5: Did Askina Gel cause any pain?



Graph 6: Did Askina Gel cause any irritation?



DISCUSSION:

While the evaluation results are encouraging with regard to the product characteristics one area of concern was the number of patients who reported pain or irritation or a combination of both. From the comments received it appeared that pain varied in severity from "slight nipping" to "burning" on and after application and could last for 3 – 15 minutes. Of the patients who reported pain, 19% (6/32) had moist desquamation and 9% (3/32) had a dry desquamation skin reaction. From clinical experience pain had not been reported with other hydrogel products used. However, on further discussion with staff the question had never been formally raised. On further discussion with patients who had an alternative hydrogel applied to their skin reaction, 60% (3/5) stated they experienced pain, where the severity and duration was similar to that of Askina® Gel. It would therefore be reasonable to suggest hydrogels have the potential to cause pain when used on moist desquamation and that all patients should be advised accordingly.

CONCLUSION:

Results demonstrate Askina® Gel to having favourable product characteristics and to be suitable for use by patients who self care for their radiotherapy reaction. Evaluation of the impact on healing time for radiotherapy skin reactions and ability to rehydrate the skin was out with the scope of the evaluation but would be of further benefit to assess the efficacy of Askina® Gel in radiotherapy skin care. Inclusion of the patient experience was of particular value to take cognisance of, as many patients undertake self care management of their radiotherapy skin reaction when attending as an out patient for radiotherapy treatment, and do not have the immediate guidance and support of a healthcare professional available when adverse effects are experienced.

References:

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