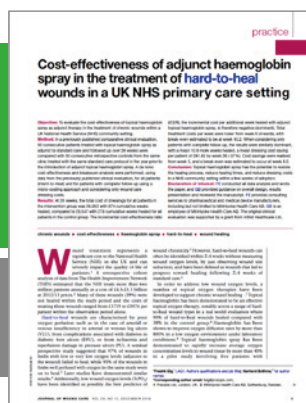


Cost-effectiveness of adjunct haemoglobin spray in the treatment of hard-to-heal wounds in a UK NHS primary care setting

Authors: Fredrik Elg, Gerhard Bothma
 (Article published in 'Journal of Wound Care Vol 28, No 12)



Study aim:

To evaluate the cost-effectiveness of topical haemoglobin spray as adjunct therapy in the treatment of chronic wounds within a UK National Health Service (NHS) community setting.

Method:

In a previously published comparative clinical evaluation, 50 consecutive patients treated with topical haemoglobin spray as adjunct to standard care and followed up over 26 weeks were compared with 50 consecutive retrospective controls from the same clinic treated with the same standard care protocol in the year prior to the introduction of adjunct topical haemoglobin spray. A de novo cost-effectiveness and breakeven analysis was performed, using data from the previously published clinical evaluation, for all patients (intent-to-treat) and for patients with complete follow-up using a micro-costing approach and considering only wound care dressing costs.

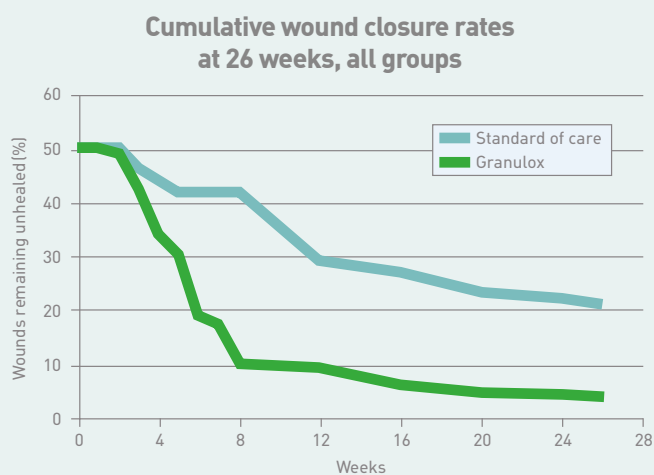
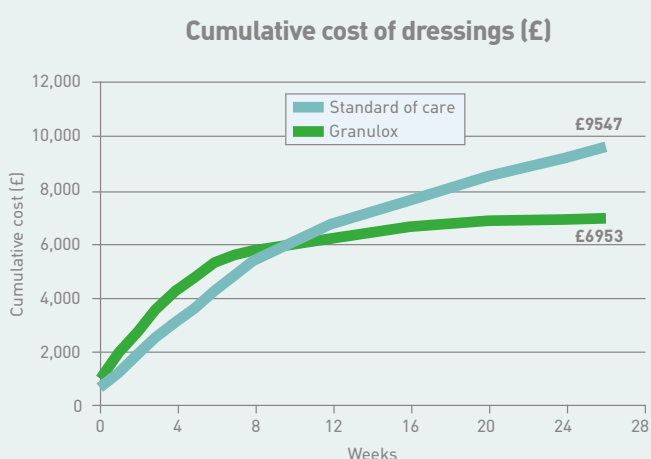
Key findings:

3x Weeks healed was **more than 3 times higher** in the Granulox group vs standard of care.

The cost benefit analysis demonstrated that **break-even is reached at 8 weeks** when using Granulox® on chronic wounds.



Faster healing of chronic wounds reduces the need for consumables (90% of wounds healed in Granulox group, vs 38% in control group).



Conclusion:

The new report shows that Granulox® is a cost-effective solution in chronic wound care management as adjunct to standard of care. The analysis demonstrates break-even point is achieved at eight weeks thanks to the reduction in consumables compared to standard of care.

Find out more at www.molnlycke.com

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