

SUPRATHEL MORE THAN A DRESSING?! (173)

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Introduction: Suprathel is a synthetic copolymer membrane mostly from polylactids used in burn treatment to provide temporary coverage of superficial and partial deep dermal burns and donor areas. warranting no biological hazards. It degrades hydrolytically to lactic acid components, such showing negative effect on bacterial growth. It usually is covered with a layer of fatty gauze and this is covered with a dressing which is left in place till the wound has healed.

Methods: Primary reason to use Suprathel in our hospital 2004 was the evident reduction of average time for dressing changes from 87 minutes to 57 minutes. Dressing changes initially done under general anesthesia changed to procedures with standby of an anesthesiological team and further on to be done nearly without additional anesthetic medication by the staff.

Results: Pain reduction by Suprathel has been shown to be superior to other membranes used in similar indications giving the chance to reduce pain medication.

Suprathel has been used both in children and in grown-ups for the coverage of partial thick-ness burns. In children it was used in mid-dermal burns and SSG were applied in areas not healing after a certain period, such offering the usability in mixed burns and the reduction of STG. In grown-ups it was used in partial deep burns after tangential excision, which gave the advantage in extensive burns to save donor areas and to reduce workload. Tests showed an excellent bactericidal effect of the “Suprathel- Acetic-Acid-Matrix” particularly with prob-lematic Gram-negative bacteria such as *Proteus vulgaris*, *P. aeruginosa*, and *Acinetobacter baumannii* with an efficiency superior to silver containing products . Suprathel was suc-cessfully used in Over-graft procedures with Mesh and Meek and provided to be a good treatment choice in combination with keratinocytes spray and enzymatic debridement and in burn-like syndromes.

Discussion: Suprathel has proven to be safe and effective. Reduced water loss also combines with reduced evaporation heat loss such possibly improving the patient’s metabolic situation. By reduction of opioids a decrease of fluid retention and a reduction of the time of artificial ventilation can be expected as well as a reduction of burns edema such avoiding complica-tions. The use together with non-adherent silicone membranes gives a good chance to eval-uate the shortest healing time for donor areas for re-harvesting skin.